

2025 – 2027



COMMUNITY HEALTH NEEDS ASSESSMENT

FOR THE
SIOUXLAND COMMUNITY



In association with **MERCYONE.**



UnityPoint Health
St. Luke's

Table of contents

Executive summary	4
About us	6
Dunes Surgical Hospital	6
MercyOne Siouxland Medical Center	6
Siouxland District Health Department	7
UnityPoint Health	7
Advisory Committee	7
Summary of previous needs assessment	8
Community served	11
Geographic area	11
Population characteristics	11
Social determinants of health	13
Health disparities	21
Assessment process	24
Community input	24
Quantitative data gathering	31
Written comments	34
Significant community health needs	35
Prioritized needs	36
Community assets and resources	37
Next steps	40
Appendix	41
Primary indicator data	42
Secondary indicator data	47
Community input survey	81
Community Visioning meeting partner list	86
Community Prioritization meeting partner list	88
Community Prioritization meeting posters	89
Community Prioritization meeting voting results	93
Content Expert group meeting documentation	94

Letter from Area Leadership

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 - St. Luke's 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 – St. Luke's, 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 significant health needs were identified for the Siouxland area:

1. Mental health
2. Substance use
3. Sexual health
4. Cancer prevention
5. Nutrition & physical activity

The CHNA was presented to, and adopted by, the MercyOne Siouxland Medical Center Board of Directors on February 26, 2025. The CHNA was presented to, and adopted by, the Dunes Surgical Hospital Board of Directors on March 18, 2025.

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. MercyOne Siouxland Medical Center leadership will convene in early 2025 to begin developing a multi-year strategy to address identified community health and social needs.

Printed copies of this report are available upon request at MercyOne Siouxland Medical Center. This report is also available electronically at <https://www.mercyone.org/about-us/community-health-and-well-being/>

Please email questions, comments, and feedback to communityhealth@mercyhealth.com.

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

Summary of previous needs assessment

The MercyOne Siouxland Medical Center Board and the Dunes Surgical Hospital Board approved the previous Community Health Needs Assessment (CHNA) in March 2022. The significant health needs identified in the FY22 CHNA, in order of priority, include:

1. Mental health
2. Physical health
3. Preventative care
4. Substance misuse

A wide range of priority health and social issues emerged from the CHNA process. MercyOne Siouxland Medical Center and Dunes Surgical Hospital determined that it could effectively focus on only those needs which were most pressing, under- addressed and within its ability to influence. MercyOne Siouxland Medical Center and Dunes Surgical Hospital, in collaboration with community partners, chose to focus on initiatives addressing the following needs:

1. Mental health
2. Physical health
3. Preventative care
4. Substance misuse

The below table highlights actions taken over the succeeding three (3) years to address selected needs in collaboration with community partners:

Prioritized need	Progress
Mental health	<ul style="list-style-type: none"> • MercyOne Siouxland Medical Center continued to provide the following mental health services: <ul style="list-style-type: none"> ○ Telemedicine ○ Inpatient mental health unit ○ Mental health services at the MercyOne Child Advocacy Center, which serves children who have been abused • MercyOne Siouxland Medical Center financially supported mental health services provided at Catholic Charities to vulnerable populations. • MercyOne Siouxland Medical Center promoted Mental Health Awareness month. • Providers continued to screen and educate community members about mental health and made referrals to mental health professionals as needed. • MercyOne Siouxland Medical Center continued to collaborate with other mental health providers to coordinate mental health care. • MercyOne Siouxland Medical Center participated in the Mental Health Roundtable, which was comprised of 18 mental health community

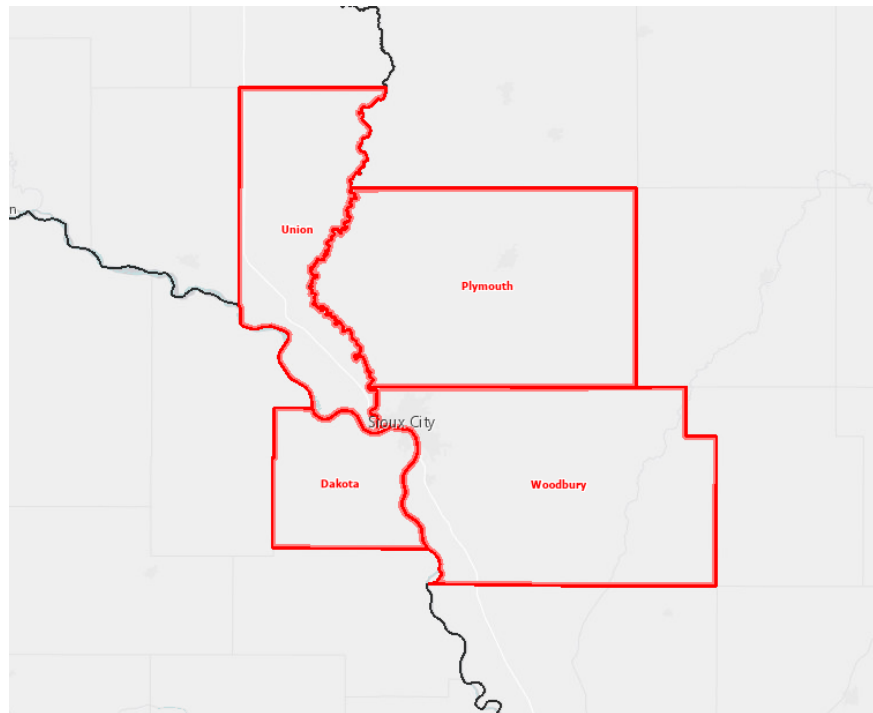
	<p>partners. The Roundtable created a mental health referral guide that is open to the community to use to locate providers.</p> <ul style="list-style-type: none"> • Dunes Surgical Hospital providers continued to screen and educate community members about mental health and made referrals to mental health professionals as needed.
Physical health	<ul style="list-style-type: none"> • MercyOne Siouxland Medical Center continued to provide health coaching, education on healthy choices, and the importance of maintaining a healthy weight. • Providers continued to measure BMIs for healthy weight monitoring and counseling. • Dieticians provided nutrition education to the community through blogs, podcasts, and television interviews, and presentations. • MercyOne Siouxland Medical Center continued to provide cardiac rehab, pulmonary rehab, and endocrinology services. The cardiac program also provided vascular and cholesterol screenings to promote healthy lifestyle choices. • MercyOne Siouxland Medical Center donated nutritious food to the Goodwill Shoe and Mitten Program to be provided to local children in need. • MercyOne Siouxland Medical Center collaborated with the Siouxland YMCA by referring pre-diabetic persons to the Diabetes Prevention Program (DPP). • MercyOne Siouxland Medical Center served on the Food Bank of Siouxland Board of Directors, a source of healthy foods for the vulnerable population in the community. • MercyOne Siouxland Medical Center created signage for the exercise pods in the city skywalk to encourage walkers to stop and exercise during their commute. • MercyOne Endocrinology and Infectious Diseases and MercyOne Singing Hills Family Medicine clinics partnered with the Siouxland District Health Department and SIMPCO to improve accessibility at their facilities. Community Health Inclusion Index Assessments were conducted at both locations and results were summarized into an Inclusion Facility Report, which included facility recommendations. Through this process, MercyOne implemented several enhancements to improve accessibility in these facilities. • Dunes Surgical Hospital continued to provide patient education on healthy choices, and the importance of maintaining a healthy weight. • The providers at Dunes Surgical Hospital continued to measure patient's health risk using BMI for healthy weight monitoring. Post-surgical education was provided to patients emphasizing the importance of physical exercise and proper nutrition. • A cereal drive was held at Dunes Surgical Hospital to support the local Siouxland Food Bank.
Preventative care	<ul style="list-style-type: none"> • MercyOne Siouxland continued to operate a primary care clinic network. • MercyOne Siouxland Medical Center aided community members who were unable to obtain prescriptions necessary to maintain their health

	<p>status and avoid hospitalizations. Transportation was also provided when community members were unable to afford bus or taxi services to access health maintenance services.</p> <ul style="list-style-type: none"> • MercyOne Siouxland provided enrollment assistance in governmental insurance plans and the hospital's charity care program allowing for free or discounted care. • MercyOne Siouxland Medical Center provided preventative telemonitoring for the congestive heart failure population. • The MercyOne Siouxland Medical Center Emergency Room adopted a policy to refer patients without a primary care physician to a care provider for follow up and preventive care. • MercyOne Siouxland Medical Center worked with the Chamber of Commerce to educate local employers on the importance of giving employees time off for preventive care. • MercyOne Siouxland Medical Center participated on the Preventive Screening Committee; a community committee focused on increasing awareness of screening recommendations. The Committee's Prevention 101 Campaign created and promoted materials on the importance of various preventive screenings on a monthly basis. • MercyOne Siouxland participated on the STI Committee, a community focused on decreasing sexually transmitted infection rates in the Siouxland area and shared the Committee's STI testing toolkit with providers. • Dunes Surgical Hospital continued to offer a financial assistance program, which allowed those who met the financial need criteria to receive assistance for necessary services. Success was achieved in reducing the percent of uninsured adults in the primary service area. • At the time of dismissals, Dunes Surgical Hospital staff make follow up appointments with primary care physicians to aid in the maintenance or improvement of overall health status.
Substance misuse	<ul style="list-style-type: none"> • MercyOne Siouxland Medical Center participated in community efforts of the Tobacco Free Siouxland Coalition. • MercyOne providers and health coaches continued to educate community members on healthy lifestyle choices, including the cessation of smoking and eliminating substance misuse. • MercyOne Siouxland care sites screened pregnant patients for substance use as a standard of care and provided counseling and referrals to specialists as needed. • MercyOne Siouxland Business Health continued to provide Health Coaching for Tobacco Cessation. • The providers at Dunes Surgical Hospital continued to educate patients on the health risks of smoking and using alcohol. Written materials on smoking/vaping cessation were also disseminated to the community.

Community served

Geographic area

The geographic area for this assessment is Woodbury County, Iowa, Plymouth County, Iowa, Dakota County, Nebraska, and Union County, South Dakota. 79% of the patients at MercyOne Siouxland Medical Center and Dunes Surgical Hospital reside within this area. 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. The majority of the population is urban (72.5%), with the majority of the population residing in the Sioux City metro area.

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 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	
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

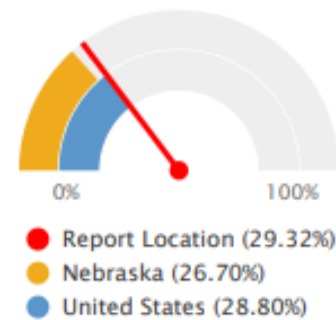
Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, refraining from harmful substances, getting the recommended immunizations, and screening tests, and seeing a doctor when we are sick all influence 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



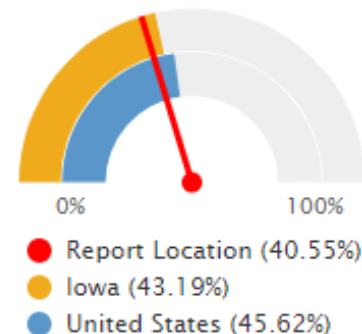
Education

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.

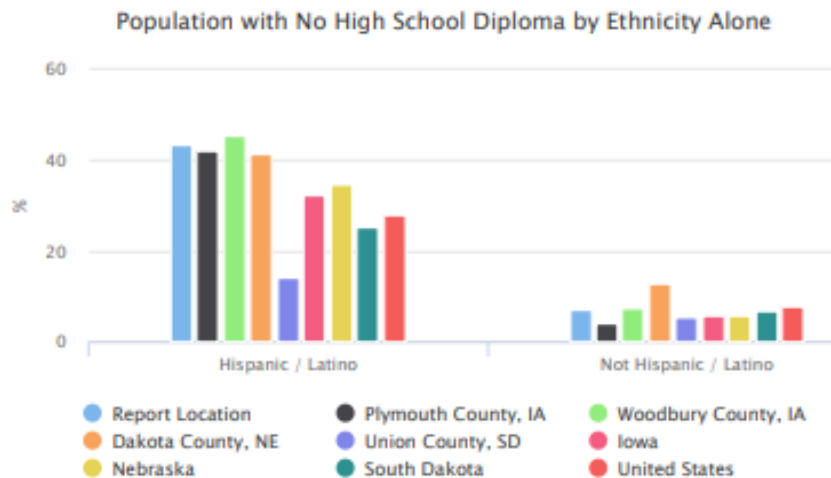
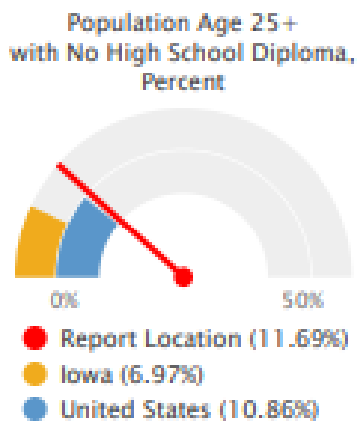
Percentage of Population Age 3-4 Enrolled in School



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.

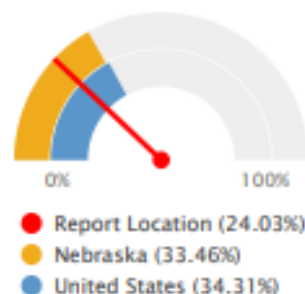


Bachelor's Degree or higher

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.

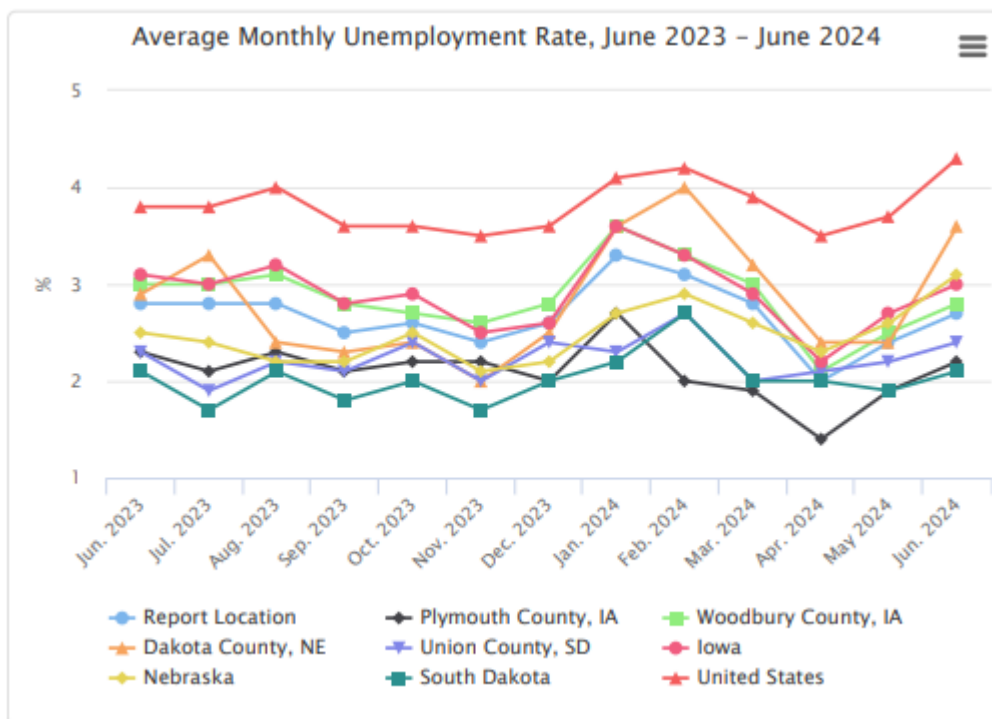
Population Age 25+ with Bachelor's Degree or Higher, Percent



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.

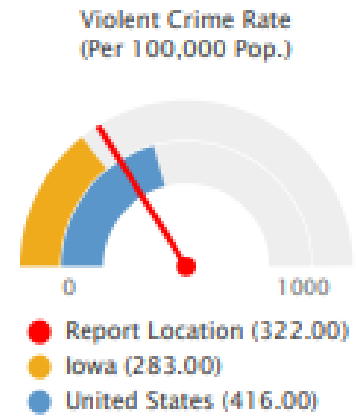


Neighborhood & built environment

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).

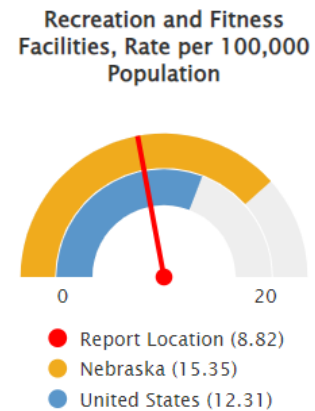
- **Benchmark:** The violent crime rate for the report area is higher than Iowa (283.00) and Nebraska (286.4), but lower than South Dakota (551.8) and national rates (416.00).
- **Data Source(s):** Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2015-2017; Sioux City Police Department.



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.

