# 2025 – 2027



# COMMUNITY HEALTH NEEDS ASSESSMENT

## FOR THE SIOUXLAND COMMUNITY

DUNES SURGICAL HOSPITAL
In association with MERCYONE.

MERCYONE.

SIOUXLAND DISTRICT HEALTH DEPARTMENT

UnityPoint Health
St. Luke's

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The Siouxland Area Community Health Needs Assessment (CHNA) team is pleased to share with you our 2025 Community Health Needs Assessment. Since merging forces in 2016, the team has been committed to improving the lives and health of people living in our communities. This report is a tangible representation of our continued commitment to that goal.

Building on our first joint community health needs assessment in 2016, the CHNA team opted to follow the principles of National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning Partnerships (MAPP) process. It is a community-driving strategic planning process for improving community health.

As a result, this report includes community thoughts from the following:
- 432 online survey respondents
- 2 community-wide meetings with a combined 103 attendees
- 50 different community and city-based organizations
- 5 focus group meetings with a combined 55 attendees

This wealth of quantitative and qualitative data allowed us to fulfill our commitment to the community by prioritizing their needs in our assessment. The CHNA Team would like to thank everyone who was involved in development of this assessment. We would also like to thank you for reading this report, and your interest and commitment to improving the health of the Siouxland Community.


*Rob Monical*


Rob Monical, CEO, Dunes Surgical Hospital


*Tom Clark*


Tom Clark, Western Iowa President, MercyOne


*Kevin Grieme*


Kevin Grieme, Director, Siouxland District Health Department


*Jane Arnold*


Jane Arnold, Market President, UnityPoint Health – Sioux City

# Executive summary

Dunes Surgical Hospital (DSH), MercyOne Siouxland Medical Center (MercyOne), Siouxland District Health Department (SDHD), and UnityPoint Health (UnityPoint) partnered together to complete a joint Community Health Needs Assessment (CHNA) to determine the community's greatest health needs, and to coordinate efforts to improve population health outcomes for the Siouxland area. The prior CHNA identified the priority needs of preventative care, substance misuse, physical health, and mental health.

Throughout 2024 the CHNA Planning Committee, made up of representatives from Briar Cliff University, Dunes Surgical Hospital, Growing Community Connections, MercyOne Siouxland Medical Center, Rosecrance Jackson, Siouxland Community Health Center, Siouxland District Health Department, Source for Siouxland and UnityPoint Health, elected to utilize the National Association of Counties and Cities Health Officials (NACCHO), Mobilizing for Action through Planning and Partnerships (MAPP) community-driven strategic planning process to complete their community health needs assessment. The year-long process included three phases:

• Phase 1: Building Community Health Improvement Foundation

• Phase 2: Tell the Community Story

• Phase 3: Continuously Improve the Community

The joint CHNA looked at data from the following four counties in the tri-state Siouxland area, as each hospital serves a larger territory outside of just Woodbury County:

• Union, SD

• Dakota, NE

• Plymouth and Woodbury, IA

After reviewing all information and data available, the following five areas of need were identified for the Siouxland area: Substance Misuse, Mental Health, Sexual Health, Cancer Prevention, and Nutrition and Physical Activity, to all include a focus of health equity and inclusion.

Siouxland's CHNA is not designed to be an exhaustive list of the area's health concerns. Rather this document represents the three-year health concern priorities and is the starting point from what must be done to achieve measurable progress for the health of Siouxland residents. The joint Health Improvement Plan is a supporting document that includes actionable performance measures keyed to the five identified areas of need.

# About us

## Dunes Surgical Hospital

### Our Mission

Our mission is to treat each and every one of our patients, and their families, as if they were our own family member. Each patient, each family, each and every time.

Dunes Surgical Hospital is a multi-specialty surgical hospital, offering a high quality, service oriented environment for surgical procedures in Dakota Dunes, South Dakota. Dunes Surgical Hospital has 14 operating rooms and 3 clinic treatment rooms. Technology allows surgeons to perform procedures in the specialty areas of Dental/Oral Surgery, ENT, General, GI, Gynecology, Neurosurgery, Ophthalmology, Orthopedic, Pain, Plastic, Podiatry, Spine, and Urology.

## MercyOne Siouxland Medical Center

### Our Mission

We, MercyOne, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

### Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be your most trusted health partner for life.

### Our Core Values

- **Reverence:** We honor the sacredness and dignity of every person.
- **Commitment to Those Experiencing Poverty:** We stand with and serve those who are experiencing poverty, especially those most vulnerable.
- **Safety**: We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- **Justice:** We foster right relationships to promote the common good, including sustainability of Earth.
- **Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Integrity:** We are faithful to who we say we are.

MercyOne is a connected system of health care facilities and services dedicated to helping people and communities live their best lives. The system's more than 220 clinics, medical centers, hospitals and care locations are located throughout the state of Iowa and beyond. MercyOne employs more than 22,000 colleagues. MercyOne is a member of Trinity Health based in Livonia, Michigan.

MercyOne Siouxland Medical Center, a member of MercyOne, is a faith-based, full-service community health system-serving residents in a 33-county area of western Iowa, eastern Nebraska and southeastern South Dakota. MercyOne Siouxland Medical Center is a 238-bed regional facility and is also home to the only Level II Trauma Center in western Iowa, and provides

a vital, lifesaving link to rural areas via MercyOne Air Med, the area's helicopter ambulance service.

In addition to the main hospital in Sioux City, MercyOne Siouxland Medical Center owns a primary care clinic in Primghar, Iowa, manages a hospital in Hawarden, Iowa, and operates a primary care clinic network, specialty care clinics and home health services. MercyOne Siouxland Medical Center is a partner with Dunes Surgical Hospital, a multi-specialty surgical hospital, in Dakota Dunes, South Dakota.

MercyOne Siouxland Medical Center participates in a clinically integrated network (CIN) where providers work together to improve health, increase patient satisfaction, and lower healthcare costs for members and the communities served.

## Siouxland District Health Department

Siouxland District Health Department is an accredited public health department for Woodbury County, IA. Its mission is, "Leading a collaborative effort to build a healthier community through improved access to health services, education and disease prevention." SDHD services include public health nursing, disease prevention and investigation, health promotions, nutrition education, environmental health and home-based services.

## UnityPoint Health

### Our Mission
Improve the health of the people and communities we serve.

### Our Vision
Best outcome, every patient, every time.

### Our Core Values
Team members strive to work as one team across all geographic locations through our shared FOCUS Values: Foster Unity, Own the Moment, Champion Excellence and Seize Opportunities. The U stands for UnityPoint Health.

UnityPoint Health delivers a broad range of advanced healthcare services to residents of Iowa, Nebraska and South Dakota through our hospital, clinics and outpatient services. UnityPoint Clinic provides comprehensive primary and specialty healthcare services to patients of all ages and stages of life. UnityPoint Health offers family-centered hospital care, including the area's most recognized birth center, emergency services, heart care, surgical services, a full suite of inpatient care and more. UnityPoint At Home coordinates with our clinics and St. Luke's to deliver in-home health and wellness services to patients across Siouxland. Siouxland PACE, operated by UnityPoint Health, offers older adults in the region centralized coordination of healthcare and social services including access to home health, rehabilitation, primary and specialty medical care, medication management, medical transportation and therapy.

# Advisory Committee

Thank you to our community and public health partners for their active engagement in the assessment process:

- Briar Cliff University
- Dunes Surgical Hospital
- Growing Community Connections
- MercyOne Siouxland Medical Center
- Rosecrance Jackson Behavioral Health
- Siouxland Community Health Center
- Siouxland District Health Department
- Source for Siouxland
- UnityPoint Health

# Community description

## Geographic area

The geographic area for this assessment is Woodbury County, Iowa, Plymouth County, Iowa, Dakota County, Nebraska, and Union County, South Dakota. This service area does not exclude low-income or underserved populations.
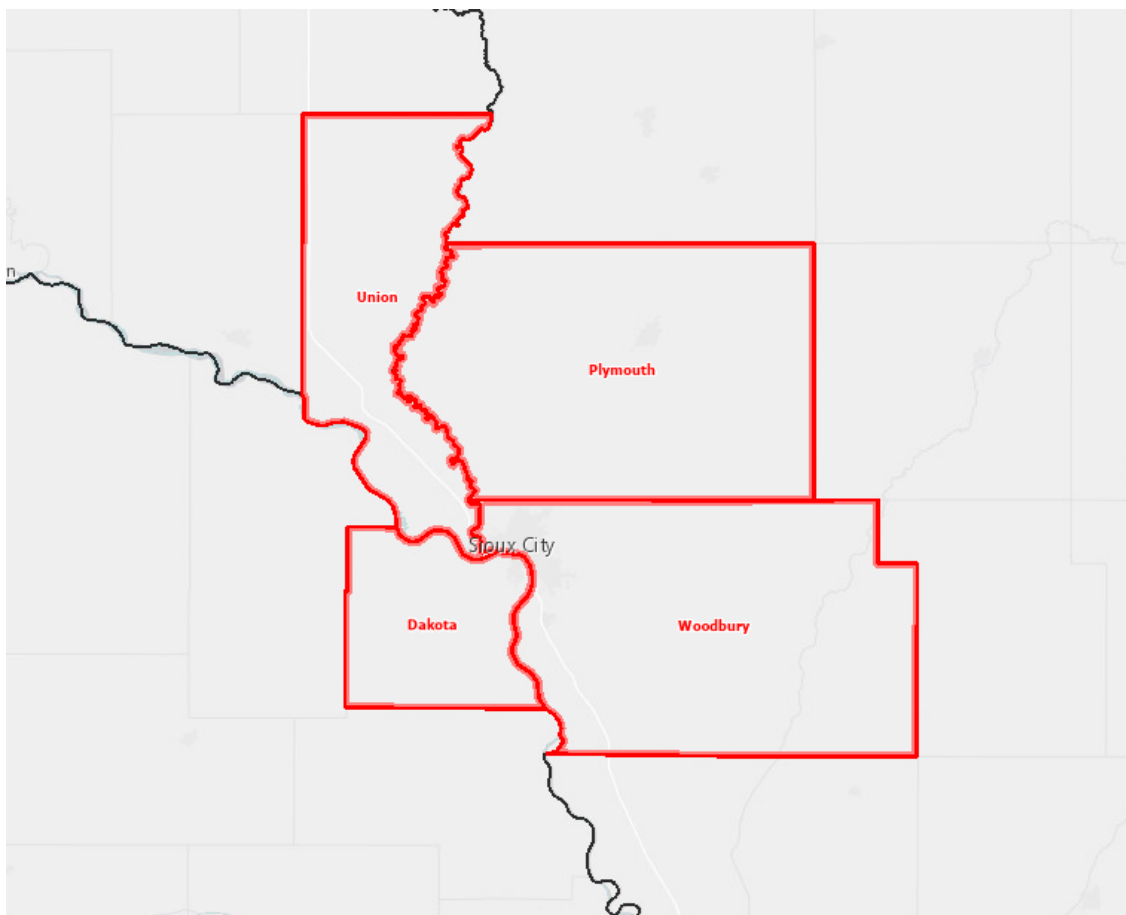
**Population characteristics**

A total of 169,155 people live in the 2,460.76 square mile service area defined for this assessment according to the U.S. Census Bureau American Community Survey 2018-22 5-year estimates. The population density for this area, estimated at 69 persons per square mile, is less than the national average population density of 94 persons per square mile. Most of the population is urban (72.5%), with the majority of the population residing in the Sioux City metro area.

Race and age breakdown for the 4-county service area includes: 25.8% of the population is under 18 years, and 16.0% of the population is over the age of 65 years. The majority of the population is White (77.5%); 3.9% are Black or African American, 1.6% are American Indian or Alaska Native, 2.1% are Asian, 0.4% are Native Hawaiian and Other Pacific Islander, 4.8% are some other race, and 9.6% are two or more races. 17.6% of the population is Hispanic or Latino.

In the service area, 29.32% of individuals are living in households with income below 200% of the Federal Poverty Level (FPL). The majority of jobs in the service area are manufacturing, followed by health care and social assistance, retail trade, and government and government enterprises.

According to the Iowa Department of Human Rights and Iowa State University of Extension and Outreach the top languages spoken in the Siouxland area include English, Spanish, Tigrinya, Vietnamese, Chuukese, Oromo French and Amharic.   In 2023, Woodbury County school enrollment consisted of 3,233 English Learner students.

The below table summarizes the demographics of the service area (Woodbury County, Iowa, Plymouth County, Iowa, Dakota County, Nebraska, and Union County, South Dakota) using 2018-2022 population estimates.

| Race and Hispanic Origin | |
|---|---|
| White alone | 77.5% |
| Two or more races | 9.6% |
| Some other race alone | 4.8% |
| Black or African American alone | 3.9% |
| Asian alone | 2.1% |
| American Indian or Alaska Native alone | 1.6% |
| Native Hawaiian and Other Pacific Islander alone | 0.4% |
| Ethnicity | |
| Not Hispanic or Latino | 82.4% |
| Hispanic or Latino (of any race) | 17.6% |
| Age | |
| Under 18 | 25.8% |
| 18-64 | 58.2% |
| 65 and older | 16.0% |
| Sex | |
| Male | 50.2% |
| Female | 49.8% |
| Household Income | |
| Under $25,000 | 15.4% |
| $25,000-$49,999 | 19.6% |
| $50,000-$99,999 | 31.0% |
| $100,000+ | 33.9% |
| Education Attainment (25 yrs & older) | |
| No high school diploma | 11.7% |
| High school graduate (includes equivalency) | 32.8% |
| Associate's degree | 11.5% |
| Bachelor's degree or higher | 24.0% |
| Population characteristics | |
| Population with a disability | 12.8% |
| Foreign-born population | 9.9% |
| Population age 5+ with limited English proficiency | 8.6% |
| Veterans | 6.5% |
| | |

| Geography | |
|---|---|
| Population per square mile | 69 |

\* Data Source: US Census Bureau, American Community Survey. 2018-22.
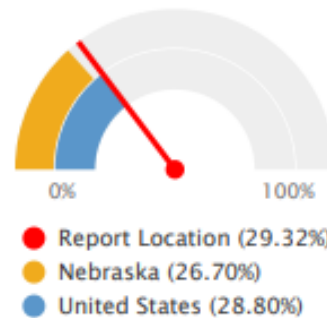
# Social determinants of health

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, refraining from harmful substances, getting the recommended immunizations, and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain, in part, why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

## Economics

More than a quarter (29.32%) of residents in the report area live in households with income at or below 200% of the Federal Poverty Level (FPL). This indicator is important since poverty creates barriers to access including health services, healthy food, stable housing, and opportunities for physical activity.

- **Benchmark:** The percentage of individuals living in poverty in the report area is slightly higher than state (IA: 27.14%; NE: 26.70%; SD: 28.43%) and national rates (28.80).

- **Target:** The report area is not meeting the 8.0% Healthy People 2030 target.

- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22; Healthy People 2030.

Percent Population with Income at or Below 200% FPL



● Report Location (29.32%)
● Nebraska (26.70%)
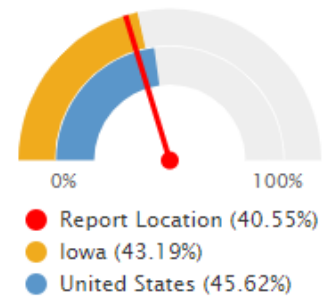● United States (28.80%)

## Education

### Preschool enrollment

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system. The report area has 2,106 children aged 3-4 enrolled in school, which is 40.55% of the report area population aged 3-4.

- **Benchmark:** Report area enrollment is higher than South Dakota (38.03%), but lower than Iowa (43.19%), Nebraska (42.84%), and national rates (45.62%).

- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.

Percentage of Population Age 3-4 Enrolled in School



- Report Location (40.55%)
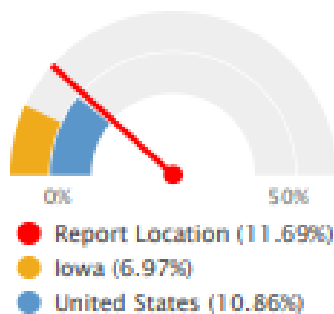- Iowa (43.19%)
- United States (45.62%)
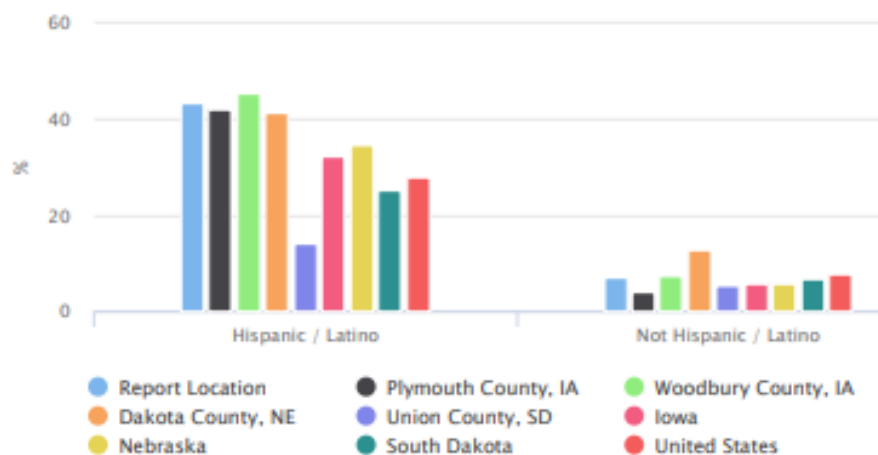
### No high school diploma

Within the report area there are 12,758 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 11.69% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

- **Benchmark:** Report area of adults aged 25 and older without a high school diploma is higher than the state of Iowa (6.97%), Nebraska (8.13%), South Dakota (7.31%), and national average (10.86%).

- **Disparities:** The rate is significantly higher for Hispanic/Latino (43.42%).

- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.

Population Age 25+ with No High School Diploma, Percent



- Report Location (11.69%)
- Iowa (6.97%)
- United States (10.86%)

Population with No High School Diploma by Ethnicity Alone



- Report Location
- Dakota County, NE
- Nebraska
- Plymouth County, IA
- Union County, SD
- South Dakota
- Woodbury County, IA
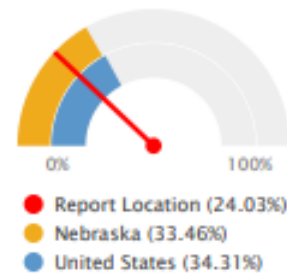- Iowa
- United States

### Bachelor's Degree or higher

24.03% of the population aged 25 and older, or 26,228 have obtained a Bachelor's level degree or

higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Population Age 25+ with Bachelor's Degree or Higher, Percent

- **Benchmark:** The report indicates that the population within the report area aged 25 and older is lower than Iowa (30.28%), Nebraska (33.46%), South Dakota (30.37%), and the national average (34.31%).

- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



● Report Location (24.03%)
● Nebraska (33.46%)
● United States (34.31%)

## Employment

Unemployment rate measures the percentage of working age adults employed or seeking employment. The unemployment rate in the report area in June 2024 was 2.70%. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

- **Benchmark:** The unemployment rate in the report area is lower than Iowa (3.0%), Nebraska (3.1%), and national rates (4.3%). It is higher than South Dakota (2.1%).

- **Data Source(s):** US Department of Labor, Bureau of Labor Statistics, June 2024.
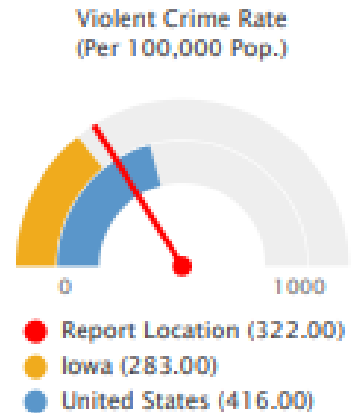


Average Monthly Unemployment Rate, June 2023 – June 2024
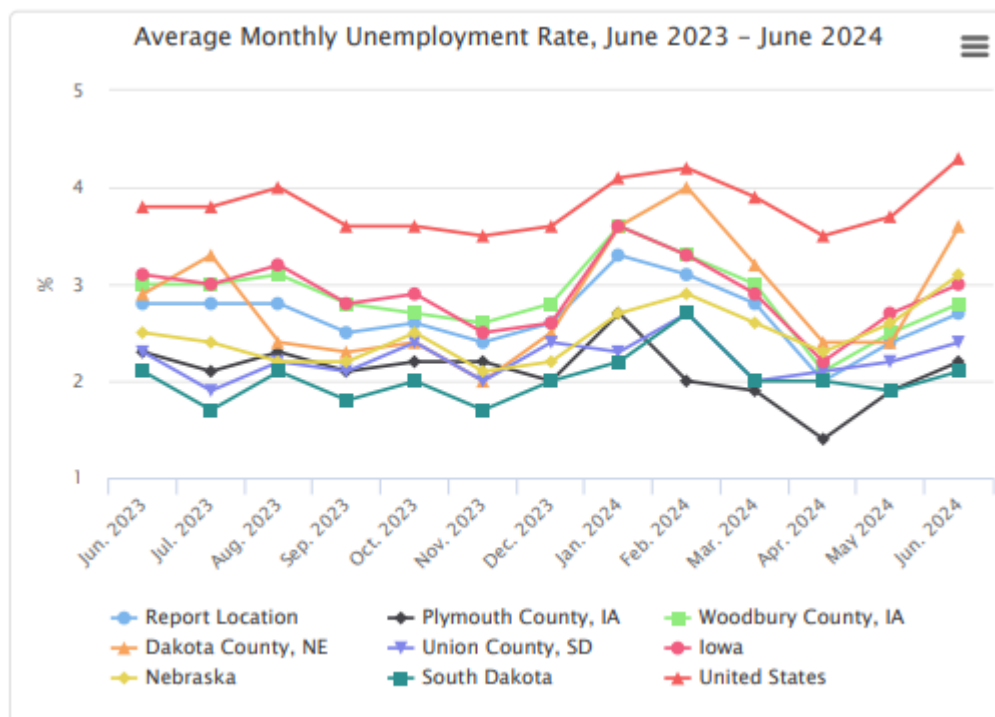
## Neighborhood & built environment

### Violent crimes per 100,000 population

Violent crime includes homicide, rape, robbery, and aggravated assault. Within the report area, the 2015-2017 three-year total of reported violent crimes was 1,595, which equates to an annual rate of 322.00 crimes per 100,000 people, higher than the Iowa rate of 283.00. Furthermore, the Sioux City Police Department reported 632 domestic assaults on record in 2022.
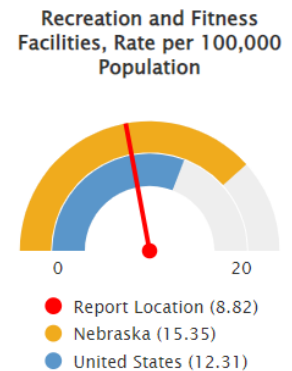This is a significant increase from 2020 (453 records).

- **Benchmark:** The violent crime rate for the report area is higher than Iowa (283.00) and Nebraska (286.4), but lower than South Dakota (551.8) and national rates (416.00).

- **Data Source(s):** Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2015-2017; Sioux City Police Department.



Violent Crime Rate (Per 100,000 Pop.)

- Report Location (322.00)
- Iowa (283.00)
- United States (416.00)

### Recreation and fitness facility access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. In the report area, there are 8.82 establishments per 100,000 population.

- **Benchmark:** The report indicates that the number of establishments per 100,000 population in the report area is lower than Iowa (12.38), South Dakota (13.87), Nebraska (15.35), and the national rate (12.31).

- **Data Source(s):** US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.



Recreation and Fitness Facilities, Rate per 100,000 Population

- Report Location (8.82)
- Nebraska (15.35)
- United States (12.31)

### Park access

This indicator displays the number of people who live within a 10-minute walk from a park. 50.81% of people in the report area live within a 10-minute walk from a park.

- **Benchmark:** The report indicates the percentage of the population within the report area that lives within a 10-minute walk from a park is lower than Nebraska (57.73%), but higher than Iowa (45.28%), South Dakota (37.72%), and the national rate (43.57%). There are approximately 34.63 miles of trails and 68 parks in the City of Sioux City.

