Community Health Needs Assessment 2016-2018

For the
Siouxland Community

Siouxland Area Residents,

As we look at the health and wellness of area residents, we recognize that to improve we need to identify the challenges we face as a community. The four organizations; Dunes Surgical Hospital, Mercy Medical Center, Siouxland District Health Department and UnityPoint Health - St. Luke's have been working cooperatively to conduct a community health needs assessment. Previously this work had been done on an individual basis.
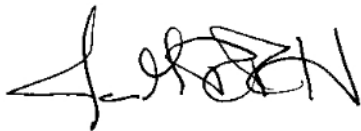
This cooperative needs assessment will allow us to work on a common set of issues, while assuring they complement the many services already provided by each of us as organizations. This common set will also allow us to measure the impact at both an organizational and community level.

We ask that you take the time to read through this needs assessment and become familiar with what has been identified. What you will discover is that it covers a broad perspective of issues and to truly have an impact, we must also engage many community partners in this work.

Sincerely,

_____
Greg Miner, CEO Dunes Surgical Hospital

_____
James Fitzpatrick, President and CEO Mercy Medical Center

_____
Kevin Grieme, Director Siouxland District Health Dept.

_____
Lynn Wold, President and CEO UnityPoint Health - St. Luke's

In 2015 Dunes Surgical Hospital (Dunes), Mercy Medical Center (Mercy), Siouxland District Health Department (SDHD), and UnityPoint Health - St. Luke's partnered together to complete the first ever 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. Prior to 2015 SDHD had submitted their own CHNA in 2011, while UnityPoint Health – St. Luke's and Mercy submitted a joint assessment in 2013. The Affordable Care Act and the Health Care Education Affordability Reconciliation Act, both enacted in March 2010, mandate tax-exempt hospital organizations to conduct a Community Health Needs Assessment every three years, beginning in 2011. See identified areas of needs from previous Community Health Need Assessments/Health Improvement plans in appendix.

The yearlong process included collaboration from representatives from each organization, known as the CHNA Planning Committee, as well as engagement from several community partners. Beginning in early 2015 primary and secondary data was collected through several sources, and analyzed by the CHNA planning committee. A community input meeting was held during the summer of 2015, while final submission of the CHNA occurred early 2016.

The joint CHNA looked at data from the following 6 counties in the tri-state Siouxland area, as each hospital serves a larger territory outside of just Woodbury County:
- Union, SD
- Dakota, Dixon, and Thurston, NE
- Plymouth and Woodbury, IA

After reviewing all information and data available the following 7 needs were identified for the Siouxland area: Tobacco/Substance Abuse, Obesity, Teen Births, Access to Care, Mental Illness, Cancer Screenings, and Housing.

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 Health Improvement Plan is a supporting document that includes actionable performance measures keyed to the seven identified areas of need.

The Dunes Surgical Hospital is located in Dakota Dunes, SD. The hospital's focus is on offering a high quality, service oriented environment for patient's surgical procedures. DSH is accredited by Accreditation Association for Hospitals/Health Systems, and specialize in Dental/Oral Surgery, ENT, General, GI, Gynecology, Neurosurgery, Ophthalmology, Orthopedic, Pain, Plastic, Podiatry, Spine, and Urology.

Mercy's Mission is to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within its communities. Living the traditions, visions and values of the Sisters of Mercy, Mercy Medical Center-Sioux City is a regional medical center that meets the needs of residents in western Iowa, eastern Nebraska and southeastern South Dakota. In addition to the main hospital in Sioux City, Mercy-Sioux City owns rural hospitals in Primghar, Iowa, and Oakland, Nebraska, manages hospitals in Pender, Nebraska and Hawarden, Iowa, and operates a primary care clinic network, specialty care clinics and home health services. Mercy also partners with other community healthcare providers to sponsor a regional cancer center, paramedic services, hospice services, a freestanding surgery center and a variety of other health services.

Siouxland District Health Department serves as the public health office 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, nutrition, laboratory, health planning and environmental services.

UnityPoint Health – St. Luke's is one of the region's most patient and family-centered hospitals, delivering innovative care to communities in the tri-state area including Iowa, Nebraska and South Dakota. St. Luke's treats more than 77,000 patients annually, coordinating care from the doctor's office to the hospital and back home. With a full range of inpatient and outpatient services at St. Luke's, our vision is to provide the best outcome for every patient, every time.
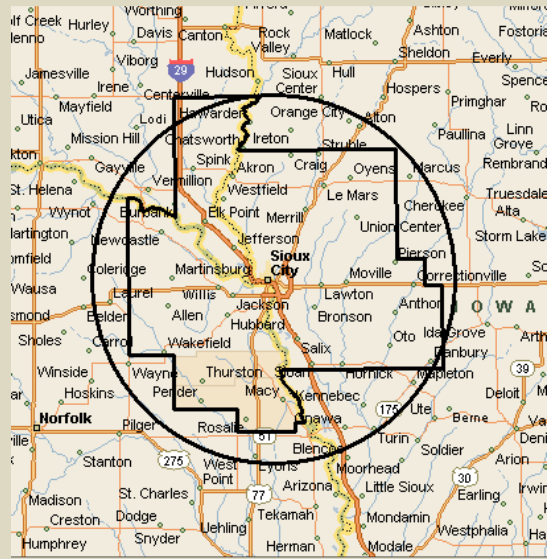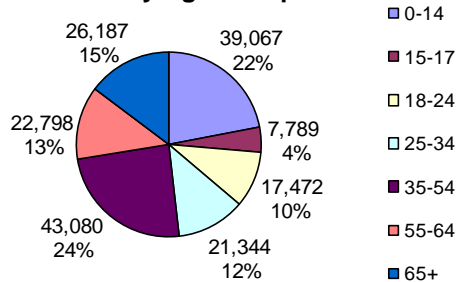
Siouxland Service Area Characteristics

Sioux City, Iowa serves as the regional hub for business, employment, industry, retail trade, medical care, and educational opportunities.   Six counties in the tri-state area of northwestern Iowa, northeastern Nebraska, and southwestern South Dakota are included in the Siouxland Community Health Needs Assessment. Individuals residing in these counties live within a 40-mile radius of Sioux City, as noted in the map.[1] The area includes the Iowa counties of Woodbury and Plymouth; the Nebraska counties of Dakota, Dixon, and Thurston; and the South Dakota county of Union. The total area for these counties is 3,354 square miles, with Woodbury and Plymouth representing 52% of the total area. The Siouxland region, outlined in the map, has a total current population of 177,740 with an estimated 1% increase by 2020.[2]

As shown in the graph, 22% of the population is under the age of 14 years and 15% of the population is over the age of 65 years.   The race/ethnicity distribution in the area is 76% White, 15% Hispanic, 2% Black, 2% Asian, and 5% other.
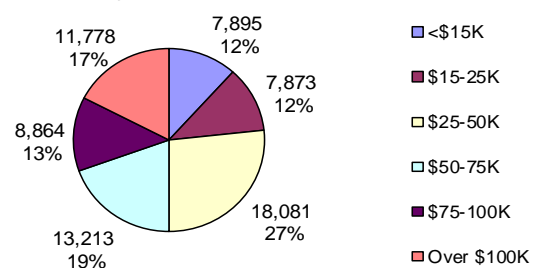
In the area, 50% of the households are in an annual income group of less than $50K.
The regional economy is based on food manufacturing, agriculture, health care and social assistance, education, and the food service industries. The August 2015 unemployment rate for the largest counties in the region –Woodbury, Plymouth, and Dakota – was 3.5%, 2.5%, and 3.9%. The unemployment rate for Thurston County, with a population of approximately 7,000, has risen to 6.0%.[3]

Siouxland 2015 Population Distribution by Age Group

- 0-14 — 39,067 (22%)
- 15-17 — 7,789 (4%)
- 18-24 — 17,472 (10%)
- 25-34 — 21,344 (12%)
- 35-54 — 43,080 (24%)
- 55-64 — 22,798 (13%)
- 65+ — 26,187 (15%)

Siouxland Current Households by Income Group

- <$15K — 7,895 (12%)
- $15-25K — 7,873 (12%)
- $25-50K — 18,081 (27%)
- $50-75K — 13,213 (19%)
- $75-100K — 8,864 (13%)
- Over $100K — 11,778 (17%)