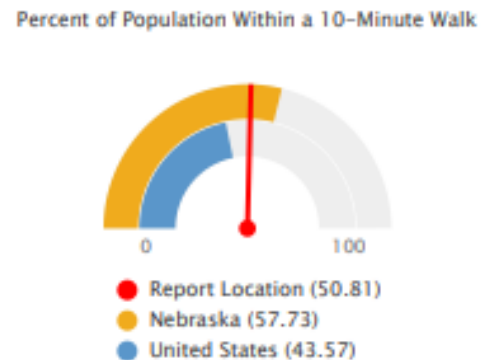
- **Benchmark:** The report indicates that the number of establishments per 100,000 population in the report area is lower than Iowa (12.38), South Dakota (13.87), Nebraska (15.35), and the national rate (12.31).
- **Data Source(s):** US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.



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.



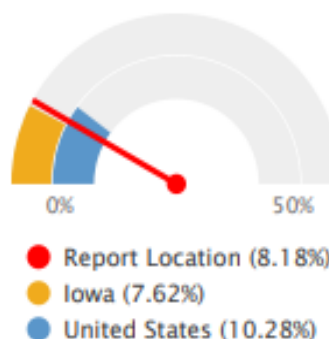
Social services

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

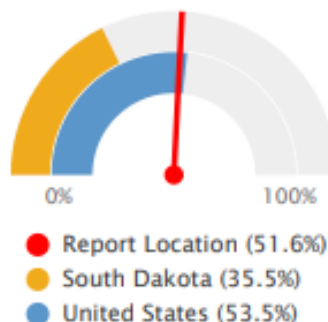


Children eligible for free/reduced-price lunch

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

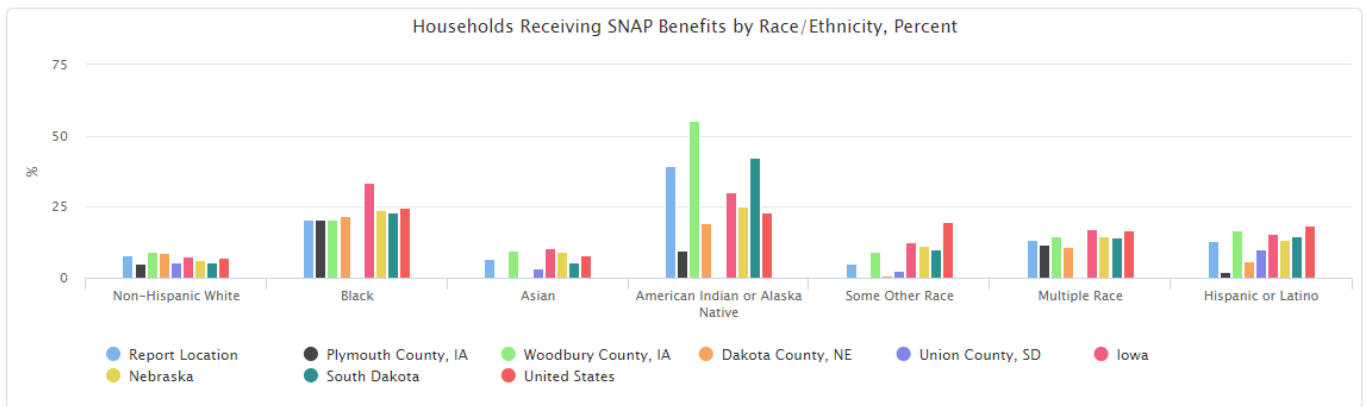
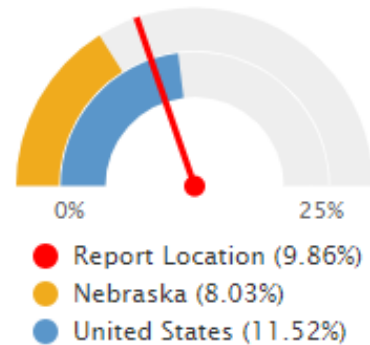


Households receiving SNAP benefits

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

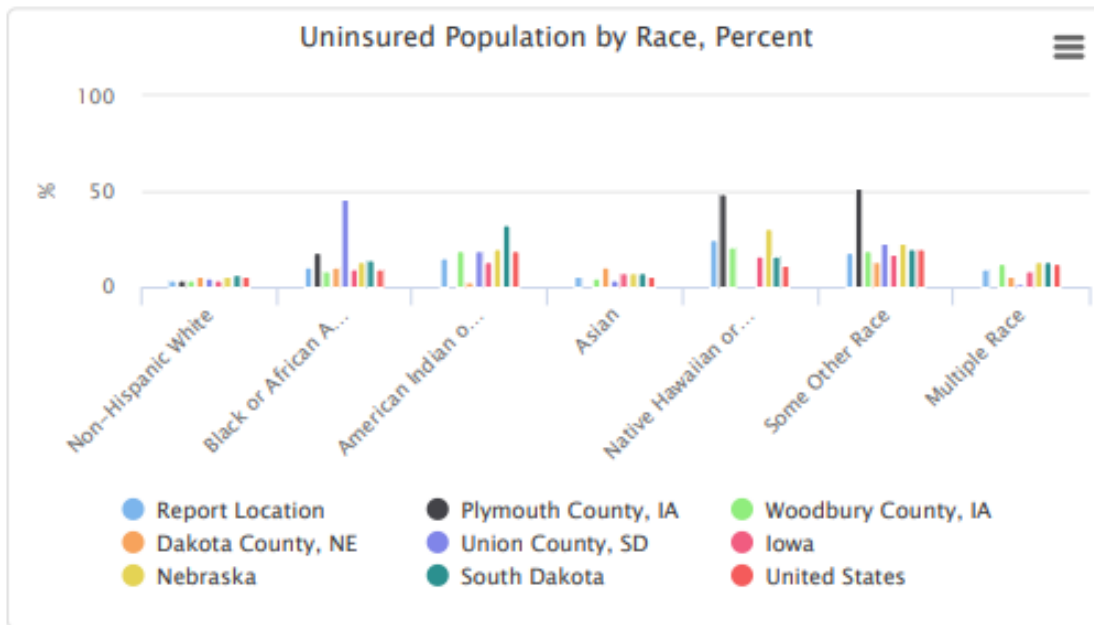
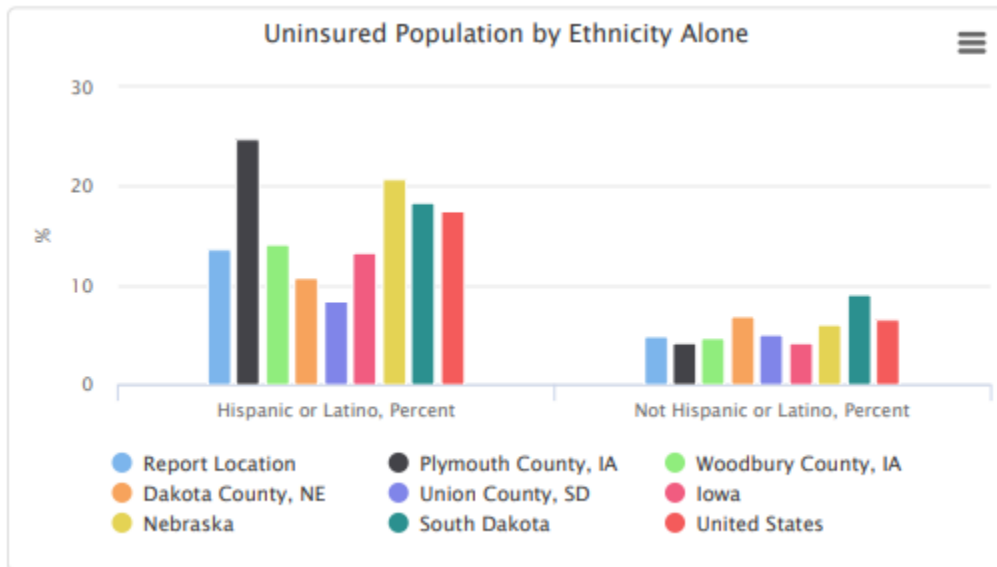


Access to care

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.

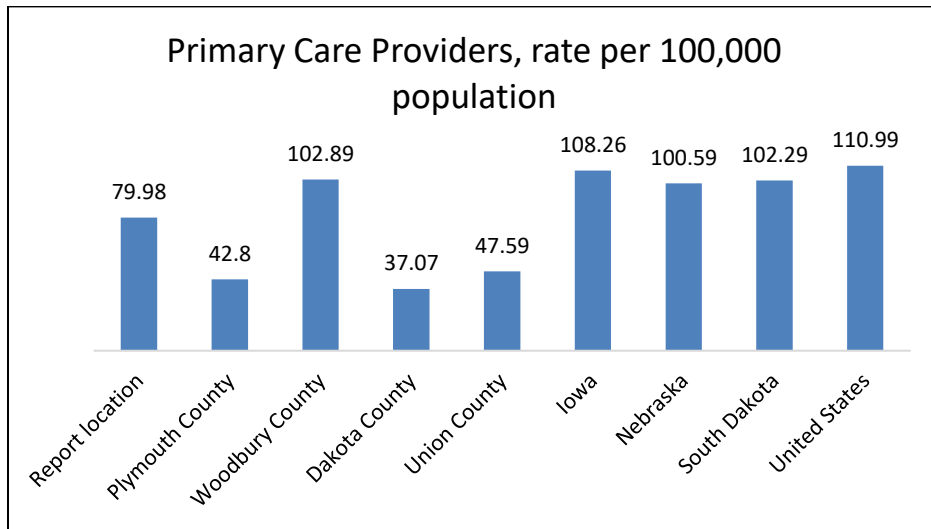
- **Benchmark:** Insured rates in the report area are lower than the state of Iowa (95%), but higher than the states of Nebraska (92%) and South Dakota (90.5%).
- **Healthy People 2030 target:** The county insured rate exceeds the Healthy People 2030 target of 92.4% of people having health insurance.
- **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.

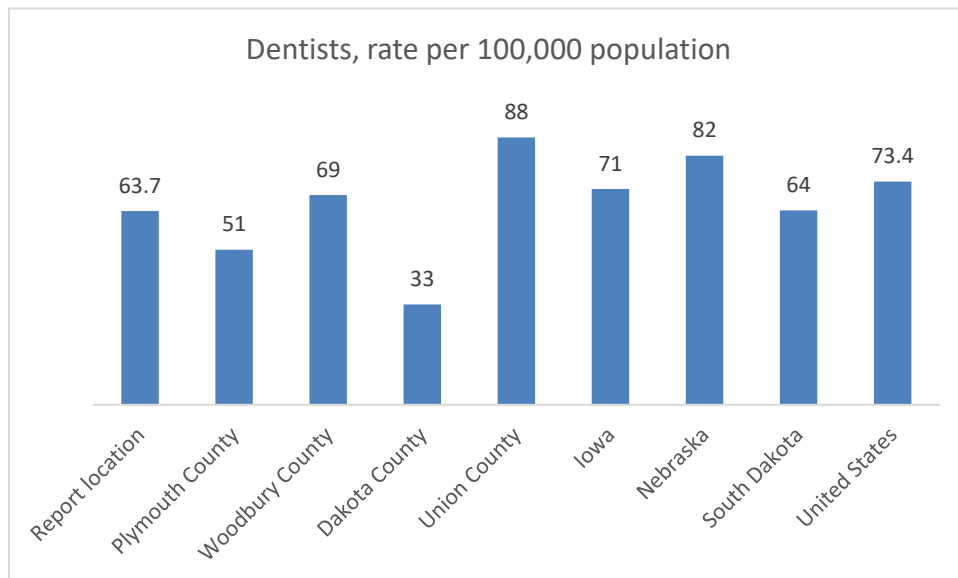
- **Comparison:** The shortage in Plymouth, Dakota, and Union Counties are more significant than state and national shortages.
- **Data source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). August 2024.



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.

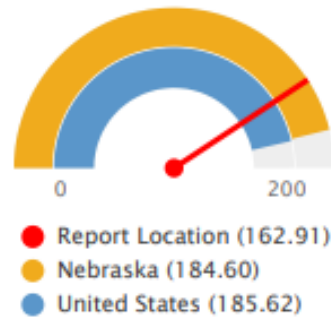


Mental health providers

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



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 disproportionately higher percentage of positive STI cases among the Black and Native American population.

Woodbury County, IA 2023

Race	Chlamydia		Gonorrhea		Syphilis-all stages	
	Count	Percent of total	Count	Percent of total	Count	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%

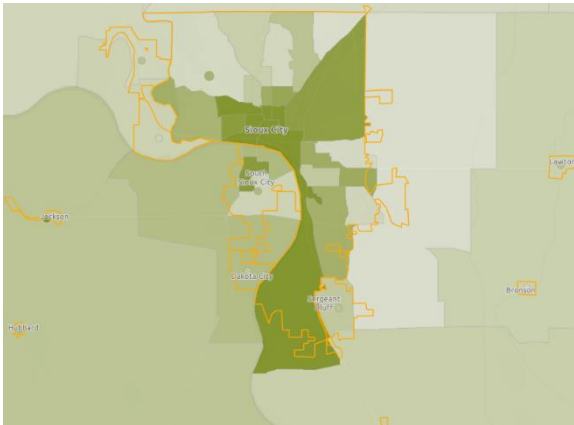
For mammography screening in Woodbury County for those enrolled in Medicare, a disproportionately higher number of white individuals were screened in 2021, over Hispanic, Asian and Native Americans.

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

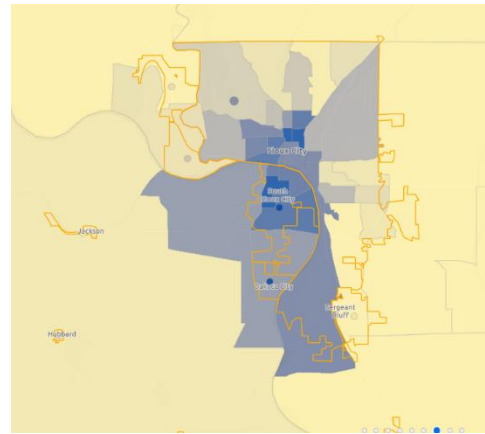
The Point in Time Homeless count is performed each winter in Sioux City. In 2021 and 2022, the count does not include the Gospel Mission Women’s and Children’s Shelter. 2024 Chronically Homeless and Severely Mental Ill are up significantly because there was full participation by the shelters in answering 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

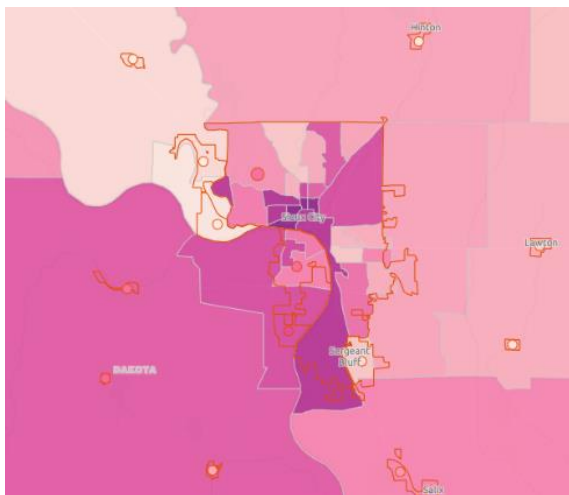
The top impoverished census tracts in the tri state area, along with the census tracts with the highest minority population mirror the top census tracts for the higher chronic conditions such as diabetes and obesity.



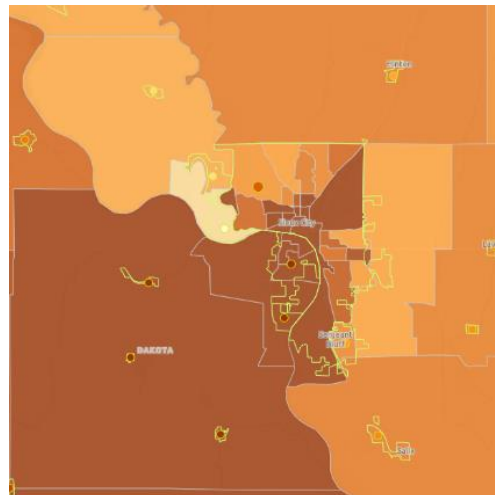
Census Tracts by Poverty



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 lowans 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 provide feedback on the action plans.

Community input

Siouxland District Health Department was engaged throughout the assessment process, including leading Steering Committee meetings, leading community meetings, and conducting focus groups.