- **Data Source(s):** Trust for Public Land. 2020; Sioux City Parks and Recreation Department. 2024.
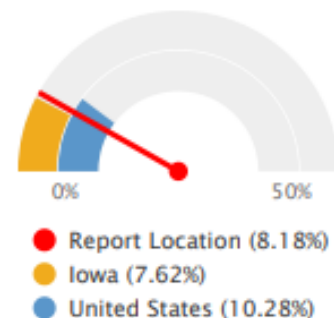
**Percent of Population Within a 10-Minute Walk**



- Report Location (50.81)
- Nebraska (57.73)
- United States (43.57)
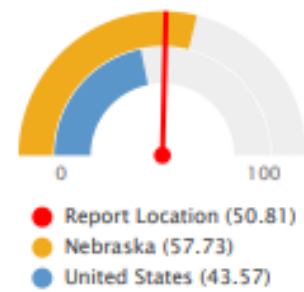
## Social services

### Food insecurity rate

Food insecurity estimates the percentage of the population that experienced food insecurity at some point during the year. The food insecurity rate in the report area in 2021 was 8.18%. 39.45% of the food insecure population is ineligible for SNAP assistance. Food insecurity has been linked to negative health outcomes. In 2023, the Food Bank of Siouxland distributed 3,501,920 pounds of food.

- **Benchmark:** The food insecurity rate in the report area is slightly higher than Iowa's rate of 7.62%. It is lower than Nebraska (9.67%), South Dakota (8.37%), and the national rate (10.28%).

- **Target:** The report area is not achieving the Healthy People 2030 target of 6%.

- **Disparities:** Food insecurity disproportionately affects children in the report area. The food insecurity rate among children is 11.88%.

- **Data Source(s):** Feeding America 2021; Healthy People 2030; Food Bank of Siouxland. 2023.

**Percentage of Total Population with Food Insecurity**



- Report Location (8.18%)
- Iowa (7.62%)
- United States (10.28%)

### Children eligible for free/reduced-price lunch

Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP). Out of 30,519 total public school students in the report area, 15,740 were eligible for the free or reduced price lunch program in the latest report year. This represents 51.6% of public school students.

- **Benchmark:** The report area's rate is higher than the state rates (IA: 41.7%; NE: 37.7%; SD: 35.5%) and lower than the national rate (53.5%).

- **Data Source(s):** National Center for Education Statistics, NCES – Common Core of Data. 2021-2022.

Percentage of Students Eligible for Free or Reduced Price School Lunch



● Report Location (51.6%)
● South Dakota (35.5%)
● United States (53.5%)

## Households receiving SNAP benefits

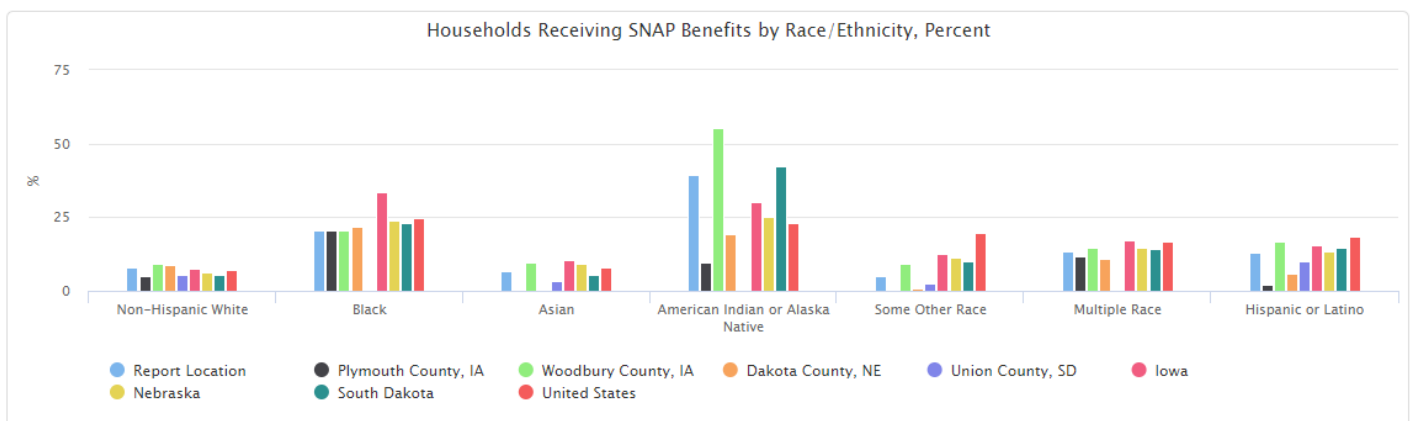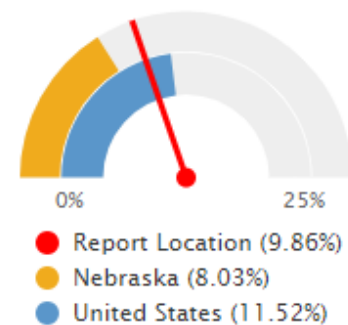In the report area, an estimate of 6,377 or 9.86% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

- **Benchmark**: The report area is higher than state rates (IA: 9.37%; NE: 8.03%; SD: 8.14%) and lower than the national rate (11.52%)

- **Disparities**: The rate is significantly higher among the American Indian/Alaska Native population (39.51%).

- **Data Source(s):** US Census Bureau, American Community Survey. 2018-2022.

Percent Households Receiving SNAP Benefits



● Report Location (9.86%)
● Nebraska (8.03%)
● United States (11.52%)



Households Receiving SNAP Benefits by Race/Ethnicity, Percent

● Report Location   ● Plymouth County, IA   ● Woodbury County, IA   ● Dakota County, NE   ● Union County, SD   ● Iowa
● Nebraska   ● South Dakota   ● United States

## Access to care

### Health insurance

The lack of health insurance is a key driver of health status. People without health insurance

are less likely to get the care they need leading to poorer health outcomes. In the report area, almost 94% of residents have health insurance. Of those insured, 24.21% are receiving Medicaid benefits. 3.13% of residents under age 18 are uninsured.

- **Benchmark:** Insured rates in the report area are lower than the state of Iowa (95%), but higher than the states of Nebraska (92%) and South Dakota (90.5%).

- **Healthy People 2030 target:** The county insured rate exceeds the Healthy People 2030 target of 92.4% of people having health insurance.

- **Disparities:** Uninsured rates are highest in Dakota County, NE (8.41%) and among Native Hawaiian/Pacific Islanders (24.60%).

- **Data Source:** US Census Bureau, American Community Survey. 2018-22. Healthy People 2030.

**Primary care providers**

In the report area, there are 79.98 primary care providers per 100,000 population.

- **Comparison:** The shortage in Plymouth, Dakota, and Union Counties are more significant than state and national shortages.

- **Data source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). August 2024.

**Primary Care Providers, rate per 100,000 population**

| Location | Rate |
|---|---|
| Report location | 79.98 |
| Plymouth County | 42.8 |
| Woodbury County | 102.89 |
| Dakota County | 37.07 |
| Union County | 47.59 |
| Iowa | 108.26 |
| Nebraska | 100.59 |
| South Dakota | 102.29 |
| United States | 110.99 |

**Dentists**

In the report area, there are 63.7 dentists per 100,000 population. Additionally, less than half of Medicaid enrollees under 21 years of age in Woodbury and Plymouth counties (43.70% and 41.54%) had a dental service in 2023.

- **Comparison:** Dentist rates vary depending on county and state, with the overall report area rate being lower than all state (IA: 71; NE: 82; SD: 64) and national (73.4) rates.

- **Data Source(s):** US Department of Health & Human Services, Health Resources and Services Administration, HRSSA – Area Health Resource File. Accessed via County Health Rankings. 2022; Iowa Public Health Tracking Portal – Child Dental Services (Medicaid) Data. 2023.

**Dentists, rate per 100,000 population**

| Location | Rate |
|---|---|
| Report location | 63.7 |
| Plymouth County | 51 |
| Woodbury County | 69 |
| Dakota County | 33 |
| Union County | 88 |
| Iowa | 71 |
| Nebraska | 82 |
| South Dakota | 64 |
| United States | 73.4 |

**Mental health providers**

Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counseling, or child, adolescent, or adult mental health. The report area has 277 providers with a CMS National Provider Identifier (NPI) translating to a rate of 162.91 mental health providers per 100,000 population.
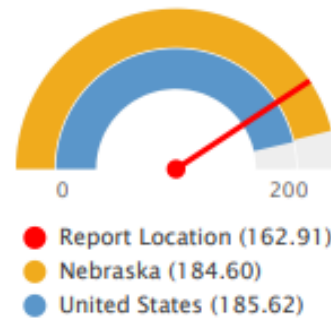
- **Comparison:** The shortage in Union County (11.90) is much more significant than the remaining counties, state and national shortages.

- **Data Source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). August 2024.

Mental Health Care Providers, Rate per 100,000 Population



- Report Location (162.91)
- Nebraska (184.60)
- United States (185.62)

# Health Disparities

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Sioux City has one of the highest Hispanic populations in the state. Sioux City's Hispanic population is 18,774, which is 21.9% of the total city population compared to the state of Iowa percentage of 7.4%. This also exceeds the U.S. percentage of 19.5%. Sioux City also sits on a tri-state border with South Dakota and Nebraska. South Sioux City, NE has a population of 13,856 with 52% being Hispanic.

Census tract mapping shows that eight census tracts within Sioux City have 20% or more of their population below the 150% poverty levels. The top census tract for poverty also has the highest Hispanic population. Undocumented immigrants and recent arrivals may face barriers to legal employment, housing, and access to affordable health, which can restrict economic advancement and sufficient health insurance.

Woodbury County's Native American population is only 3.2%, and Black population is 5.7%, however our current STI rates for the county show a disproportionally higher percentage of positive STI cases among the Black and Native American population.

## Woodbury County, IA 2023

| Race | Chlamydia Count | Chlamydia Percent of total | Gonorrhea Count | Gonorrhea Percent of total | Syphilis-all stages Count | Syphilis-all stages Percent of total |
|---|---|---|---|---|---|---|
| Asian | 11 | 2% | * | * | * | * |
| Black | 85 | 13% | 26 | 15% | 15 | 9% |
| Hispanic | 164 | 24% | 29 | 16% | 29 | 18% |
| American Indian/Alaskan Native | 68 | 10% | 30 | 17% | 53 | 33% |
| White | 235 | 35% | 76 | 43% | 56 | 35% |
| Hawaiian/Pacific Islander | 21 | 3% | 0 | 0% | * | * |
| Multiracial | 16 | 2% | * | * | * | * |
| Unreported | 76 | 11% | 9 | 5% | 0 | 0% |

For mammography screening in Woodbury County for those enrolled in Medicare, a disproportionally higher number of white individuals were screen in 2021, over Hispanic, Asian and Native Americans.

| Disaggregation by racialized group | Value |
|---|---|
| Mammography Screening | 52% |
| American Indian & Alaska Native | 21% |
| Asian | 26% |
| Black | 52% |
| Hispanic | 25% |
| White | 54% |

The Point in Time Homeless count is performed each winter in Sioux City. In 2021 and 2022, the count does not include the Gospel Mission Women's and Children's Shelter. 2024 Chronically Homeless and Severely Mental Ill are up significantly because there was full participation by the shelters in answering these questions. This data is highlighting a substantial number of homeless individuals suffer from mental illness. Locally there is a lack of permanent supportive housing that combines affordable rent with access to mental health services and case management.

| Sioux City, IA | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|
| **Homelessness (PIT Numbers- January)** | | | | | | | |
| Unsheltered People | 6 | 7 | 17 | 16 | 16 | 19 | 20 |
| Sheltered People (Total) | 258 | 248 | 288 | 217 | 196 | 257 | 275 |
| People in Emergency Shelter | 189 | 170 | 220 | 175 | 171 | 245 | 253 |
| People in Transitional Housing | 69 | 78 | 64 | 23 | 25 | 12 | 22 |
| Chronically Homeless People | 27 | 21 | 34 | 41 | 51 | 57 | 96 |
| Point in Time (PIT) Total | 264 | 255 | 301 | 233 | 212 | 276 | 295 |
| Severely Mentally Ill Homeless Individuals | 42 | 29 | 9 | 40 | 22 | 25 | 117 |

The top impoverished census tracts in the tri state area, along with the census tracts with the highest minority population mirror the top census tracts for the higher chronic conditions such as diabetes and obesity.
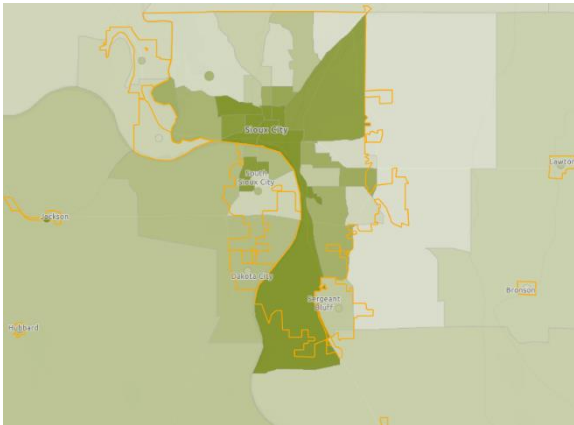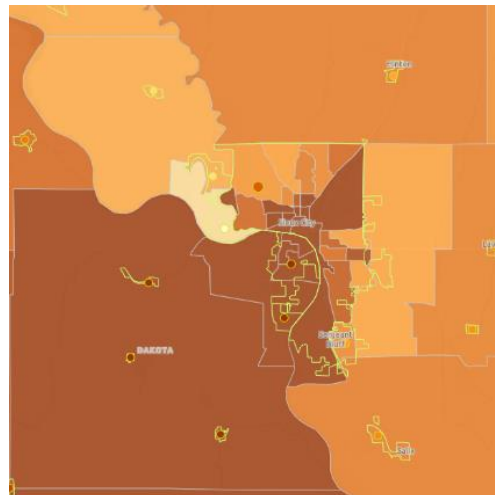


Census Tracts by Poverty
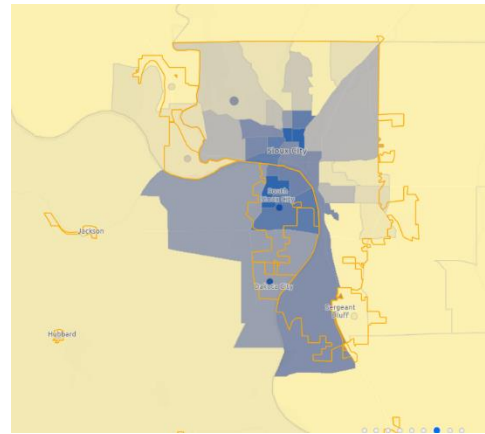


Census tracts by Race/Ethnic status
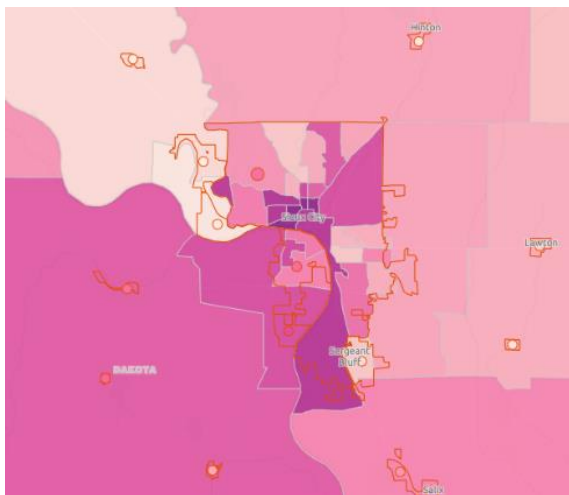


Diabetes Census tracts



Obesity Census tracts

Tobacco use is significantly higher among LGBTQIA+ young adults (YA) than their heterosexual and cisgender peers, and disparities exist across multiple tobacco products. Different patterns of tobacco use exist within LGBTQIA+ identities. Although evidence-based cessation strategies, such as Tobacco Quitline (QL) are available, YA severely underutilize them. Adult Cessation use among the LGBTQ+ also lags heterosexual individuals.  In FY2024, 11 of the 130 Woodbury County adult callers to Quitline Iowa identified as a member of LGBTQ+ community, while there were only 2 calls to the youth My Life My Quit program, zero of which identified as LGBTQ+.

Per the Center for Disease Control (CDC) 25% of adults nationally, reported having a disability, while 12.8% of Iowans over the age of 5 years have some type of disability. Data shows that compared to persons without disabilities those with disabilities experience more adverse social conditions that are linked to poor health outcomes and are more likely to have high blood pressure, be smokers, be inactive and have a BMI classified as obese. In Plymouth County just over 2,500 male and females over 35 have a disability. In Woodbury County just over 10,000 individuals over the age of 35 are classified as being disabled. (Iowa Data Center)

# Assessment process

## Advisory Committee

Throughout 2024, the CHNA Steering Committee elected to utilize the National Association of Counties and Cities Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) community-driven strategic planning process to complete the Community Health Needs Assessment. The year-long process included three phases:

- Phase 1: Building Community Health Improvement Foundation. Steering Committee members were identified, and the Committee met in January and February to plan the Community Visioning meeting.

- Phase 2: Tell the Community Story. The Steering Committee met in March-June to develop and execute Community Assessments, including community surveys and focus groups. The Committee reviewed the findings from these assessments and identified seven themes for further prioritization.

- Phase 3: Continuously Improve the Community. The Steering Committee met in July-December to plan the Community Prioritization meeting and Content Expert meetings. The Steering Committee analyzed the results of the Community Prioritization meeting in order to identify the topics for the Content Expert meetings. The Committee met for a final time in November to finalize action plans.

## Community input

In February 2024, a kick-off meeting was held with 59 community partners coming together to participate in a visioning workshop. The purpose of this meeting was to engage the group in visionary thinking and to create a shared list of visionary components. The Steering Committee then met to review the visionary items suggested during the community meeting and were able to organize them into a detailed vision for Siouxland:

*"Siouxland, a safe, inclusive, thriving community of healthy, informed individuals with access to care."*

Community input was collected through a 13-question survey. A total of 432 responses were collected between April 8, 2024 – May 20, 2024. Surveys were distributed to community members and organizations throughout Woodbury, Plymouth, Dakota, and Union Counties, including, but not limited to, community-based organizations, hospitals and clinics, and local businesses. Survey information was also distributed via social media. The survey was available in the following languages: English, Spanish, French, Somali, Vietnamese, Mongolian, and Burmese. A copy of the survey is included in the Appendix.

The below counties are represented in survey responses.

| Counties | | | |
|---|---|---|---|
| Woodbury, IA | Plymouth, IA | Dakota, NE | Union, SD |
| Buena Vista, IA | Sioux, IA | Monona, IA | Clay, IA |
| Lyon, IA | Dixon, NE | Ida, IA | |

The below table summarizes the demographics of survey respondents.

| Race and ethnicity | |
|---|---|
| White alone | 86.2% |
| Hispanic or Latino | 7.4% |
| Black or African American | 3.1% |
| American Indian/Alaska Native | 2.3% |
| Asian | 2.0% |
| Other | 1.3% |
| Native Hawaiian/Other Pacific Islander | 0.3% |
| **Age** | |
| 18-24 | 4.6% |
| 25-40 | 30.4% |
| 40-65 | 48.2% |
| 65-85 | 16.8% |
| **Gender assigned at birth** | |
| Female | 84.9% |
| Male | 15.9% |
| **Household income** | |
| Under $14,999 | 4.6% |
| $15,000-$49,999 | 19.8% |
| $50,000-$74,999 | 21.9% |
| $75,000-$99,999 | 16.0% |
| $100,000+ | 37.6% |
| **Sexual orientation** | |
| Straight or heterosexual | 91.5% |
| Bisexual | 4.1% |
| Gay or lesbian | 3.3% |
| Other | 1.0% |
| **Educational attainment** | |
| Have not graduated high school | 0.5% |
| Grade 12 or GED (High school graduate) | 10.5% |
| Some college | 26.3% |
| Bachelor's degree (College graduate) | 36.8% |
| Post-graduate degree (Master's, M.D., Ph.D., J.D.) | 25.8% |

## Community input survey summary table

| Community Input Survey | Report Area |
|---|---|
| **Barriers to seeking medical care** | |
| Cost | 25.5% |
| Difficult to get an appointment | 17.1% |
| Hours are not convenient | 15.0% |
| Cannot get time off from work | 13.4% |
| Doctor will not take my insurance | 6.0% |
| Difficult to find a doctor | 5.6% |
| Do not trust medical professionals | 5.1% |
| Frightened of the procedure or doctor | 3.5% |
| No transportation or difficult to find transportation | 3.2% |
| Cannot find childcare | 2.8% |
| Discrimination | 0.9% |
| Accessibility barrier | 0.9% |
| Language barrier with medical facility | 0.7% |
| **Issues individuals have experienced in the last 30 days** | |
| Not being able to provide food for yourself or family | 6.3% |
| Living in an unsafe neighborhood | 6.0% |
| Living in an unsafe home | 4.2% |
| Unable to secure work | 1.9% |

| Source of health information | Count |
|---|---|
| Doctor/health care provider | 291 |
| Family or friends | 99 |
| Other social media | 97 |
| Hospital | 79 |
| Local health department | 69 |
| Worksite | 62 |
| TV | 56 |
| Newspaper/magazine | 51 |
| Facebook/X (formally Twitter) | 51 |
| **Top health concerns in Siouxland** | **Count** |
| Behavioral health (mental health/substance abuse) | 213 |
| Unsafe/unaffordable housing | 111 |
| Access to dental care/dental problems | 98 |
| Alcohol/drug abuse | 94 |
| Obesity (overweight) | 88 |
| **Top strengths in Siouxland** | **Count** |
| Police, fire, and rescue services | 203 |
| Parks and recreation/walkable, bikeable community | 143 |
| Access to healthcare | 114 |
| Prepared for emergencies (tornadoes, floods, disease) | 76 |
| Good schools | 72 |

Community input was also collected through five focus groups held between April 25, 2024 – May 13, 2024. 29 community members participated. Focus groups included:

- Aging Population Focus Group at Siouxland Center for Active Generations

- Native American Individual Interview at Urban Native Center

- Mothers in In-Patient Substance Use Disorder Treatment Focus Group at Rosecrance Jackson Centers