Individual County Characteristics

Woodbury County has a population of 104,080 which represents 59% of the Siouxland regional total. The community residents of Sioux City and Sergeant Bluff represent nearly 90% of the Woodbury County population. **Plymouth County** has a population of 23,085 or 13% of the Siouxland regional total. The largest community in the county is LeMars with a population of 12,600. At 12% of the regional population, **Dakota County** has a population of 21,660. South Sioux City and Dakota City total residents represent 84% of the county population. **Union County** has a population of 16,200 which represents 9% of the regional total. North Sioux City and Dakota Dunes total residents represent 40% of the county population. The total residents

in the communities of Sioux City, Sergeant Bluff, LeMars, South Sioux City, Dakota City, North Sioux City, and Dakota Dunes total 128,800.   Completing the six-county area is **Thurston County** with a population of 6,860 and **Dixon County** with a population of 5,860 representing 7% of the regional total.[2]

State	County	Age: Under 18 Population	Under 18 % of County Total	18 to 24 Population	18 to 24 % of County Total	25 to 34 Population	25 to 34 % of County Total	35 to 54 Population	35 to 54 % of County Total	55 to 64 Population	55 to 64 % of County Total	65 and over Population	65 and over % of County Total	Total Population
IA	Plymouth	5,675	24.6%	1,922	8.3%	2,323	10.1%	5,694	24.7%	3,271	14.2%	4,200	18.2%	23,085
	Woodbury	27,271	26.2%	10,813	10.4%	13,198	12.7%	25,220	24.2%	12,976	12.5%	14,604	14.0%	104,082
NE	Dakota	6,208	28.7%	2,151	9.9%	2,770	12.8%	5,264	24.3%	2,499	11.5%	2,769	12.8%	21,661
	Dixon	1,425	24.3%	490	8.4%	559	9.5%	1,347	23.0%	896	15.3%	1,139	19.5%	5,856
	Thurston	2,365	34.5%	697	10.2%	813	11.9%	1,393	20.3%	727	10.6%	862	12.6%	6,857
SD	Union	3,912	24.1%	1,399	8.6%	1,681	10.4%	4,162	25.7%	2,429	15.0%	2,613	16.1%	16,196
	Siouxland Regional Total	46,856	26%	17,472	10%	21,344	12%	43,080	24%	22,798	13%	26,187	15%	177,737

Table Source: Truven Health Care Analytics, Demographics 2015

First Step
Beginning in January 2015, the Siouxland CHNA Planning Committee met monthly. Through a multi-level approach, the committee conducted a comprehensive search of all available health data sources. To best capture a clear snapshot of resident health status the most current information was compiled utilizing the following sources:

US Census Bureau Web Page	2014 Iowa Youth Survey	2014 BlueZones – State of Sioux City Well-Being Index
2015 National County Health Rankings	2015 SPF-SIG Community Assessment Document	2008-2014 Local Hospital ER Data
2013 IA Vital Statistics	2015 Comprehensive Strategies Data Booklet	Community Commons Web Page
2013 SD Vital Statistics	2013 NE Vital Statistics	Siouxland Mental Health Center Data

Second Step
Once the data was collected from the various sources, it was then analyzed and discussed. The CHNA Planning Committee agreed that the data from the 2015 National County Health Rankings was a good place to start. The *Rankings* are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.
(diagram 1.)

Third Step
Health summary documents created by the National County Health Rankings web page were reviewed (diagram 2) for each of the six counties.

Fourth Step
Using the National County Health Rankings web page and its "Areas to Explore" tab, the committee was able to identify possible areas of need in each county. Looking at the indicated areas to explore, committee members decided to compare the lists of all 6 counties. Areas of concern that appeared in a minimum of 3 counties, were then taken into consideration to be identified as the top areas of need (diagram 3).

Fifth Step
After a careful analysis of the available statistical data through the County Heath Rankings and other sources listed above, the CHNA Planning Committee identified the top 7 areas of needs and took those to a Community Input Meeting that was held Aug. 27th at Mercy Medical Center. Nearly 50 planning partners (complete agency list located in appendix) attended the meeting and were asked to discuss and confirm the identified areas of needs. See appendix for summary of results from each of the facilitated workgroups.

Top 7 Areas of Need in Siouxland

Tobacco/Substance Abuse

Obesity

Teen Births

Access to Care

Mental Illness

Cancer Screening

Housing

Questions that were discussed during facilitated breakout groups.

What is the root cause of this need in Siouxland?

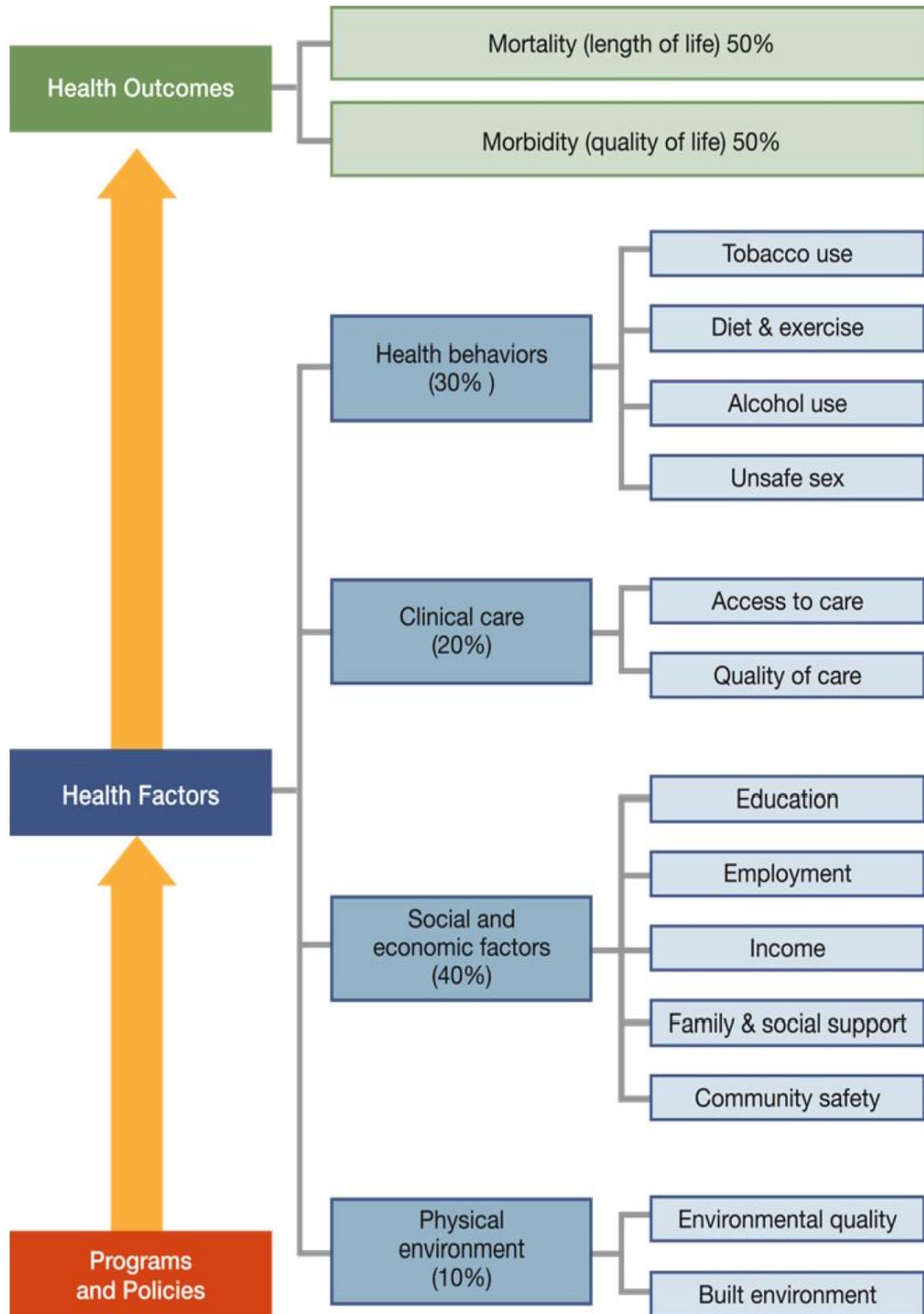What services and programs are available to address this need in Siouxland?

What are the curent gaps to addressing this need?

What indicators can be used to measure progress with the need in the future?

What program/policies will positively affect this need?

What additional needs, not mentioned today, do you feel Siouxland has in the community?