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	
Hispanic or Latino	7.4%
White alone	86.2%
Black or African American	3.1%
American Indian/Alaska Native	2.3%
Asian	2.0%
Native Hawaiian/Other Pacific Islander	0.3%
Other	1.3%
Age	
18-24	4.6%
25-40	30.4%
40-65	48.2%
65-85	16.8%
Gender assigned at birth	
Male	15.9%
Female	84.9%
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	
Gay or lesbian	3.3%
Bisexual	4.1%
Straight or heterosexual	91.5%
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	
Living in an unsafe home	4.2%
Living in an unsafe neighborhood	6.0%
Not being able to provide food for yourself or family	6.3%
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 style="list-style-type: none"> • Understaffed hospitals/long wait times • Mental health • Physician bedside manner • Quality of parks • Homelessness • Infrastructure – quality of roads
Technology & healthcare	<ul style="list-style-type: none"> • Mixed response regarding utilization of technology in healthcare • Gap between what you submit electronically and what is discussed in person • Concern of security of electronic information
Elder Abuse	<ul style="list-style-type: none"> • Elder abuse is an issue for some • Need more support groups for caregivers
Community strengths	<ul style="list-style-type: none"> • Friendship house • Home Instead • Most healthcare workers are helpful and kind • Splash pads
Physical activity	<ul style="list-style-type: none"> • Center for Active Generations • Walking trails • WITCC Adult Learning Classes
Medical care	<ul style="list-style-type: none"> • Shortage of neurologists • Travel for specialists • Frustration of seeing a PA when appointment was scheduled with physician
Source of health information	<ul style="list-style-type: none"> • Reputable websites • News • Newspaper • AARP magazine

Native American Individual Interview	
Top areas of concern	<ul style="list-style-type: none"> • Drug addiction and health effects • Domestic abuse • Substance use treatment access • Lack of cultural understanding and diversity in medical settings

	<ul style="list-style-type: none"> • Issues at home impacting youth
Community strengths	<ul style="list-style-type: none"> • Hope Street of Siouxland • Increased collaboration between Native and Non-Native community • Youth learning their cultural languages • Youth involvement • Briar Cliff doing well with Native Community, so are Little Priest and U of Iowa • Native American Liaisons • Urban Native Center • Number of homeless Native Americans have decreased
Mental health & substance abuse resources	<ul style="list-style-type: none"> • Trudy Soole • Family Access Center • Opportunity – equine therapy
Medical care	<ul style="list-style-type: none"> • Community Health Center • Winnebago Healthcare (may be referred to other specialty providers) • Winnebago has a partnership with CNOS
Source of health information	<ul style="list-style-type: none"> • Word of mouth • Quarterly meetings at the Museum • Suggestion - resources and information screen at the bus depot

Mothers in In-Patient Substance Use Disorder Treatment Focus Group	
Top areas of concern	<ul style="list-style-type: none"> • Dental care access, especially for Medicaid patients • Lack of affordable housing • Access to inpatient substance use treatment, especially for mothers with children • Lack of accessible childcare • Substance use stigma • Transportation • Prenatal care • Lack of methadone clinics
Community strengths	<ul style="list-style-type: none"> • Native American patients can receive treatment for free on the reservation and they can be provided with referrals to other doctors • UnityPoint Health - St. Luke's NICU • Good testing for STIs • Good resources at Rosecrance • NA/AA Meetings • Recovery support systems • Jobs available
Support services	<ul style="list-style-type: none"> • Gospel Mission • Safe Place • 211 • Rosecrance Jackson

	<ul style="list-style-type: none"> • Woodbury Community Action Agency • Women Aware • Mary's Choice • Ponca Tribe • WIC • HOPES program & Family Treatment Court
Source of health information	<ul style="list-style-type: none"> • DHS outreach specialist • Google • 211

Teenage Youth Focus Group

Top areas of concern	<ul style="list-style-type: none"> • Substance use – marijuana, vaping • Mental health • Illness at school • Violence • Access to free meals at school • Affordable housing • House fires
Community strengths	<ul style="list-style-type: none"> • School sports activities • After school resources • Parks • Splash pads
Mental health & substance abuse resources	<ul style="list-style-type: none"> • Counselor • Help them yourself • School police officer • Mental Health hotline • Google • Bootcamp
Safety	<ul style="list-style-type: none"> • Feeling safe depends on area of town • Some feel unsafe at school – peers can be angry/violent/using drugs
Source of health information	<ul style="list-style-type: none"> • Google • Mayo • CDC website • Parents • Career academy
Groceries	<ul style="list-style-type: none"> • Walmart • Hy-Vee • Sams Club • Dollar General • Farmer's Market
Project ideas	<ul style="list-style-type: none"> • Water Park • Homeless shelters

to positively impact youth	<ul style="list-style-type: none"> • Youth mental health therapy • Outdoor activities <ul style="list-style-type: none"> ○ Turf soccer field • Trampoline park • Life skills education programs (finances, taxes, cooking healthy food) • More stores for shopping for clothes, etc.
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Newcomer/Immigrant Population Focus Group	
Top areas of concern	<ul style="list-style-type: none"> • Access to healthcare <ul style="list-style-type: none"> ○ Uninsured ○ Lack of appointment times outside of work schedule ○ Barriers to getting Medicaid • Substance use • Safety of parks • Diabetes, heart issues
Community strengths	<ul style="list-style-type: none"> • Neighborhoods • Orthopedic care • Infrastructure for winter weather • Prenatal & pediatric care • Healthcare centers • Siouxland Community Health center having availability of Vietnamese translators
Source of information on resources	<ul style="list-style-type: none"> • Primary doctor • Teacher • Mayflower Church Pantry • Food Bank • Seaboard, Tyson and employment agencies help with employment • DHS Office • Mary J. Treglia
Groceries	<ul style="list-style-type: none"> • Walmart – also has great pharmacy • Fareway • Mexican grocery stores • Hong Kong Supermarket • Hy-Vee • Vietnamese stores
Source of health information	<ul style="list-style-type: none"> • Doctor/Clinic • Siouxland Community Healthcare • Family members • School • Back side of Medicaid card
Language barriers	<ul style="list-style-type: none"> • Job settings - many have Spanish interpreters, but not as many have Vietnamese or other languages

- | | |
|--|--|
| | <ul style="list-style-type: none">• Access to translators at Siouxland District Health Department and Siouxland Community Health Center• Healthcare - usually ask if an interpreter is needed and provide one• 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%
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	
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 mortality 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, including local colleges, community action agencies, health providers, and community-based organizations, convened for a data presentation and strategic issue identification workshop. Attendees were briefed on seven 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.

Written comments

MercyOne Siouxland Medical Center did not receive any written comments regarding the FY22 Community Health Needs Assessment or Implementation strategy via the MercyOne website, communityhealth@mercyhealth.com email, or in person at 801 5th Street, Sioux City, Iowa 51101. The documents continue to be available on the MercyOne website at <https://www.mercyone.org/about-us/community-health-and-well-being/> and printed copies are available upon request at MercyOne Siouxland Medical Center.

Dunes Surgical Hospital did not receive any written comments regarding the FY22 Community Health Needs Assessment or Implementation strategy. The documents continue to be available on the Dunes Surgical Hospital website at <https://dunessurgicalhospital.com/Community-Benefit> and printed copies are available upon request at Dunes Surgical Hospital.

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 style="list-style-type: none"> • One of the top concerns on community survey • One of the top concerns discussed in multiple focus groups • Secondary data indicates that suicide rates in the report area are higher than Iowa, Nebraska, and national rates • Area hospitals have seen an increase in emergency department mental health visits over the last three years • Secondary data indicates that the percentage of adults experiencing frequent mental distress days has increased from 2022-2024 in the report area • Rated as the top issue at the Community Prioritization meeting
Substance use	<ul style="list-style-type: none"> • One of the top concerns on community survey • One of the top concerns discussed in multiple focus groups • Secondary data indicates that binge drinking is higher in the report area than national rates • Secondary data indicates that the percentage of current smokers in the report area is higher than state and national rates • The number of drug exposed infants born in the Siouxland area is increasing • The Tri-State Drug Task Force has seized high amounts of illicit cannabis products and meth • Rated second priority issue at the Community Prioritization meeting
Nutrition & physical activity	<ul style="list-style-type: none"> • Obesity listed as top 5 concern on community survey • Secondary data indicates that the report area has higher rates of obesity than state and national rates • Secondary data indicates that adult diabetes rates are higher than state ratesThe report area is not achieving the Healthy People 2030 food insecurity target of 6% • The Food Bank of Siouxland distributed approximately 500,000 more pounds of food in 2023 than it did in 2019 • Rated top five priority issue at the Community Prioritization meeting
Cancer prevention	<ul style="list-style-type: none"> • Secondary data indicates that the report area's cancer incidence rate is higher than state and national rates • Secondary data indicates that the report area's cancer mortality rate is higher than national rates • Secondary data indicates that the number of Iowa cancer cases has double over the past 50 years • Rated top four priority issue at the Community Prioritization meeting

Sexual health	<ul style="list-style-type: none"> • 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
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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.

Prioritized needs

The CHNA process identified seven significant health needs to consider for prioritization. At the Community Prioritization meeting held in August 2024, attendees were briefed on these seven broad health topics through a presentation and engaged in small group discussion around each topic. At the end of the meeting, individual participants selected the top three issues the community needs to address based on size, seriousness, trends, equity, interventions, values, and resources. Results are below.

Need	Choices	Votes	Total
Substance use	Youth substance use	3	27
	Substance use treatment – detox, long term	4	
	Opioid use	5	
	prenatal substance use	9	
	substance use prevention education & perception	3	
	alcohol use	3	
Mental health	mental health stigma	1	36
	access to mental health care & wait times	6	
	youth mental health	5	
	mental health staffing	0	
	mental health resources	7	
	mental health & homelessness	8	
	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	
Nutrition & physical activity	Affordable food	6	12
	Nutrition education	2	
	Transportation to access food	0	
	food resources	3	

	physical activity	1	
Sexual health	Sexual health education	13	19
	Syphilis	5	
	STI testing stigma	1	
Cancer prevention	Barriers to cancer screenings	9	13
	cancer prevention & risk factor education	2	
	Cancer provider shortage	2	
Access to dental care	Dental providers accepting medicaid	8	8
Lead exposure	increase lead blood testing	3	3
Interpretation services	Lack of interpretation services	2	2

After the Community Prioritization meeting, the Steering Committee reconvened to debrief and finalize the prioritization of needs. The Steering Committee decided to focus on the top five broad needs based on the voting results at the Community Prioritization Meeting.

The significant community health needs, ranked in order of priority, include:

1. Mental health
2. Substance use
3. Sexual health
4. Cancer prevention
5. Nutrition & physical activity

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

- Siouxland Mental Health Center
- Heartland Counseling Services
- Catholic Charities
- Local schools
- Siouxland Community Health Center
- UnityPoint Health – St. Luke’s
- MercyOne Siouxland Medical Center
- Mobile Crisis Teams
- Connections Area Agency on Aging
- Dean & Associates
- Rosecrance Jackson
- Crittenton Center
- Local churches

- Boys & Girls Home
- Warming Shelter
- Mary J. Treglia Community House
- Sky Ranch Behavioral Services
- Local colleges
- Women Aware

Substance use

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

Nutrition & physical activity

- UnityPoint Health – St. Luke's
- MercyOne Siouxland Medical Center
- Food Bank of Siouxland
- Siouxland Soup Kitchen
- Local churches

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

Cancer prevention

- MercyOne Siouxland Medical Center
- UnityPoint Health – St. Luke’s
- Siouxland Community Health Center
- Mary J. Treglia Community House
- June E. Nysten Cancer Center
- Connections Area Agency on Aging
- Siouxland District Health Department
- Family Health Care of Siouxland

Sexual health

- UnityPoint Health – St. Luke’s
- MercyOne Siouxland Medical Center
- Siouxland Community Health Center
- Siouxland District Health Department
- Her Health Women’s Center
- Planned Parenthood
- Girls Inc.
- Local schools
- Local colleges
- Lutheran Services in Iowa
- Siouxland Women’s Health Care
- Mary J. Treglia Community House
- Women Aware

Next steps

MercyOne Siouxland Medical Center and Dunes Surgical Hospital leadership will convene in early 2025 to develop a multi-year strategy to address identified community health and social needs. The implementation strategy will be publicly available as a separate document.

For MercyOne Siouxland Medical Center, printed copies of this report are available upon request at 801 5th Street, Sioux City, Iowa 51101. This report is also available electronically at <https://www.mercyone.org/about-us/community-health-and-well-being/>.

For Dunes Surgical Hospital, printed copies of this report are available upon request at 600 Sioux Point Road, Dakota Dunes, South Dakota 57049. This report is also available electronically at <https://dunessurgicalhospital.com/Community-Benefit>

Please email questions, comments, and feedback to communityhealth@mercyhealth.com.

The next community needs assessment for MercyOne Siouxland Medical Center and Dunes Surgical Hospital will be completed in fiscal year 2028.

Appendix

Primary indicator data – community survey results

Secondary indicator data

Community input survey

Community Visioning meeting partner list

Community Prioritization meeting partner list

Community Prioritization meeting posters

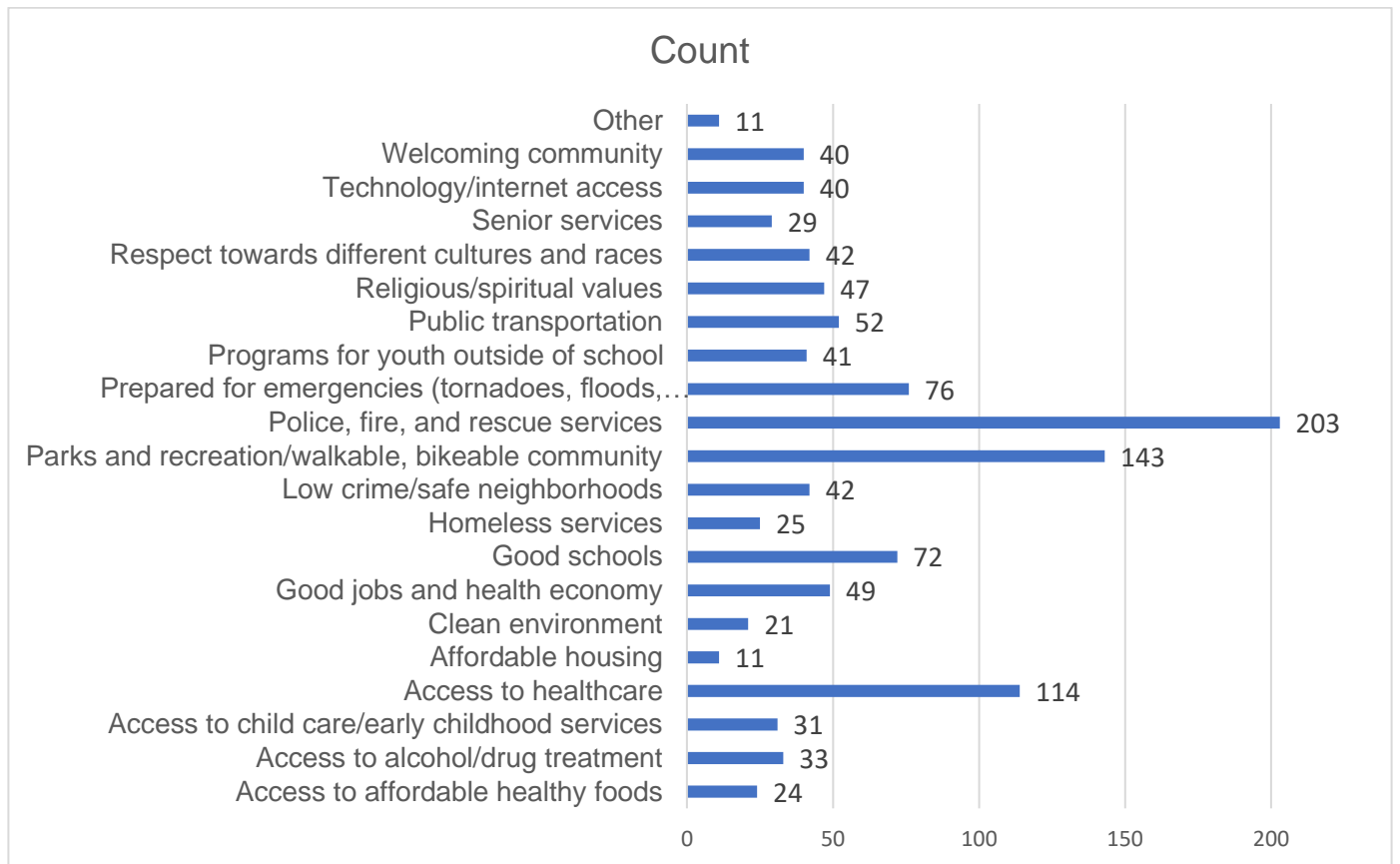
Community Prioritization meeting voting results