- Teenage Youth Focus Group at Boys & Girls Club Teen Center

- Newcomer/Immigrant Population Focus Group at Mary J. Treglia Community House

## Focus group summaries

| Aging Population Focus Group | |
|---|---|
| Top areas of concern | <ul><li>Understaffed hospitals/long wait times</li><li>Mental health</li><li>Physician bedside manner</li><li>Quality of parks</li><li>Homelessness</li><li>Infrastructure – quality of roads</li></ul> |
| Technology & healthcare | <ul><li>Mixed response regarding utilization of technology in healthcare</li><li>Gap between what you submit electronically and what is discussed in person</li><li>Concern of security of electronic information</li></ul> |
| Elder Abuse | <ul><li>Elder abuse is an issue for some</li><li>Need more support groups for caregivers</li></ul> |
| Community strengths | <ul><li>Friendship house</li><li>Home Instead</li><li>Most healthcare workers are helpful and kind</li><li>Splash pads</li></ul> |
| Physical activity | <ul><li>Center for Active Generations</li><li>Walking trails</li><li>WITCC Adult Learning Classes</li></ul> |
| Medical care | <ul><li>Shortage of neurologists</li><li>Travel for specialists</li><li>Frustration of seeing a PA when appointment was scheduled with physician</li></ul> |
| Source of health information | <ul><li>Reputable websites</li><li>News</li><li>Newspaper</li><li>AARP magazine</li></ul> |

| Native American Individual Interview | |
|---|---|
| Top areas of concern | <ul><li>Drug addiction and health effects</li><li>Domestic abuse</li><li>Substance use treatment access</li><li>Lack of cultural understanding and diversity in medical settings</li><li>Issues at home impacting youth</li></ul> |
| Community strengths | <ul><li>Hope Street of Siouxland</li><li>Increased collaboration between Native and Non-Native community</li><li>Youth learning their cultural languages</li><li>Youth involvement</li><li>Briar Cliff doing well with Native Community, so are Little Priest and U of Iowa</li><li>Native American Liaisons</li><li>Urban Native Center</li><li>Number of homeless Native Americans have decreased</li></ul> |
| Mental health & substance abuse resources | <ul><li>Trudy Soole</li><li>Family Access Center</li><li>Opportunity – equine therapy</li></ul> |
| Medical care | <ul><li>Community Health Center</li><li>Winnebago Healthcare (may be referred to other specialty providers)</li><li>Winnebago has a partnership with CNOS</li></ul> |
| Source of health information | <ul><li>Word of mouth</li><li>Quarterly meetings at the Museum</li><li>Suggestion - resources and information screen at the bus depot</li></ul> |

| Mothers in In-Patient Substance Use Disorder Treatment Focus Group | |
|---|---|
| Top areas of concern | <ul><li>Dental care access, especially for Medicaid patients</li><li>Lack of affordable housing</li><li>Access to inpatient substance use treatment, especially for mothers with children</li><li>Lack of accessible childcare</li><li>Substance use stigma</li><li>Transportation</li><li>Prenatal care</li><li>Lack of methadone clinics</li></ul> |
| Community strengths | <ul><li>Native American patients can receive treatment for free on the reservation and they can be provided with referrals to other doctors</li><li>UnityPoint Health - St. Luke's NICU</li><li>Good testing for STIs</li><li>Good resources at Rosecrance</li><li>NA/AA Meetings</li><li>Recovery support systems</li></ul> |

| | |
|---|---|
| | • Jobs available |
| Support services | • Gospel Mission<br>• Safe Place<br>• 211<br>• Rosecrance Jackson<br>• Woodbury Community Action Agency<br>• Women Aware<br>• Mary's Choice<br>• Ponca Tribe<br>• WIC<br>• HOPES program & Family Treatment Court |
| Source of health information | • DHS outreach specialist<br>• Google<br>• 211 |

| Teenage Youth Focus Group | |
|---|---|
| Top areas of concern | • Substance use – marijuana, vaping<br>• Mental health<br>• Illness at school<br>• Violence<br>• Access to free meals at school<br>• Affordable housing<br>• House fires |
| Community strengths | • School sports activities<br>• After school resources<br>• Parks<br>• Splash pads |
| Mental health & substance abuse resources | • Counselor<br>• Help them yourself<br>• School police officer<br>• Mental Health hotline<br>• Google<br>• Bootcamp |
| Safety | • Feeling safe depends on area of town<br>• Some feel unsafe at school – peers can be angry/violent/using drugs |
| Source of health information | • Google<br>• Mayo<br>• CDC website<br>• Parents<br>• Career academy |
| Groceries | • Walmart<br>• Hy-Vee |

| | |
|---|---|
| | • Sams Club<br>• Dollar General<br>• Farmer's Market |
| Project ideas to positively impact youth | • Water Park<br>• Homeless shelters<br>• Youth mental health therapy<br>• Outdoor activities<br>    ○ Turf soccer field<br>• Trampoline park<br>• Life skills education programs (finances, taxes, cooking healthy food)<br>• More stores for shopping for clothes, etc. |

| **Newcomer/Immigrant Population Focus Group** | |
|---|---|
| Top areas of concern | • Access to healthcare<br>    ○ Uninsured<br>    ○ Lack of appointment times outside of work schedule<br>    ○ Barriers to getting Medicaid<br>    ○ Substance use<br>    ○ Safety of parks<br>    ○ Diabetes, heart issues |
| Community strengths | • Neighborhoods<br>• Orthopedic care<br>• Infrastructure for winter weather<br>• Prenatal & pediatric care<br>• Healthcare centers<br>• Siouxland Community Health center having availability of Vietnamese translators |
| Source of information on resources | • Primary doctor<br>• Teacher<br>• Mayflower Church Pantry<br>• Food Bank<br>• Seaboard, Tyson and employment agencies help with employment<br>• DHS Office<br>• Mary J. Treglia |
| Groceries | • Walmart – also has great pharmacy<br>• Fareway<br>• Mexican grocery stores<br>• Hong Kong Supermarket<br>• Hy-Vee<br>• Vietnamese stores |
| Source of health information | • Doctor/Clinic<br>• Siouxland Community Healthcare<br>• Family members |

| | |
|---|---|
| | • School<br>• Back side of Medicaid card |
| Language barriers | • Job settings - many have Spanish interpreters, but not as many have Vietnamese or other languages<br>• Access to translators at Siouxland District Health Department and Siouxland Community Health Center<br>• Healthcare - usually ask if an interpreter is needed and provide one<br>• Not enough Vietnamese translators |

## Quantitative data gathering

Secondary data, comparisons, and benchmarks include figures and interpretation from the following sources:

- American Community Survey 5-Year Estimates
- Centers for Medicare and Medicaid Services
- Centers for Disease Control and Prevention
- County Health Rankings
- Feeding America
- Federal Bureau of Investigation
- Food Bank of Siouxland
- Healthy People 2030
- Institute for Community Alliances
- Iowa Department of Public Health
- National Center for Health Statistics
- Opportunity Insights
- Sioux City Parks and Recreation Department
- Sioux City Police Department
- State Cancer Profiles
- Trust for Public Land
- U.S. Census Bureau
- U.S. Department of Agriculture
- U.S. Department of Education
- U.S. Department of Health and Human Services
- U.S. Department of Labor

## Secondary data summary table

| Secondary data | | Report Area | Iowa | United States |
|---|---|---|---|---|
| **Access to care** | | | | |
| Uninsured population | | 6.45% | 4.83% | 8.68% |
| Uninsured children | | 3.13% | 2.93% | 5.34% |
| Insured population receiving Medicaid | | 24.21% | 20.73% | 22.34% |
| Residents with a recent primary care visit | | 76.80% | 75.16% | 73.60% |
| Dentists per 100,000 population | | 63.7 | 71 | 73.4 |
| **Cancer** | | | | |
| Cancer incidence per 100,000 population | | 494.9 | 486.8 | 442.3 |
| Breast cancer incidence per 100,000 females | | 126.7 | 134.7 | 127.0 |
| Colon and rectum cancer incidence per 100,000 population | | 47.4 | 40.7 | 36.5 |
| Cancer mortality per 100,000 population | | 190.5 | 199.2 | 182.7 |
| **Domestic violence and crime** | | | | |
| Violent crimes per 100,000 people | | 322 | 283 | 416 |
| **Housing and homelessness** | | | | |
| Homeless children and youth enrolled in school system | | 1.26% | 1.54% | 2.77% |
| Housing cost burdened | | 22.01% | 23.04% | 30.51% |
| Renter occupied housing | | 30.83% | 28.48% | 35.18% |
| Overcrowded housing | | 3.07% | 1.72% | 4.74% |
| Substandard housing | | 23.41% | 23.41% | 31.70% |
| **Mental health** | | | | |
| Mental health providers per 100,000 population | | 162.91 | 137.19 | 185.62 |
| Deaths due to suicide per 100,000 population | | 18.1 | 17.1 | 14.5 |
| Poor mental health | | 14.10% | 14.42% | 14.70% |

| Secondary data | | Report Area | Iowa | United States |
|---|---|---|---|---|
| **Obesity and physical health** | | | | |
| Food insecurity rate | | 8.18% | 7.62% | 10.28% |
| Child food insecurity rate | | 11.88% | 9.70% | 13.30% |
| Children eligible for free and reduced-price lunch | | 51.60% | 41.70% | 53.50% |
| Households receiving SNAP benefits | | 9.86% | 9.37% | 11.52% |
| Low income & low food access | | 15.35% | 19.53% | 19.41% |
| Obesity (adult) | | 38.20% | 36.64% | 33.00% |
| Physical inactivity | | 27.70% | 24.82% | 23.70% |
| Recreation and fitness facility access (establishments per 100,000 population) | | 8.82 | 12.38 | 12.31 |
| Park access | | 50.81% | 45.28% | 43.57% |
| Diabetes (adult) | | 10.90% | 9.88% | 11.30% |
| Coronary heart disease mortality per 100,000 population | | 96.6 | 139.4 | 112.5 |
| Heart disease (Medicare) | | 21.00% | 24.00% | 26.80% |
| **Sexual health** | | | | |
| Infant mortality per 1,000 live births | | 6 | 5 | 5.7 |
| Teen births per 1,000 female population | | 19.8 | 14.4 | 16.6 |
| HIV disease per 100,000 population | | 135.02 | 119.4 | 386.6 |
| Chlamydia rate per 100,000 population *Woodbury county only | | 760 | 458 | |
| Gonorrhea rate per 100,000 population *Woodbury county only | | 303 | 140 | |
| Syphilis rate per 100,000 population *Woodbury county only | | 131 | 27 | |

| Secondary data | | Report Area | Iowa | United States |
|---|---|---|---|---|
| **Substance abuse** | | | | |
| Addiction/substance use providers per 100,000 population | 🟩 | 54.7 | 22.44 | 28 |
| Deaths due to drug poisoning per 100,000 population | 🟩 | 12.2 | 14.5 | 28.5 |
| Binge drinking | 🟨 | 19.60% | 19.72% | 15.50% |
| Current smokers | 🟥 | 17.10% | 15.78% | 13.50% |
| Chronic obstructive pulmonary disease (adult) | 🟥 | 7.10% | 6.84% | 6.40% |
| Lung disease morality per 100,000 population | 🟥 | 57.9 | 55.8 | 46 |
| **Economic stability** | | | | |
| Unemployment rate | 🟩 | 2.70% | 3.00% | 4.30% |
| Population at or below 200% of the FPL | 🟥 | 29.32% | 27.14% | 28.80% |
| **Education** | | | | |
| Preschool enrollment | 🟥 | 40.55% | 43.19% | 45.62% |
| No high school diploma | 🟥 | 11.69% | 6.97% | 10.86% |
| Bachelor's degree or higher | 🟥 | 24.03% | 30.28% | 34.31% |

| Key | |
|---|---|
| 🟩 | Better than State and National rates |
| 🟥 | Worse than State and National rates |
| 🟨 | Between State and National rates |

To assist in providing feedback to the Community Health Needs Assessment findings, and to also assist in identifying and confirming the strategic issues that should be focused on during the 2025-2027 Health Improvement Plan cycle, a second community meeting was held in August 2024. Forty-four local partners convened for a data presentation and strategic issue identification workshop. Attendees were briefed on eight different broad health topics through a poster presentation. These topics were selected based upon the results of primary and secondary data analysis. Poster topics included the following: Substance Use, Mental Health, Obesity/Nutrition, Sexual Health, Cancer, Other data points (including disabilities, lead, dental care, and interpretation services), and Social Determinants of Health.

After each presentation, participants engaged in table discussion to spend time digging further into the data related to the respective need. Each group identified data that stood out to them, resources available to address the need, and the top two strategic issues related to the need. At the end of the meeting, all of the strategic issue were compiled into a survey question for each individual participant to select the overall top three strategic issues. Based upon the scoring of this process, five broad topic categories emerged as the greatest needs: Mental Health, Substance Use, Sexual Health, Cancer Prevention, and Nutrition and Physical Activity.

# Significant community health needs

After analyzing primary and secondary data, along with input from the Steering Committee, five significant community health needs were identified.

| Significant health need | Supporting data |
|---|---|
| **Mental health** | <ul><li>One of the top concerns on community survey</li><li>One of the top concerns discussed in multiple focus groups</li><li>Secondary data indicates that suicide rates in the report area are higher than Iowa, Nebraska, and national rates</li><li>Area hospitals have seen an increase in emergency department mental health visits over the last three years</li><li>Secondary data indicates that the percentage of adults experiencing frequent mental distress days has increased from 2022-2024 in the report area</li><li>Rated as the top issue at the Community Prioritization meeting</li></ul> |
| **Substance use** | <ul><li>One of the top concerns on community survey</li><li>One of the top concerns discussed in multiple focus groups</li><li>Secondary data indicates that binge drinking is higher in the report area than national rates</li><li>Secondary data indicates that the percentage of current smokers in the report area is higher than state and national rates</li><li>The number of drug exposed infants in born in the Siouxland area is increasing</li><li>The Tri-State Drug Task Force has seized high amounts of illicit cannabis products and meth</li><li>Rated second priority issue at the Community Prioritization meeting</li></ul> |
| **Nutrition & physical activity** | <ul><li>Obesity listed as top 5 concern on community survey</li><li>Secondary data indicates that the report area has higher rates of obesity than state and national rates</li><li>Secondary data indicates that adult diabetes rates are higher than state rates</li><li>The report area is not achieving the Healthy People 2030 food insecurity target of 6%</li><li>The Food Bank of Siouxland distributed approximately 500,000 more pounds of food in 2023 than it did in 2019</li><li>Rated top five priority issue at the Community Prioritization meeting</li></ul> |
| **Cancer prevention** | <ul><li>Secondary data indicates that the report area's cancer incidence rate is higher than state and national rates</li><li>Secondary data indicates that the report area's cancer mortality rate is higher than national rates</li><li>Secondary data indicates that the number of Iowa cancer cases has double over the past 50 years</li><li>Rated top four priority issue at the Community Prioritization meeting</li></ul> |

| Sexual health | • Secondary data indicates that the report area's teen birth rate is higher than state and national rates |
| :--- | :--- |
| | • Secondary data indicates that the report area's HIV disease rate is higher than the state rate |
| | • Secondary data indicates that Woodbury County's Syphilis rate has drastically increased from 2021 (32 cases) to 2022 (131 cases) |
| | • Rated top three priority issue at the Community Prioritization meeting |

Content Expert meetings were held in October for each of the identified categories (Mental Health, Substance Use, Sexual Health, Cancer Prevention, and Nutrition and Physical Activity). Attendees were presented current data on the subject, evidence-based strategies that are being recommended through the Robert Wood Johnson Foundation and County Health Rankings website, and examples of what other Iowa counties or national counties are implementing with regards to those topics. Attendees then brainstormed their ideas and placed them on a sticky wall. Grouping and consensus workshop followed to assist in the development of the goals/objectives/strategies. The outputs of these meetings will be used to develop the Community Health Improvement Plan.

## Community assets and resources

The following community assets and resources were identified, through community input, as potentially available to address the highest priority health needs.

**Mental health**
- Boys & Girls Home
- Catholic Charities
- Connections Area Agency on Aging
- Crittenton Center
- Dean & Associates
- Heartland Counseling Services
- Local churches
- Local colleges
- Local schools
- Mary J. Treglia Community House
- MercyOne Siouxland Medical Center
- Mobile Crisis Teams
- Rosecrance Jackson
- Siouxland Community Health Center
- Siouxland Mental Health Center
- Sky Ranch Behavioral Services
- UnityPoint Health

- Warming Shelter
- Women Aware

**Substance use**

- Agape Community Services
- Alcoholics/Narcotics Anonymous
- Catholic Charities
- Family Access Center
- Family Treatment Court
- Family Wellness Associates
- Heartland Counseling Services
- Hope Street of Siouxland
- Local churches
- Local law enforcement
- Local schools
- Quitline Iowa
- Rosecrance Jackson
- SAMSHA
- Siouxland CARES
- Siouxland Community Health Center
- Siouxland Council on Child Abuse & Neglect
- Siouxland District Health Department
- Siouxland Human Investment Partnership
- Siouxland Mental Health Center
- Siouxland Women's Health Care
- Sky Ranch Behavioral Services
- Source for Siouxland
- UnityPoint Health
- Woodbury County Attorney Office
- Your Life Iowa

**Nutrition & physical activity**

- Connections Area Agency on Aging
- Dakota County Voices For Food
- Food Bank of Siouxland
- Gospel Mission
- Iowa State University Extension and Outreach
- Local churches
- Local community gardens
- Meals on Wheels
- MercyOne Siouxland Medical Center
- Northeast Nebraska Community Action Partnership
- SIMPCO
- Sioux City Parks and Recreation
- Siouxland District Health Department
- Siouxland Family Center
- Siouxland Soup Kitchen
- UnityPoint Health
- Up From the Earth
- YMCA

**Cancer prevention**

- Connections Area Agency on Aging
- Family Health Care of Siouxland
- June E. Nylen Cancer Center
- Mary J. Treglia Community House
- MercyOne Siouxland Medical Center
- Siouxland Community Health Center
- Siouxland District Health Department
- UnityPoint Health

**Sexual health**

- Girls Inc.
- Her Health Women's Center
- Local colleges
- Local schools
- Lutheran Services in Iowa
- Mary J. Treglia Community House

- MercyOne Siouxland Medical Center
- Planned Parenthood
- Siouxland Community Health Center
- Siouxland District Health Department
- Siouxland Women's Health Care
- UnityPoint Health
- Women Aware

## Next steps

The outputs from the five Content Expert meetings will be utilized to develop the Community Health Improvement Plan. Over the next three years, Dunes Surgical Hospital, MercyOne Siouxland Medical Center, Siouxland District Health Department, and UnityPoint Health will implement the identified strategies in conjunction with various local coalitions to make positive impact on the health and well-being for the residents of Siouxland.

# Appendix

**Primary Indicator Data – Community Survey Results**
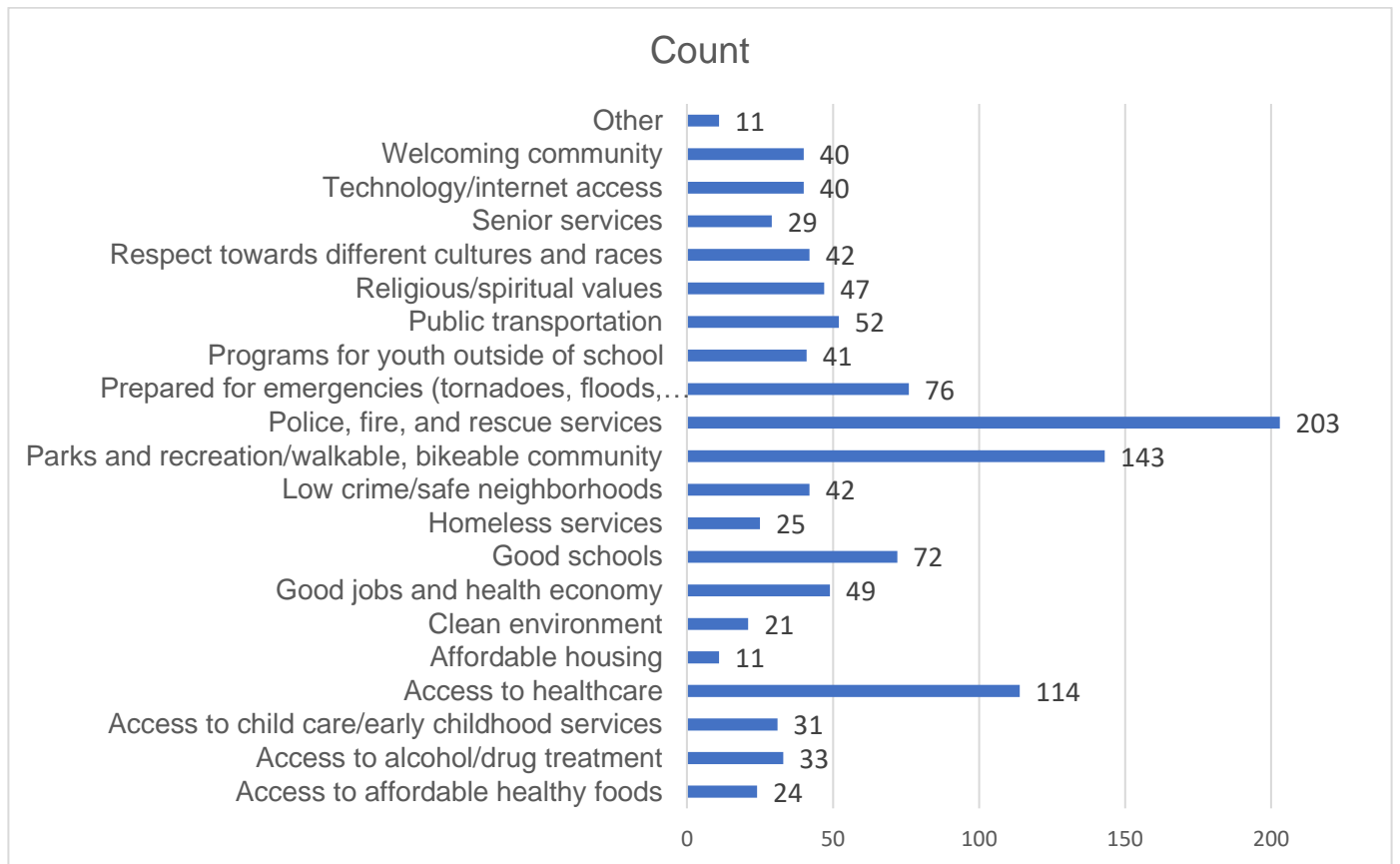
**Secondary Indicator Data**

**Partner Organization Lists**

**Data Posters**

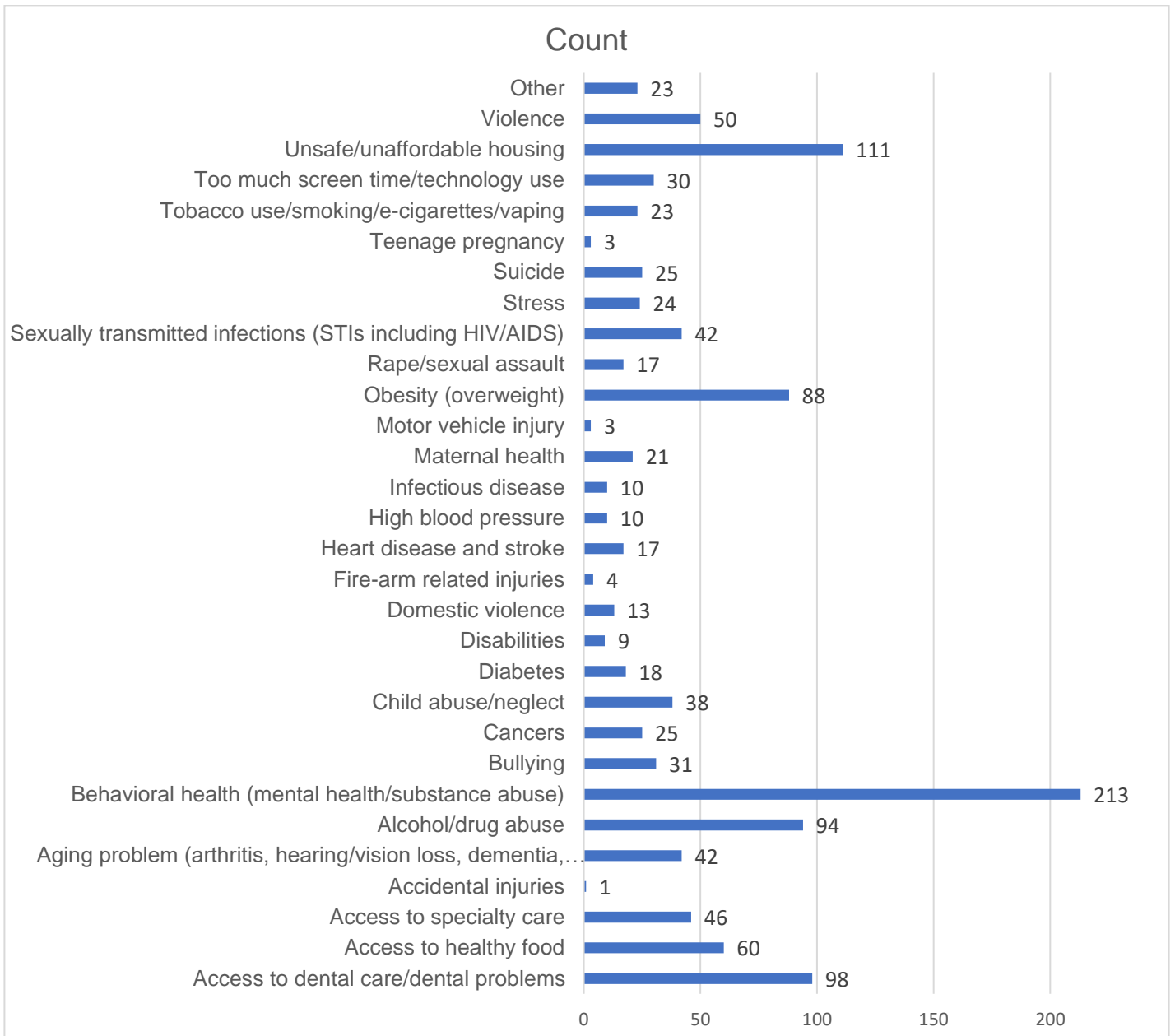**Content Expert Meeting Documentation**

**Primary indicator data – Community input survey results**
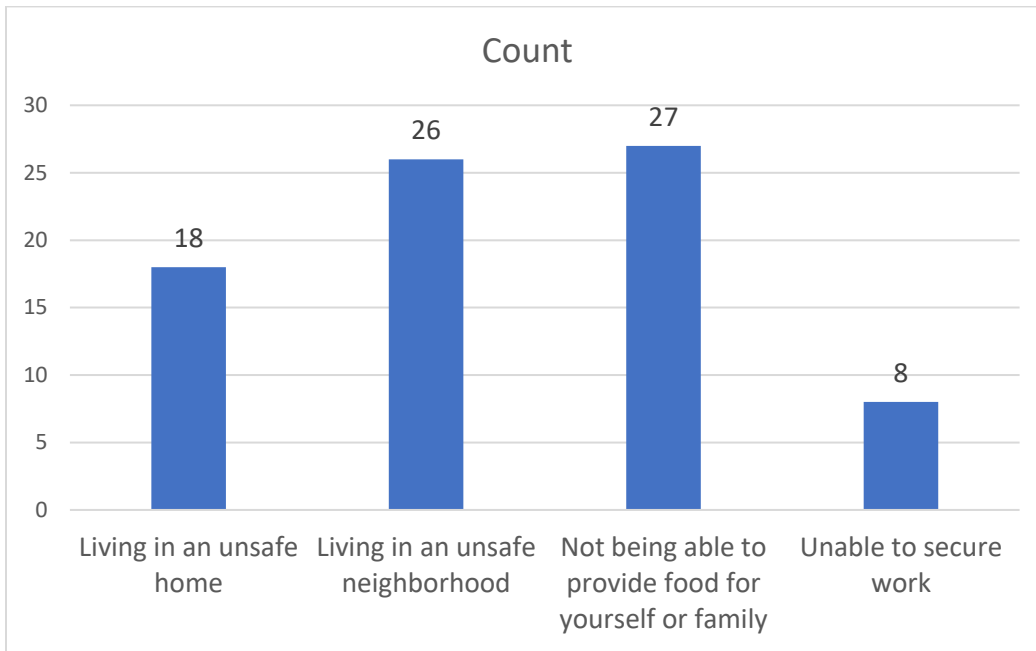
**Greatest strengths of community**