Diagram 1

County Health Rankings model ©2010 UWPHI

Iowa 2015 County Health Rankings	Woodbury	Plymouth	IOWA	Top US Performers
Health Outcomes (Rank/99)	72	9		
Mortality (Rank/99)	62	16		
Premature death	6,653	4,858	5911	5,200
Morbidity (Rank/99)	80	21		
Poor or fair health	14%	8%	11%	10%
Poor physical health days	3.4	2.4	2.8	2.5
Poor mental health days	2.5	1.9	2.6	2.3
Low birth weight	7.2%	6.3%	6.8%	5.9%
Health Factors (Rank/99)	93	10		
Health Behaviors (Rank/99)	98	29		
Adult smoking	23%	14%	18%	14%
Adult obesity	32%	32%	30%	25%
Food environment index	7.0	9.0	7.8	8.4
Physical Inactivity	27%	24%	24%	20%
Access to exercise	93%	75%	79%	92%
Excessive drinking	20%	26%	20%	10%
Alcohol-impaired driving	39%	35%	23%	14%
Sexually transmitted infections	561	269	370	138
Teen birth rate	48	18	30	20
Clinical Care (Rank/99)	68	27		
Uninsured adults	13%	8%	10%	11%
Primary care physicians	1,705:1	2,264:1	1,375:1	1,045:1
Dentists	1,596:1	2,080:1	1,670:1	1,377:1
Mental Health Providers	745:1	1,085:1	904:1	386:1
Preventable hospital stays	53	59	56	41
Diabetic screening	91%	92%	89%	90%
Mammography screening	58.9%	62.5%	66.4%	70.7%
Social & Economic Factors (Rank/99)	84	8		
High school graduation	87%	95%	89%	
Some college	57.8%	68.2%	69.1%	71.0%
Unemployment	4.5%	3.8%	4.6%	4.0%
Children in poverty	23%	10%	16%	13%
Income inequality	4.3	3.5	4.2	3.7
Children in single-parent	38%	16%	29%	20%
Social associations	14.3	19.3	15.6	22
Violent Crime Rate	331	81	263	59
Injury deaths	56	51	59	50
Physical Environment	82	22		
Air pollution-particulate matter days	11.1	11.5	10.9	9.5
Drinking water violations	0%	0%	7%	0%
Severe housing problems	14%	5%	12%	9%
Driving alone to work	81%	79%	80%	71%
Long commute – driving alone	14%	22%	19%	15%

Diagram 2

Nebraska County Health Rankings 2015	Dakota	Dixon	Thurston	NEBRASKA	Top US Performers
Health Outcomes (Rank/79)	52	51	77		
Mortality (Rank/79)	21	67	78		
Premature death	5,515	7,549	13,148	5,792	5,200
Morbidity (Rank/79)	68	26	57		
Poor or fair health	19%	10%	18%	12%	10%
Poor physical health days	3.1	2.5	3.1	2.9	2.5
Poor mental health days	3.5	2.4	2.7	2.7	2.3
Low birth weight	6.1%	6.5%	6.1%	7.0%	5.9%
Health Factors (Rank/79)	77	67	78		
Health Behaviors (Rank/79)	68	67	78		
Adult smoking	21%	18%	34%	18%	14%
Adult obesity	34%	32%	41%	29%	25%
Food environment index	7.7	7.4	6.7	7.8	8.4
Physically inactive	29%	31%	31%	24%	20%
Access to exercise	84%	38%	20%	81%	92%
Excessive drinking	19%	23%	24%	20%	10%
Alcohol-impaired driving	0%	50%	67%	35%	14%
Sexually transmitted infections	72	n/a	841	364	138
Teen birth rate	56	27	105	32	20
Clinical Care (Rank/79)	74	61	78		
Uninsured adults	19%	14%	20%	13%	11%
Primary care physicians	20,918:1	2,959:1	2,340:1	1,405:1	1,045:1
Dentists	4,189:1	1,950:1	1,149:1	1,450:1	1,377:1
Mental Health Providers	427:1	1,950:1	363:1	435:1	386:1
Preventable hospital stays	60	71	88	56	41
Diabetic monitoring	93%	88%	49%	86%	90%
Mammography screening	47.6%	50.8%	30.4%	61.8%	70.7%
Social & Economic Factors (Rank/79)	77	56	78		
High school graduation	89%	n/a	n/a	86%	n/a
Some college	40.5%	62.3%	54.4%	70.0%	71.0%
Unemployment	6.9%	4.5%	7.5%	3.9%	4.0%
Children in poverty	22%	15%	41%	17%	13%
Income inequality	4.1	3.7	4.5	4.2	3.7
Children in single-parent households	33%	24%	57%	28%	20%
Social associations	10	23.7	10	14.2	22
Violent Crime Rate	114	102	n/a	264	59
Injury deaths	47	90	58	54	50
Physical Environment	56	39	47		
Air pollution-particulate matter	11.3	11.5	11.1	12.1	9.5
Drinking water violations	2%	37%	0%	8%	0%
Severe housing problems	16%	9%	20%	13%	9%
Driving alone to work	80%	72%	71%	81%	71%
Long commute – driving along	12%	31%	20%	17%	15%

South Dakota Health Rankings 2015	Union	SOUTH DAKOTA	Top US Performers
Health Outcomes (Rank/59)	14		
Mortality (Rank/59)	5		
Premature death	4,420	6,738	5,200
Morbidity (Rank/59)	29		
Poor or fair health	10%	11%	10%
Poor physical health days	2	2.7	2.5
Poor mental health days	1.7	2.6	2.3
Low birth weight	7.6%	6.5%	5.9%
Health Factors (Rank/59)	2		
Health Behaviors (Rank/59)	6		
Adult smoking	15%	18%	14%
Adult obesity	29%	29%	25%
Food environment index	8.7	7.4	8.4
Physically inactive	26%	25%	20%
Access to Exercise opportunities	70%	70%	92%
Excessive drinking	18%	19%	10%
Alcohol-impaired driving deaths	21%	37%	14%
Sexually transmitted infections	108	471	138
Teen birth rate	19	37	20
Clinical Care (Rank/59)	6		
Uninsured adults	8%	14%	11%
Primary care physicians	1,061:1	1,302:1	1,045:1
Dentists	2118:1	1,813:1	1,377:1
Mental health providers	7,415:1	664:1	386:1
Preventable hospital stays	56	57	41
Diabetic screening	89%	84%	90%
Mammography screening	63.3%	66.5%	70.7%
Social & Economic Factors (Rank/59)	2		
High school graduation	89%	78%	
Some college	76.4%	66.7%	71.0%
Unemployment	4.2%	3.8%	4.0%
Children in poverty	8%	19%	13%
Income inequality	3.7	4.2	3.7
Children in single-parent households	19%	31%	20%
Social associations	16.8	17.4	22
Violent Crime Rate	34	282	59
Injury deaths	58	69	50
Physical Environment (Rank/59)	39		
Air pollution-particulate matter days	11.7	10.8	9.5
Drinking water violations	2%	3%	0%
Severe housing problems	6%	12%	9%
Driving alone to work	83%	78%	71%
Long Commute – driving along	20%	14%	15%

Diagram 3   National County Health Rankings – Areas to Explore per county in red

	Plymouth County Areas to Explore	Woodbury County Areas to Explore	Union County Areas to Explore	Thurston County Areas to Explore	Dakota County Areas to Explore	Dixon County Areas to Explore
Health Behaviors						
Adult Smoking	32%	23%	15%	34%	21%	18%
Adult Obesity	26%	32%	29%	41%	34%	32%
Physical Inactivity				31%		31%
Access to Exercise Opportunities				20%		38%
Excessive Drinking				24%		23%
Alchol-Impaired driving deaths		39%		67		50%
Sexually Transmitted Diseases		561		841		
Teen Births		48		105	56	
Clinical Care						
Uninsured				20%	19%	
Primary Care Physicians	2,264:1			2,340:1	20,918:1	2,959:1
Mental Health Providers			7,415:1			
Preventable Hospital Stays				88		
Diabetic Monitoring				49%		
Mammograhy Screening		58.9%		30.40%	47.6%	
Social & Economic Factors						
Some College		58%		54.4%	40.5%	62.3%
Unemployment				7.5%	6.9%	
Children in Poverty		23%		41%		
Children in Single-parent households				57%		
Social Associations				10%	10%	
Violent Crimes		331				
Physical Enviornment						
Drinking Water Violations						37%
Severe Housing Problems				20%		
Total Areas of Concern per	3	9	3	19	9	9

TOBACCO/SUBSTANCE ABUSE

Just the Facts…..

Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

Siouxland region has a tobacco use rate of 21.6%. Thurston County reports the highest use of tobacco with 34.1% of population smoking some or all days, while Plymouth and Union County report the least with 15% each. In Woodbury County 23% of the population smokes.[4]

Reports show 22.3% of adults drink excessively in the Siouxland region.[4] Alcohol consumption reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. Alcohol and drug use have significant economic costs. Excessive alcohol use costs $235 billion in lost productivity, health care, and criminal justice expenses each year, whereas illicit drug use costs $193 billion related to crime, health care, and lost productivity.[4]

Plymouth County reports the highest estimated adult drinking excessively percentage at 29.4%, while Dakota and Dixon report the lowest at 19.1% and 19.2% respectively. Woodbury County has 21.5%. All these percentages are above the national average of 16.9%.[5]

Each year in Woodbury County, both hospitals screen newborns and mothers for drugs. In 2014, 42 newborns tested positive for drugs; this was a record high nearly doubling the 24 positive tests in 2013.[6]

What has been done…..

Several agencies have been working on Tobacco and Substance Abuse for years. Siouxland Cares has focused on youth prevention for nearly 25 years, and has positively impacted the substance abuse numbers locally. Jackson Recovery continues to offer counseling and Teens Stop Using Tobacco (TAP)/Teen Tobacco Users (TEG) diversion classes to high school students caught using illegal substance on school grounds. Former Strategic Prevention Framework State Incentive Grant (SPF-SIG) grants offered Training for Intervention Procedures (TIPS) trainings for restaurant and bar staff, and provided several media campaigns about drinking and driving. Siouxland District Health Dept. has worked to promote Quitline Iowa, 2A's and R (Ask, Advice, Refer) training for clinic staff, and promote smoke free multi-unit housing complexes, events, worksites, and parks.

Percent Population Smoking Cigarettes (Age-Adjusted)

0   30%

🟥 Report Area (21.6%)
🟧 Iowa (18.1%)
🟦 United States (18.1%)
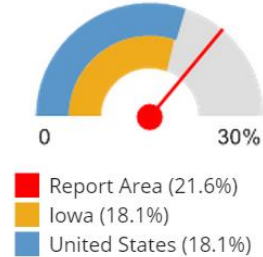
Estimated Adults Drinking Excessively (Age-Adjusted Percentage)

0   50%

🟥 Report Area (22.3%)
🟧 Nebraska (20.4%)
🟦 United States (16.9%)
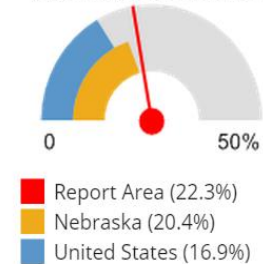
Chart Source:
www.communitycommons.org/chna

Community Resources…

Area Law Enforcement Agencies	Siouxland Community Health Center
Employer Assistance Programs (EAP)	Siouxland District Health Center
Iowa Poison Center	Siouxland Mental Health
Jackson Recovery Center	TAP/TEG Diversion/Sioux City High Schools
Mercy Medical Center	Tobacco Free Siouxland
Quitline Iowa	UnityPoint Health - St. Luke's
Siouxland Cares	

*This may not be a complete list of all available resources. Please contact any one of these resources above for more information.
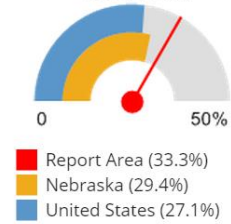
OBESITY

Just the facts…..

Adult Obesity is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m. Obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.[4]

Percent Adults with BMI > 30.0 (Obese)

0   50%

- Report Area (33.3%)
- Nebraska (29.4%)
- United States (27.1%)

Adult obesity percentages have continued to climb in Iowa, South Dakota, and Nebraska, while nationally they have started to see a slight decline. The six county reporting area has an obesity percentage that is higher than each state's percentage and continues to climb.

According to the Centers for Disease Control and Prevention (CDC), Iowa students in grades 9-12 who were considered obese increased from 11.1% in 2007 to 13.2% in 2011. Nebraska students in 9-12 who were considered obese for those same years increased from 11.6% to 12.7%, while South Dakota students increased from 9.8% to 11.9%.[7] In 2011 Iowa Dept. of Public Health completed a Body Mass Index (BMI) assessment project with 37 school districts in Iowa. Locally, Sergeant Bluff Middle School and Sacred Heart Middle School in Sioux City participated. Sergeant Bluff Middle School reported 15% 7th and 8th graders as obese, while Sacred Heart Middle School reported 13.9% of 7th and 8th graders obese.

What has been done…..

Recognize the data displayed in these charts is from 2012, which is the most recent data available. Since 2012, much work has begun in the area of obesity prevention and hopefully data measures will soon reflect that work. Several worksites have implemented wellness policies and a variety of programming for their employees. BlueZones has provided technical assistance in aiding Sioux City to become a certified BlueZone Community with changes to restaurants, schools, workplaces and the community. SDHD has provided technical assistance to several worksites, child care centers, schools, clinics and communities on implementing policy, system, and environmental changes to improve the health of Siouxland residents. Several other entities in the community including both hospitals have also implemented a variety of programs, including but not limited to community gardens, complete street resolutions, walking school buses, and farm to school programs. Although much work has already been done, there is still much more to be accomplished.

Community Resources…

Area fitness locations	Live Healthy Siouxland
Blue Zones Initiatives	Mercy Medical Center
Child and Adult Care Food Program (CACFP)	Municipal and County Parks and Trail Access
Farmer's Market	Siouxland District Health Department
Food Bank	Up from the Earth
Healthy Siouxland	UnityPoint Health – St. Luke's
Hy-Vee Dieticians	Women Infant Children (WIC)
ISU Extension	Worksite Wellness Coalition

*This may not be a complete list of all available resources. Please contact any one of these resources above for more information.

Just the facts……

Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mothers, children, families, and communities. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. Teens are also more likely than older women to have a pre-term delivery and low birthweight baby, increasing the risk of child developmental delay, illness, and mortality.

Teen Birth Rate (Per 1,000 Population)

- Report Area (44.57)
- Iowa (29.9)
- United States (36.6)

Chart Source: www.community commons.org/chna

Although locally and nationally trends are moving downward, the Siouxland reporting area is still drastically higher than state and national levels. In Iowa only six other counties have an equal to or higher birth rate than Woodbury County. In Nebraska, Thurston County had the highest teen birth rate at 105.[5]

A 2015 Teen Sexual Health Survey was completed by Holly Keegan, a Briar Cliff University Social Work student at the time. The survey had 10 questions and was filled out by individuals 18 and over who signed a consent form. Of the 120 individuals surveyed the average age as to when they first had sex was 16, with 10% indicating they did not use methods to prevent pregnancy or sexually transmitted infections.

What has been done….

Several social service agencies provide in-home visitation program to young mothers. These services hope to delay consecutive teen births by the mother. Planned Parenthood and Lutheran Services in Iowa (LSI) implement evidence-based teen pregnancy prevention programs in schools throughout Woodbury County. In years past, a Teen Sexual Health Task force had been formed but has since disbanded.

In 2015, as follow-up to Holly Keegan's Teen Sexual Health Survey a Teen Sexual Health Resource guide was developed and distributed to area service providers. It contains information on nearly 15 organizations locally that provide services related to pregnancy and STD, as well as communication guides for parents to use when talking to their children on the topic.

JUST 38% OF TEEN GIRLS WHO HAVE A CHILD BEFORE AGE 18 GET A HIGH SCHOOL DIPLOMA

DAUGHTERS OF TEEN MOTHERS ARE 3X MORE LIKELY TO BECOME TEEN MOTHERS THEMSELVES COMPARED TO MOTHERS WHO HAD A CHILD AT AGE 20–21

Community Resources…

Crittenton Center	**Siouxland Community Health Center**
Girls Inc.	**Sioux City Community Schools**
Luthern Services in Iowa	**Siouxland District Health Dept.**
Mercy Medical Center	**UnityPoint Health - St. Luke's**
Planned Parenthood	

*This may not be a complete list of all available resources. Please contact resources above for for more information.