Content expert meeting documentation

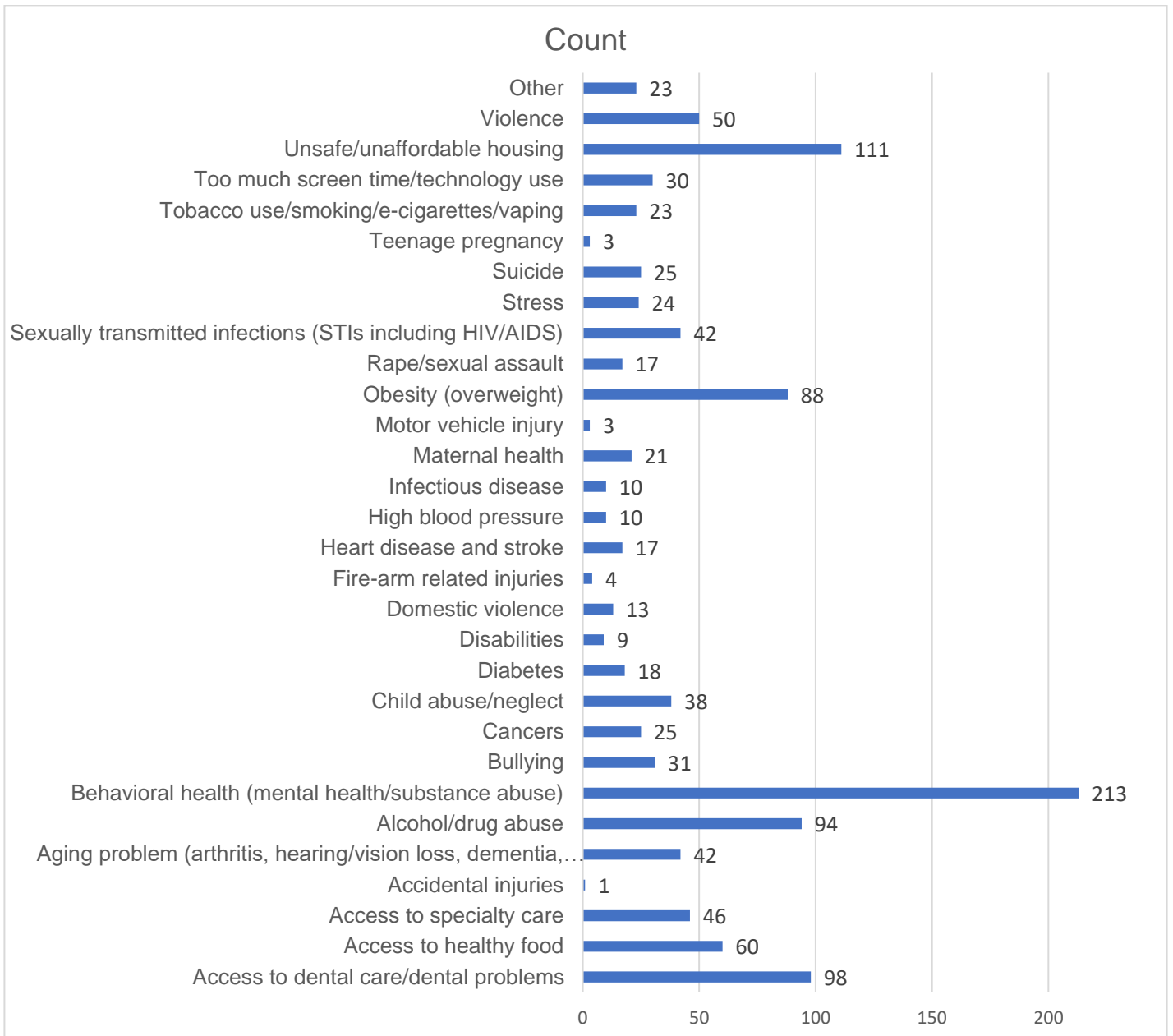
Primary indicator data - Community input survey results

Greatest strengths of community

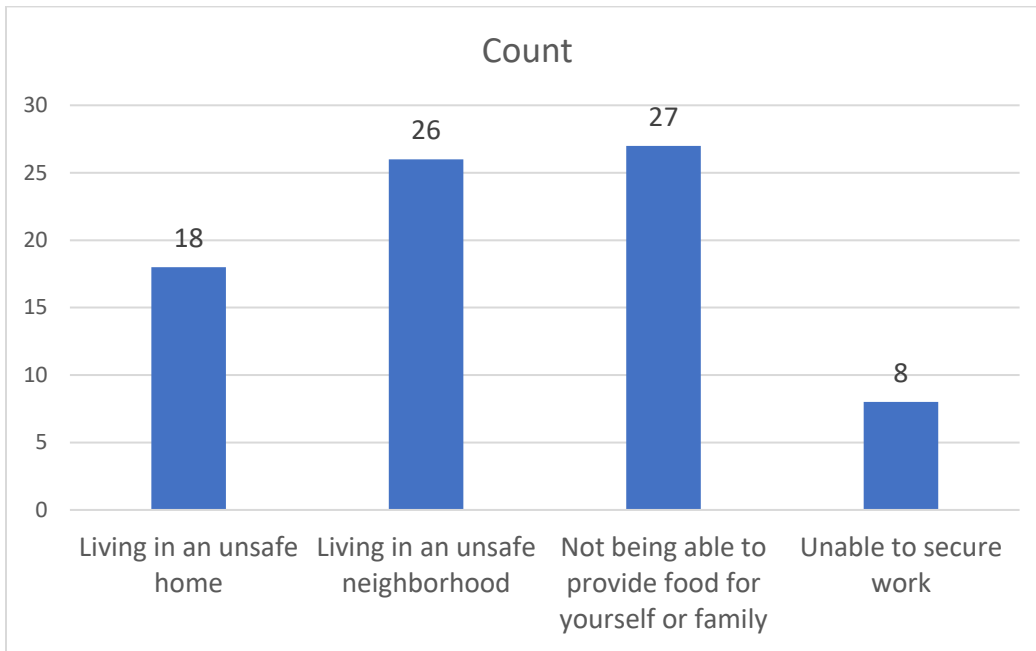
Question: What do you think are the 3 greatest strengths of Siouxland?



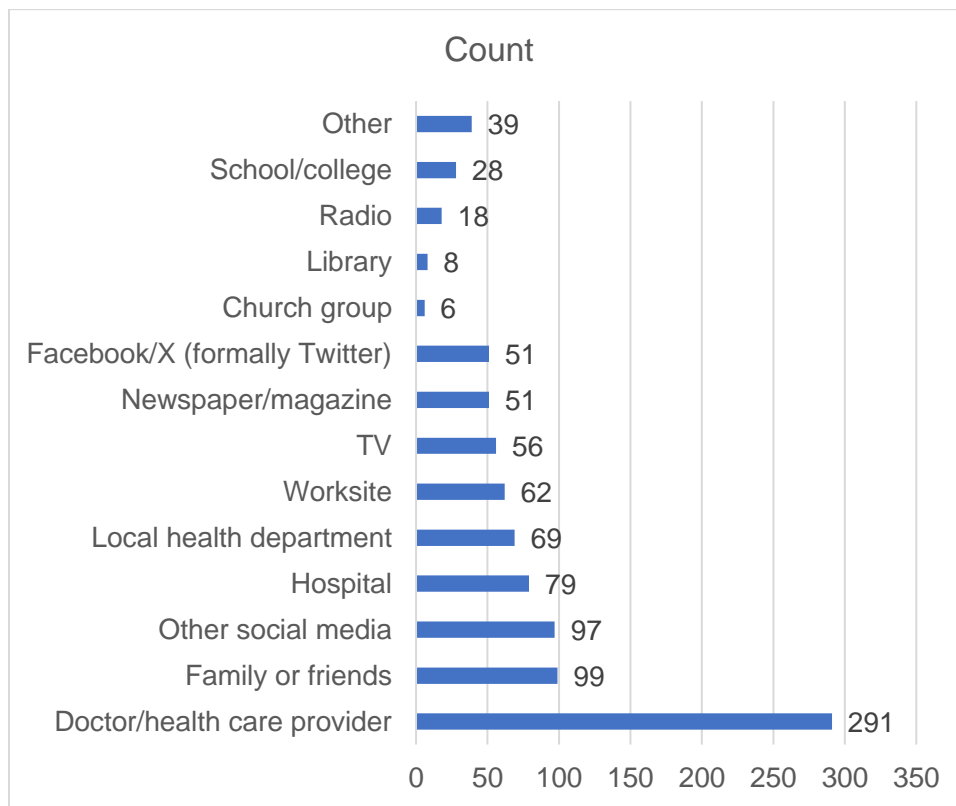
Question: What do you think are the top 3 health problems in Siouxland that should be focused on over the next few years?



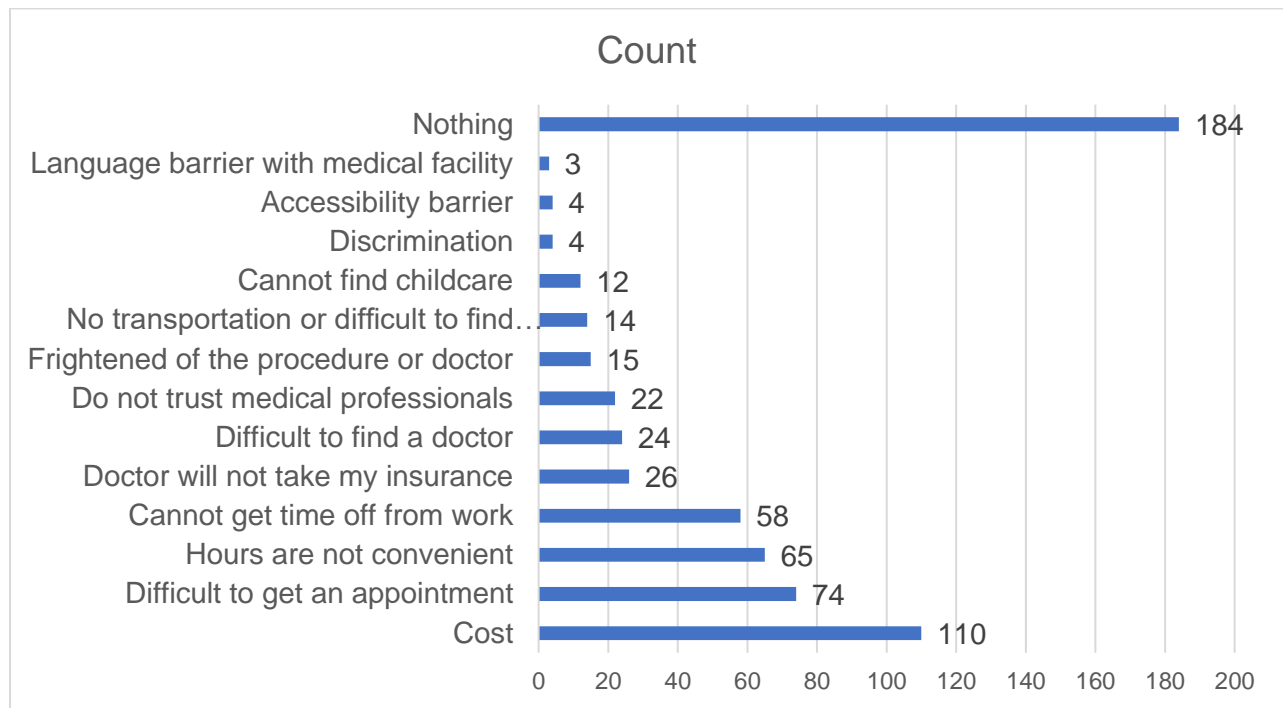
Question: In the past 30 days have you personally experienced any of the following issues?



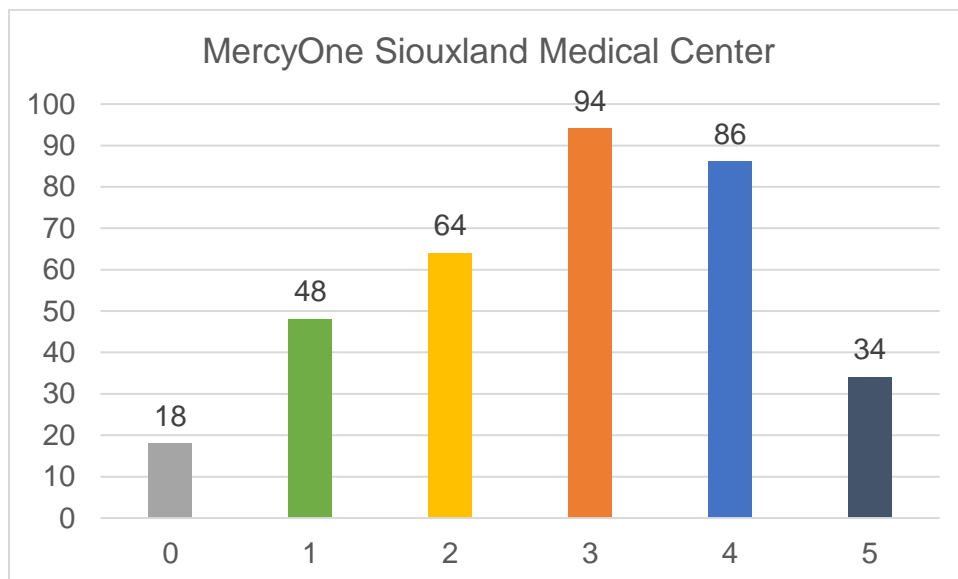
Question: Where do you get most of your health information?

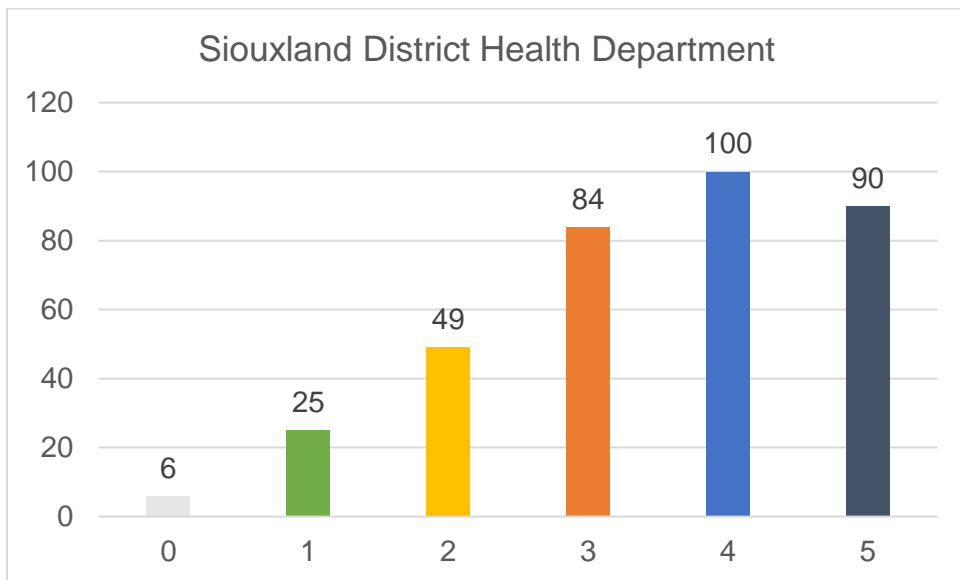
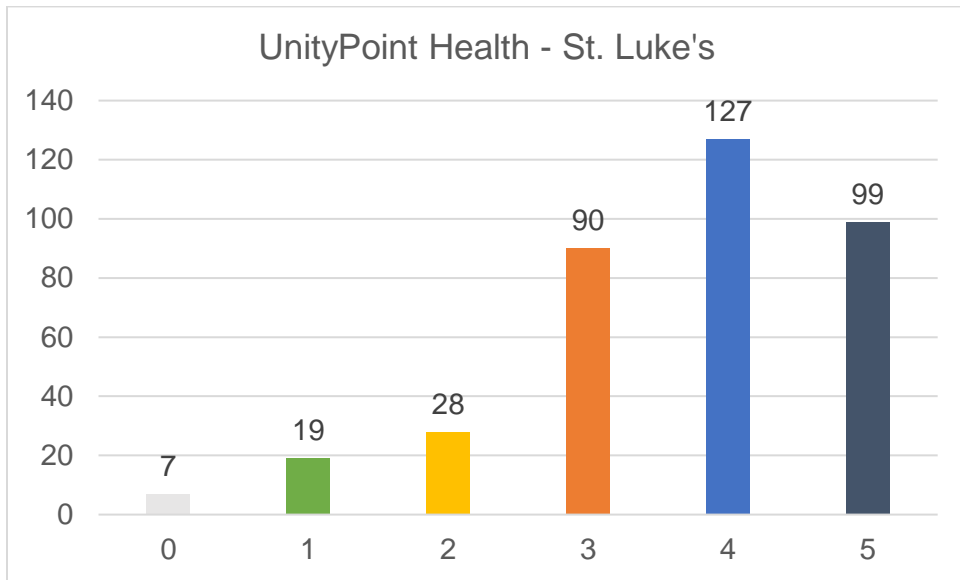


Question: What has prevented you from seeing a medical provider when you were sick, injured or needed some type of health care in the past 12 months?