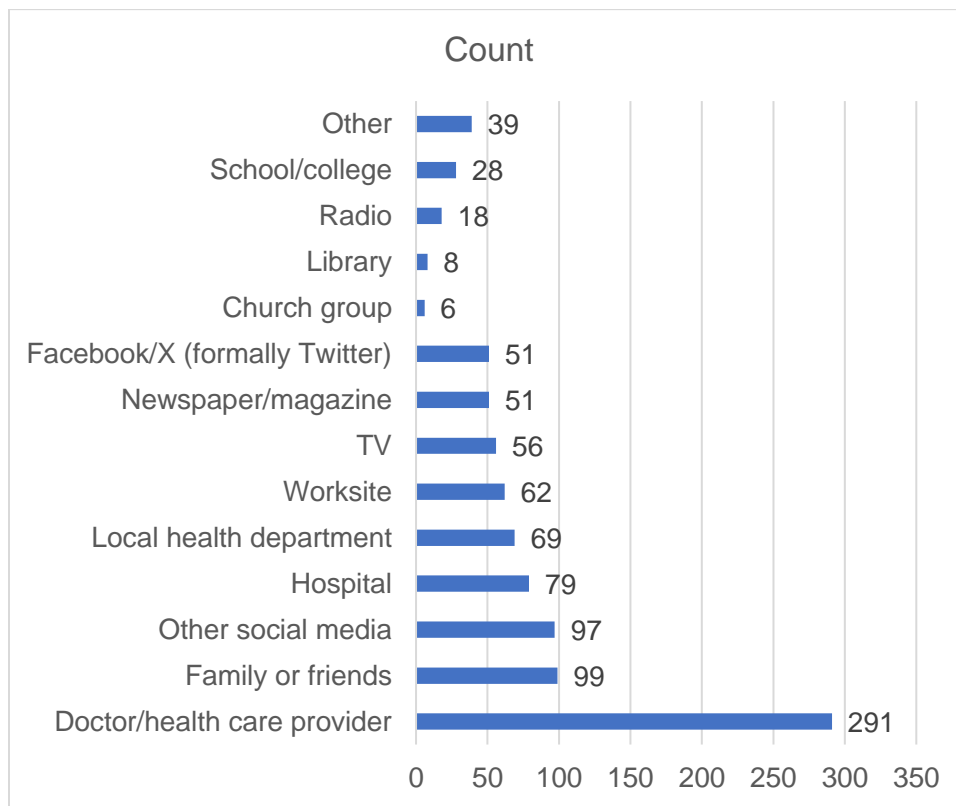**Question:** What do you think are the 3 greatest strengths of Siouxland?

### Count

| Category | Count |
|---|---|
| Other | 11 |
| Welcoming community | 40 |
| Technology/internet access | 40 |
| Senior services | 29 |
| Respect towards different cultures and races | 42 |
| Religious/spiritual values | 47 |
| Public transportation | 52 |
| Programs for youth outside of school | 41 |
| Prepared for emergencies (tornadoes, floods,… | 76 |
| Police, fire, and rescue services | 203 |
| Parks and recreation/walkable, bikeable community | 143 |
| Low crime/safe neighborhoods | 42 |
| Homeless services | 25 |
| Good schools | 72 |
| Good jobs and health economy | 49 |
| Clean environment | 21 |
| Affordable housing | 11 |
| Access to healthcare | 114 |
| Access to child care/early childhood services | 31 |
| Access to alcohol/drug treatment | 33 |
| Access to affordable healthy foods | 24 |

**Question:** What do you think are the top 3 health problems in Siouxland that should be focused on over the next few years?
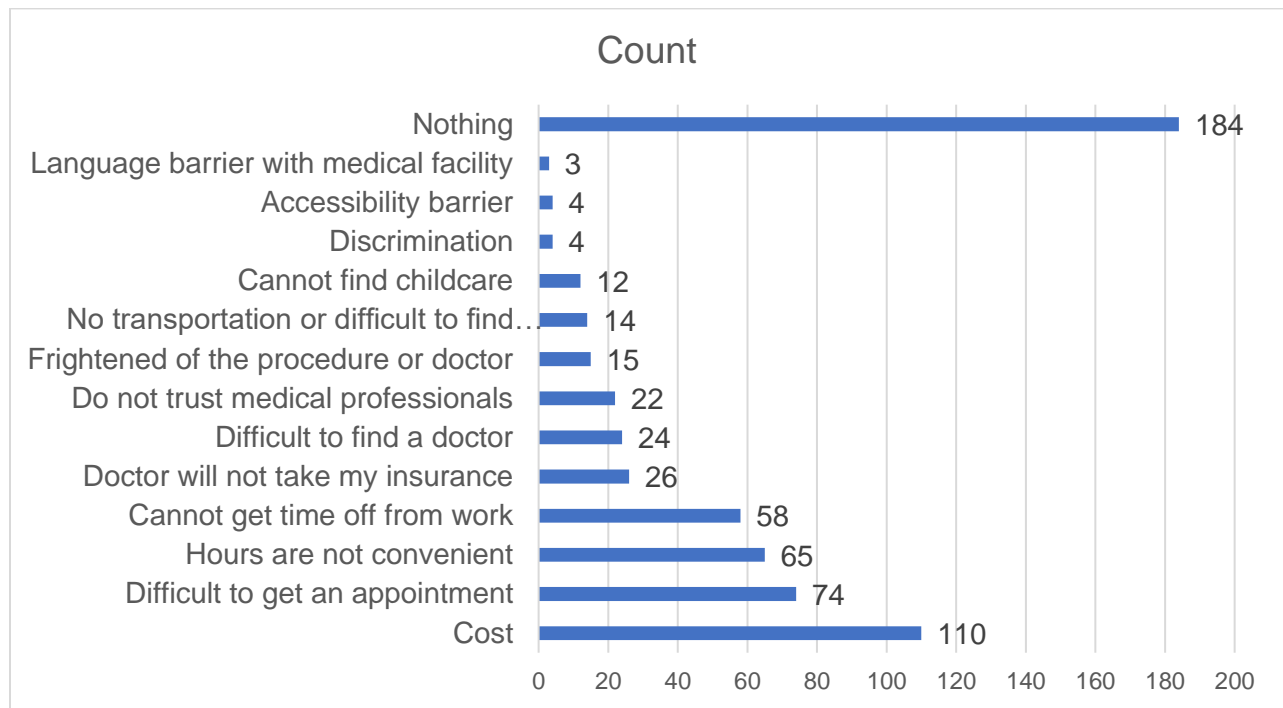
## Count

| Category | Count |
|---|---|
| Other | 23 |
| Violence | 50 |
| Unsafe/unaffordable housing | 111 |
| Too much screen time/technology use | 30 |
| Tobacco use/smoking/e-cigarettes/vaping | 23 |
| Teenage pregnancy | 3 |
| Suicide | 25 |
| Stress | 24 |
| Sexually transmitted infections (STIs including HIV/AIDS) | 42 |
| Rape/sexual assault | 17 |
| Obesity (overweight) | 88 |
| Motor vehicle injury | 3 |
| Maternal health | 21 |
| Infectious disease | 10 |
| High blood pressure | 10 |
| Heart disease and stroke | 17 |
| Fire-arm related injuries | 4 |
| Domestic violence | 13 |
| Disabilities | 9 |
| Diabetes | 18 |
| Child abuse/neglect | 38 |
| Cancers | 25 |
| Bullying | 31 |
| Behavioral health (mental health/substance abuse) | 213 |
| Alcohol/drug abuse | 94 |
| Aging problem (arthritis, hearing/vision loss, dementia,… | 42 |
| Accidental injuries | 1 |
| Access to specialty care | 46 |
| Access to healthy food | 60 |
| Access to dental care/dental problems | 98 |

**Question:** In the past 30 days have you personally experienced any of the following issues?

## Count



| Category | Count |
|---|---|
| Living in an unsafe home | 18 |
| Living in an unsafe neighborhood | 26 |
| Not being able to provide food for yourself or family | 27 |
| Unable to secure work | 8 |

**Question:** Where do you get most of your health information?

## Count



| Category | Count |
|---|---|
| Other | 39 |
| School/college | 28 |
| Radio | 18 |
| Library | 8 |
| Church group | 6 |
| Facebook/X (formally Twitter) | 51 |
| Newspaper/magazine | 51 |
| TV | 56 |
| Worksite | 62 |
| Local health department | 69 |
| Hospital | 79 |
| Other social media | 97 |
| Family or friends | 99 |
| Doctor/health care provider | 291 |

**Question:** What has prevented you from seeing a medical provider when you were sick, injured or needed some type of health care in the past 12 months?

**Count**

| Category | Count |
|---|---|
| Nothing | 184 |
| Language barrier with medical facility | 3 |
| Accessibility barrier | 4 |
| Discrimination | 4 |
| Cannot find childcare | 12 |
| No transportation or difficult to find… | 14 |
| Frightened of the procedure or doctor | 15 |
| Do not trust medical professionals | 22 |
| Difficult to find a doctor | 24 |
| Doctor will not take my insurance | 26 |
| Cannot get time off from work | 58 |
| Hours are not convenient | 65 |
| Difficult to get an appointment | 74 |
| Cost | 110 |

**Question:** On a scale from 0 - 5 (with 5 being the best) how do you rate your awareness and trust in the services or functions of the following entities:



**MercyOne Siouxland Medical Center**

| Scale | Count |
|---|---|
| 0 | 18 |
| 1 | 48 |
| 2 | 64 |
| 3 | 94 |
| 4 | 86 |
| 5 | 34 |

## UnityPoint Health - St. Luke's

| Category | Value |
|----------|-------|
| 0 | 7 |
| 1 | 19 |
| 2 | 28 |
| 3 | 90 |
| 4 | 127 |
| 5 | 99 |

## Siouxland District Health Department

| Category | Value |
|----------|-------|
| 0 | 6 |
| 1 | 25 |
| 2 | 49 |
| 3 | 84 |
| 4 | 100 |
| 5 | 90 |
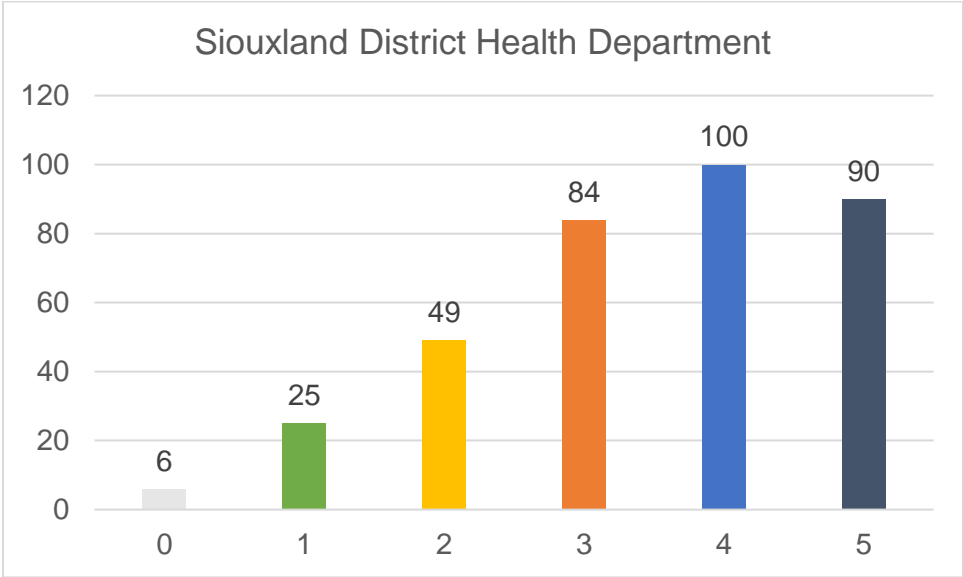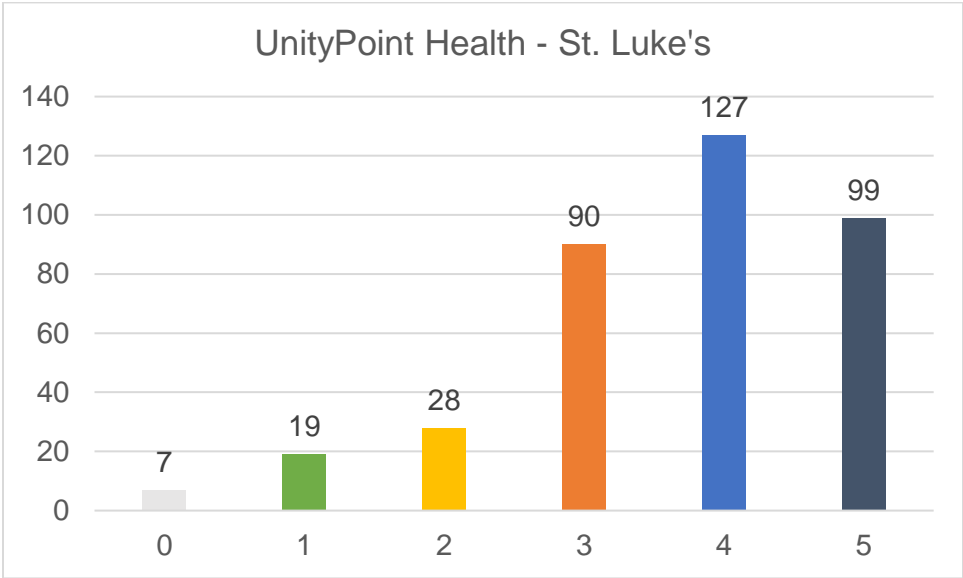
**Secondary indicator data**

## ACCESS TO CARE

### Health insurance

The lack of health insurance is a key driver of health status. People without health insurance are less likely to get the care they need leading to poorer health outcomes. In the report area, almost 94% of residents have health insurance. Of those insured, 24.21% are receiving Medicaid benefits. 3.13% of residents under age 18 are uninsured.

- **Benchmark:** Insured rates in the report area are lower than the state of Iowa (95%), but higher than the states of Nebraska (92%) and South Dakota (90.5%).

- **Healthy People 2030 target:** The county insured rate exceeds the Healthy People 2030 target of 92.4% of people having health insurance.

- **Disparities:** Uninsured rates are highest in Dakota County, NE (8.41%) and among Native Hawaiian/Pacific Islanders (24.60%).

- **Data Source:** US Census Bureau, American Community Survey. 2018-22. Healthy People 2030.

**Uninsured Population by Race, Percent**

**Primary care providers**

In the report area, there are 79.98 primary care providers per 100,000 population.

- **Comparison:** The shortage in Plymouth, Dakota, and Union Counties are more significant than state and national shortages.

- **Data source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). August 2024.



**Primary Care Providers, rate per 100,000 population**

| Report location | Plymouth County | Woodbury County | Dakota County | Union County | Iowa | Nebraska | South Dakota | United States |
|---|---|---|---|---|---|---|---|---|
| 79.98 | 42.8 | 102.89 | 37.07 | 47.59 | 108.26 | 100.59 | 102.29 | 110.99 |

**Dentists**

In the report area, there are 63.7 dentists per 100,000 population. Additionally, less than half of Medicaid enrollees under 21 years of age in Woodbury and Plymouth counties (43.70% and 41.54%) had a dental service in 2023.

- **Comparison:** Dentist rates vary depending on county and state, with the overall report area rate being lower than all state (IA: 71; NE: 82; SD: 64) and national (73.4) rates.

- **Data Source(s):** US Department of Health & Human Services, Health Resources and Services Administration, HRSSA – Area Health Resource File. Accessed via County Health Rankings. 2022; Iowa Public Health Tracking Portal – Child Dental Services (Medicaid) Data. 2023.

**Dentists, rate per 100,000 population**



| Report location | Plymouth County | Woodbury County | Dakota County | Union County | Iowa | Nebraska | South Dakota | United States |
|---|---|---|---|---|---|---|---|---|
| 63.7 | 51 | 69 | 33 | 88 | 71 | 82 | 64 | 73.4 |

## CANCER

### Cancer incidence per 100,000 population

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). Within the report area, there were 949 new cases of cancer reported. This means there is a rate of 494.90 for every 100,000 total population.

- **Benchmark:** The report indicates that the cancer incidence rate within the report area is higher than South Dakota (457.80), Iowa (486.80), Nebraska (459.10) and the national rate (442.30).

- **Data Source(s):** State Cancer Profiles. 2016-2020.



Cancer Incidence Rate
(Per 100,000 Pop.)

0       600

- Report Location (494.9)
- South Dakota (457.8)
- United States (442.3)
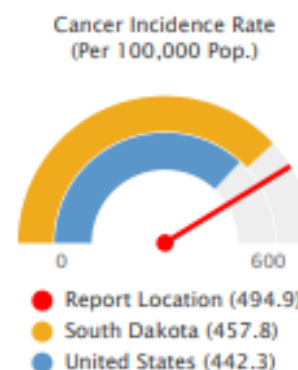
### Breast cancer incidence per 100,000 females

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). Within the report area, there were 121 new cases of breast cancer. This means there is a rate of 126.70 for every 100,000 females. Approximately half of Medicare enrollees ages 65-74 have received a mammogram in the last two years.

- **Benchmark:** The breast cancer incidence rate in the report area is lower than Iowa (134.70), Nebraska (131.00), and national rates (127.00), but higher than South Dakota (123.80).

- **Data Source(s):** State Cancer Profiles. 2016-2020; County Health Rankings. 2021.

**Breast Cancer Incidence Rate (Per 100,000 Females)**



- Report Location (126.7)
- South Dakota (123.8)
- United States (127.0)
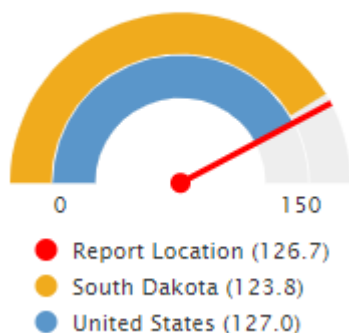
| Area | Screening rate |
|---|---|
| Woodbury County | 52% |
| Plymouth County | 55% |
| Dakota County | 49% |
| Union County | 58% |

### Colon and rectum cancer incidence per 100,000 population

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). Within the report area, there were 93 new cases of colon and rectum cancer. This means there is a rate of 47.4 for every 100,000 total population. Additionally, 61.2% of residents aged 50-75 in the Sioux City, IA-NE-SD Metropolitan Statistical Area have had a colonoscopy in the last 10 years.

- **Benchmark:** The colon and rectum cancer incidence rate for the report area is higher than state and national rates (IA: 40.70; NE: 40.50; SD: 39.80; US: 36.5).

- **Data Source(s):** State Cancer Profiles. 2016-2020; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2018.

**Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)**



- Report Location (47.4)
- South Dakota (39.8)
- United States (36.5)
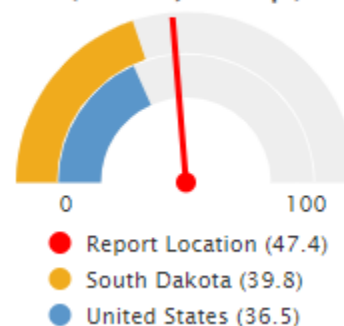
### Cancer mortality rate per 100,000 population

This indicator reports the 2018-2022 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States. Within the report area, there are a total of 1,583 deaths due to cancer. This represents a crude death rate of 190.50 per every 100,000 total population. Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

- **Benchmark:** The report indicates that the cancer mortality rate within the report area is higher than Nebraska (180.90) and the national rate (182.70), but lower than Iowa (199.20) and South Dakota (191.30).

- **Disparity(s):** Within the report area, American Indian or Alaska Native has a mortality rate of (320.00).

- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.
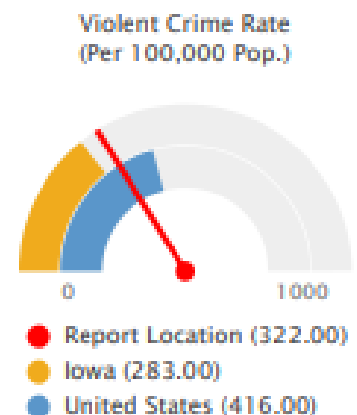
### Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity



**Cancer Mortality, Crude Death Rate (Per 100,000 Pop.)**

- Report Location (190.5)
- Nebraska (180.9)
- United States (182.7)

Legend:
- Report Location
- Dakota County, NE
- Nebraska
- Plymouth County, IA
- Union County, SD
- South Dakota
- Woodbury County, IA
- Iowa
- United States
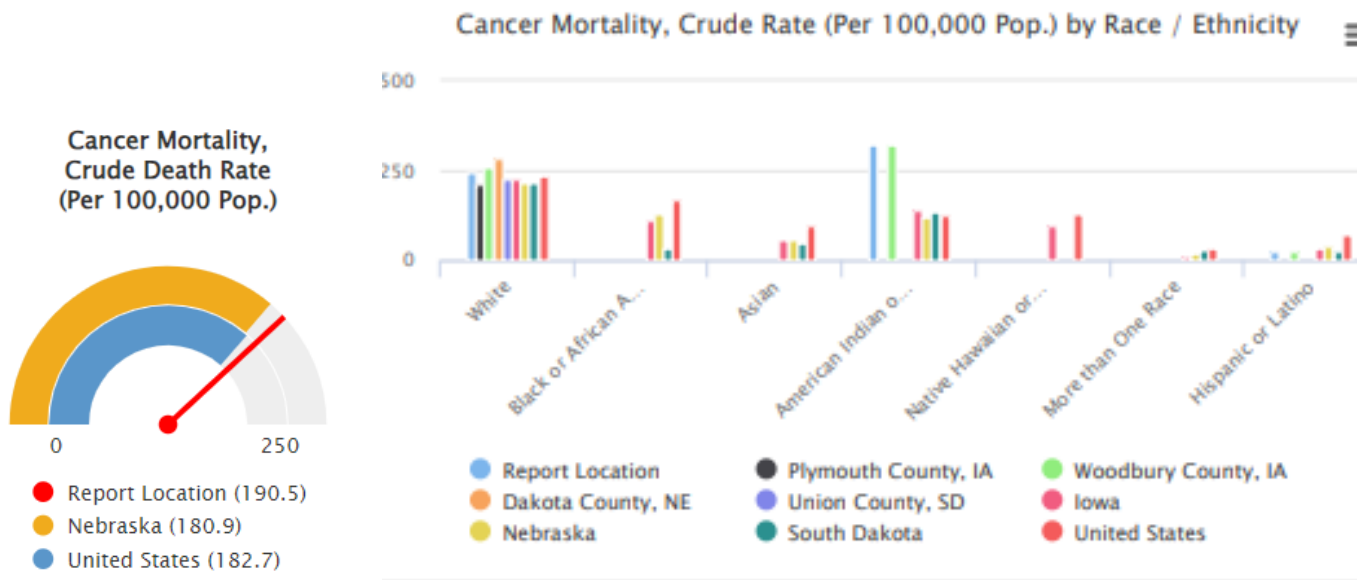
## DOMESTIC VIOLENCE & CRIME

### Violent crimes per 100,000 population

Violent crime includes homicide, rape, robbery, and aggravated assault. Within the report area, the 2015-2017 three-year total of reported violent crimes was 1,595, which equates to an annual rate of 322.00 crimes per 100,000 people, higher than the Iowa rate of 283.00. Furthermore, the Sioux City Police Department reported 632 domestic assaults on record in 2022. This is a significant increase from 2020 (453 records).