Just the Facts…

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of insurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents have access to providers, transportation and insurance coverage.

Although access rates to primary care physicians have increased since 2008 for the area, the local rates are still substantially lower than both the state and national rates. Woodbury County and Union County fare the best with rates of 75.25 and 94.24 respectively, while Dakota County is near the bottom.[5]

Based on a physician needs assessment conducted locally, the availability of primary care physicians (PCPs) is supplemented by advanced practice providers (APPs). In June 2015, the need for PCPs was calculated to be 157 physicians based on a rate of 88.6 physicians per 100,000 population. [10] At that time there were approximately 80 active PCPs and 100 full-time-equivalent APPs in the community.[9] These individuals also provide pediatric and obstetric services.

Primary Care Physicians, Rate per 100,000 Pop.

0   300

■ Report Area (51.7)
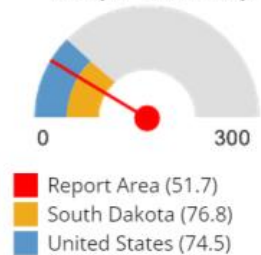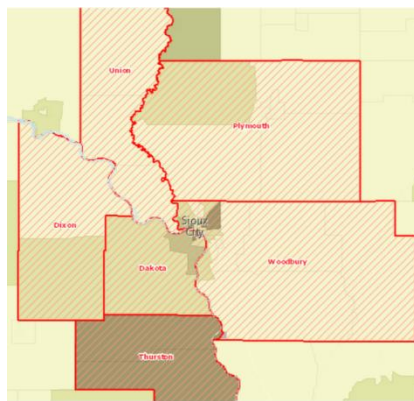■ South Dakota (76.8)
■ United States (74.5)

Chart Source: www.communitycommons.org/chna

A large portion of the Siouxland reporting area is insured as indicated by the map to the left, however there are still entire counties or census tracks where the uninsured population ranges from 20-40% as of 2014.[5]

Uninsured Population, Percent by Tract, ACS 2009-13

■ Over 20.0%
■ 15.1 - 20.0%
■ 10.1 - 15.0%
■ Under 10.1%
■ No Data or Data Suppressed

☐ Report Area

Map Source: www.communitycommons.org/chna

What has been done…..

➢ Siouxland Community Health Center staffs Certified Application Counselors. These counselors both assist patients at the health center as well as locations around the Siouxland Community. Certified Application Counselors are available to answer questions regarding the Affordable Care Act and also assist consumers with the enrollment process.
➢ Community clinics recruitment of Advanced Practice Providers (APPs) to supplement needs for primary care physicians and specialists in the service area.
➢ Recruitment of physicians is based on need as determined by physician-to-population ratios. Mercy is located in a Medically Underserved Area (MUA) which enables the hospital to recruit physicians with J1 waivers.
➢ Community hospitals support/subsidize the Siouxland Medical Education Foundation (SMEF), Residency Program for Family Practice Physicians. Many of these physicians stay in the local communities upon graduation.
➢ Community urgent care clinics and Siouxland Community Health Center have extended hours to accommodate needs of the patients' schedules.

Community Resources…

Mercy Medical Center
Mobility Manager
National Health Service Corp
Patient Navigators

Siouxland Community Health Center
Siouxland District Health Center
Siouxland Mental Health
UnityPoint Health - St. Luke's

*This may not be a complete list of all available resources. Please contact resourses above for more information.

Mental Illness

Just the facts….

Mental illness is defined as "collectively all diagnosable mental disorders" or "health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning." Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world, trailing only ischemic heart disease.[7]

State Mental Illness data shows that in 2012, 24% of Iowa children were at risk for developmental, behavioral or social delays; with 10% of the childhood population ages 2-17 being diagnosed with ADHD.[8] Siouxland Mental Health's Integrated Pediatric Home Health Program had 420 enrolled children as of Nov. 2015. Of those 69.05% were diagnosed with ADHD, 20.48% had Oppositional Defiant Disorder, 15.48% had depression and 14.05% had Anxiety and Adjustment Disorders. In the Sioux City Community Schools, approximately 300 students were receiving therapy services in the schools in May 2015.

Local hospital discharge data of those admitted through the ER shows that Psychiatry discharge numbers have decreased over the last 3 year in both hospitals.

Based on a physician needs assessment conducted locally, the availability of Psychiatrists is supplemented by Advanced Practice Providers (APPs). In June 2015, the need for Psychiatrists was calculated to be 31 physicians based on a rate of 17.4 physicians per 100,000 population.[10] At that time there were approximately six active psychiatrists and psychologists with 16 full-time-equivalent APPs in the community.[9] The entire state of Iowa has been designated as a mental health professional shortage (HPS) area.

What has been done…..

Over the years collaboration has occurred to improve the Mental Illness that is prevalent in the Siouxland area. Siouxland Mental Health has begun both the Pediatric and Adult Integrated Home Health Program for individuals with mental health diagnosis. Both hospitals along with Siouxland Community Health Center and Siouxland Mental Health have developed a Mental Health Care Coordinator position to work with individuals upon discharge from either hospital's ER with a mental health condition. Sioux City Community Schools provide counselors onsite in a joint effort with Siouxland Community Health Center and are currently training staff using Youth Mental Health First Aid (YMHFA) Curriculum through a Project AWARE Grant. YMHFA is a national certification in which participants learn to identify when a youth is experiencing a mental health challenge, assist them until appropriate help is sought, and then connect them to appropriate services. As of September 30, 2015, 275 individuals had taken the training.

Percentage of Medicare Beneficiaries with Depression
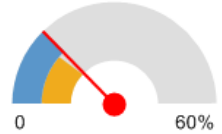
- Report Area (15.3%)
- Nebraska (13.9%)
- United States (15.4%)

Chart Source: www.communitycommons.org/chna

Community Resources…

Boys Town	Siouxland Community Health Center
Catholic Charities	Sioux City Community Schools
Jackson Recovery Center	Siouxland Mental Health
Local Behavioral Health Providers	UnityPoint Health - St. Luke's
Mercy Medical Center	

*This may not be a complete list of available resources. Please contact resources above for more information.

Just the facts…

Measuring cancer screenings is relevant because engaging in preventive behaviors allows for early prevention and treatment of health problems. This indicator can also highlight a lack of access to preventative care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization.

The national average for mammogram screenings are at 63%, while the Siouxland service area ranges from 63.3% in Union County to 30.43% in Thurston County. During 2008-2012 screening rates in the area have dropped anywhere from 1% (Plymouth) to 15% (Thurston).[5]

The national average for a sigmoidoscopy or colonoscopy is at 61.34%, while the Siouxland reporting area ranges from 69.9% in Union County to 41.5% in Thurston County.[5]

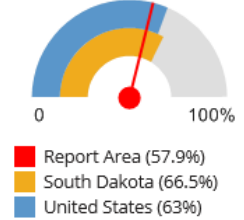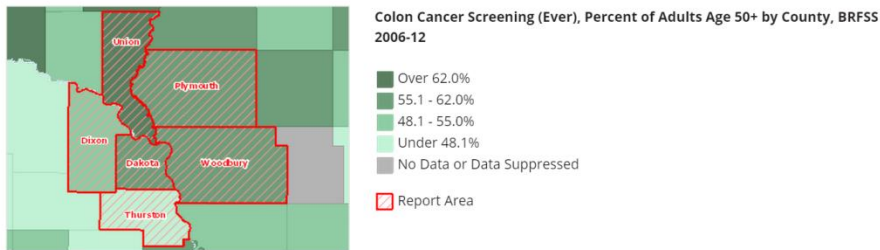**Percent Female Medicare Enrollees with Mammogram in Past 2 Year**

0   100%

■ Report Area (57.9%)
■ South Dakota (66.5%)
■ United States (63%)

Chart Source: www.communitycommons.org

Colon Cancer Screening (Ever), Percent of Adults Age 50+ by County, BRFSS 2006-12

■ Over 62.0%
■ 55.1 - 62.0%
■ 48.1 - 55.0%
□ Under 48.1%
■ No Data or Data Suppressed

□ Report Area

What has been done….

Siouxland District Health Department offers two programs that promote cancer screenings; Care For Yourself (mammograms for women) and Iowa Get Screened (colonoscopy). For the Care for Yourself program SDHD staff provide enrollment and case management services for women in 8 surrounding counties. Eligibility requirements include age, residency, income and insurance coverage. For Iowa Get Screened, SDHD staff provide education and awareness to all Iowans, provide direct screenings to eligible participants and encourage system changes to increase screening rates.