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:





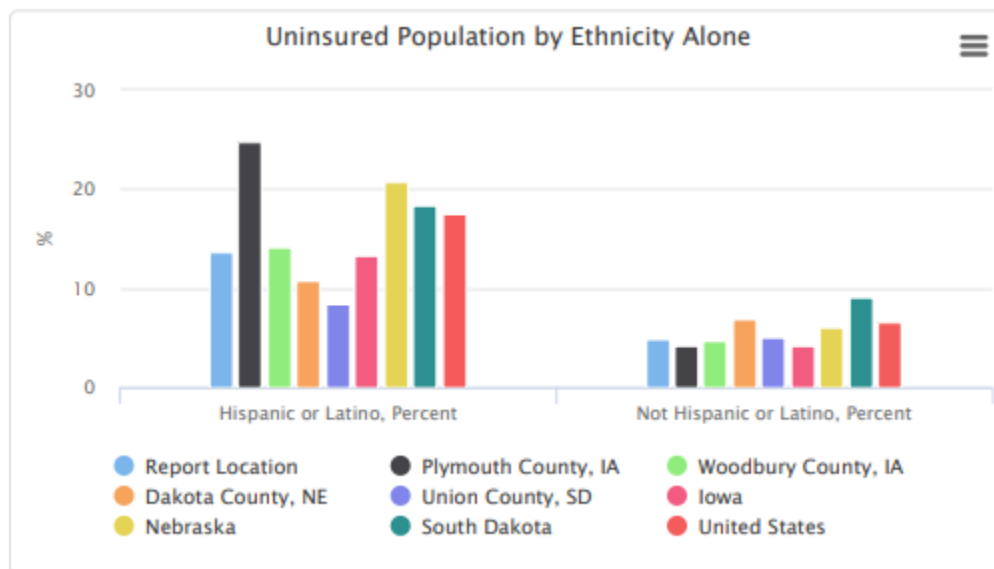
Secondary indicator data

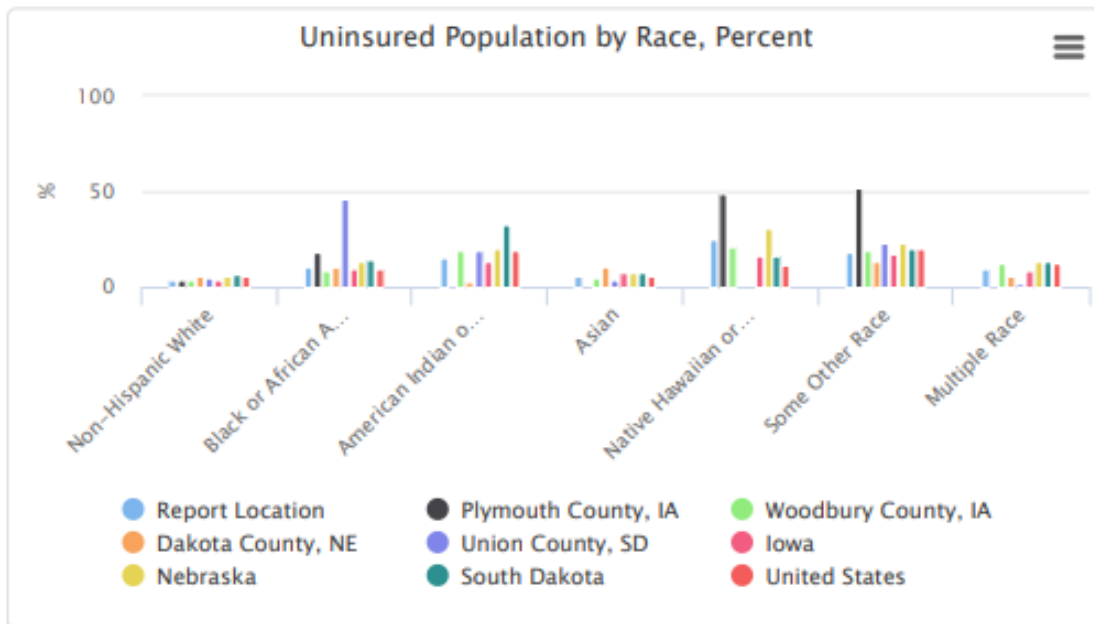
ACCESS TO CARE

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.



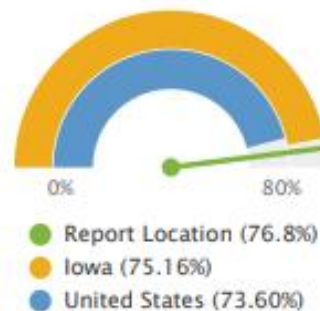


Recent primary care visit

Within the report area, 76.80% of adults had a routine checkup in the past year.

- **Benchmark:** Higher than state (IA: 75.16%; NE: 72.79%; SD: 74.99%) and national (73.60%) rates.
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via Places Data portal. 2021.

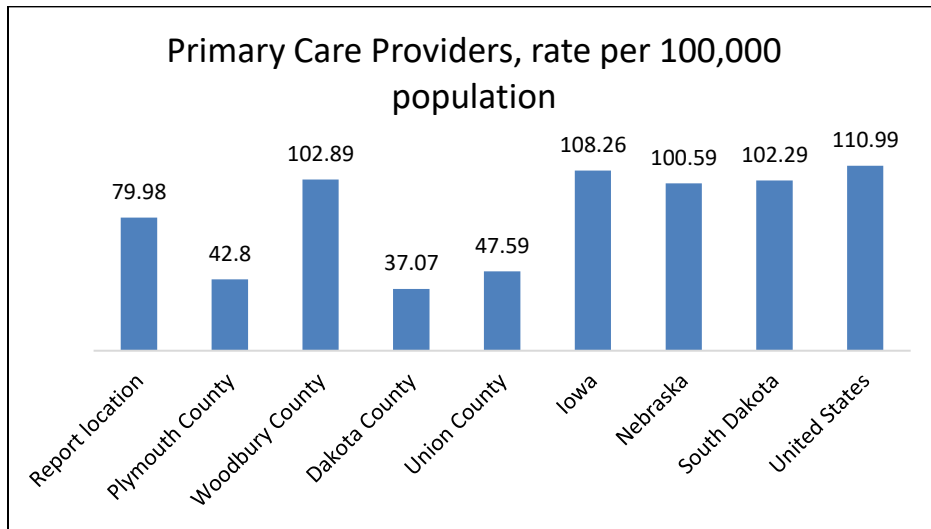
Percentage of Adults Age 18+ with Routine Checkup in Past 1 Year



Primary care providers

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

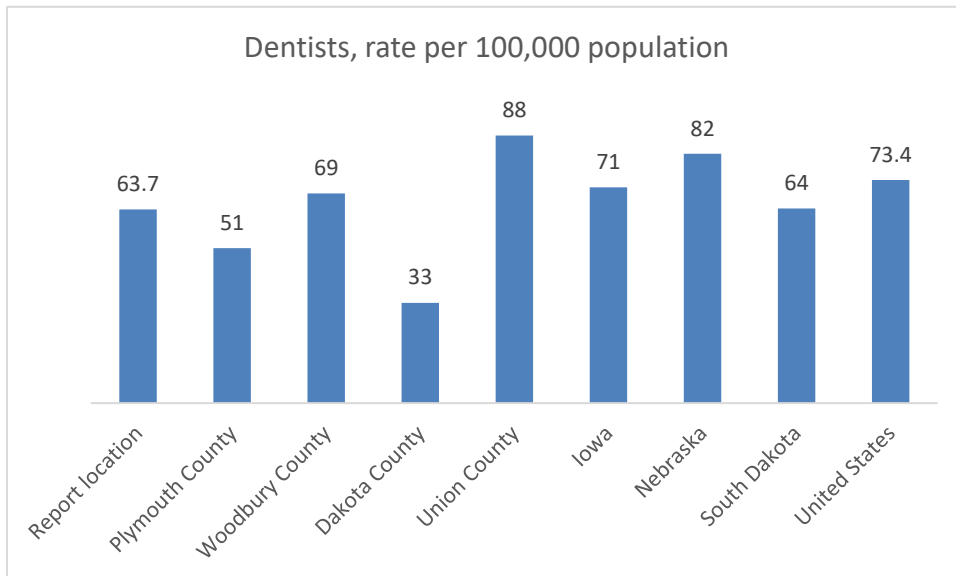
- **Comparison:** The shortage in Plymouth, Dakota, and Union Counties are more significant than state and national shortages.
- **Data source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). August 2024.



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.

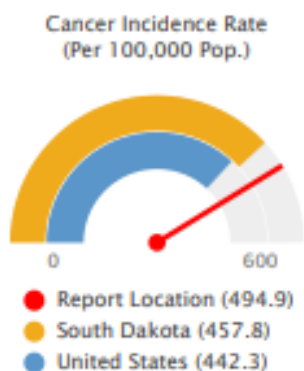


CANCER

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.

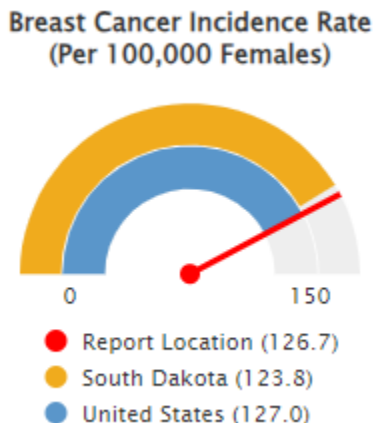
- **Benchmark:** The report indicates that the cancer incidence rate within the report area is higher than South Dakota (457.80), Iowa (486.80), Nebraska (459.10) and the national rate (442.30).
- **Data Source(s):** State Cancer Profiles. 2016-2020.



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.

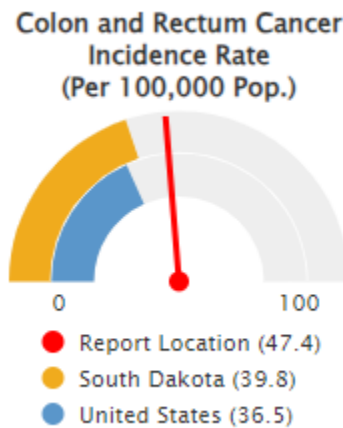


Area	Screening rate
Woodbury County	52%
Plymouth County	55%
Dakota County	49%
Union County	58%

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.

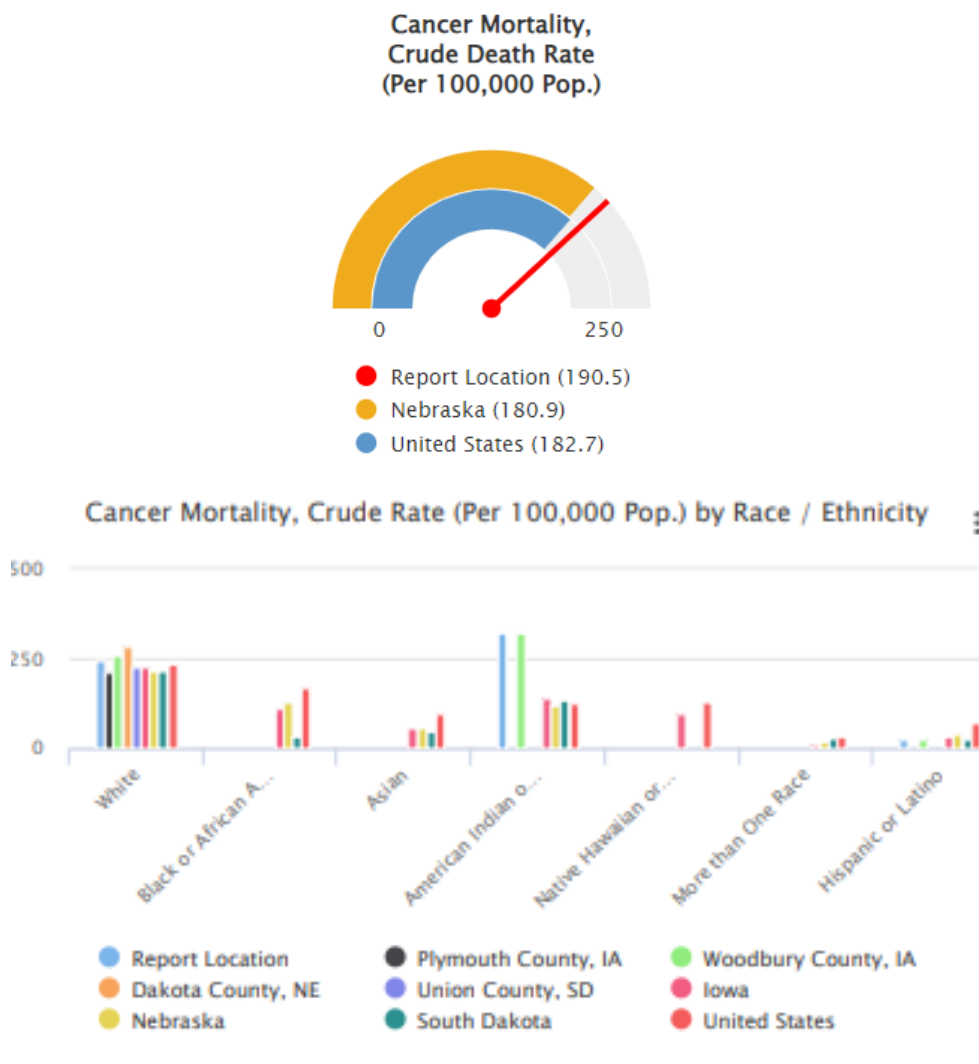


Cancer mortality rate per 100,000 population

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.



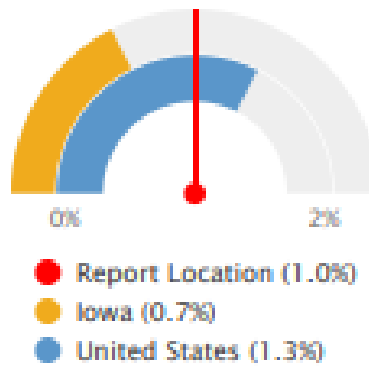
DOMESTIC VIOLENCE & CRIME

Incarceration rate

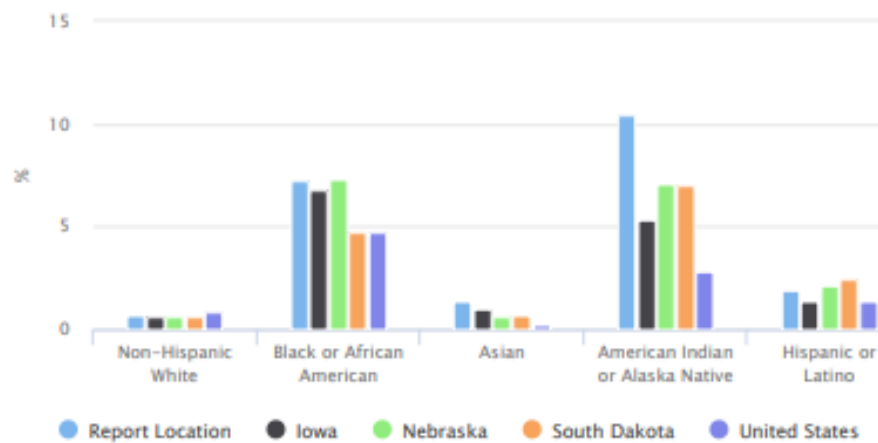
The Opportunity Atlas estimates the percentage of individuals born in each census tract who were incarcerated at the time of the 2010 Census. According to the Atlas data, 1.0% of the report area population were incarcerated. The incarceration rate in the report area is higher than the Iowa rate of 0.7%.

- **Benchmark:** The report indicates that the incarceration rate for the report area is higher than Iowa (.7%), Nebraska (.7%), South Dakota (.7%), but lower than the national rate (1.3%).
- **Disparities:** The incarceration rate for Black/African American citizens of the report area is (7.2%), and American Indian/Alaska Native is (10.4%).
- **Data Source(s):** Opportunity Insights. 2018.

Incarceration Rate



Incarceration Rates by Race and Ethnicity

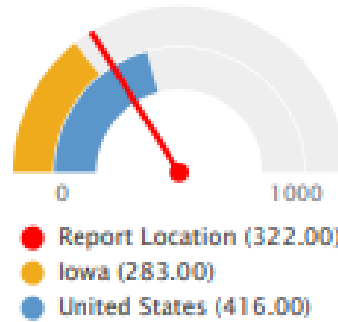


Violent crimes per 100,000 population

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.

Violent Crime Rate
(Per 100,000 Pop.)

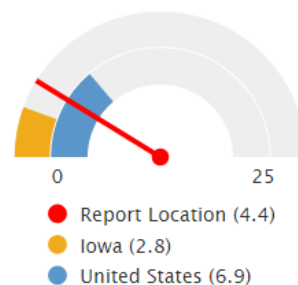


Homicides

This indicator reports the 2018-2022 five-year average rate of death due to assault (homicide) 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 homicide rate is a measure of poor community safety and is a leading cause of premature death. Within the report area, there are a total of 23 deaths due to homicide. This represents a crude death rate of 4.40 per every 100,000 total population. Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

- **Benchmark:** The homicide rate for the report area is higher than Iowa (2.80) and Nebraska (3.20), but lower than South Dakota (4.80) and national rates (6.90).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

Homicide,
Crude Death Rate
(Per 100,000 Pop.)