- **Benchmark:** The violent crime rate for the report area is higher than Iowa (283.00) and Nebraska (286.4), but lower than South Dakota (551.8) and national rates (416.00).

- **Data Source(s):** Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2015-2017; Sioux City Police Department.



**Violent Crime Rate (Per 100,000 Pop.)**

- Report Location (322.00)
- Iowa (283.00)
- United States (416.00)

## HOUSING & HOMELESSNESS

### Homeless children and youth

This indicator reports the number of homeless children and youth enrolled in the public school

system during the school year 2019-2020. Homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Those who are homeless may be sharing the housing of other persons, living in motels, hotels, or camping grounds, in emergency transitional shelters, or may be unsheltered. Data are aggregated to the report-area level based on school-district summaries where three or more homeless children are counted. In the report area, there were 351 or 1.26% homeless students. Additionally, during the 2024 Point-In-Time count, the number of homeless individuals in the Siouxland area was 295. 6.78% of these individuals were unsheltered.

- **Benchmark:** The report area is lower than state (IA: 1.54%; NE: 1.79%; SD: 2.19%) and national rates (2.77%).

- **Data Source(s):** US Department of Education, EDFacts. Additional data analysis by CARES. 2019-2020; Institute for Community Alliances, 2024 County Point in Time. 2024.

**Rate of Homelessness Among Public School Students (in Reported Districts)**



- Report Location (1.26%)
- Iowa (1.54%)
- United States (2.77%)
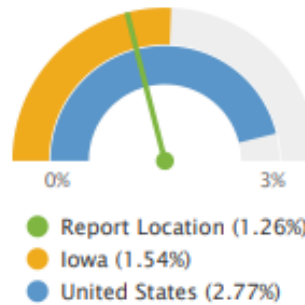
## Housing cost burden

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 64,661 total households in the report area, 14,229 or 22.01% of the population live in cost burdened households.

- **Benchmark:** The report indicates that the percentage of households where housing costs exceed 30% of income within the report area is lower than Iowa (23.04%), Nebraska (24.99%), South Dakota (22.79%), and the national average (30.51%).

- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.

**Percentage of Households where Housing Costs Exceed 30% of Income**



- Report Location (22.01%)
- South Dakota (22.79%)
- United States (30.51%)
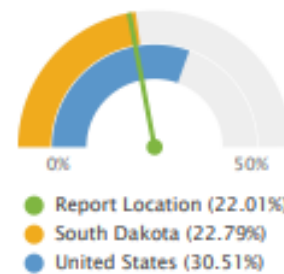
## Renter occupied housing

This data covers all occupied housing units, which are classified as either owner occupied or renter occupied. These data are used to aid in the distribution of funds for programs such as those involving mortgage insurance, rental housing, and national defense housing. 30.83% of housing units in the report area are renter occupied.

- **Benchmark:** The report indicates that the percentage of housing units within the report area that are renter occupied is higher than Iowa (28.48%), but lower than Nebraska (33.45%), South Dakota (31.57%), and the national rate (35.18%).

- **Disparities:** Of all the households with Black residents within the report area, the percentage of renter-occupied households is 77.01%. Of all the households with American Indian or Alaska Native residents within the report area, the percentage of renter-occupied households is 72.96%.

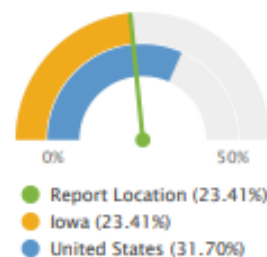Renter–Occupied Households by Race Alone, Percent
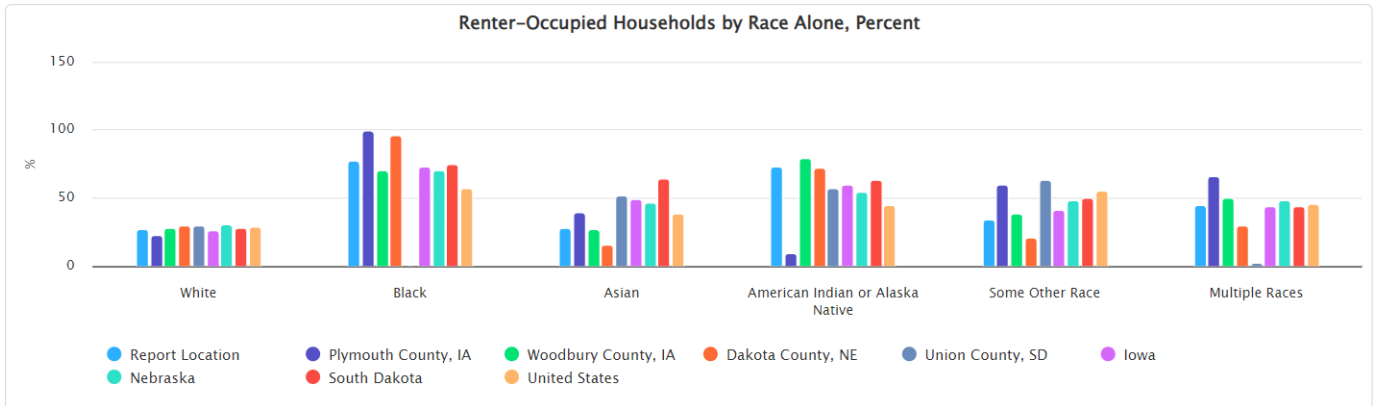
## Housing quality – overcrowding

This indicator reports data on overcrowded housing from the latest 5-year American Community Survey. The Census Bureau has no official definition of crowded units, but this report considers units with more than one occupant per room to be crowded. 3.07% of households in the report area are overcrowded.

- **Benchmark:** The report indicates that the percentage of housing units within the report area experiencing overcrowding is higher than Iowa (1.72%), Nebraska (2.23%), South Dakota (2.44%), but lower than the national rate (4.74%).

- **Data source(s):** US Census Bureau, American Community Survey. 2018-22.



Percentage of Housing Units Overcrowded
- Report Location (3.07%)
- Iowa (1.72%)
- United States (4.74%)
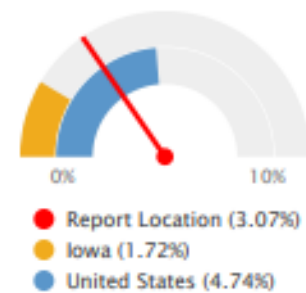
## Substandard housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 64,661 total occupied housing units in the report area, 15,136 or 23.41% have one or more substandard conditions.

- **Benchmark:** The report indicates that the percentage of housing units with one or more substandard conditions within the report area is equal to Iowa (23.41%), lower than South Dakota (23.65%), Nebraska (25.73%), and the national rate (31.70%).
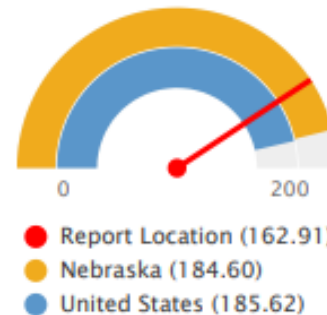- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



Occupied Housing Units with One or More Substandard Conditions, Percent
- Report Location (23.41%)
- Iowa (23.41%)
- United States (31.70%)

# MENTAL HEALTH

## Mental health providers

Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counseling, or child, adolescent, or adult mental health. The report area has 277 providers with a CMS National Provider Identifier (NPI) translating to a rate of 162.91 mental health providers per 100,000 population.

- **Comparison:** The shortage in Union County (11.90) is much more significant than the remaining counties, state and national shortages.

- **Data Source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). August 2024.



Mental Health Care Providers, Rate per 100,000 Population

- Report Location (162.91)
- Nebraska (184.60)
- United States (185.62)

## Deaths due to suicide

This indicator reports the 2018-2022 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates. This indicator is relevant because suicide is an indicator of poor mental health. Note: Data are suppressed for counties with fewer than 20 deaths in the time frame. Healthy People 2030 has identified reducing suicide rates as a leading health indicator and states that suicide rates have increased in almost every state over the last 2 decades. Within the report area, there were a total of 150 deaths due to suicide. This represents a crude death rate of 18.1 per every 100,000 total population.

- **Benchmark:** The report area's rate was higher than Iowa (17.10), Nebraska (15.0), and national (14.5) rates, and lower than South Dakota's rate (20.8). The highest rate was in Woodbury County (19.8).

- **Disparities:** Higher rates were seen in males and American Indian/Alaska Native populations. Data is suppressed for groups with fewer than 20 deaths. Rates are trending upward.

- **Data Source(s):** Centers for Disease Control and Prevention, CDC – National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.
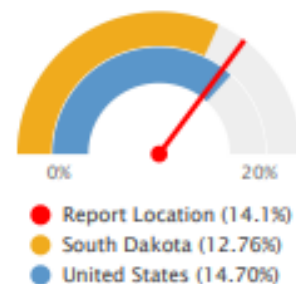
## Suicide Mortality, Crude Rate (Per 100,000 Pop.) by Gender



Legend:
- Report Location
- Woodbury County, IA
- Iowa
- Nebraska
- South Dakota
- United States

## Suicide Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity



X-axis categories: White, Black or African A..., Asian, American Indian o..., Native Hawaiian or ..., More than One Race, Hispanic or Latino

Legend:
- Report Location
- Plymouth County, IA
- Woodbury County, IA
- Iowa
- Nebraska
- South Dakota
- United States

**Suicide Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend**

Legend: Iowa — Nebraska — South Dakota — United States

## Poor mental health

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. Within the report area, there were 14.10% of adults 18 and older who reported poor mental health in the past month of the total population age 18 and older.

- **Benchmark:** The report indicates that the adult population aged 18+ experiencing poor mental health is higher than Nebraska (13.02%), and South Dakota (12.76%) but lower than Iowa (14.42%) and the national rate (14.70%).

- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

**Percentage of Adults Age 18+ with Poor Mental Health**



- Report Location (14.1%)
- South Dakota (12.76%)
- United States (14.70%)

## OBESITY & PHYSICAL HEALTH

### Food insecurity rate

Food insecurity estimates the percentage of the population that experienced food insecurity at some point during the year. The food insecurity rate in the report area in 2021 was 8.18%. 39.45% of the food insecure population is ineligible for SNAP assistance. Food insecurity has been linked to negative health outcomes. In 2023, the Food Bank of Siouxland distributed 3,501,920 pounds of food.

- **Benchmark:** The food insecurity rate in the report area is slightly higher than Iowa's rate of

7.62%. It is lower than Nebraska (9.67%), South Dakota (8.37%), and the national rate (10.28%).

Percentage of Total Population with Food Insecurity

- **Target:** The report area is not achieving the Healthy People 2030 target of 6%.

- **Disparities:** Food insecurity disproportionately affects children in the report area. The food insecurity rate among children is 11.88%.

- **Data Source(s):** Feeding America 2021; Healthy People 2030; Food Bank of Siouxland. 2023.



- Report Location (8.18%)
- Iowa (7.62%)
- United States (10.28%)

## Children eligible for free/reduced-price lunch

Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP). Out of 30,519 total public school students in the report area, 15,740 were eligible for the free or reduced price lunch program in the latest report year. This represents 51.6% of public school students.

- **Benchmark:** The report area's rate is higher than the state rates (IA: 41.7%; NE: 37.7%; SD: 35.5%) and lower than the national rate (53.5%).

- **Data Source(s):** National Center for Education Statistics, NCES – Common Core of Data. 2021-2022.

Percentage of Students Eligible for Free or Reduced Price School Lunch



- Report Location (51.6%)
- South Dakota (35.5%)
- United States (53.5%)

## Households receiving SNAP benefits

In the report area, an estimate of 6,377 or 9.86% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

- **Benchmark**: The report area is higher than state rates (IA: 9.37%; NE: 8.03%; SD: 8.14%) and lower than the national rate (11.52%)

- **Disparities**: The rate is significantly higher among the American Indian/Alaska Native population (39.51%).

- **Data Source(s):** US Census Bureau, American Community Survey. 2018-2022.

Percent Households Receiving SNAP Benefits



- Report Location (9.86%)
- Nebraska (8.03%)
- United States (11.52%)

Households Receiving SNAP Benefits by Race/Ethnicity, Percent

## Low income & low food access

This indicator reports the percentage of the low-income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- **Benchmark:** The report area (15.35%) is lower than state (IA: 19.53%; NE: 19.24%; SD: 27.07%) and national rates (19.41%).

- **Data Source(s):** US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2019.



Percent Low Income Population with Low Food Access

- Report Location (15.35%)
- Nebraska (19.24%)
- United States (19.41%)
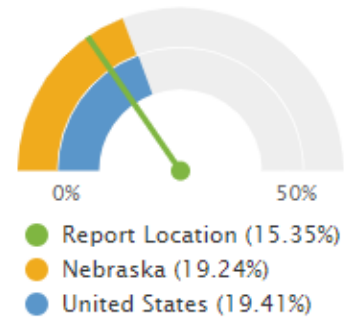
## Obesity (adult)

This indicator reports the number and percentage of adults age 18 and older who are obese, defined as having a body mass index (BMI) =30.0 kg/m², calculated from self-reported weight and height. Within the report area there are 38.20% adults age 18 and older with obesity of the total population age 18 and older.

- **Benchmark:** The report indicates that the percentage of the adult population aged 18+ with obesity is higher than South Dakota (36.01%), Iowa (36.64%), Nebraska (36.69%), and the national rate (33.00%).

- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

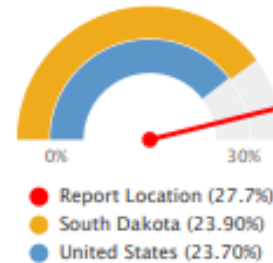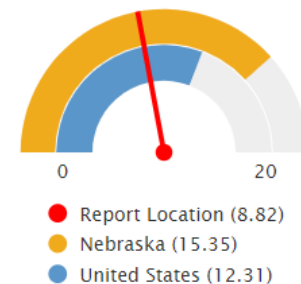

Percentage of Adults Age 18+ with Obese (BMI ≥30.0 kg/m²)

- Report Location (38.2%)
- South Dakota (36.01%)
- United States (33.00%)
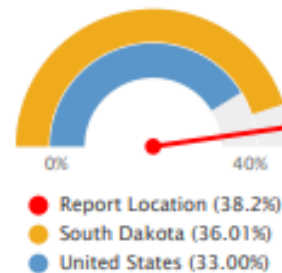
# Physical inactivity

This indicator reports the number and percentage of adults age 18 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" Within the report area there are 27.70% adults age 18+ who have no leisure-time physical activity last month of the total population age 18+.

- **Benchmark:** The report indicates that the percentage of the adult population aged 18+ within the report area getting no physical activity (in time) is higher than Iowa (24.82%), South Dakota (23.90%), Nebraska (24.43%), and the national rate (23.70%).

- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

Percentage of Adults Age 18+ with No Leisure-Time Physical Activity

- Report Location (27.7%)
- South Dakota (23.90%)
- United States (23.70%)

# Recreation and fitness facility access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. In the report area, there are 8.82 establishments per 100,000 population.

- **Benchmark:** The report indicates that the number of establishments per 100,000 population in the report area is lower than Iowa (12.38), South Dakota (13.87), Nebraska (15.35), and the national rate (12.31).

- **Data Source(s):** US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.

Recreation and Fitness Facilities, Rate per 100,000 Population

- Report Location (8.82)
- Nebraska (15.35)
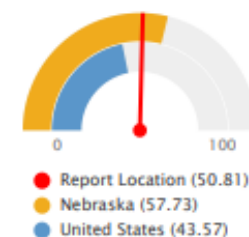- United States (12.31)

# Park access

This indicator displays the number of people who live within a 10-minute walk from a park. 50.81% of people in the report area live within a 10-minute walk from a park.

Percent of Population Within a 10-Minute Walk

- **Benchmark:** The report indicates the percentage of the population within the report area that lives within a 10-minute walk from a park is lower than Nebraska (57.73%), but higher than Iowa (45.28%), South Dakota (37.72%), and the national rate (43.57%). There are approximately 34.63 miles of trails and 68 parks in the City of Sioux City.

- **Data Source(s):** Trust for Public Land. 2020; Sioux City Parks and Recreation Department. 2024.

- Report Location (50.81)
- Nebraska (57.73)
- United States (43.57)

## Diabetes (adult)

This indicator reports the number and percentage of adults age 18 and older who report ever been told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy. Within the report area there are 10.90% adults age 18 and older with diabetes of the total population age 18 and older.

- **Benchmark:** The report indicates that the report area has a prevalence of diabetes among adult population aged 18+ that is higher than Iowa (9.88%), Nebraska (9.90%), South Dakota (10.28%) and lower than the national rate (11.30%).

- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

Percentage of Adults Age 18+ Ever Diagnosed with Diabetes



- Report Location (10.9%)
- Iowa (9.88%)
- United States (11.30%)
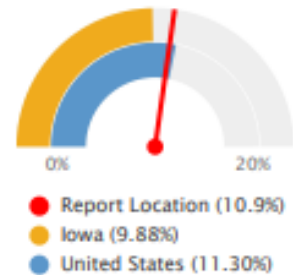
## Coronary heart disease mortality

This indicator reports the 2018-2022 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates. Rates are re summarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States. Within the report area, there are a total of 803 deaths due to coronary heart disease. This represents a crude death rate of 96.60 per every 100,000 total population. Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

- **Benchmark:** The report indicates the mortality rate for coronary heart disease for the report area is higher than Nebraska (88.20) and lower than Iowa (139.40), South Dakota (129.90), and the national rate (112.50).

- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

Coronary Heart Disease Mortality, Crude Death Rate (Per 100,000 Pop.)



- Report Location (96.6)
- Nebraska (88.2)
- United States (112.5)

## Heart disease (Medicare)

This indicator reports the number and percentage of the Medicare Fee-for-Service population with ischemic heart disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program. Within the report area, there were 4,449 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year. This represents 21.0% of the total Medicare Fee-for-Service beneficiaries.

- **Benchmark:** The report indicates that the incidence of heart disease with Medicare population within the report area is lower than Iowa (24.00%), Nebraska (24.00%), South Dakota (22.5%), and the national average (26.8%).

- **Data Source(s):** Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services-Chronic Conditions. 2018.



Percentage of Medicare Beneficiaries with Heart Disease

- Report Location (21.0%)
- South Dakota (22.5%)
- United States (26.8%)
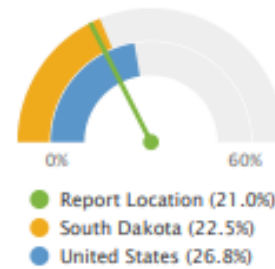
## SEXUAL HEALTH

### Infant mortality per 100,000 population

This indicator reports information about infant mortality, which is defined as the number of all infant deaths (within 1 year) per 1,000 live births. Data were from the National Center for Health Statistics - Mortality Files (2015-2021) and are used for the 2024 County Health Rankings. Within the report area, 58 infants died during the 2015-21 seven-year period. This represents 6.0 deaths per 1,000 live births. Note: Data are suppressed for counties with fewer than 20 infant deaths in the time frame.

- **Benchmark:** The report indicates that the infant mortality rate for the report area is equal to Nebraska (6.0), Higher than Iowa (5.0) and the national average (5.7), and lower than South Dakota (7.0).

- **Data Source(s):** University of Wisconsin Population Health Institute, County Health Rankings. 2015-2021.



Infant Mortality
Rate per 1,000 Births

- Report Location (6.0)
- Iowa (5.0)
- United States (5.7)

### Teen birth rates per 1,000 female population

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2016-2022) and are used for the 2024 County Health Rankings. In the report area, of the 40,389 total female population age 15-19, the teen birth rate is 19.8 per 1,000, which is greater than the state of Iowa's teen birth rate of 14.4. Note: Data are suppressed for counties with fewer than 10 teen births in the time frame.

- **Benchmark:** The report indicates that the teen birth rate for the report area is higher than Iowa (14.4), Nebraska (16.0), and the national rate (16.6), but lower than South Dakota (20.0).

- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2016-2022.
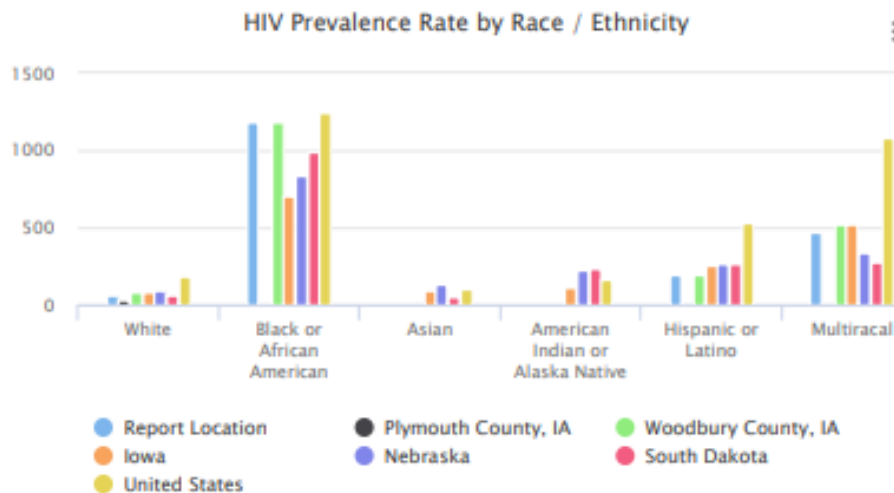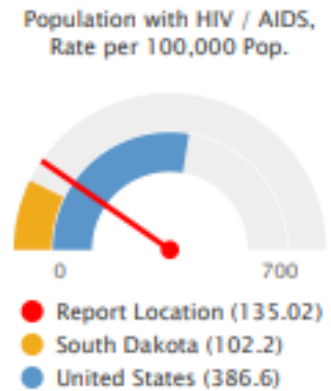


Teen Birth Rate Per 1,000 Female Population, Ages 15-19

- Report Location (19.8)
- Iowa (14.4)
- United States (16.6)
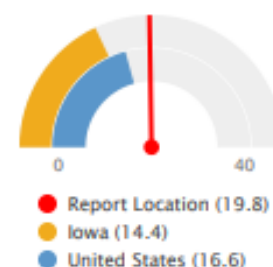
# HIV prevalence

This indicator reports the prevalence of HIV in the report area as a rate per 100,000 population over age 13. The data reflect persons living with diagnosed HIV infection at the end of the latest reporting year, or persons living with infection ever classified as stage 3 (AIDS) at the end of the latest report year. The prevalence of HIV disease in the report area is 135.02 per 100,000 residents.
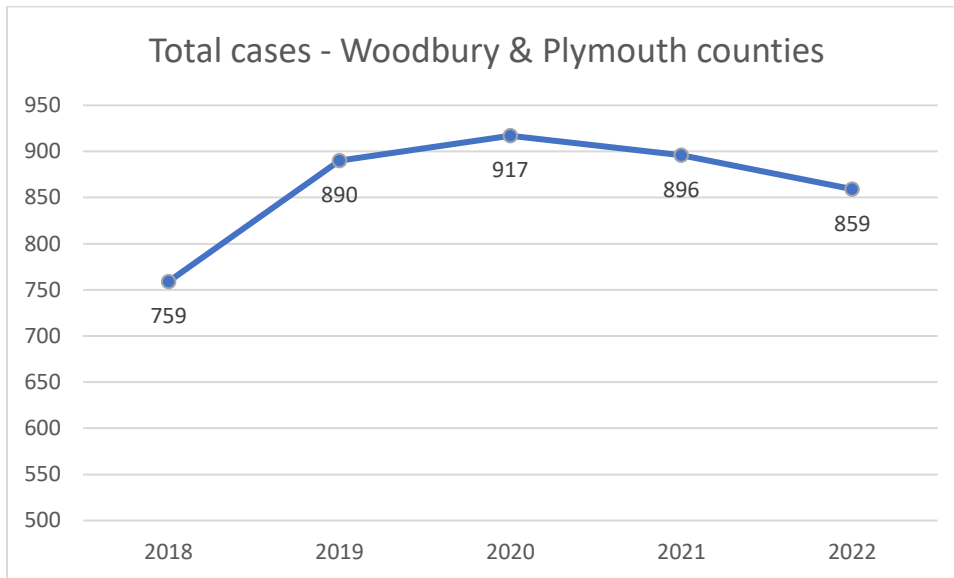
- **Benchmark:** The report indicates the prevalence of HIV within the report area population is higher than South Dakota (102.20) and Iowa (119.40) but lower than Nebraska (148.90) and the national rate (386.60).