Community Resources…
June E Nylen Cancer Center   **Siouxland District Health Dept.**
Mercy Medical Center   **UnityPoint Health - St. Luke's**
Siouxland Community Health Center

*This may not be a complete list of all available resources. Please contact resources above for more information.

Housing Concerns

Just the facts…..
Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries and poor childhood development. [4]

Recognize the data displayed in this map is from 2009-2013 American Community Survey, which is the most recent data available. During the past 2 years, major construction projects and a growing economy has caused a soaring demand and low vacancies, which in turn are driving up monthly rent in the Siouxland area. This is also causing some landloards to no longer participate in the Section 8 housing program, and move to the market rate apartments.
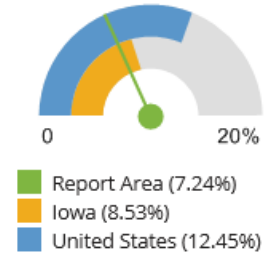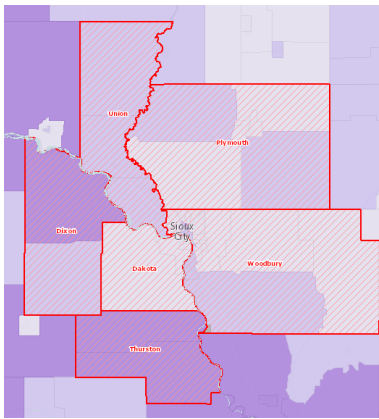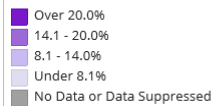
Vacant Housing Units, Percent

- Report Area (7.24%)
- Iowa (8.53%)
- United States (12.45%)

Chart Source: www.communitycommons.org/chna

Vacant Housing Units, Percent by Tract, ACS 2009-13
- Over 20.0%
- 14.1 - 20.0%
- 8.1 - 14.0%
- Under 8.1%
- No Data or Data Suppressed

Each January 28th, a point in time homeless survey is conducted in the Sioux City/Woodbury County Iowa and Dakota County, NE Continuum of Care (CoC) area. On Jan. 28, 2015 there were 276 unsheltered, emergency sheltered and transistional housing individuals accounted for, which did not include the recently opened Warming Shelter that has capacity for 70.

What has been done….
The Siouxland Coalition to End Homelessness was founded in 1996 and served Woodbury County. In 1997, Dakota County was added. Its mission is "To eliminate and prevent homelessness through collaborative planning, advocacy and funding of a system of housing and supportive service." This group continues to meet to discuss the issues of homelessness in the area.

Community Resources…

Catholic Charities	Mercy Medical Center
Center For Siouxland	Salvation Army
City of Sioux City	SIMPCO
Community Action Agency of Siouxland	Sioux City Human Rights
Council on Sexual Assault and Domestic Violence	Siouxland Community Health Center
Crittenton Center	Siouxland District Health Dept.
Gospel Mission	Siouxland Mental Health Center
Habitat for Humanity	

*This may not be a complete list of all available resources. Please contact resources above for more information.

The completion of the 2016-2018 Community Health Needs Assessment for the Siouxland area was the initial step in the CHNA/HIP process. The second step was for each participating organization (Dunes Surgical Hospital, Mercy Medical Center, Siouxland District Health Department and UnityPoint Health - St. Luke's) to develop a Health Improvement Plan, which is a supporting document that includes actionable performance measures keyed to the seven identified areas of need. Each organization received feedback from their governing boards as to which areas of need they would focus on.

The table below provides a high level summary of which areas of need each organization will be focusing their efforts on through 2018.

	Dunes Surgical Hospital	Mercy Medical Center	Siouxland District Health Department	UnityPoint Health - St. Luke's
Tobacco/Subsance Abuse		X	X	
Obesity	X	X	X	X
Teen Birth				X
Access to Care	X	X	X	X
Mental Illness		X		X
Cancer Screenings		X	X	X
Housing Concerns		X		

Previous Health Improvement Plan focus areas per agency
Partner List
Community Input Meeting Focus Group Information
Referenced data sources list

Previous Health Improvement Plan focus areas

DUNES	In July 2014, joined Mercy's Initiatives
Mercy 2013	Access to Primary Care Mental Illness Exercise & Nutrition Poverty/Socioeconomic Disparities Diabetes/Cardio Health in Native Americans Dental Health
SDHD 2011	Obesity Substance Abuse Dental Care Mental Illness Economic Derivation
UnityPoint Health – St. Luke's 2013	Mental Illness Maternal Care Care for Seniors Obesity
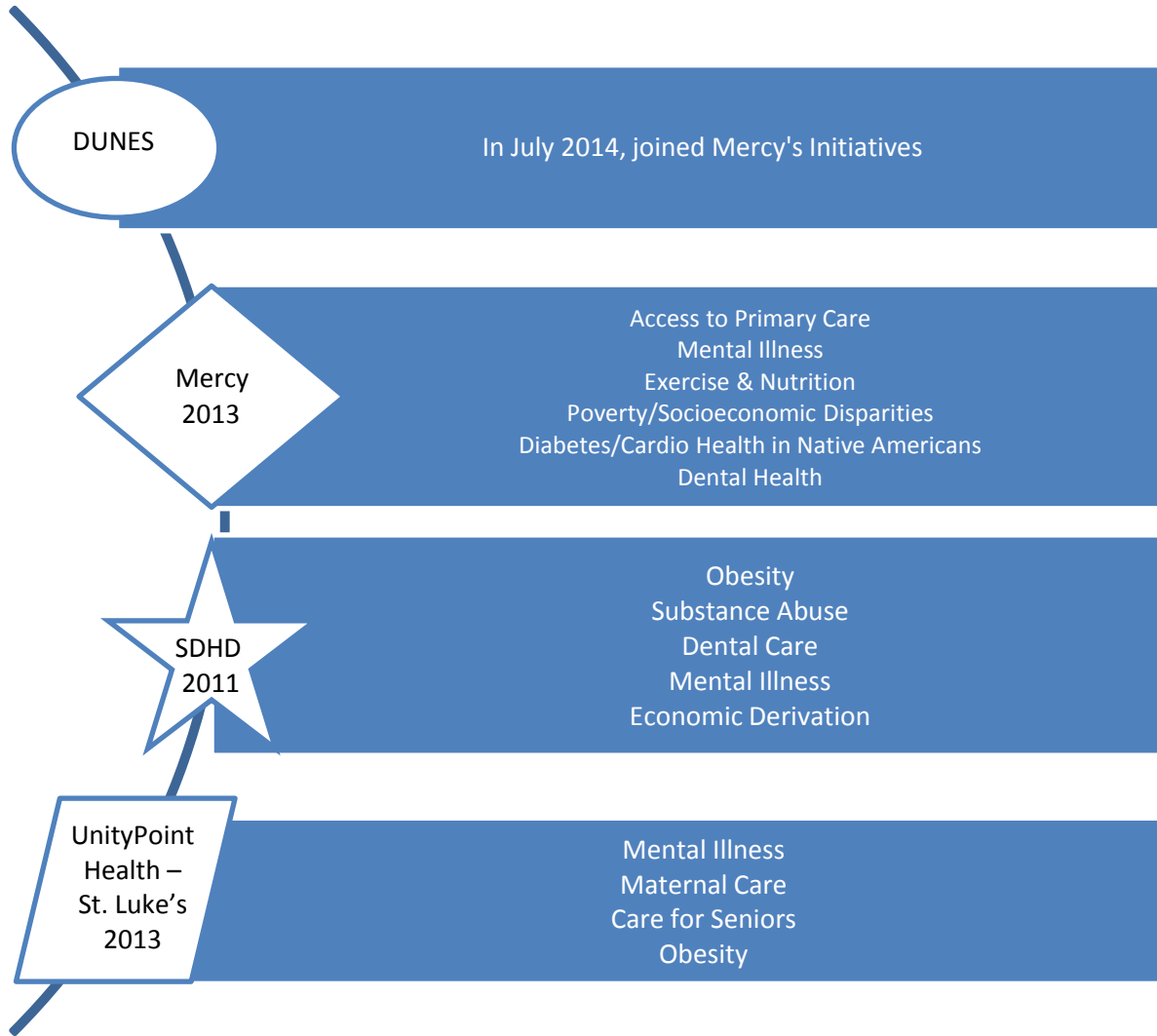
Partner List - Those invited to Community Input Meeting