HOUSING & HOMELESSNESS

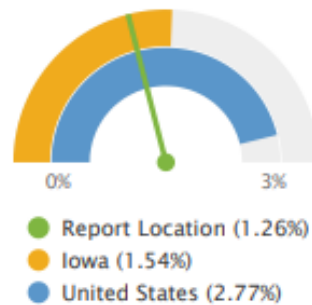
Homeless children and youth

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, ED Facts. 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)

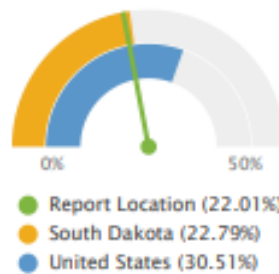


Housing cost burden

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

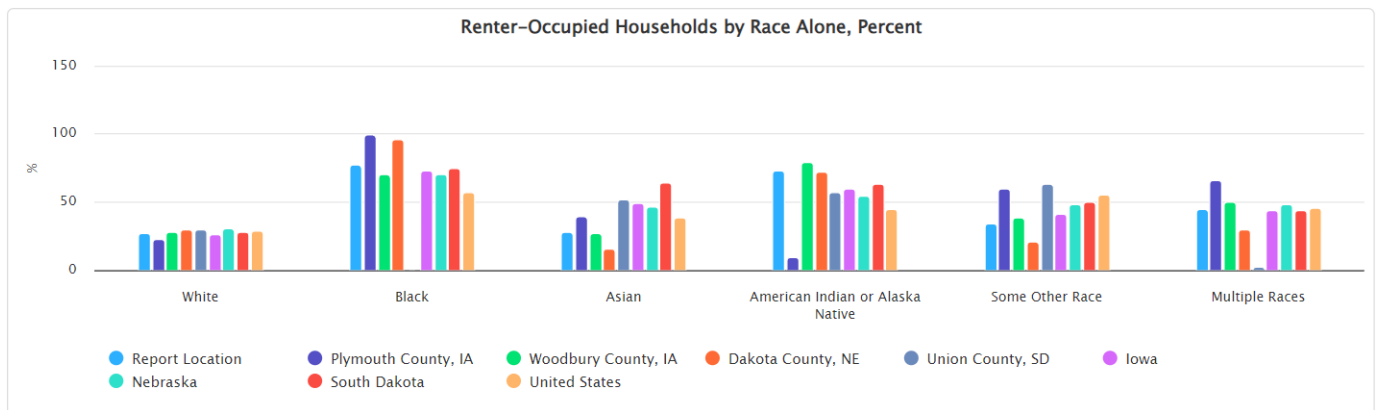


Renter occupied housing

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

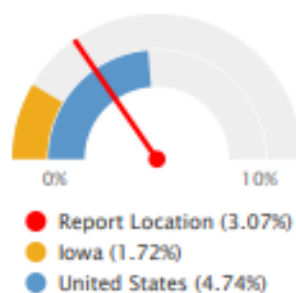


Housing quality – overcrowding

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



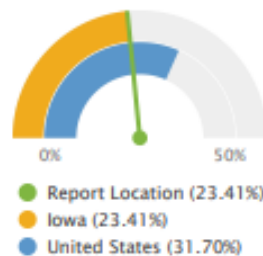
Substandard housing

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



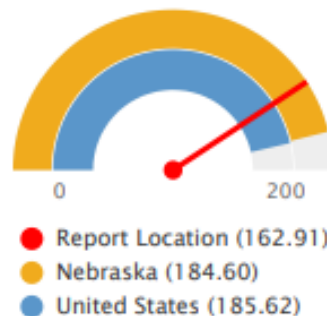
MENTAL HEALTH

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.

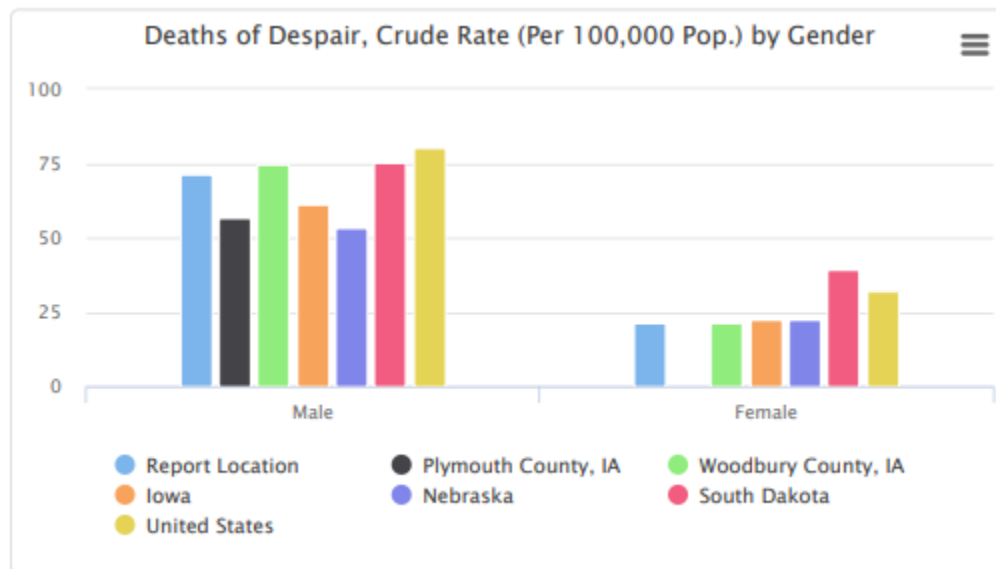
Mental Health Care Providers, Rate per 100,000 Population

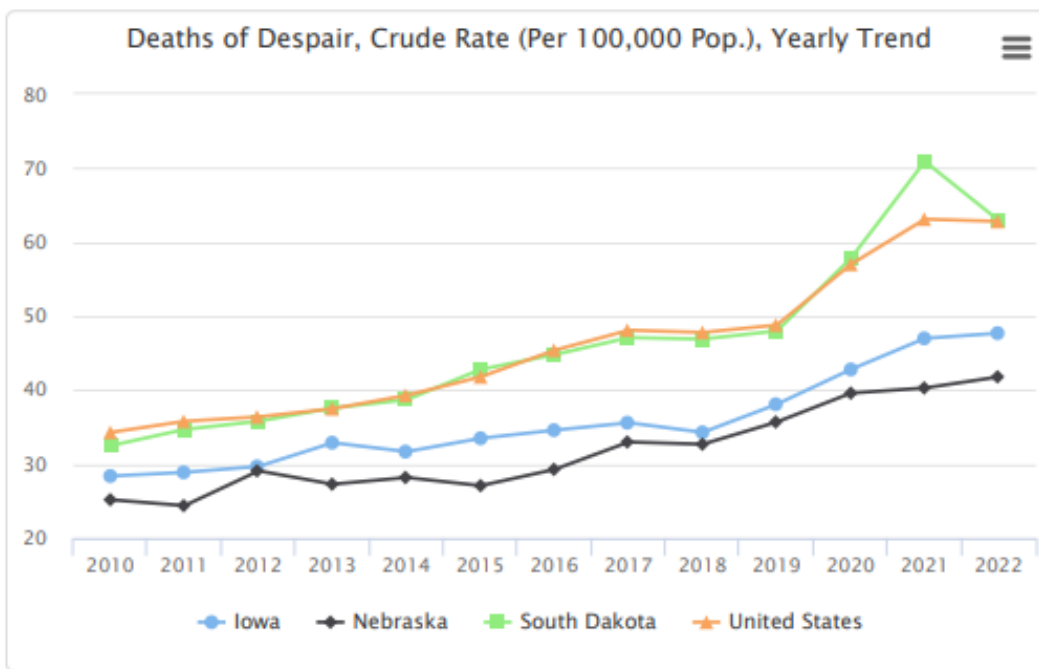
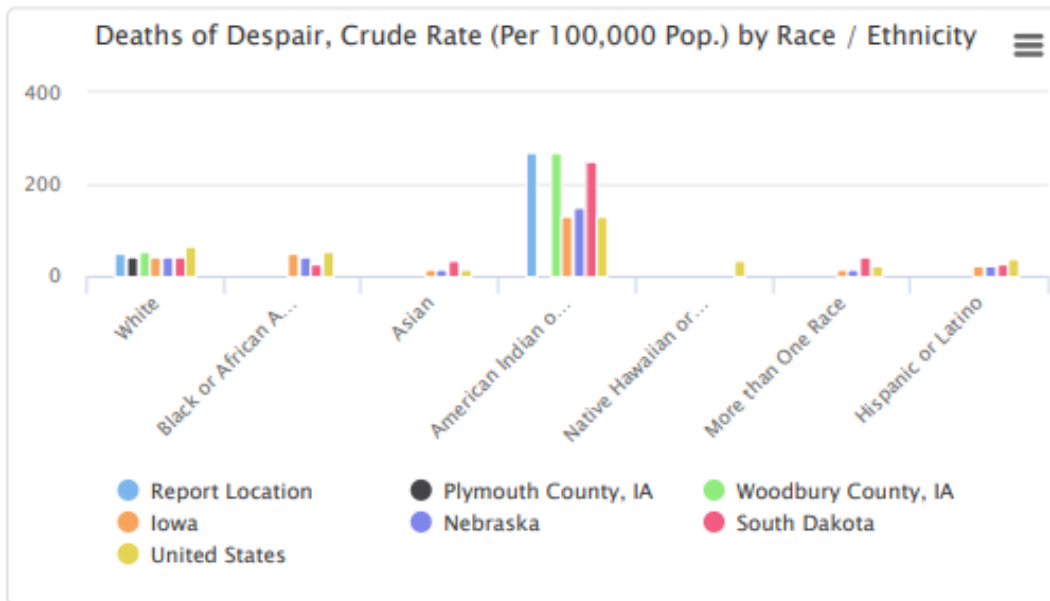


Deaths of despair

This indicator reports average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as “deaths of despair,” per 100,000 population. This indicator is relevant because deaths of despair is an indicator of poor mental health. Within the report area, there were 346 deaths of despair. This represents a crude death rate of 41.6 per every 100,000 total population.

- **Benchmark:** The report area’s rate was lower than Iowa (42.0), South Dakota (57.3), and national (55.9) rates, but higher than Nebraska’s rate (38.0). The highest rate was in Woodbury County (48.1).
- **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.



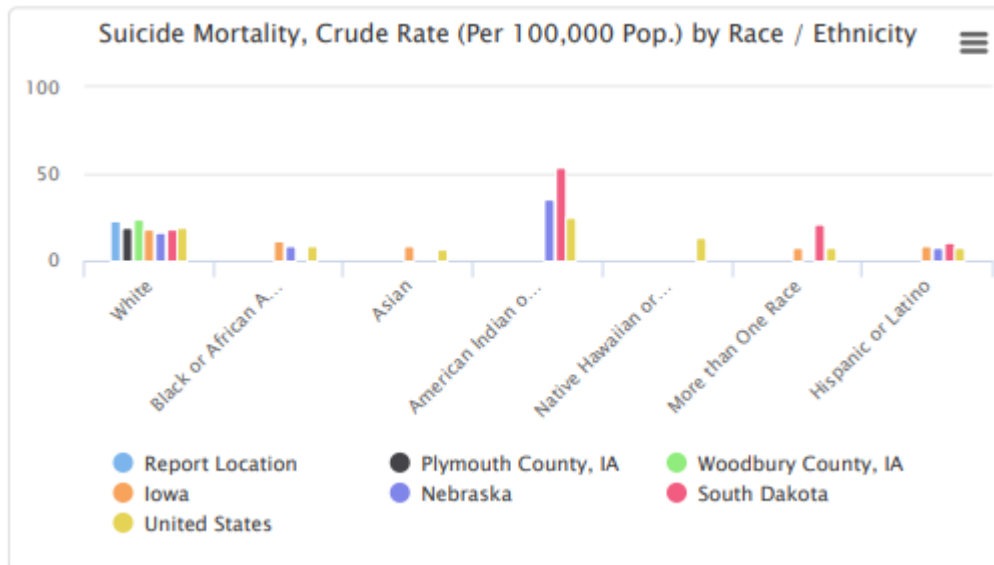
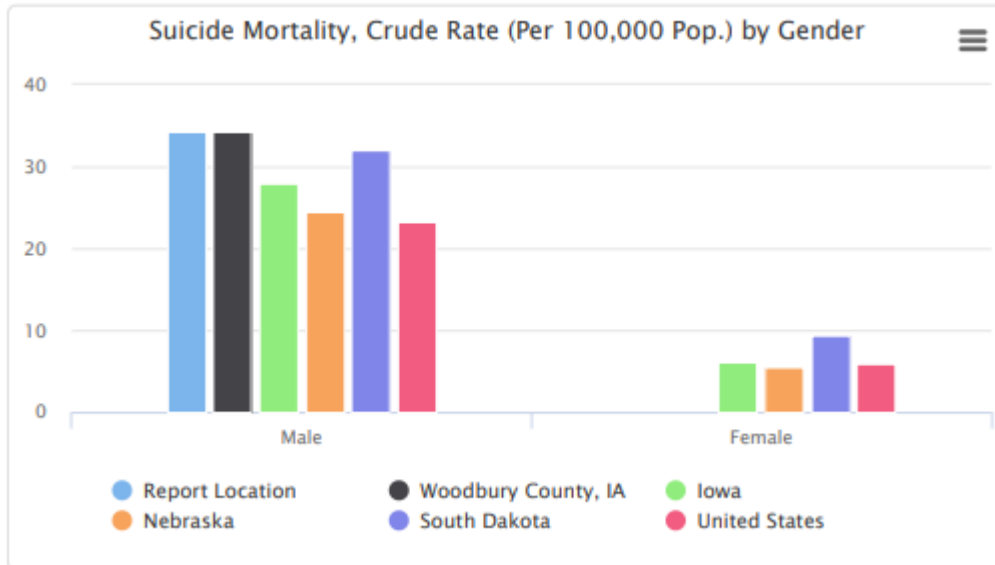


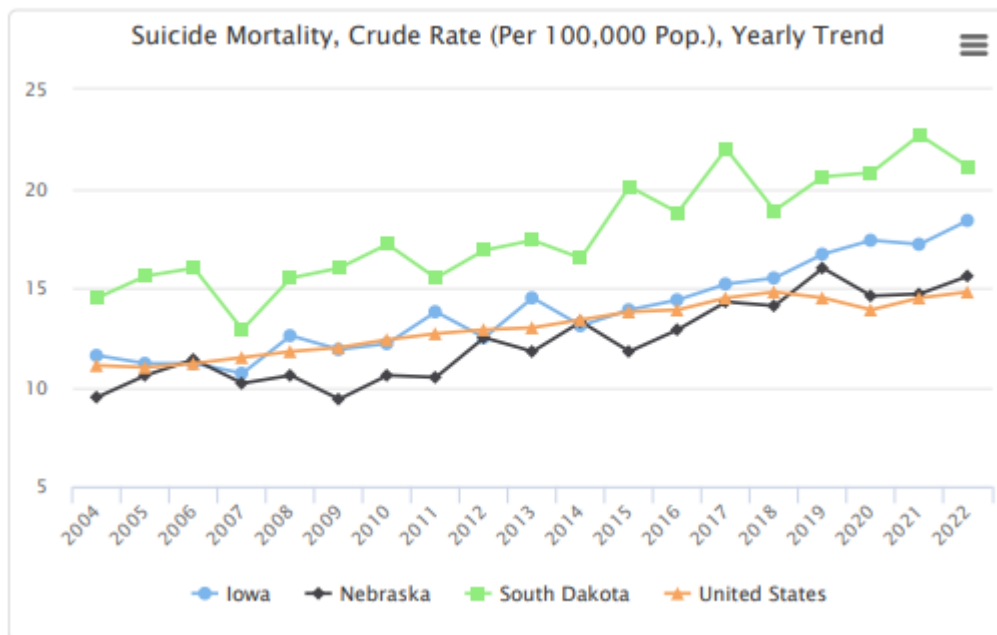
Deaths due to suicide

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.



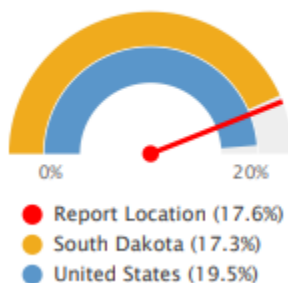


Depression (adult)

This indicator reports the percentage of adults aged 18 and older who report having been told by a doctor, nurse, or other health professional that they had depressive disorder. Within the report area, there were 17.60% of adults aged 18 and older who reported having depressive disorder of the total population.

- **Benchmark:** Depression in the report area is lower than Iowa (18.30%) and national rates (19.50%), but slightly higher than Nebraska (17.50%) and South Dakota (17.30%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via Places Data Portal. 2021.