- **Disparities:** African American (1,182.30) and Multiracial (469.00) populations are affected greater than others.

- **Data Source(s):** Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.



Population with HIV / AIDS, Rate per 100,000 Pop.

- Report Location (135.02)
- South Dakota (102.2)
- United States (386.6)



HIV Prevalence Rate by Race / Ethnicity

- Report Location
- Plymouth County, IA
- Woodbury County, IA
- Iowa
- Nebraska
- South Dakota
- United States

# Chlamydia rate per 100,000 population

This indicator reports the incident rate (number of cases per 100,000 population) of Chlamydia by county in Iowa in 2022. In Woodbury County, there were 803 cases of Chlamydia reported. This means there is a rate of 760 for every 100,000 total population. In Plymouth County, there were 56 cases reported, for a rate of 218 per 100,000 population.
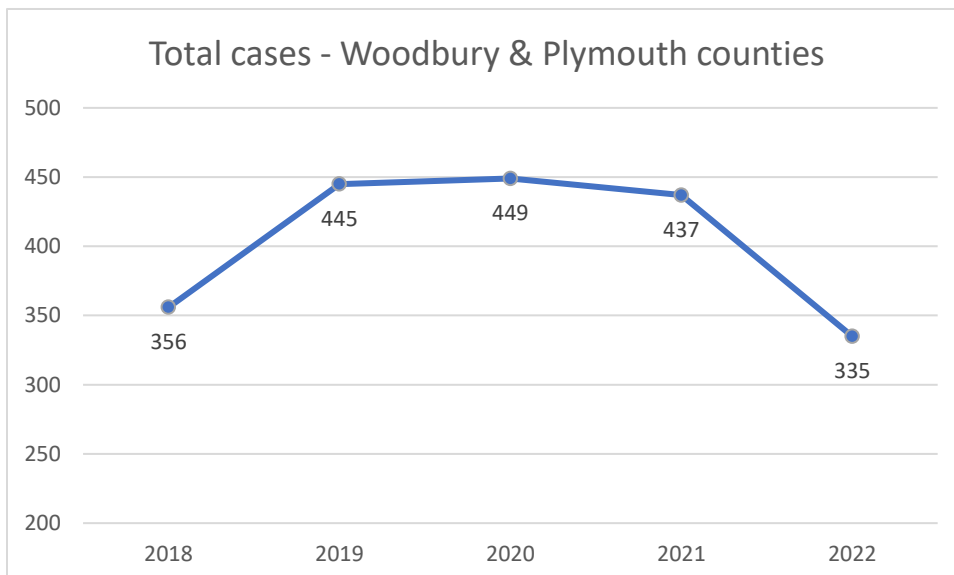
- **Benchmark:** Woodbury County has a higher rate than the state of Iowa (458 per 100,000).

- **Data Source(s):** Iowa Public Health Tracking Portal, Chlamydia Data, 2022.

**Total cases - Woodbury & Plymouth counties**

| Year | Cases |
|------|-------|
| 2018 | 759 |
| 2019 | 890 |
| 2020 | 917 |
| 2021 | 896 |
| 2022 | 859 |

**Gonorrhea rate per 100,000 population**

This indicator reports the incident rate (number of cases per 100,000 population) of Gonorrhea by county in Iowa in 2022. In Woodbury County, there were 320 cases of Gonorrhea reported. This means there is a rate of 303 for every 100,000 total population. In Plymouth County, there were 15 cases reported, for a rate of 58 per 100,000 population.

- **Benchmark:** Woodbury County has a higher rate than the state of Iowa (140 per 100,000).

- **Data Source(s):** Iowa Public Health Tracking Portal, Gonorrhea Data, 2022.

**Total cases - Woodbury & Plymouth counties**

| Year | Cases |
|------|-------|
| 2018 | 356 |
| 2019 | 445 |
| 2020 | 449 |
| 2021 | 437 |
| 2022 | 335 |

**Syphilis rate per 100,000 population**

This indicator reports the incident rate (number of cases per 100,000 population) of Syphilis by county in Iowa in 2022. In Woodbury County, there were 138 cases of Syphilis reported. This means there is a rate of 131 for every 100,000 total population. In Plymouth County, there were 11 cases reported. Due to the

low case number, the rate is suppressed.

- **Benchmark:** Woodbury County has a higher rate than the state of Iowa (27 per 100,000).

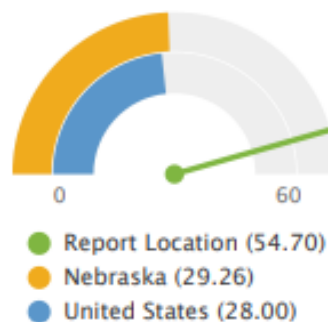- **Data Source(s):** Iowa Public Health Tracking Portal, Syphilis Data, 2022.
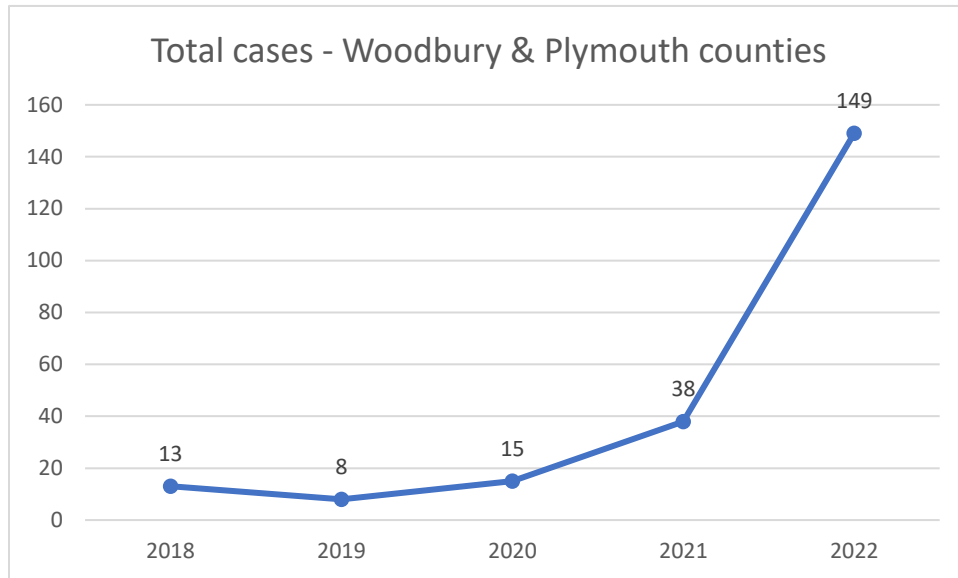


## SUBSTANCE ABUSE

### Addiction/substance abuse providers

Providers include Doctor of Medicine (MDs), Doctor of Osteopathic Medicine (DOs), and other credentialed professionals with a Center for Medicare and Medicaid Services (CMS) and a valid National Provider Identifier (NPI). In the report area, there are 93 addiction/substance use providers translating to a rate of 54.70 per 100,000 population.

- **Comparison:** While the report area is higher than state and national averages, disparities exist, with zero providers located in Union County, and five providers located in Plymouth County.

- **Data source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). August 2024.



### Deaths due to drug poisoning

This indicator reports the 2018-2022 five-year average rate of death due to poisoning (including drug overdose) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because poisoning deaths, especially from drug overdose, are a national public health

emergency. Within the report area, there are a total of 79 deaths due to poisoning. This represents a crude death rate of 12.20 per every 100,000 total population.

- **Benchmark:** The report area rate (12.20) is lower than Iowa (14.50), South Dakota (2.3), and national rates (28.5). It is higher than Nebraska (11.6).

- **Data Source(s):** Centers for Disease Control and Prevention. CDC – National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

### Drug exposed infants

This indicator reports the number of babies born at UnityPoint Health – St. Luke's that test positive for an illegal substance. In 2023, 86 babies tested positive for an illegal substance. This is significantly higher than the three previous years.

- **Data Source(s):** UnityPoint Health – St. Luke's. 2023.
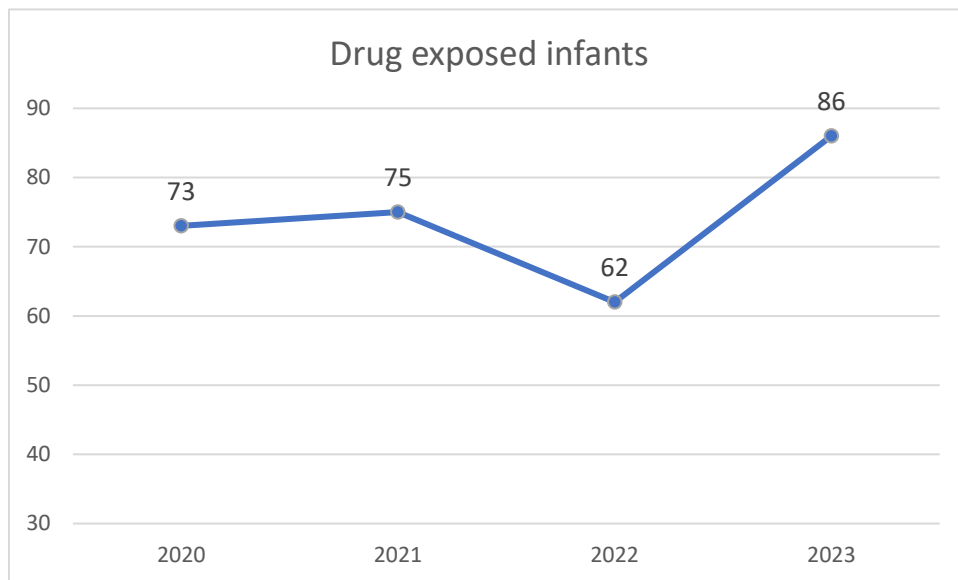


### Binge drinking

This indicator reports the percentage of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. In the report area, 19.60% of adults report binge or heavy drinking. Healthy People 2030 identified reducing the proportion of people aged 21 years and over who engaged in binge drinking in the past month as a leading health indicator.

- **Benchmark:** The report area rate is similar to state rates (IA: 19.72%; NE: 19.71%; SD: 18.78%). IT is higher than the national rate (15.50%).

- **Target:** The report area exceeds the Healthy People 2030 target rate of 25.4%.

- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

Percentage of Adults Age 18+ Binge Drinking in the Past 30 Days



- ● Report Location (19.6%)
- ● South Dakota (18.78%)
- ● United States (15.50%)
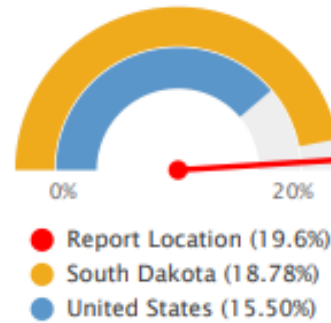
### Current smokers

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Within the report area there are 17.1% adults age 18+ who have smoked and currently smoke of the total population age 18+.

- **Benchmark:** The report indicates that the percentage of adults aged 18+ within the report area is higher than Iowa (15.78%), Nebraska (14.24%), South Dakota (16.48%), and the national average (13.5%).

- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

Percentage of Adults Age 18+ who are Current Smokers



- ● Report Location (17.1%)
- ● Nebraska (14.24%)
- ● United States (13.50%)
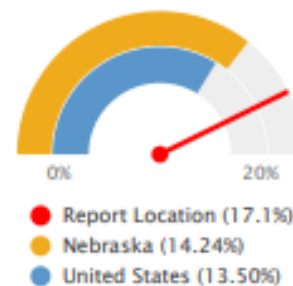
### Chronic obstructive pulmonary disease (adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis. Within the report area, there were 7.10% of adults age 18 and older who reported having chronic obstructive pulmonary disease of the total population age 18 and older.

- **Benchmark:** The report indicates that the adult population age 18+ within the report area experiencing COPD is higher than Iowa (5.98%), Nebraska (8.85%), South Dakota (5.66%), and the national average (6.40%).

- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
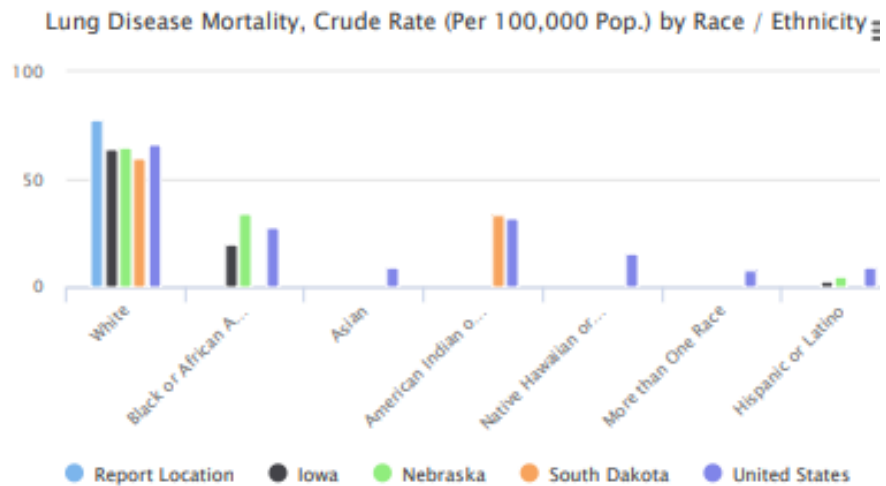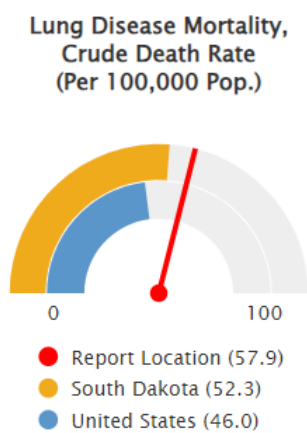
Percentage of Adults Age 18+ Ever Diagnosed with Chronic Lower Respiratory Disease
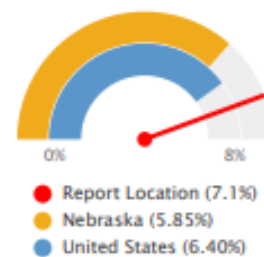


- ● Report Location (7.1%)
- ● Nebraska (5.85%)
- ● United States (6.40%)

# Lung disease mortality per 100,000 population

This indicator reports the 2018-2022 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates. Rates are re summarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States. Within the report area, there are a total of 481 deaths due to lung disease. This represents a crude death rate of 57.90 per every 100,000 total population. Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

- **Benchmark:** The report indicates the lung disease mortality rate for the report area is higher than Iowa (55.80), Nebraska (53.50), South Dakota (52.30) and the national rate (46.00).

- **Disparity:** The lung disease mortality rate for the white population is 78.10.

- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.
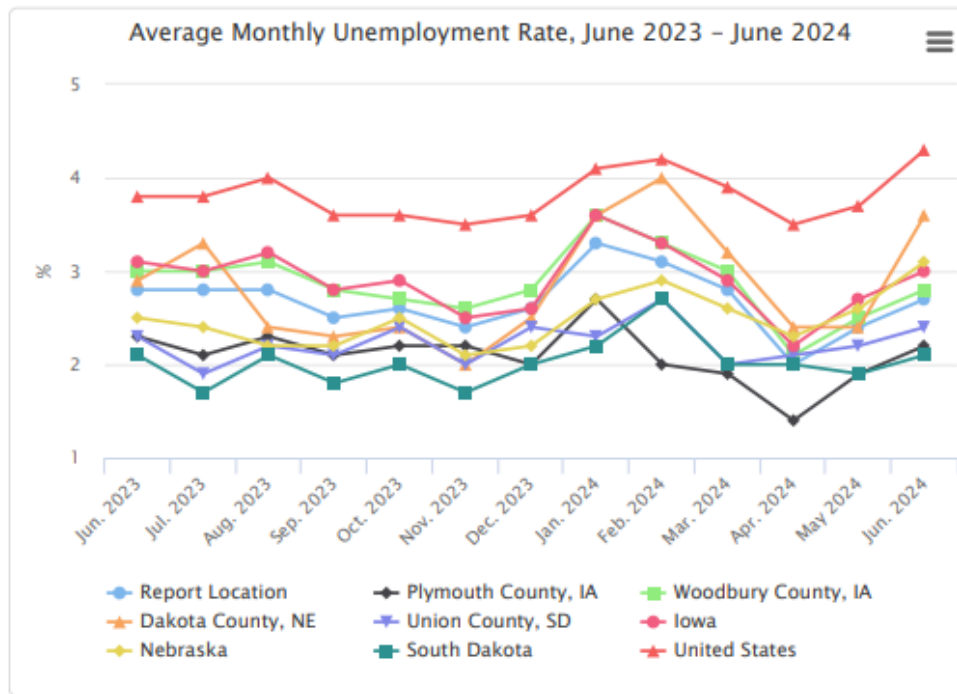


Lung Disease Mortality, Crude Death Rate (Per 100,000 Pop.)

Report Location (57.9)
South Dakota (52.3)
United States (46.0)

Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Location    Iowa    Nebraska    South Dakota    United States

# ECONOMIC STABILITY

## Unemployment rate

Unemployment rate measures the percentage of working age adults employed or seeking employment. The unemployment rate in the report area in June 2024 was 2.70%. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

- **Benchmark:** The unemployment rate in the report area is lower than Iowa (3.0%), Nebraska (3.1%), and national rates (4.3%). It is higher than South Dakota (2.1%).

  - **Data Source(s):** US Department of Labor, Bureau of Labor Statistics, June 2024.

Average Monthly Unemployment Rate, June 2023 – June 2024

Legend: Report Location, Plymouth County, IA, Woodbury County, IA, Dakota County, NE, Union County, SD, Iowa, Nebraska, South Dakota, United States
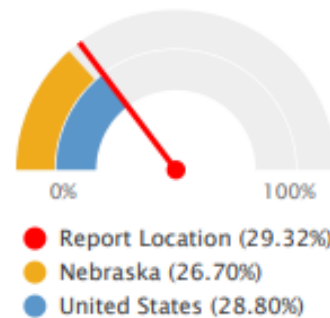
## Poverty

More than a quarter (29.32%) of residents in the report area live in households with income at or below 200% of the Federal Poverty Level (FPL). This indicator is important since poverty creates barriers to access including health services, healthy food, stable housing, and opportunities for physical activity.

- **Benchmark:** The percentage of individuals living in poverty in the report area is slightly higher than state (IA: 27.14%; NE: 26.70%; SD: 28.43%) and national rates (28.80).

- **Target:** The report area is not meeting the 8.0% Healthy People 2030 target.

- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22; Healthy People 2030.
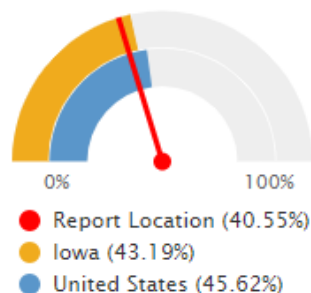


Percent Population with Income at or Below 200% FPL

- Report Location (29.32%)
- Nebraska (26.70%)
- United States (28.80%)

# EDUCATION

## Preschool enrollment

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system. The report area has 2,106 children aged 3-4 enrolled in school, which is 40.55% of the report area population aged 3-4.

- **Benchmark:** Report area enrollment is higher than South Dakota (38.03%), but lower than Iowa (43.19%), Nebraska (42.84%), and national rates (45.62%).

- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



Percentage of Population Age 3–4 Enrolled in School

- Report Location (40.55%)
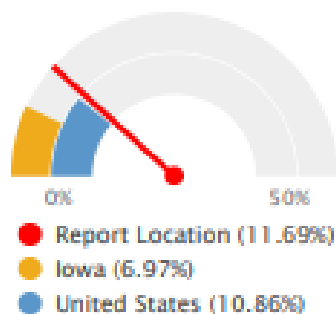- Iowa (43.19%)
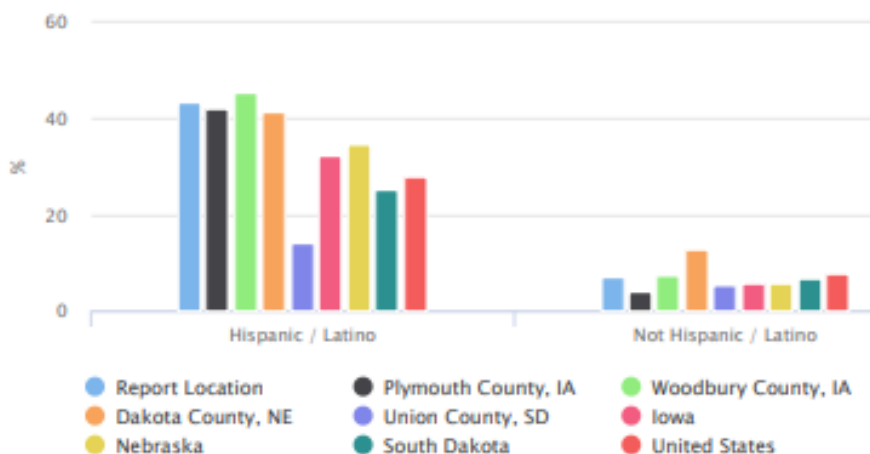- United States (45.62%)

## No high school diploma

Within the report area there are 12,758 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 11.69% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

- **Benchmark:** Report area of adults aged 25 and older without a high school diploma is higher than the state of Iowa (6.97%), Nebraska (8.13%), South Dakota (7.31%), and national average (10.86%).

- **Disparities:** The rate is significantly higher for Hispanic/Latino (43.42%).

- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



Population Age 25+ with No High School Diploma, Percent

- Report Location (11.69%)
- Iowa (6.97%)
- United States (10.86%)



Population with No High School Diploma by Ethnicity Alone

- Report Location
- Dakota County, NE
- Nebraska
- Plymouth County, IA
- Union County, SD
- South Dakota
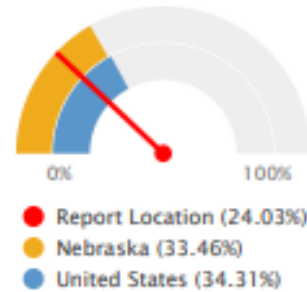- Woodbury County, IA
- Iowa
- United States

# Bachelor's Degree or higher

24.03% of the population aged 25 and older, or 26,228 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

- **Benchmark:** The report indicates that the population within the report area aged 25 and older is lower than Iowa (30.28%), Nebraska (33.46%), South Dakota (30.37%), and the national average (34.31%).

- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.

Population Age 25+ with Bachelor's Degree or Higher, Percent



- Report Location (24.03%)
- Nebraska (33.46%)
- United States (34.31%)

# Siouxland 2024 community survey

**SIOUXLAND
DISTRICT HEALTH
DEPARTMENT**

English ⌄

## Default Question Block

What do you think are the 3 greatest STRENGTHS of Siouxland? (Select only 3 answers)

☐ Access to Affordable Healthy Foods          ☐ Police, Fire, and Rescue Services

☐ Access to Alcohol/Drug Treatment            ☐ Prepared for Emergencies (tornadoes, floods, disease)

☐ Access to Child Care/Early Childhood Services    ☐ Programs for Youth Outside of School

☐ Access to Healthcare                        ☐ Public Transportation

☐ Affordable Housing                          ☐ Religious/Spiritual Values

☐ Clean Environment                           ☐ Respect towards Different Cultures and Races

☐ Good Jobs and Healthy Economy               ☐ Senior Services

☐ Good Schools                                ☐ Technology/Internet Access

☐ Homeless Services                           ☐ Welcoming Community

☐ Low Crime/Safe Neighborhoods                ☐ Other (please specify in box on next page)

☐ Parks and Recreation/Walkable, Bikeable Community

If selected other please specify.