Partner Agency	Population Focus or Minorities Served
American Cancer Society	Cancer patients
SDHD Board of Health	Woodbury County Residents
Boys Town*	Adoloescents
Briar Cliff University	Young adults
Center for Sioxuland*	Lower socioeconomic individuals
Community Action Agency of Siouxland*	Lower socioeconomic individuals
Crittenton Center	Lower socioeconomic individuals
Center for Sexual Abuse and Dometic Violence*	Women
Disability Resource Center	Physically and Mentally Challenged
Dunes Surgical Hospital*	General population
Eckerd	Adoloescents
Girls Inc.	Adoloescent girls
Hospice of Siouxland	Elderly
Iowa State University Extension	General population
Jackson Recovery Centers*	Substance Abuse
Jackson Recovery Centers SPF – SIG*	Underage
June E Nylen Cancer Center	Cancer patients
Junior League	General population
Juvenile Court Services	Adoloescents
Mercy Home Care*	Elderly
Mercy Medical Center*	General population
Mercy Child Advocacy Center*	Abused Children
Morningside College	Young adults
New Iowa Center (Workforce Dev. For new Iowans)	Unemployed Adults
Planned Parenthood of Greater Iowa	Females
Planned Parenthood – Navigator*	Elderly
Poison Center*	General population
Ronald McDonald House	Family members of critically ill children
Salvation Army	Lower socioeconomic individuals
SIMPCO (Mobility Manager)*	Physically Challenge
SIMPCO	General population
Sioux City Community Schools	Children and adolescents
Connection Area Agency on Aging*	Elderly
Siouxland CARES*	Children and adolescents
Siouxland PACE	Elderly
Siouxland Community Health Center*	Lower socioeconomic individuals
Siouxland District Health Department*	General population
Siouxland Human Investment Partnership*	General population
Siouxland Medical Education Foundation	General population
Siouxland Mental Health Center*	Individuals with Mental illness
Siouxland Youth for Christ	Adoloescents
UnityPoint Health - St Luke's*	General population
Sunrise Retirement Community	Elderly
Susan G. Komen – Siouxland Affiliate*	Cancer patients
Teen Court	Adoloescents

The Food Bank of Siouxland*	Lower socioeconomic individuals
Transitional Services of Iowa	Adolescents
United Health Care	General population
United Way	General population
Waitt Family Foundation	General population
Wheelock, Bursick, Jensen Dentistry	General population
Women Aware	Women

*Those who had representation at Community Meeting

The agencies invited to attend the Community Input meeting are current partners of the Healthy Siouxland Initiative (HSI) Group. HSI is a committee that was formed in 1998, that consists of a broad community representation. HSI's mission is "To build partnerships that assure a healthy and safe community." This committee continues to meet monthly; nearly 20 years later, to network, educate and analyze data and trends all in the name of health. The Community Health Needs Assessment will be shared with this committee, as well as quarterly updates on each Health Improvement Plan over the next 3 years.

Community Input Meeting Focus Group Inforomation

Obesity	
Root Cause	Cost of healthy foods Decrease in PE time Increase in access to unhealthy foods (fast food/meal prep) Food label challenges Cultural differences/preferences Lack of physical activity - daily lifestyles Poor Built Environment (lack of sidewalks, large schools on edge of towns) Busy lifestyles Increase poverty - increased food insecurity - obesity Increase in cost of healthy food Safety concerns so lack of physical activity Drive everywhere Generational differences - increased screen time
Current Services/programs	WIC - Women Infant Children Healthier School Meals Blue Zones Healthier Choices (concessions, restaurants, cafeterias) Pick a better Snack - ISU Extension Mercy's KidShape 2.0 program with Sioux City Community Schools Community Gardens in schools and community Fruit and Vegetable prescription program/Up from the Earth Farmer's market Trail Access Walking School Bus Food Bank Purchasing Practices and back pack program Faith based community based back pack program Safe Routes to Schools Coordinated Approach To Child Health (CATCH) Program- preschools and Beyond the Bell Food/snack changes and preschools and Beyond the Bell CACFP Nutrition guidelines - Head Start, Nursing Homes, Senior Center - Reimbursement Worksite Wellness Programs NAP SACC - Nutrition and physical self assessments for child care centers
Current Gaps/Barriers	Lack of money/funds Personal choices/behaviors lack of desire to change Proximity to healthy foods and beverages Cultural differences and preferences Lack of knowledge and systems/policies (built environment) Approach to changing behaviors - feeling pushed Poverty
Indicators	BMI in adults - Provider or self report (WIC, BRFSS, Head start, some medical offices, HRA at worksites) # of Hospitalizations (obesity, cancer cholesterol, BP, diabetes, musculoskeletal issues) Policies - # and type in place Sales of healthy choices Increase in # of facilities that offer healthy choices Increase in the # of communities that have complete street policies Increase in the # of schools with Safe Routes to School programs
Future Program/Policies	CATCH - expand to other locations I am moving I am learning program NAP SACC - Nutrition and physical self assessments for child care centers - expand to other locations Harvest for Healthy Kids preschool program Animal Trackers - preschool program Safe Routes to Schools and policies - expand to additional communities/schools Increase in BlueZones designated worksites, faith based, restaurants Expand Mercy's KidShape 2.0 Program Expand Complete Streets to additional communities Implement additional Wellness Policies - Vending, Healthy Foods, Water access
Additional Needs	Food insecurity

Tobacco	
Root Cause	Access to cheap tobacco across river in NE Older Population - was okay to smoke when they were kids Blue Collar Industries - tobacco more prevalent in that workforce Rural communities Family History - Generational Low Socioeconomic Status - more prevalent in that demographics Availability/ease of access Lack of enforcement It's an addiction
Current Services/programs	Cessation Classes (hospitals, Jackson Recovery Center) Quitline Iowa Employer Assistance Programs (EAP) Policies (smoke free work shift, tobacco free grounds, no selling w/in 300 ft. of schools, tobacco free air act, smoke free multi-unit housing) TAP/TEG Diversion programs in High Schools Media billboards, newspaper, commercials Incentivizing no-smoking Insurance deductions for non smokers
Current Gaps/Barriers	Lack of enforcement of laws/policies It's an addiction Proper no smoking/tobacco free grounds signage missing Lack of education on 2nd and 3rd hand smoke It's a personal freedom/choice - not illegal Takes time for a cultural shift
Indicators	Adults - 30 day use Youth - 30 day use COPD numbers Asthma numbers Survey employees at worksite - get base number of employees that smoke prior to interventions Monitor sales # and volume # of Smoke free worksites # of smoke free multi-unit housing complexes # of house fires caused by smoking
Future Program/Policies	New environmental control policies More signage Keep tobacco behind lock cabinets or just in glass case - deterrent to purchasing Do more programs/education on 2nd and 3rd hand smoke
Additional Needs	Substance Abuse Over the counter drug abuse Primary Care physician education on substance abuse and how to talk with patients

Access to Primary Care	
Root Cause	Intimidated by health care process - knowledge of insurance/scheduling/referrals provider networks, who to best see. High Out of Pocket cost for initial visit Habits of seeking out ER first Lack of transportation for visits Hard to recruit physicians to area - reimbursement
Current Services/programs	Mobility Manager - SIMPCO Patient Navigators - help patients understand process Health Education - patients better understand their needs Grants for transportation National Health Services Corp - physician loan repayment option Lifelong links - long term independent living Coordination of Care (Health Coaches/Case Mgr.)
Current Gaps/Barriers	Dollars - income No transportation available in area Cultural barriers/language Lack of adoption to diversity Distance Depression/Mental Health Care for family members while at dr. Lack of physicians that provide In-Home Care (house calls)
Indicators	ER admissions not treated at base level Reduction in overall visits - Improve Health (mental health/alcohol) Ratio of physicians to population County health rankings Improvement in other categories (adult smoking, mammography) Get primary care groups focused together (single community message) Reimbursement Incentive Decrease unemployment then more would have work provided health insurance coverage
Future Program/Policies	Mid-level physician supervision Value based vs. volume In-home services reimbursement Reimbursement methodologies to encourage more primary care Mental health desirable career options Legislation to change Medicare rate Expand Medicaid in NE Reduce limitation on transportation access
Additional Needs	Reimbursement for support services Interpreter Services (multi-cultural) Coordination of care with specialists Subsidized housing - fit for living Ensure basic human needs are met first