Percentage of Adults Age 18+ with Depression



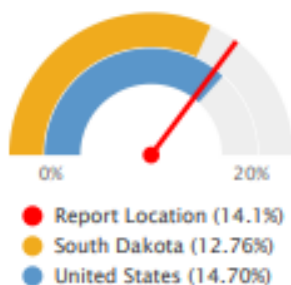
Poor mental health

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



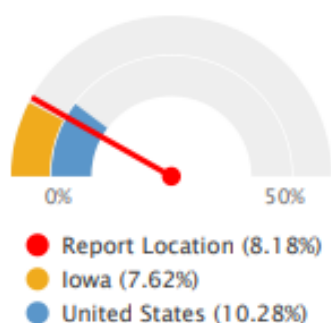
OBESITY & PHYSICAL HEALTH

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%).
- **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

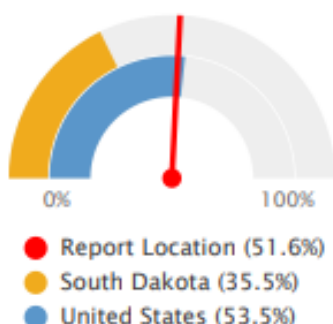


Children eligible for free/reduced-price lunch

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

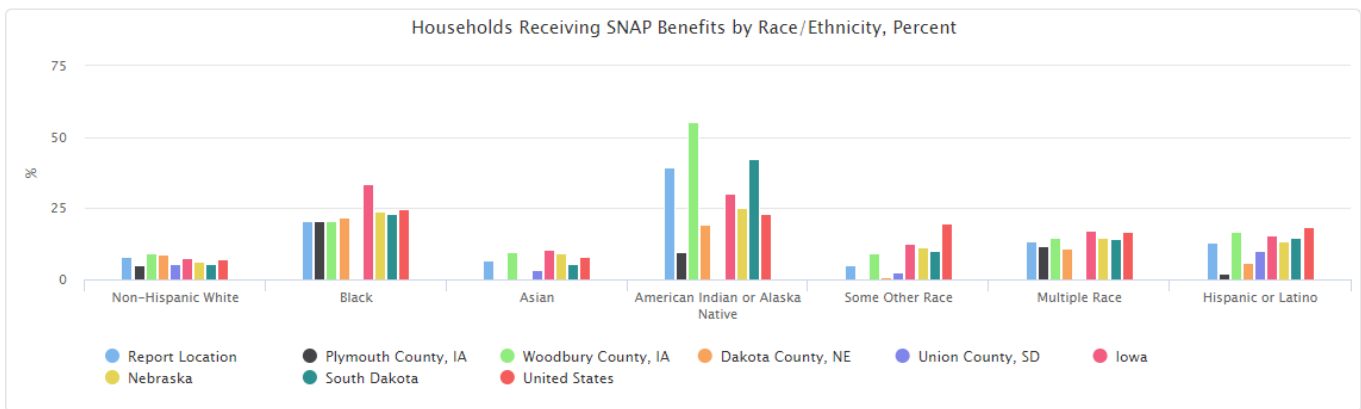
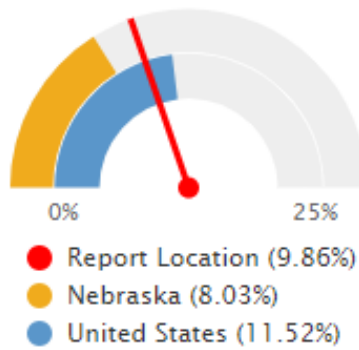


Households receiving SNAP benefits

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

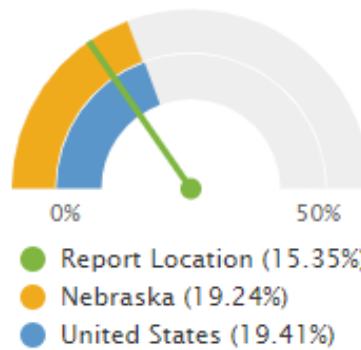


Low income & low food access

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

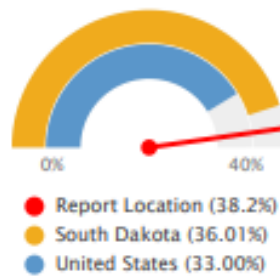


Obesity (adult)

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)

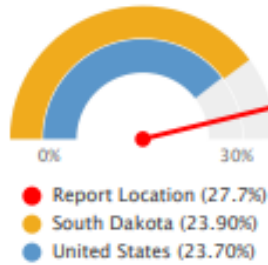


Physical inactivity

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

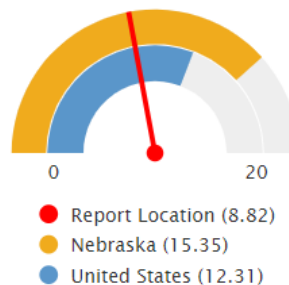


Recreation and fitness facility access

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



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. There are approximately 34.63 miles of trails and 68 parks in the City of Sioux City.

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

Percent of Population Within a 10-Minute Walk

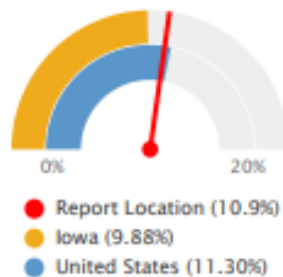


Diabetes (adult)

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.

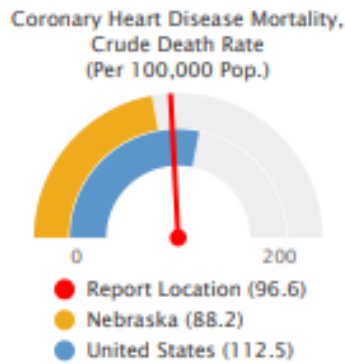
Percentage of Adults Age 18+ Ever Diagnosed with Diabetes



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.

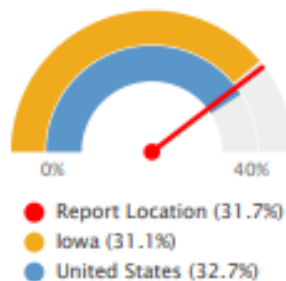


High blood pressure (Medicare)

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 have high blood pressure (HTN). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included. Within the report area, there were 31.70% of adults age 18+ who reported having high blood pressure of the total population age 18+.

- **Benchmark:** The report indicates the percent of the adult age 18+ population within the report area is higher than Nebraska (31.90%), lower than the national rate (32.70%) and Iowa (31.10%), and the same as South Dakota (31.70%).
- **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 High Blood Pressure

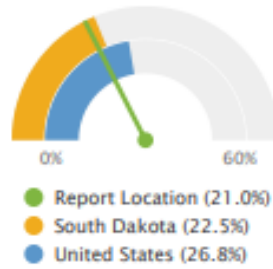


Heart disease (Medicare)

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

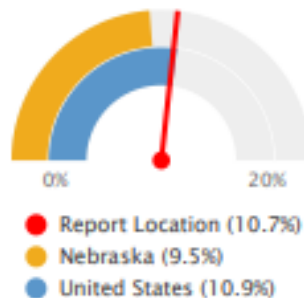


Poor physical health days

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 physical health was not good. Within the report area, there were 10.70% of adults 18 and older who reported poor physical health in the past month of the total population age 18 and older.

- **Benchmark:** The report indicates that the service area's percentage of population experiencing poor physical health days is lower than the national average (10.90%), and higher than Iowa (9.50%), Nebraska (9.00%), and South Dakota (9.30%).
- **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+ with Poor Physical Health

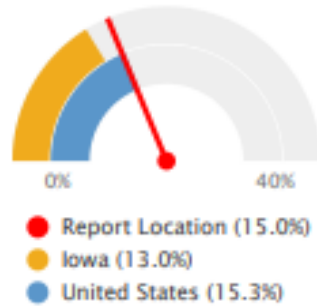


Poor or fair health

This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health (age-adjusted to the 2000 standard). Data were from the 2021 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2024 County Health Rankings. This indicator is relevant because it is a measure of general poor health status. Within the report area there are 18,905 persons aged 18 and older who self-report having poor or fair health. This represents 15.00% of the total population aged 18 and older, which is greater than the Iowa rate of 13.00%.

- **Benchmark:** The report indicates that the adult population aged 18+ experiencing poor or fair health is higher than Iowa (13.00%), Nebraska (13.00%), and South Dakota (13.00%), but lower than the national rate (15.30%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2021.

Percentage of Adults with Fair or Poor Health



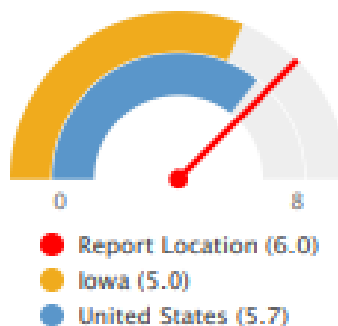
SEXUAL HEALTH

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



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

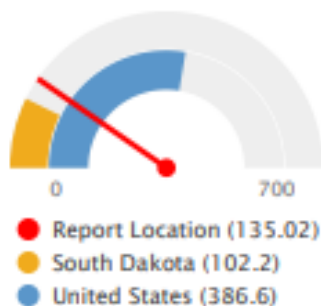


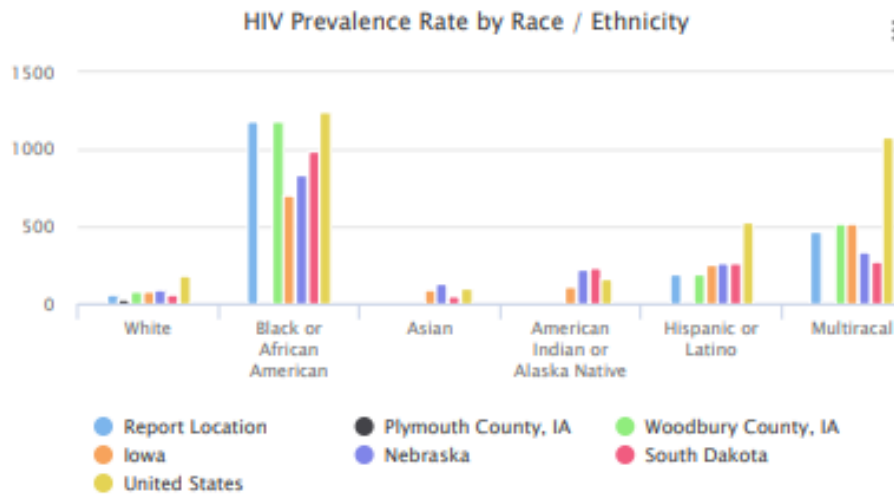
HIV prevalence

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.

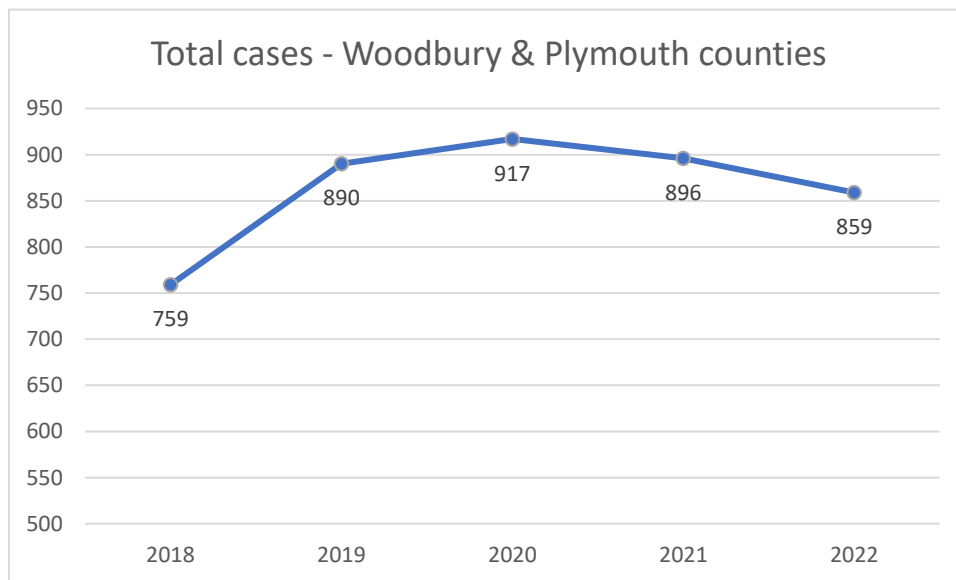




Chlamydia rate per 100,000 population

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.

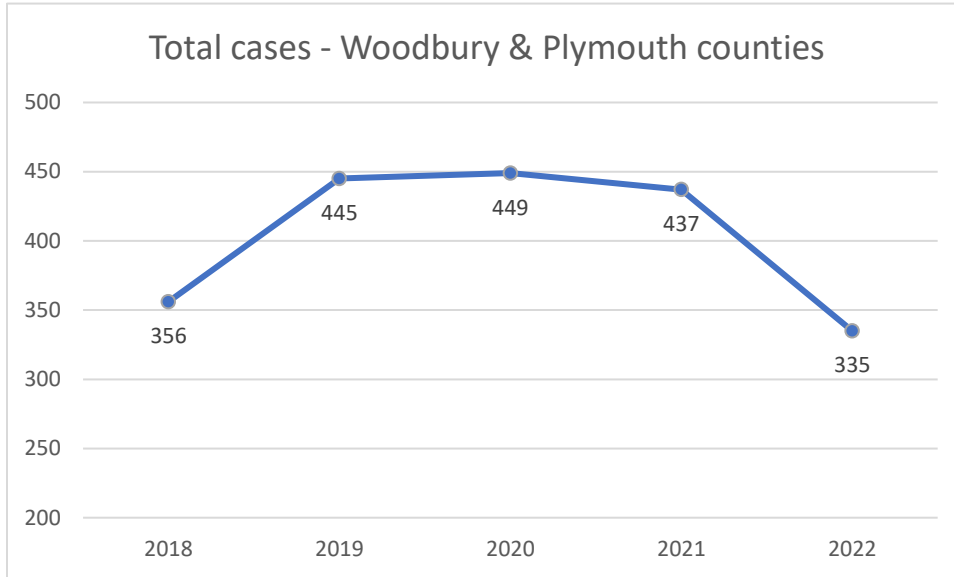


Gonorrhea rate per 100,000 population

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).

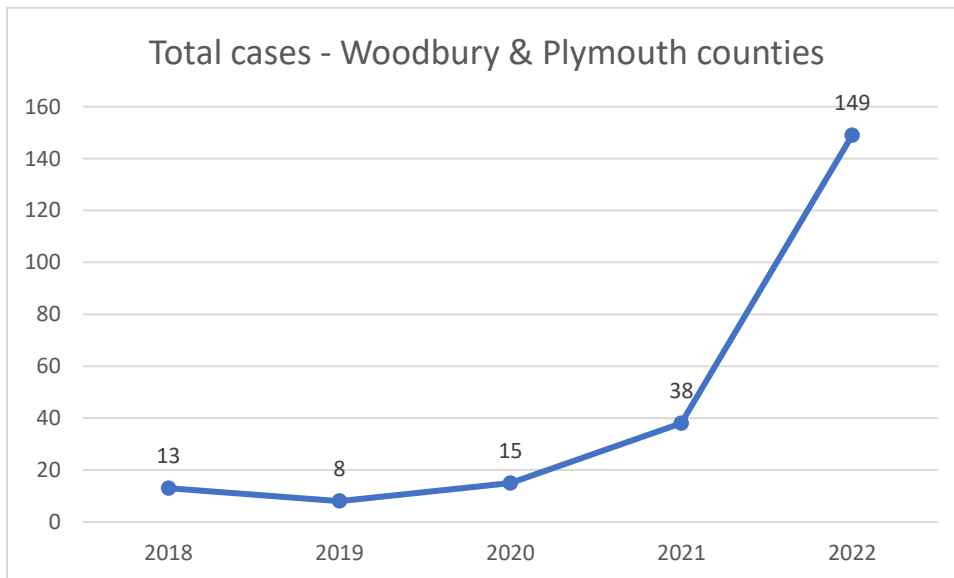
- **Data Source(s):** Iowa Public Health Tracking Portal, Gonorrhea Data, 2022.



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.



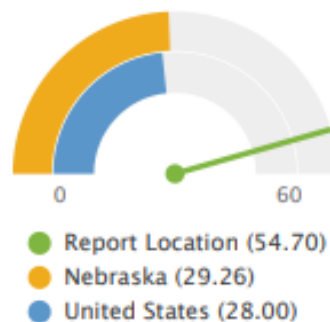
SUBSTANCE ABUSE

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.

Addiction/Substance Abuse Providers, Rate per 100,000 Population



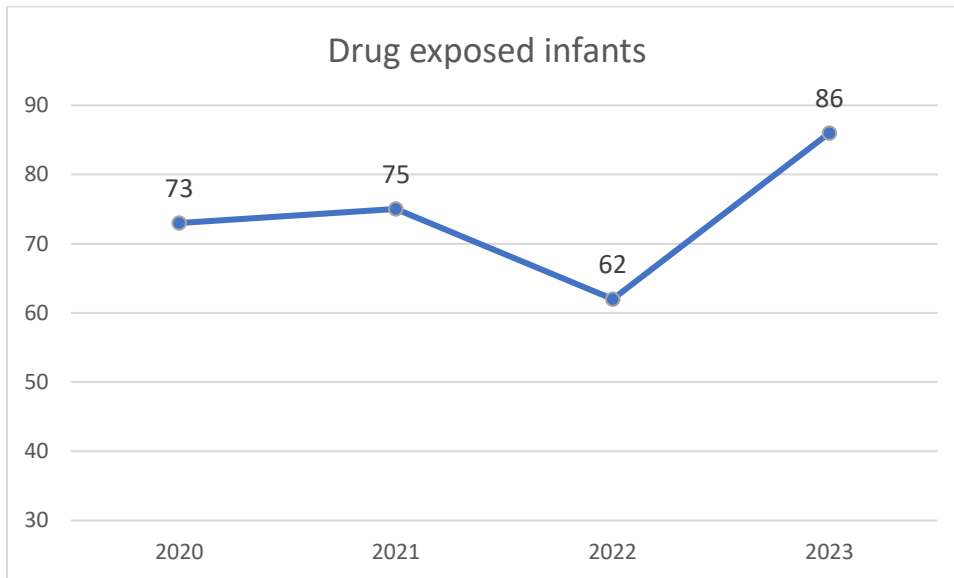
Deaths due to drug poisoning

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.