[                                                                          ]

What do you think are the top 3 health problems in Siouxland that should be focused on over the next few years? (Select only 3 answers).

☐ Access to dental care/dental problems       ☐ High Blood Pressure

☐ Access to healthy food                      ☐ Infectious Disease

☐ Access to specialty care                    ☐ Maternal Health

- [ ] Accidental Injuries
- [ ] Aging Problem (Arthritis, Hearing/vision loss, dementia, falls, etc)
- [ ] Alcohol/Drug Abuse
- [ ] Behavioral Health (Mental Health/Substance Abuse)
- [ ] Bullying
- [ ] Cancers
- [ ] Child Abuse/Neglect
- [ ] Diabetes
- [ ] Disabilities
- [ ] Domestic Violence
- [ ] Fire-arm Related Injuries
- [ ] Heart Disease and Stroke
- [ ] Motor Vehicle Injury
- [ ] Obesity (overweight)
- [ ] Rape/Sexual Assault
- [ ] Sexually Transmitted Infections (STIs including HIV/AIDS)
- [ ] Stress
- [ ] Suicide
- [ ] Teenage Pregnancy
- [ ] Tobacco Use/Smoking/E-cigarettes/Vaping
- [ ] Too Much Screen Time/Technology Use
- [ ] Unsafe/Unaffordable Housing
- [ ] Violence
- [ ] Other (please specify in box on next page)

If selected other please specify

[                                                                  ]

In the past 30 days have you personally experienced any of the following issues? (Mark all that apply)

- [ ] Living in an unsafe neighborhood
- [ ] Living in an unsafe home (Bugs, air quality, mold, sanitation issues, etc)
- [ ] Not being able to provide food for yourself or family
- [ ] Unable to secure work
- [ ] None of the above

Where do you get most of your health information? (Mark all that apply)

- [ ] Church Group
- [ ] Doctor/Health Care Provider
- [ ] Facebook/ X (formally Twitter)
- [ ] Family or friends
- [ ] Hospital
- [ ] Library
- [ ] Newspaper/Magazine
- [ ] Other Social Media
- [ ] Radio
- [ ] School/College
- [ ] TV
- [ ] Worksite

☐ Local Health Department          ☐ Other (please specify in box on next page)

If selected other please specify.

[                                                                          ]

What has prevented you from seeing a medical provider when you were sick, injured or needed some type of health care in the past 12 months? (Mark all that apply)

☐ Nothing                          ☐ Cannot find childcare
☐ Accessibility barrier            ☐ Hours are not convenient
☐ Cost                             ☐ Difficult to get an appointment
☐ Doctor will not take my insurance ☐ Do not trust medical professionals
☐ Frightened of the procedure or doctor ☐ Discrimination
☐ Language barrier with medical facility ☐ No transportation or difficult to find transportation
☐ Cannot get time off from work    ☐ Difficult to find a doctor

The next set of questions focus on demographics. We ask these questions in order to better understand the health and health care needs of different sub populations. What sex were you assigned at birth? (This would be the sex listed on your birth certificate.)

○ Male                             ○ Intersex (having male and female sex characteristics)
○ Female                           ○ I was not assigned a sex at birth

What is your sexual orientation?

○ Straight or heterosexual
○ Gay or Lesbian
○ Bisexual
○ [                    ] Other

What is your age?

○ Under 18 years
○ 18 - 24 years
○ 25 – 40 years
○ 40 – 65 years
○ 65 – 85 years
○ 86 and older

Which one or more of the following would you say is your race? (Mark all that apply)

☐ American Indian/Alaska Native            ☐ Native Hawaiian/ Other Pacific Islander
☐ Asian                                    ☐ White alone, not Hispanic
☐ Black or African American                ☐ Other
                                           [                                    ]
☐ Hispanic or Latino

What is the <u>highest</u> grade of school you completed?

○ Have not graduated high school           ○ Bachelor's Degree (College graduate)
○ Grade 12 or GED (High School Graduate)   ○ Post-graduate degree (Master's, M.D., Ph.D., J.D.)
○ Some college

Please select the response below that best describes your total family household income.

○ Under $14,999
○ $15,000 - $49,999
○ $50,000 - $74,999
○ $75,000 - $99,999
○ Over $100,000

What county do you live in?

○ Woodbury County, IA
○ Plymouth County, IA
○ Union County, SD

○ Dakota County, NE

○ Other

If selected other please list county you live in.

[                                                                    ]

On a scale from 0 - 5 (with 5 being the best) how do you rate your awareness and trust in the services or functions of the following entities:

|  | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| MercyOne - Siouxland |  |  |  |  |  | [  ] |
| UnityPoint Health - St. Lukes |  |  |  |  |  | [  ] |
| Siouxland District Health Department (Public Health Agency for Woodbury County, IA |  |  |  |  |  | [  ] |

Powered by Qualtrics

# Partner list of who attended Community Visioning meeting

**Organizations who attended Feb 29, 2024 (Phase 1) Community Visioning Meeting**

| Partner Organization | Population Focus Expertise or Minorities Served |
|---|---|
| Alzheimer's Association | Older Population |
| Briar Cliff University | Young Adults |
| Briar Cliff University: Occupational Therapy Department | Young Adults |
| Big Brothers Big Sisters of Siouxland | Young Adults |
| BOH/Sergeant Bluff Schools | School aged children |
| Boys and Girls Home Family Services | Mental Health for children/adolescents |
| CAASA-Centers Against Abuse and Sexual Assault | Sexual Assault Victims |
| Catholic Charities | General Population |
| City of South Sioux | General Population |
| Community Action Agency | Lower socioeconomic individuals |
| Dakota County Health Department (NE) | General Population |
| Dunes Surgical Hospital | General Population |
| Food Bank of Siouxland | Lower socioeconomic individuals |
| Growing Community Connections | General Population |
| Heartland Counseling Services | Individuals with Behavioral Health Concerns |
| Hospice of Siouxland | Medically Fragile |
| Iowa Dept of Corrections - 3rd District | General Population |
| Iowa State University Extension and Outreach | General Population |
| June Nylen Cancer Center | Medically Fragile |
| Lutheran Services of Iowa | General Population |
| MercyOne | General Population |
| MercyOne Child Advocacy Center | Children use experience assault |
| MercyOne Siouxland Home Care | Older Population |
| Molina Health Care | General Population |
| Norm Waitt Sr. YMCA | General Population |
| Northeast Community College | Young Adults |
| One Siouxland | Immigrant/Refugee Population |
| Pierce Porter Facilitation | General Population |
| Planned Parenthood | General Population |
| Rosecrance Jackson | Individuals with Behavioral Health Concerns |
| Siouxland Community Health Center | Lower socioeconomic individuals |
| Siouxland District Health Department | General Population |
| SIMPCO | General Population |
| Sioux City Community Schools - Career Academy | School aged children |
| Sioux City Human Rights Commission | General Population |
| SIOUXLAND CARES | General Population |
| Siouxland Mental Health Center | Individuals with Behavioral Health Concerns |

| | |
|---|---|
| Source For Siouxland | General Population |
| South Sioux City Schools | School aged children |
| The Gospel Mission | Homeless |
| United Way of Siouxland | General Population |
| UnityPoint Health | General Population |
| UnityPoint at Home | Medically Fragile |
| University of Iowa | General Population |
| UPH- Siouxland PACE | Medically Fragile |
| US Senator Ernst Office | General Population |
| Wellpoint Iowa | General Population |

**Partner list of who attended the Community Prioritization meeting**

**Organizations who attended Aug 29, 2024 (Phase 2) Community Prioritization Meeting**

| Partner Organization | Population Focus Expertise or Minorities Served |
|---|---|
| Briar Cliff University | Young Adults |
| Catholic Charities | General Population |
| Center For Siouxland | Lower socioeconomic individuals |
| Community Action Agency | Lower socioeconomic individuals |
| Dunes Surgical Hospital | General Population |
| Great Plains TOP Facilitation | General Population |
| Growing Community Connections | General Population |
| Iowa Dept. of Health & Human Services | General Population |
| Iowa State University Extension and Outreach | General Population |
| June Nylen Cancer Center | Medically Fragile |
| MercyOne | General Population |
| MercyOne Child Advocacy Center | Children use experience assault |
| Morningside University | Young Adults |
| Planned Parenthood | General Population |
| Rosecrance Jackson | Individuals with Behavioral Health Concerns |
| Siouxland Community Health Center | Lower socioeconomic individuals |
| Siouxland District Health Department | General Population |
| SIOUXLAND CARES | General Population |
| Siouxland Human Investment Partnership | General Population |
| Siouxland Mental Health Center | Individuals with Behavioral Health Concerns |
| Sky Ranch Behavioral Services | Individuals with Behavioral Health Concerns |
| Source For Siouxland | General Population |
| UnityPoint Health | General Population |
| University of Iowa | General Population |
| UPH- Siouxland PACE | Medically Fragile/Older population |
| Women Aware | General Population |

# Posters presented at the Community Prioritization meeting
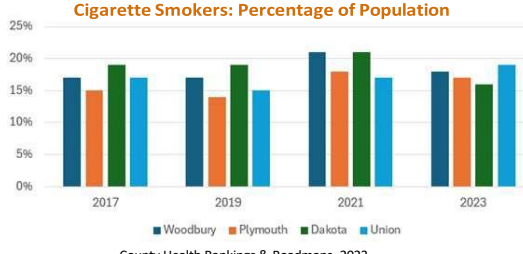


## Substance Use

**Siouxland Drug Exposed Infants**

2023: **86**
2022: **62**
2021: **75**
2020: **73**

UnityPoint Health/SCCAN, 2023

**Cigarette Smokers: Percentage of Population**

County Health Rankings & Roadmaps, 2023
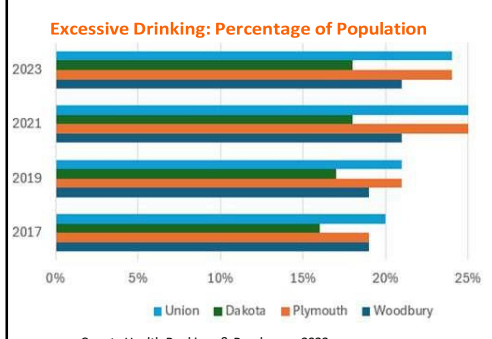
**17% of surveyed Siouxland 11th graders reported riding with a driver who was under the influence.**

**4% of surveyed Siouxland 11th graders reported binge drinking in the past month.**

Siouxland CARES Youth Survey, 2022

**Excessive Drinking: Percentage of Population**
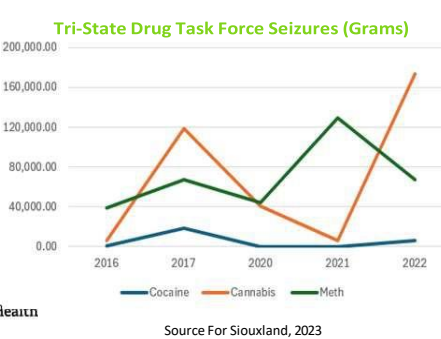
County Health Rankings & Roadmaps, 2023

**10% of surveyed Siouxland 11th graders reported vaping in the past month.**

Siouxland CARES Youth Survey, 2022

**Tri-State Drug Task Force Seizures (Grams)**
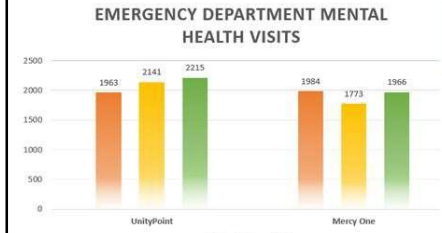
Source For Siouxland, 2023

**Vision:** *Siouxland, a safe, inclusive, thriving community of healthy, informed individuals with access to care.*

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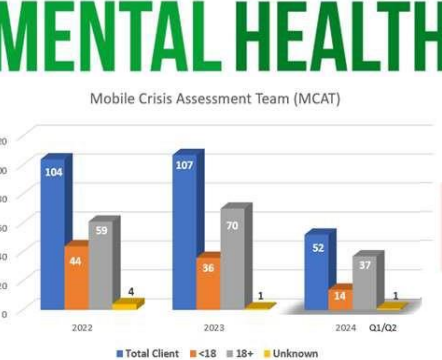
## MENTAL HEALTH

**EMERGENCY DEPARTMENT MENTAL HEALTH VISITS**
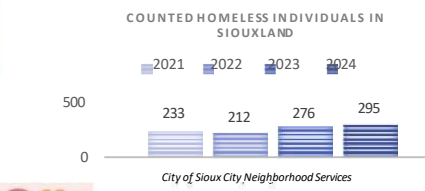
**Mobile Crisis Assessment Team (MCAT)**
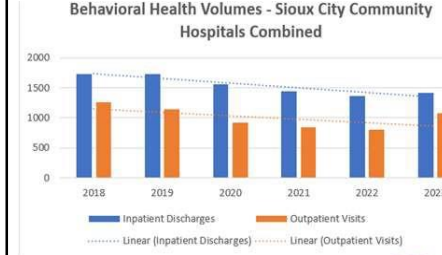
Siouxland Mental Health Center

**COUNTED HOMELESS INDIVIDUALS IN SIOUXLAND**
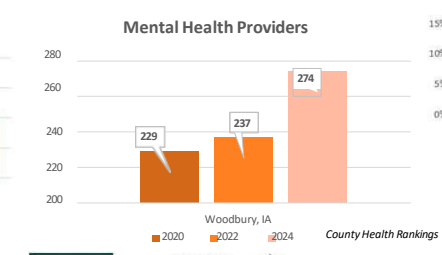
City of Sioux City Neighborhood Services

**Frequent Mental Distress**
*Percentage of adults reporting 14 or more days of poor mental health per month.*

countyhealthrankings.org

**Behavioral Health Volumes - Sioux City Community Hospitals Combined**

Iowa Hospital Association

**Mental Health Providers**

County Health Rankings

**Vision:** "Siouxland, an inclusive, thriving community of healthy, educated individuals with access to care."

## Food Insecurity Rate



Feeding America, 2021

## Obesity/Nutrition

National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.
US Census Bureau, American Community Survey. 2018-22.

## Pounds of Food Distributed by Food Bank of Siouxland in Woodbury County



## Adults Age 18+ Ever Diagnosed with Diabetes (Crude)



Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

## Mortality – Coronary Heart Disease
(Crude Death Rate, Per 100,000 Population)



| | |
|---|---|
| USA | 112.5 |
| Report Location | 96.6 |
| South Dakota | 129.9 |
| Union Co., SD | 80.8 |
| Nebraska | 88.2 |
| Dakota Co., NE | 81 |
| Iowa | 139.4 |
| Woodbury Co., IA | 99.4 |
| Plymouth Co., IA | 108 |

Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

## Adults Age 18+ with Obesity
(BMI =30.0 kg/m²)(Crude)



Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System Accessed via the PLACES Data Portal. 2021.

**Vision:** "Siouxland, an inclusive, thriving community of healthy, educated individuals with access to care."

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## Teen Birth Rate



Iowa Public Health Tracking Portal, 2020-2022

## Sexual Health



*The average maternal age in Woodbury County in 2022 was 28.05 years old.*

*The average maternal age in Iowa in 2022 was 28.91 years old.*

Iowa Public Health Tracking Portal, 2022

*"As of December 31, 2022, there were 3,228 Iowans who were living with HIV disease. There were 120 Iowans newly diagnosed in 2022."*

Iowa Department of Health and Human Services, 2022

## Gonorrhea Rate Per 100,000 Population



Iowa Public Health Tracking Portal, 2019-2022

## Syphillis Rate Per 100,000 Population



Iowa Public Health Tracking Portal, 2019-2022

## Chlamydia Rate Per 100,000 Population



Iowa Public Health Tracking Portal, 2019-2022

**Vision:** "Siouxland, an inclusive, thriving community of healthy, educated individuals with access to care."

## ☪ Cancer ☪

**Cancer Incidence Rates per 100,000 Population**



600 / 500 / 400 / 300 / 200 / 100 / 0

Woodbury,IA  Plymouth,IA  Dakota,NE  Union,SD  USA

■ 2013 - 2017  ■ 2016-2020

*National Cancer Institute*

**2020 Cancer Screenings & Health Behaviors**



90.0% / 80.0% / 70.0% / 60.0% / 50.0% / 40.0% / 30.0% / 20.0% / 10.0% / 0.0%

Woodbury, IA: 82.4% 73.2% 69.5%
Plymouth, IA: 83.7% 72.6% 72.2%
Dakota, NE: 80.1% 65.9% 65.5%
Union, SD: 85.4% 75.6% 72.9%
USA: 77.7% 78.3% 74.3%

■ Cervical Screening
■ Mammogram
■ Colon Screening

*Siouxland Area, BRFSS, 2020 (Percent Recommended Ages Screened)*

**Cancer Mortality Rates per 100,000 Population**
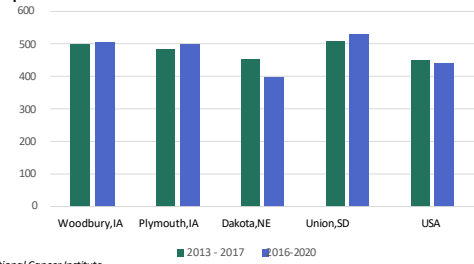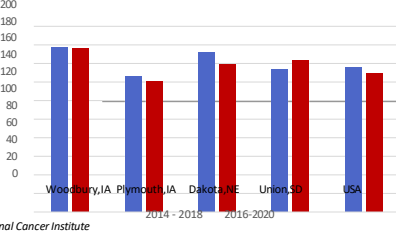


200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20 / 0

Woodbury,IA  Plymouth,IA  Dakota,NE  Union,SD  USA

■ 2014 - 2018  ■ 2016-2020

*National Cancer Institute*

The demand for cancer treatment is expected to grow by 40% the next 6 years. – *National Institutes of Health*

Cancer is among the leading causes of death worldwide. The cancer mortality rate is higher among men than women (173.2 per 100,000 men and 126.4 per 100,000 women). When comparing groups based on race/ethnicity and sex, cancer mortality is highest in non-Hispanic Black men (208.3 per 100,000) and lowest in non-Hispanic Asian/Pacific Islander women (82.6 per 100,000).
– *National Cancer Institute*

While the number of Iowa cancer cases has doubled over the past 50 years, the 4 leading cancers – breast, lung, colorectal, and prostate cancers still make up almost 50% of new cases and cancer deaths. These cancers are strongly linked to lifestyle factors and have available screenings.
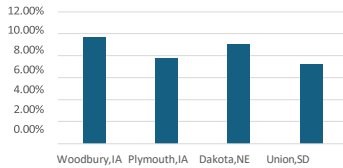– *Iowa Cancer Registry*

An estimated 4 out of every 10 cancer cases are associated with preventable risk factors.
– *American Association for Cancer Research*

Cancer survivor rates have been increasing and the number of people who will live 5 or more years after their cancer diagnosis is projected to increase by 30%. These trends reflect improved screening and prevention efforts and improved treatment options.
– *National Cancer Institute*

UnityPoint Health St. Luke's | MERCYONE | SIOUXLAND DISTRICT HEALTH DEPARTMENT | DUNES SURGICAL HOSPITAL

**Vision: Siouxland, a safe, inclusive, thriving community of healthy, informed individuals with access to care."**

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**Percent of Individuals with a Disability under age 65**
**2018-2022**



12.00% / 10.00% / 8.00% / 6.00% / 4.00% / 2.00% / 0.00%

Woodbury,IA  Plymouth,IA  Dakota,NE  Union,SD

*CDC QuickFacts ACS 2018-2022*

## Dental Visits Per Census Tracts
*CDC Places ACS 2015- 2021*



Dental visit crude prevalence (%)
>= 70.6
61.6 - national average
< 52.6

SDHD provided 1,803 oral screenings in FY24, 536 (30%) had decay.
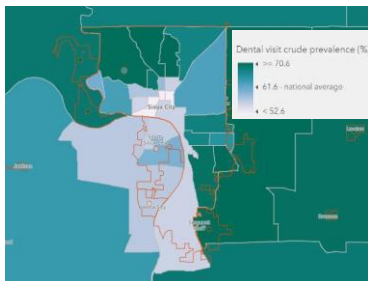
## Other Data Points

**Blood Lead Testing - Iowa Childhood Lead Poison Prevention Program 2022 Data**

| County | # of children tested | # of Children 12 – 24 months | Percent tested | # of children tested | # of children 24 – 36 months | Percent tested |
|--------|------|------|------|------|------|------|
| Plymouth | 264 | 275 | 96% | 114 | 279 | 41% |
| Woodbury | 970 | 1,703 | 57% | 706 | 1,753 | 40% |

**Dollars spent on Interpretation Services**



250,000.00 / 200,000.00 / 150,000.00 / 100,000.00 / 50,000.00 / 0.00

SDHD: 9,963.00 / 27,772.00
UnityPoint: 189,590.00 / 234,310.00
MercyOne: 152,087.00 / 101,434.00

■ 2020  ■ 2023
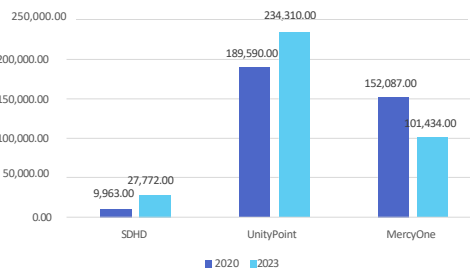
Mary Treglia Community House Focus Group Answers to the Question: What are your top areas of concern?

- Access to healthcare without medical insurance
- Difficult to make appointments around work schedule
- Barriers to Medicaid – some not eligible, never knew how to apply for it, ID issues.

DUNES SURGICAL HOSPITAL | MERCYONE | SIOUXLAND DISTRICT HEALTH DEPARTMENT | UnityPoint Health St. Luke's

**Vision:** "Siouxland, an inclusive, thriving community of healthy, educated individuals with access to care."

## Social Determinants of Health

### Racial or Ethnic Minority Status
Places ACS 2017 - 2021



Racial or ethnic minority status (%)
> 52
26
< 0

### Housing Cost Burden Percentage
Places ACS 2017 - 2021



Place point
Housing cost burden (%)
> 35
22.6
< 11
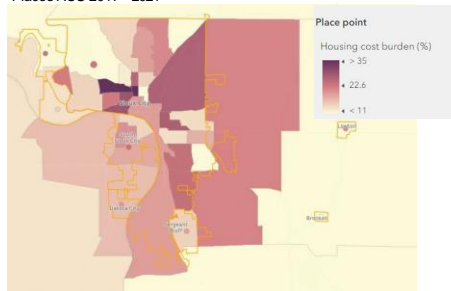
### Unemployment
Places ACS 2017 - 2021



Unemployment (%)
> 12.7
6.4
< 0
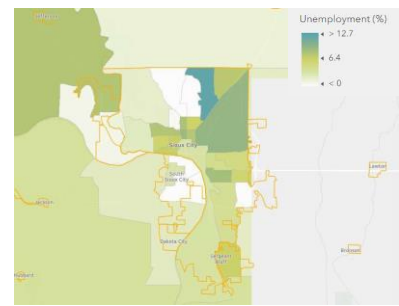
### No High School Diploma
Places ACS 2017 - 2021
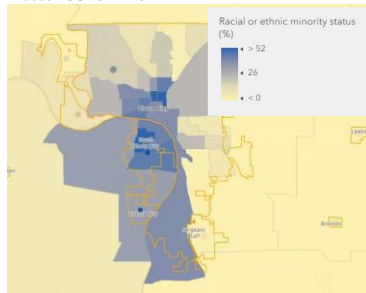


No high school diploma (%)
> 22
11.6
< 1

SDOH are non-medical factors that affect health outcomes. They included conditions in which people are born, grow, live and age.