Mental Illness	
Root Cause	Poverty Social Environment/Bio Psycho Social Trauma Lack of providers Lack of Facilities There has been an increase in awareness Substance Abuse
Current Services/programs	Siouxland Mental Health Services Jackson Siouxland Community Health Center Siouxland Cares Hawki - Medicaid Mercy Medical Center UnityPoint Health - St. Luke's Boys Town Dean & Assoc. Associates for Psychiatric Services Youth Programs/Mentoring Drug Courts MH Court National Alliance on Mental Illness (NAMI) Mental Health 1st Aid - Sioux City Community School District
Current Gaps/Barriers	Lack of Psychiatrists in our community Not enough long term residential care for chronic/severe mental health Not enough support/education for families with mental health Lack of integration/coordination among services/providers No crisis response teams - CRT Long Waiting list for inpatient Substance Use Disorders (SUD) Tx Inadequate child mental health services Lack of care for refuges
Indicators	# of psychiatric providers in the community # of unnecessary Inpatient BH days Resources for Interventions # of Mental health commitments and non compliance pick up orders # or freq. visits to ER
Future Program/Policies	Introduce a CRT program (crisis response team) Developed Crisis stabilization unit Increase long term & residential care for Chronic Mental Illness (CMI) Increase the availability of substance Tx beds Increase the funding of waiver programs Increase funds for Mental Health care in Criminal Justice Increase funding
Additional Needs	Need for transitional shelters/services for MI/SUD

Teen Births	
Root Cause	Not something discussed at home (parents don't know how to respond) Generational: Teen mothers more likely to have child who is a teen mother Lack of supervision Is there a racial biased impact for higher rates (Thurston) Adolescent immortality/miss information
Current Services/programs	Prevention: Sex Education (schools/parents), physicians/clinics, Planned Parenthood, LSI, Girls Inc., Faith based youth groups, HOPES/Infant center preventing repeats, free condom availability
Current Gaps/Barriers	Not acknowledging this is a problem Unwillingness to talk about it Monitoring strategies for teens (activities to fill time, parent awareness of need for monitoring) Parent Education Where is the abstinence based education, do we have a common ground to move forward, education in the schools? No structures (consistent curriculum in the schools) Nurse availability in the schools Lack of funding
Indicators	Births to teens #/rate How many teen parents had received some education (which ones) # were practicing some birth control Baseline #'s for activity involvement/does that decrease? # of teen parents who are children of teen parents Program participation #'s (local service providers) # of FTE's (people) working on prevention services
Future Program/Policies	Consistent Curriculum (covers both) Change data set to end at 18 PH nurses in schools
Additional Needs	Hunger/Access to healthy food Drug use/Substance Abuse Texting and driving/distracting driving Young kids not in seatbelts

Cancer Screenings	
Root Cause	Lack of education - awareness
	Previous lack of insurance
	Providers not encouraging screenings
	Lack of transportation (access)
	Recommendations for frequency changing - causes confusion to population
	Lack of translators to educate and assist providers and cultural differences
	No unified message from all providers
Current Services/programs	Care for Yourself Program 40-64yr old women (SDHD)
	Done in a Day - UnityPoint Health St. Luke's
	Serving our Sisters - June E Nylen Cancer Center
	IA Get Screen (colonoscopy) IDPH
	Specialty providers in Metro Area (GI, Mammo, Radiology) rural areas at risk
	Some carriers (insurance) covering annual physicals - some screenings
	Lung Screenings - June E Nylen Cancer Center
Current Gaps/Barriers	Lack of understanding of insurance benefits
	If have insurance can't afford the co-pay
	No follow through after initial screening
	Cultural diversity - training specific to culture
	Lack of personnel
	Lack of funding for education (if available it's limited to treatment and not prevention)
	Transportation especially in rural areas
	Collaboration of providers not unified
	Public messaging and education (lack of)
	Blue collar population - have to leave work for screenings not convenient
Indicators	# of incidents
	Mortality rate
	Develop protocols to gather data/screening rates
Future Program/Policies	Employer incentives to getting screenings (wellness programs)
	Time off for screening "holiday"
	Education to Employers - healthy employees are retained, reduce costs for health insurance
	Basic wellness program/education for small businesses
	Utilize a Continual Medical Education (CME) to bring providers together to educate
	All in a day screenings
	Free transportation - especially in rural areas
	Free translation
	Increase mobile screenings
	Tithe (drug companies and insurance companies) to support screenings and education
Additional Needs	Care Coordination
	More patient navigators
	Funding for screenings
	Cultural awareness/education

Housing	
Root Cause	New industries bringing in people - rentals unavailable
	No low income units have been developed as old units are destroyed
	Housing stock is old
	Don't recognize homelessness as a problem
	Slumlords aren't maintaining property
	Reluctance to hold property owners accountable
	Not enough inspectors
	Section 8 vouchers can't be used
	Word of mouth bringing people in w/out employment b/c of Medicaid, jobs, Section 8, less crime, we are nice.
	Not enough mental health facilities
	Craigs List - scams/fraud
	Lack of funding
Current Services/programs	Section 8 City and SIMPCO
	Subsidized housing
	Senior Apartments
	Siouxland Coalition to end Homelessness
	Council on Sexual Abuse and Domestic Violence - CSADV
	Community Action Agency
	Salvation Army
	Warming Shelter
	Siouxland Mental Health
	Gospel Mission
	Habitat for Humanity
	Healthy Homes Coalition
	Legal Aid
	Women Aware
	Transitional Housing
Current Gaps/Barriers	People don't have a voice - no skill set or undocumented
	Homeless, low income, DV victims, mental health, substance abuse
	Lack of inspectors
	Rules/Eligibility guidelines (sex offenders, age and gender rules, criminal history, bad credit, low or no income, no id so no social security card or birth certificate)
	Not enough units
	Transportation especially in rural areas hours of operation limited
	Lack of knowledge/understanding/awareness
	Lack of funding
	Programs are full/have waiting lists/lack of staff
	Lack of money to maintain home, no repairs/maintenance programs
	People have Not In My Backyard (NIMBY) attitude
	Some have violence issues
	Landlords can be very selective
	Community living with homeless population is difficult
	Lack of supportive services (people and money)
	Criteria makes it impossible
	Ponca Tribe - homelessness issues
Indicators	Data from homeless shelters
	# in perm. housing after 30 days, 90 days, 6 months
	City and SIMPCO section 8 housing data
	Real time/anecdotal data
	% in poverty
	# of new units
	# of new units that are affordable
	# of Rehab units
	# needing food assistance (measure soup kitchen attendees) indicates current or near future risk of homelessness
	Better quality of live - living wage
	Median income by gender
Future Program/Policies	City/County building units
	More transitional housing & case managers
	Increase support in home services
	Facility for those w/ mental health issues
	Incentives to build low income housing
	Broader 1st time homebuyer
	Develop 5 yr. community strategic plan to eliminate housing shortage
	Increase housing quality with greater inspections
	Stronger voice for advocates - be listened to
	S. Sioux City doing a better job with housing - lacks services
	Transportation all hours and to rural areas
	Recruit employers that pay FT living wages
Additional Needs	Child care
	Education adult GED plus
	Transportation
	Language barriers
	Immigrant services - cultural expectations common awareness
	Healthy Homes
	$ for rehab older homes
	Centralized social service center -bundled services
	Navigation assistance (provide transportation and knowledge as to where to get SS Card, Birth Certificate, etc.) need for housing
	Lack of emergency shelters and services
	Lack of long term care

Reference List

[1] Microsoft MapPoint

[2] The Nielsen Company Truven Health Analytics Inc., Demographics Expert 2015

[3] Bureau of Labor Statistics, Local Area Unemployment Rates for August 2015

[4] www.CountyHealthRankings.com

[5] www.communitycommons.org

[6] 2015 Comprehensive Strategies Data Booklet

[7] www.cdc.gov

[8] www.nschdata.org/browse/survey

[9] Calculated by assuming that one Advanced Professional Provider is equivalent to .75 full-time-equivalent (FTE)

[10] The Nielsen Company Truven Health Analytics Inc., 2015, Market Expert Physician Population Rates

[11] Iowa Department of Public Health's Body Mass Index Assessment Project 2011.