### No Broadband Percentage
Places ACS 2017 - 2021



No broadband (%)
> 32
18.4
< 5

DUNES SURGICAL HOSPITAL in association with Mercy Medical Center  •  MERCY ONE.  •  SIOUXLAND DISTRICT HEALTH DEPARTMENT  •  UnityPoint Health St. Luke's

**Vision:** "Siouxland, an inclusive, thriving community of healthy, educated individuals with access to care."
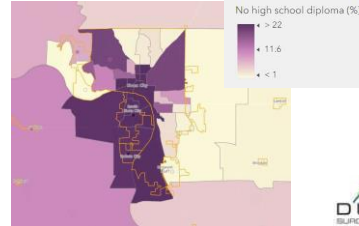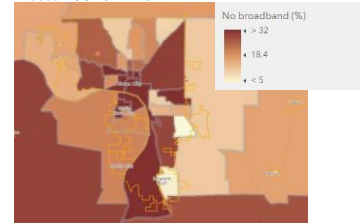
# Results of voting from Community Prioritization meeting

| Choices | Votes | |
|---|---|---|
| Youth substance use | 3 | |
| Substance use treatment – detox, long term | 4 | |
| Opioid use | 5 | |
| prenatal substance use | 9 | 27 |
| substance use prevention education&perception | 3 | |
| alcohol use | 3 | |
| mental health stigma | 1 | |
| access to mental health care & wait times | 6 | |
| youth mental health | 5 | |
| mental health staffing | 0 | |
| mental health resources | 7 | |
| mental health & homelessness | 8 | 36 |
| mental health COVID factor/isolation | 0 | |
| social media's impact on mental health | 3 | |
| identifying root cause of individual's mental health | 4 | |
| Mental health crisis center admission criteria | 2 | |
| Affordable food | 6 | |
| Nutrition education | 2 | |
| Transportation to access food | 0 | 11 |
| food resources | 3 | |
| physical activity | 1 | 1 |
| Sexual health education | 13 | |
| Syphillis | 5 | 19 |
| STI testing stigma | 1 | |
| Barriers to cancer screenings | 9 | |
| cancer prevention & risk factor education | 2 | 13 |
| Cancer provider shortage | 2 | |
| Dental providers accepting medicaid | 8 | 8 |
| increase lead blood testing | 3 | 3 |
| Lack of interpretation services | 2 | 2 |

# Content Expert Group Meeting Documentations

## Cancer

| Cancer Prevention - Top Siouxland Community Issues to Address Based on Assessment Collection |
|---|
| Access to Screenings/Education |
| Provider Shortages |
| Normalizing consistent health check ups |
| Insurance and financial barriers to screenings |
| Screening opportunities |
| Earlier Screenings |
| Education in the rural communities |
| Increase screening rates – assuring part of well visits |
| Radon Lung Cancer |
| Earlier screening w/ insurance coverage |
| Addressing Risk factors associated with cancer |
| Access to competitive treatment options in Siouxland |
| Lack of cancer specialist to keep care local |

| What Works Recommendations |
|---|
| Patient navigators provide culturally sensitive assistance and care coordination, determining individual barriers and guiding patients through available medical, insurance, and social support systems. Navigators are usually employed by hospitals or clinics and may be fully integrated into a primary care team. |
| Radon mitigation programs |
| Community and Clinic based HPV interventions |
| Faith community nursing – position RN within a parish or similar faith community |
| Tobacco prevention program |
| Integrated pest management for indoor use – support four-tiered approach to indoor pest control that minimizes potential hazards |
| Client reminders and one on one education |
| Small media (Lettes, brochures, newsletters) |

| Other Iowa County Examples |
|---|
| Boone County – Increase # of preventative screenings, PSA, mammograms by 10% at their medical clinics. |

Greene County – Want to decrease the rate of head and neck cancers. Work with school to increase # of HPV immunizations.

**Consensus Workshop Content Expert Meetings Themes for future CHIP**

**Worksite Partnerships**
- Employee rewards for screening measures
- Partner w/businesses to educate and promote importance of preventative screenings
- Employers to cover screenings – long range benefit to costs
- Incentives for screens: lower insurance rates, etc.

**Screening Services**
- Access to preventative screenings after work (extended hours)
- How do we encourage preventative care across the many different cultures in our community?
- Standard screening templates for PCP & NPs
- Proactive outreach to patients from PCP for screenings
- More education on screenings
- Easy access and awareness to risk calculators
- Remove barriers for screens:  time, cost, transportation
- One stop screening events
- Joint screening program with hospitals
- Can we offer more Free or low cost screenings options
- Joint effort from gastric pulmonary urologist radiologist for PCPs screenings
- Colon cancer: increase public awareness of screenings at age 45
- Partner w/Mary Treglia to educate diverse populations on importance of screenings

**Education**
- Engage legislators (ex. Univ of Iowa project)
- Educate public with our "bad" numbers - #2 in the nation for cancer
- Increase awareness of radon & increase testing

**Other**
- Cancer Center support program
- Increase HPV vaccination rates
- Utilize virtual options for care due to lack of providers
- Clinical trials of research – engage with academic centers
- Skin cancer prevention w/outdoor employees or athletes
- Lifestyle & tobacco & binge drinking education

## Physical activity/nutrition

| Physical Activity/Nutrition - Top Siouxland Community Issues to Address |
| --- |
| Access to affordable healthy food |
| More available food that isn't' cost prohibitive |
| Nutrition education for youth, parents, families. Learn at an early age to eat healthy. |
| Transportation to get food |
| Availability and affordability to nutritionist |
| High rates of food insecurity |
| Expansion of food resources |
| Fast food nutrition education |

| **Need to be more physically active – have the resource available** |
|---|

| **What Works Recommendations** |
|---|
| Worksite and college-based obesity prevention interventions |
| Soda taxes |
| Zoning regulation for fast food |
| Mass media campaigns for physical activity |
| Preschool & Childcare Quality Rating and Improvement Systems |
| Screen time interventions for children |
| Places for physical activity |
| Nutrition prescriptions |
| School fruit and vegetable gardens |
| Point of purchase prompts for healthy foods |
| Water availability & promotion interventions |
| Point of decision prompts for physical activity |
| Healthy Vending machines options |

| **Other County Examples** |
|---|
| Several Counties – List of food access locations/resources |
| Appanoose County – work with conservation program to expand trail system and promote with signage, mapping and QR codes. |
| Blackhawk County – increase the number of locations that have at least one automatic water bottle filling station available to the public |
| Bremer – Increase enrollment into WIC, increase WIC voucher use at farmer's market |
| Linn County – Increase understanding of food assistance eligibility and utilization |
| Montgomery County – My Plate programming and community and kids gardens. |
| Story County – Have healthcare providers screen for food insecurity |

Consensus Workshop Content Expert Meeting – Themes for future CHIP

**Nutrition Focus**
- Public water bottle filling stations
- Tap water – more general education – more public water stations
- Mini food/farmer markets in parks or public spaces
- Access to healthy options in concessions and vending machines
- School district food buses in parks (summer meal program)
- Reduce sugar sweetened beverage options in vending & concessions
- School-based food pantries and/or gardens
- Water bottle filling stations – indoor/outdoor; along trails and parks
- Fruit & veggie gardens or container gardening at preschools/daycares

**Education options**
- Offer no cost (in person or virtual) healthy lifestyle group classes (nutrition, cooking)
- Program work with WIT for ex. Cooking healthy meals
- What nutrition/dietician services are available to community members
- More Health Toolkits – promotion of – Diabetic education, Walking toolkit
- Food prep instruction – healthy options
- Promote or partner with health organizations to offer services
- Education on healthy eating on a budget for college age students

- Fast food education / materials for college/university students
- Fast food educ / materials to organizations that serve low income individuals
- Research the different cultures in community and provide nutritional education that culture applies too
- Overcoming language & cultural barriers when providing educational programs
- Support & expand education on chronic health conditions – including prevention and management (i.e. Heart failure, Diabetes, High Blood Pressure)
- Physical activity & nutrition educ to immigrant / minority groups

**IT/Social Media**
- App where you can identify events or pickup games for different sports
- Social media campaign for healthy eating / fast food education
- Media campaigns to promote trails, walking locations
- Possibly use Facebook groups to distribute health / physical activity information

**Trail Promotion**
- 5-10 min walk to trails & park from neighborhoods
- More awareness of local trails & parks – what they offer
- Benches & seating options among trails

**Transportation Services**
- Transportation from work/home to a gym/workout facility/park
- Transportation to food sources - vouchers?
- Transportation to food & physical activity evening & weekend for PWD
- Promote bike & walk to work & use of transit – bike racks – worksite benefits

**Worksite Wellness Partnerships**
- Public / private programming – business sponsor for activities
- Incentives / campaign for walking/physical activity
- Create wellness @ work program
- City of Sioux City – wellness points for parks & rec programs – offer to other businesses
- Create a reduced feeling of safety to be physically active in/around town
- Create wellness @ work program

**Programming**
- Senior programming – year-round parks & rec programs
- Programming – riverfront P&R programming (Mon-yoga, Tues-midnight bball, Wed-crossfit, Thurs-running club)
- Physical activity programs for people with disabilities – affordable access
- More physical activity events centered by schools - skating or parks events
- More (& increased promo of) FREE exercise / workout / yoga, etc. options

## Sexual health

| Sexual Health  - Top Siouxland Community Issues to Address |
| --- |
| More education |
| Barriers to sex ed |
| Address Syphilis and Congenital Syphilis |
| Safe sex education and contraception access |
| Need awareness for all ages |
| Lack of comprehensive sex ed/human growth curriculum in schools |
| Teen education, it can be a home thing or school thing |
| Safe sex education at a younger age. Stigma for testing and birth control tied to religion. |

| Lack of progress |
| --- |

| What Works Recommendations |
| --- |
| Provide information about contraception and protection against sexually transmitted infections (STIs) in classroom or community settings |
| Digital interventions to decrease sexually transmitted infections (STIs) provide participants with health information and assistance with decision making, behavior change, and emotional support. These interactive programs incorporate contributions from users to produce tailored material and feedback that is personally relevant[1]. Programs may be delivered on computers or mobile devices such as smartphones, may be accessible offline or web-based, and may be available through apps, other digital platforms such social media, or computer software |
| Expedited partner therapy for treatable STI |
| HIV/STI partner notification by providers |
| Condom availability programs |
| Combine information about HPV and the benefits of vaccination with efforts to support vaccine series completion (e.g., patient and parent education or reminders, physician education, etc.) in clinic-based settings |

| Other County Examples |
| --- |
| Austin, TX - Advocate for 'Teen Friendly' recognition status among clinics and providers ensuring that youth have access to clinics and providers that offer affordable access to STI testing and treatment and HIV tests and are trained to provide culturally appropriate STI services. Identify and reduce barriers to youth seeking same-day appointments for STI tests and treatment. |
| Clark County, OH - Collaborate with at least one location (urgent cares or hospital ERs) to provide rapid syphilis testing by December 31, 2022.  Collaborate with at least one Substance Use Treatment Center to provide syphilis testing and treatment for patients by December 31, 2022. |
| Duval County, FL – Increase adolescent access to sexual health services by increasing reach of teen health centers and mobile testing units. |

**Consensus Workshop Content Expert Meetings Themes for future CHIP**

**Sexual Health Suggestions**

**School/College Partnerships**
- Hold school board accountable to IA sex ed requirement
- Education for kids either schools or after school programs
- In-School personnel trained to provide education in schools
- Education to school administration since there are so many restrictions on classroom education
- Work with our local board of health/school board
- Education in the schools/colleges
- Evidence based curricula at schools at least 8-15 lessons taught
- Work in schools/colleges on site testing
- Quality healthy Relationship education in schools/youth centers
- Make Siouxland a safe place to offer sexual health education
- Comprehensive sex ed in all schools in Woodbury County and surrounding areas
- STI testing in high schools Condoms in high schools

**Medical Clinic Partnerships/Education**
- More providers offering EPT Expedited partner therapy for Chlamydia and Gonorrhea

- EPT (2)
- Provider education on EPT, PrEP, Pep
- Education for medical providers on how to talk to their teen patients
- Education to providers to have conversations about safe sex
- Provider education on LGBTQ+ services
- Helping women get prenatal care early in pregnancy

**STI Testing/Condom Service Availability**
- Encouraging monogamous relationships
- Condoms everywhere. Schools, etc.
- Provide condoms to homeless shelters
- Condoms and where they can be found for free or without asking
- School nurses have condoms
- Access to condoms/EC vending machines
- Promote over the counter Birth control measures
- Education to students to know where to go for STI services
- A mobile van to go where the people area
- Mobile testing units in school parking lots
- Mobile STI testing @ homeless shelters
- Rapid syphilis/HIV testing & treatment in ER and other locations
- Mobile testing in rural communities for teens
- HPV education and awareness – more testing
- Syphilis Testing at new out of the box locations

**General Parent/Teen Education**
- Programs for parents on how to be askable adults
- Education to parents & Teens
- Education to teens & young adults as well as parents
- Teen Health text question hotline
- Siouxland Teen Health App, Resources, appointments, reliable sources for truth
- Sexual health "libraries" throughout town – info, resources, condoms, etc.
- Teen health fair
- Teen friendly clinics that are open teen friendly hours – after school/weekends
- More youth advisory boards
- Teen healthy relationships classes/support group
- Use social media TikTok snapchat
- Digital campaigns to increase awareness about STI and decrease stigma
- App/web-based program for teens/young adult to find guidance FAQ's and answers
- Resource guide for existing educational materials
- Social media campaign on Syphilis and congenital syphilis
- Siouxland weekly news spotlight – normalize the conversation – sexual health in siouxland (reach older demographic).
- More reality-based information offered in churches
- More nonjudgmental adults
- Info regarding consent/healthy sexual behaviors and how to address unsafe/unhealthy behaviors
- Teaching respect of self and others
- Safe sex info for adults & teens

## Mental health

| Mental Health - Top Siouxland Community Issues to Address |
|---|
| **Continued work on stigma and bias** |
| **Better Access to Care** |
| **Wait time for medication management** |
| **Understanding data and needs of homeless population** |
| **MCAT involvement with homeless population and after care services** |
| **Mental health needs for kids** |
| **Families knowing where and how to access services** |
| **Staffing and training** |
| **COVID factor - measuring the impact of being isolated during the pandemic** |
| **Resources where to go** |
| **Impact on social media on mental state** |
| **More preventive services** |
| **Crisis Center admission criteria and easier access to crises services** |

| What Works Recommendations |
|---|
| Mental Health insurance to increase access to mental health services |
| Integrate mental health and substance treatment into primary care |
| Provide mental health services on school premises |
| Combine academic, mental and physical health, and social service resources in schools for students and families via partnerships with community organizations; also called community learning centers |
| Provide physical health and mental health services to parents with low incomes at Early Heat Start |
| Offer group educational, social interaction programs for older adults |
| Provide rapid access to permanent housing and support for chronically homeless individuals |

| Other Iowa County Examples |
|---|
| Adair - Create and share education on health insurance coverage for therapy |
| Blackhawk - reduce stigma |
| Cerro Cordo - reduce stigma |
| Clinton – Provide evidence-based curriculum for health classes on suicide prevention |
| Greene – integrate annual mental health screenings into primary care setting |
| Sioux – 100% of direct care medical staff receive trauma informed care training. Provide a minimum of 15 presentations to youth on mental health |
| Taylor – reduce stigma. Provide anti stigma program in a minimum of 3 schools |
| Elpaso County, CO – Increase Evidence Based Mental Health School programs – Sources of Strength, RULER, Pyramid Plus, Parenting Class, Restorative Justice |

# Consensus Workshop Content Expert Meetings Themes for future CHIP
## Mental Health Suggestions

**Additional Support Services**
- Mental health / addiction / physical health needs for longer term care
- Medication compliance in community
- Support to provide adults / students w/medication management.
- Drug court expansion.
- Improve transition support for incarcerate individuals between release and placement (substance use tx or other)
- Support services in the jail.
- Mental health support while incarcerated.
- Supported employment w/clients.
- Housing for individuals w/ severe mental illness
- Prevention programming in youth
- Detox Center

**General Training/Education Opportunities**
- Funding for prevention
- Decrease stigma around word "prevention."
- Mental health training to daycare providers
- More local opportunity for training that is hands on & interactive learning.
- Prevention programming for youth
- Develop evidence-based programs to address social media, mental health.
- Adolescent suicide prevention & awareness
- Mental health conference in SC for providers
- Community mental health trainings
- Prevention access – what are we currently doing as MH providers in schools?
- Parent education about MH & suicide risk
- More prenatal / post-partum care
- Trainings for staff to attend to improve / help their skills in mental health & when working w/clients.
- Increase training for law enforcement.
- Develop workshops to educate and train community members on specific needs – maybe lunch webinars targeting various groups (i.e. childcare, law enforcement, etc.) – anxiety, holiday depression

**Resource availability**
- Develop resource sheet that walks families through on to access OP & Inpatient tx – add to resource guide.
- Resource guide for housing / food / etc to help w/case management in MH setting.
- Resource guide provided at primary care provider.


**Medical Partnerships/Therapies offered**
- Postpartum education & awareness
- Increase habilation providers & pediatric habilation providers
- MHP responder with PD
- Better collaboration b/w disciplines MH / primary care / substance abuse
- Integrated SUD @ primary care
- Continue working on the referral process for services.  Ex. Time frame approved, etc.
- Increase ease of referral processes between support
- Increase affordable opportunities for positive interaction between parent / caregiver /child/providers
- Warm handoff from inpatient to outpatient
- After care follow-up (consistency)

- More CSAT sex offender providers (certified sex therapy)
- Infant treatment
- Mental health & substance use screenings in primary care
- Continue working on wait time for meds.  The PA shortages that continue to happen
- Emphasis on prevention / early education – well child – preschool
- Mental health urgent care for kids – i.e. Kearney, NE

**School Based Partnerships**
- Emergency resources and education for parents and school personnel
- Resource guide for schools
- SCCSD "backpack" – fill with resources for adults and youth
- Buy in from Sioux City community schools – more collaboration & info shared w/ students
- Work with schools to allow us to have more contact, sharing resources, etc.
- Offer presentation at schools
- Mental health education in schools / youth programs
- Curriculum support for health classes
- List of all schools – and their mental health providers / counselors – survey them – what are their needs
- MH integrated into health education in schools
- MH & substance treatment in schools
- Expand EB (evidence-based) programming in SC & Sgt Bluff schools
- Develop initiatives to support social and emotional needs of students and parents in our community – build stronger relationship between schools and providers
- Schools share with providers what they are currently doing
- Providers train school staff – learn and share common language; share resources

**Employer Based Partnerships**
- Providers educate employers on access to care for employees.
- Insurance education

**Homeless Partnerships**
- Shelter / housing resources
- Explore formal system of care & support for homeless (homeless court) / specialty court
- Collaboration with crisis services & homeless programs
- Street outreach to homeless & @ shelters
- Onsite MH services for homeless – warm shelter, gospel Mission, etc.
- Case management in homeless population

## Substance misuse

| Substance Misuse - Top Siouxland Community Issues to Address |
| --- |
| **Adolescent Substance Use** |
| **Opioid Addiction** |
| **Prevention and education for all community members – youth, maternal, etc** |
| **Drug exposed babies** |
| **Detox services/inpatient treatment** |
| **Transitional Housing** |
| **Substance use and risk behaviors among youth** |
| **More education or awareness of the impact on using substances in general** |
| **Prenatal exposure drinking alcohol** |
| **Community Standards and norms** |
| **Lack of awareness about substance use among pregnant women** |

| Legislative actions that address appropriate needs |
|---|
| There is not long-term treatment service. People need more than Hope Street – which is a great start. Finding the moms that need some support |

| What Works Recommendations |
|---|
| Family treatment drug courts - Use specialized courts to work with parents involved in the child welfare system who may lose custody of their children due to substance abuse |
| Mass media campaigns against tobacco use |
| Syringe service programs |
| Naloxone education and distribution programs |
| Functional Family Therapy - Introduce a short-term family-based intervention therapy focused on strengths, protective factors, and risk factors for youth with delinquency, violence, or substance abuse problems, and their families |
| Alcohol brief interventions |

| Other County Examples |
|---|
| Florence County, WI – decrease excessive alcohol use with Small Talks Campaign, Alcohol-Age Compliance Checks, Community Activities Brochure & in-depth programming in schools. Decrease youth using prescription drugs without a prescription by drug take back days, safe disposal options, lock box and bag distribution, and Dose of Reality Campaign. |
| Green River District Health, Kentucky – reduce overdose deaths by purchase of Narcan vending machines for counties and syringe service program.  Implement evidence-based alternative to suspension programming, InDepth, for students caught vaping.  Grow the QR Code reporting system in all counties - an anonymous reporting system to report suspicious activity and drug use. |
| Greater Nashua Public Health Region, NH Implement a Wellness at Work program in Recovery Friendly workplaces |
| Jackson County, IA – provide parent training on recognizing the signs of opioid/substance use |

### Consensus Workshop Content Expert Meetings Themes for future CHIP
### Substance Misuse Suggestions

**Medical Provider Partnerships**
- 4 service sites awarded a grant for post-partum resources, screenings, etc. – training for 4-Ps
- Stigma on substance misuse – maybe why providers are not engaged; parents often a barrier to providing services w/kids.
- Reaching pregnant women that struggle w/ SUD
- Education on risks of using while pregnant
- OBGYN Education & Resources
- UnityPoint: have dr. Chasnoff present to grand rounds
- SUD Screening primary care and specialists (OB, PT, etc).
- More education for providers on current #'s
- Increase # of providers using 4P+, Brief Intervention "I am concerned" Education, Every step of the Way.
- Collaboration across disciplines SUD, MH, PCP
- SUD training in primary care for nurses & doctors

**Social Media/Education Campaigns**
- Utilize social media for education – tik tok, snapchat, etc
- Media campaign on social media about resources for treatment
- Create teen kid interactive social media for substance use awareness
- Community education & awareness on the impact of marijuana during pregnancy

- Reduce stigma of SUD in community
- Continue to educate the community about substance abuse & how serious it is ex. Who is affected and the reality
- Education about prescription drugs that are addictive (medical THC, benzo opioid)
- More education about fentanyl (naloxone, trace amount being in other drugs)
- Work on the lack of awareness in the community that there are residential addiction treatment facilities like chads house (Jackson recovery)
- Promote Quitline & MLMQ around community for tobacco / vaping cessation
- Educate all on harmful effects of substances
- Additional education on risk & harms @ younger ages
- Continue educating the use of substance use among pregnant women
- Education at younger age
- Decrease stigma for SUD – pregnant, MAT (medication assisted treatment) medication
- Social media campaign – negative impact of marijuana use during pregnancies
- Mass media campaign – no amount of alcohol is safe at any point in pregnancy
- Mass media campaign – changing stigmatization & language around SUD – especially for pregnant women
- Partner with organizations to create and distribute tobacco/vaping media materials and resources

**Education Classes/Prevention Programming**
- ISU has a program for strengthening families – targeted towards at risk families; 14-week program
- Focus education on marijuana and THC – youth, maternal population, adults.
- More services for parents who are unsure of what to do
- Resources for kids to not start using. Programs to keep them busy
- Education for kids and adults
- Sober activities for teens and families
- Provide positive youth activities
- Work with MYC to survey and implement strategies for substance use awareness
- Parent education on drug trends/talking to your teen
- Workshops for parents, caregivers about how to talk to kids about substance use

**School Partnerships**
- School presentation on addition vs. "normal" substance use
- Implement evidence-based programs about substance use in schools
- More effective "DARE" programs
- Recovery based school setting (for kids in recovery to avoid old ppl & places)
- Anonymous reporting of substance use in schools
- SUD Services in schools
- Partner with schools/youth groups to educate parents on kid/teen substance use

**Community Resources**
- Family treatment courts: lift moratorium on the expansion/increase in # of FTC's statewide
- Family treatment courts: connect with legislators to advocate for increase budgeting & Support
- Developing a family resiliency center in Siouxland
- Additional services for families as a whole
- Family engagement within SUD services with clients
- Increase in availability in exposed infant supports
- More promotion of community resources that are cost friendly
- Comprehensive resource guides for wrap around services
- Dr. Chan Hellman (HHS Contact) Science of Hope – How can we connect community organization to this model.

- Expanding open access services for on-the-spot assistance
- Baby Box Program – Safe Baby Box
- List of housing options especially felons
- Better care in jails and being on top of giving inmates their needed meds to prevent withdrawals or behaviors when discharged
- Increasing pay for SUD mentors/recovery coaches/MCOs/Billable codes
- Save vaping disposal site
- Syringe services downtown
- Community petition: All providers working with pregnant women will advise that no amount of alcohol is safe at any point in pregnancy.
- Community proclamation: Recognizing provider commitment to reduce # of substance expose infants.
- Have more productive consequences for kids caught with substances