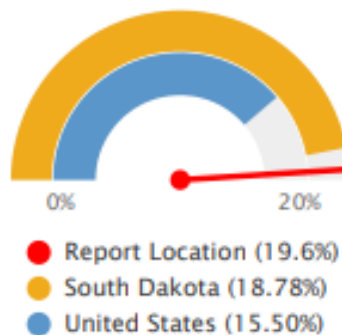


Binge drinking

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



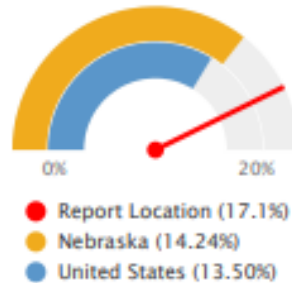
Current smokers

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

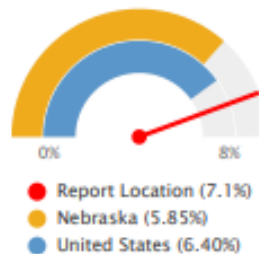


Chronic obstructive pulmonary disease (adult)

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.

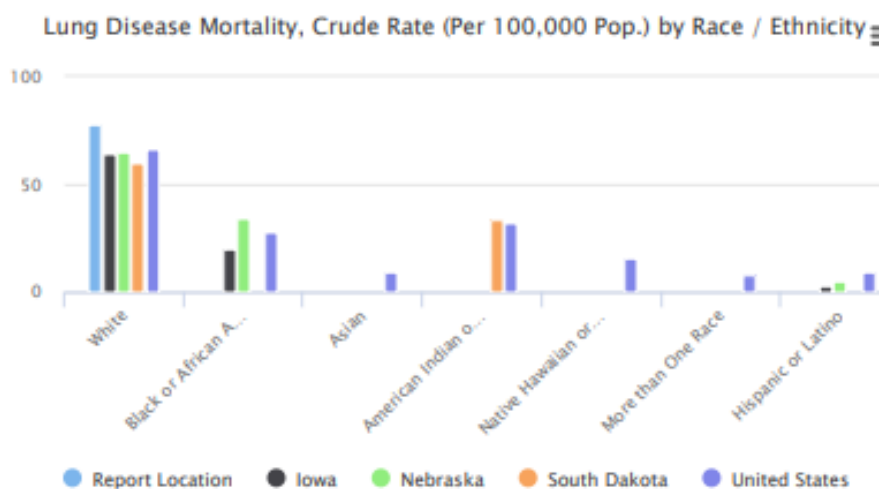
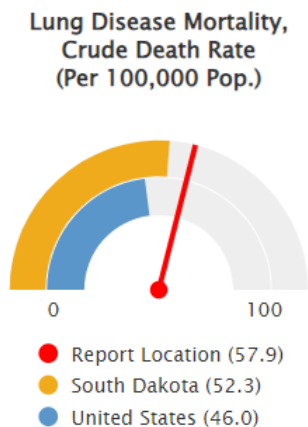
Percentage of Adults Age 18+ Ever Diagnosed with Chronic Lower Respiratory Disease



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.

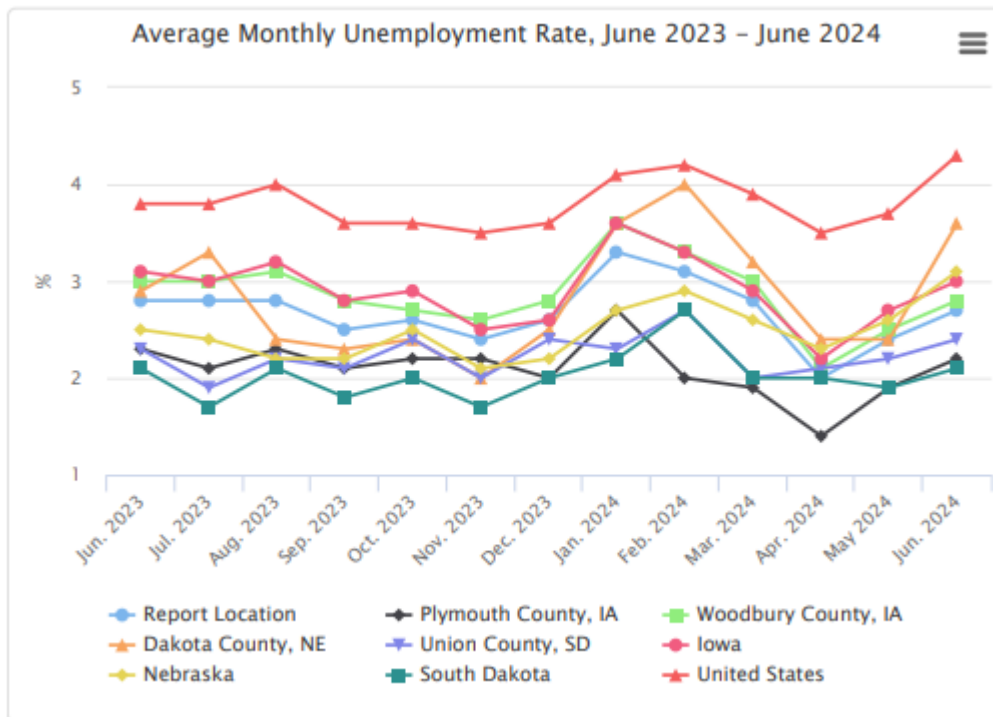


ECONOMIC STABILITY

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.

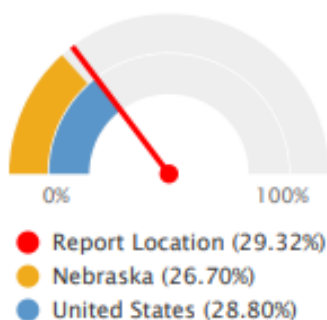


Poverty

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



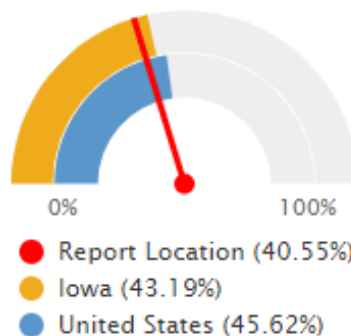
EDUCATION

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

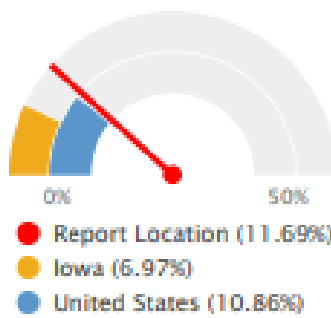


No high school diploma

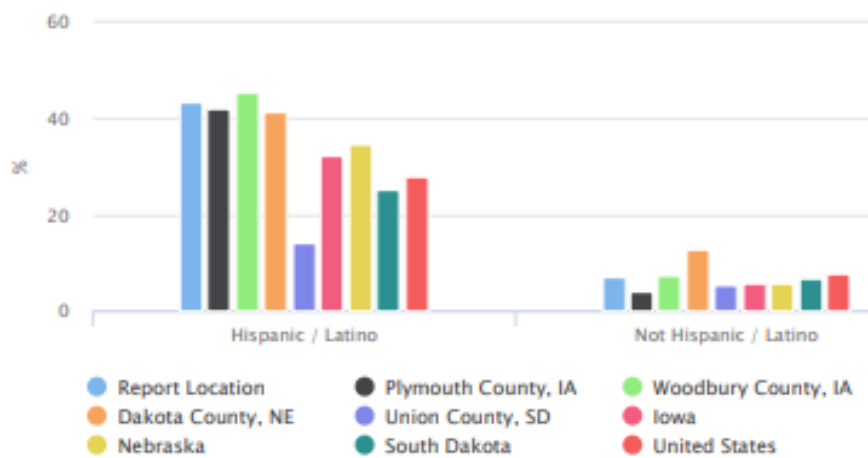
Within the report area there are 12,758 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 11.69% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

- **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



Population with No High School Diploma by Ethnicity Alone

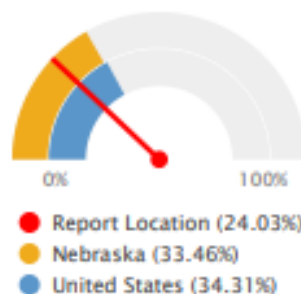


Bachelor's Degree or higher

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



Siouxland 2024 community survey

12/9/24, 10:20 AM

Qualtrics Survey Software



English ▾

Default Question Block

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

- | | |
|--|--|
| <input type="checkbox"/> Access to Affordable Healthy Foods | <input type="checkbox"/> Police, Fire, and Rescue Services |
| <input type="checkbox"/> Access to Alcohol/Drug Treatment | <input type="checkbox"/> Prepared for Emergencies (tornadoes, floods, disease) |
| <input type="checkbox"/> Access to Child Care/Early Childhood Services | <input type="checkbox"/> Programs for Youth Outside of School |
| <input type="checkbox"/> Access to Healthcare | <input type="checkbox"/> Public Transportation |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Religious/Spiritual Values |
| <input type="checkbox"/> Clean Environment | <input type="checkbox"/> Respect towards Different Cultures and Races |
| <input type="checkbox"/> Good Jobs and Healthy Economy | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Good Schools | <input type="checkbox"/> Technology/Internet Access |
| <input type="checkbox"/> Homeless Services | <input type="checkbox"/> Welcoming Community |
| <input type="checkbox"/> Low Crime/Safe Neighborhoods | <input type="checkbox"/> Other (please specify in box on next page) |
| <input type="checkbox"/> 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).

- | | |
|--|--|
| <input type="checkbox"/> Access to dental care/dental problems | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Access to specialty care | <input type="checkbox"/> Maternal Health |

https://siouxlandhealth.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV_eKYujg8ysFx5m96&ContextLibraryID=... 1/5

12/9/24, 10:20 AM

Qualtrics Survey Software

- | | |
|---|--|
| <input type="checkbox"/> Accidental Injuries | <input type="checkbox"/> Motor Vehicle Injury |
| <input type="checkbox"/> Aging Problem (Arthritis, Hearing/vision loss, dementia, falls, etc) | <input type="checkbox"/> Obesity (overweight) |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Rape/Sexual Assault |
| <input type="checkbox"/> Behavioral Health (Mental Health/Substance Abuse) | <input type="checkbox"/> Sexually Transmitted Infections (STIs including HIV/AIDS) |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Teenage Pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tobacco Use/Smoking/E-cigarettes/Vaping |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Too Much Screen Time/Technology Use |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Unsafe/Unaffordable Housing |
| <input type="checkbox"/> Fire-arm Related Injuries | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> 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)

- | | |
|---|---|
| <input type="checkbox"/> Church Group | <input type="checkbox"/> Newspaper/Magazine |
| <input type="checkbox"/> Doctor/Health Care Provider | <input type="checkbox"/> Other Social Media |
| <input type="checkbox"/> Facebook/ X (formally Twitter) | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Family or friends | <input type="checkbox"/> School/College |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> TV |
| <input type="checkbox"/> Library | <input type="checkbox"/> 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
- Accessibility barrier
- Cost
- Doctor will not take my insurance
- Frightened of the procedure or doctor
- Language barrier with medical facility
- Cannot get time off from work
- Cannot find childcare
- Hours are not convenient
- Difficult to get an appointment
- Do not trust medical professionals
- Discrimination
- No transportation or difficult to find transportation
- 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
- Female
- Intersex (having male and female sex characteristics)
- 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)

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White alone, not Hispanic |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> <input style="width: 280px; height: 15px;" type="text"/> |

What is the highest grade of school you completed?

- | | |
|--|--|
| <input type="radio"/> Have not graduated high school | <input type="radio"/> Bachelor's Degree (College graduate) |
| <input type="radio"/> Grade 12 or GED (High School Graduate) | <input type="radio"/> Post-graduate degree (Master's, M.D., Ph.D., J.D.) |
| <input type="radio"/> 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						<input type="text"/>
UnityPoint Health - St. Lukes						<input type="text"/>
Siouxland District Health Department (Public Health Agency for Woodbury County, IA						<input type="text"/>

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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
Unity Point Health	General Population
UnityPoint at Home	Medically Fragile
Univ 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 Nylén 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 St. Luke's	General Population
Univ. of Iowa	General Population
UPH- Siouxland PACE	Medically Fragile/Older population
Women Aware	General Population

Posters presented at the Community Prioritization meeting

Siouxland Drug Exposed Infants

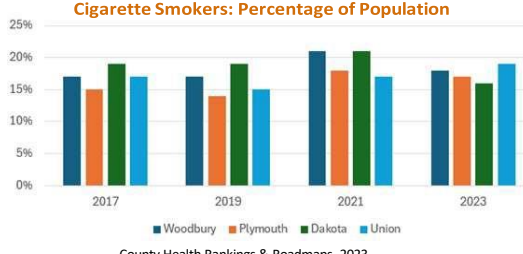


2023: **86**
2022: **62**
2021: **75**
2020: **73**

UnityPoint Health/SCCAN, 2023


Substance Use

Cigarette Smokers: Percentage of Population



County Health Rankings & Roadmaps, 2023

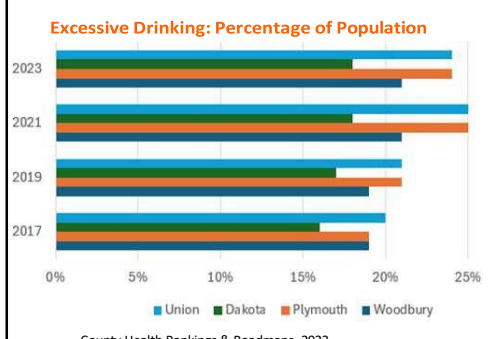
17% of surveyed Siouxland 11th graders reported riding with a driver who was under the influence.




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

Siouxland CARES Youth Survey, 2022

Excessive Drinking: Percentage of Population



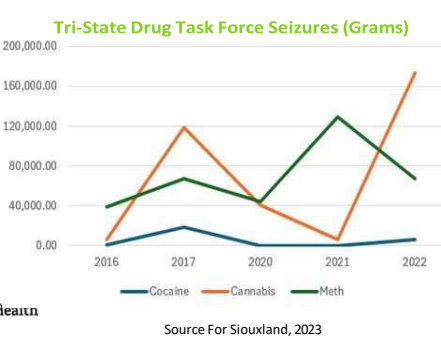
County Health Rankings & Roadmaps, 2023




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

Siouxland CARES Youth Survey, 2022

Tri-State Drug Task Force Seizures (Grams)

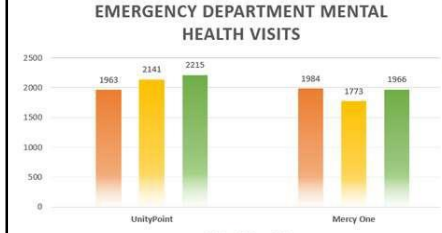


Source For Siouxland, 2023



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

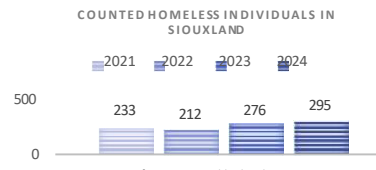
EMERGENCY DEPARTMENT MENTAL HEALTH VISITS



UnityPoint Mercy One

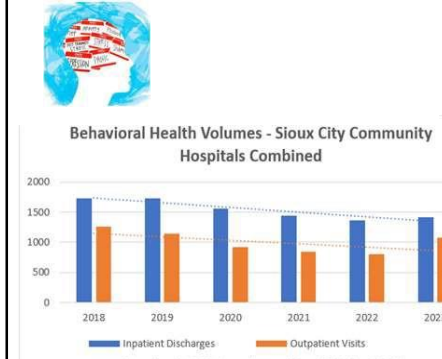
MENTAL HEALTH

COUNTED HOMELESS INDIVIDUALS IN SIOUXLAND



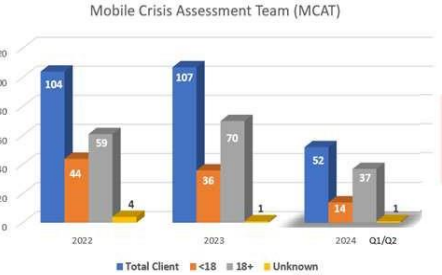
City of Sioux City Neighborhood Services

Behavioral Health Volumes - Sioux City Community Hospitals Combined



Iowa Hospital Association

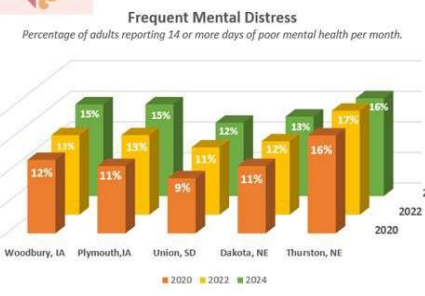
Mobile Crisis Assessment Team (MCAT)



Siouxland Mental Health Center

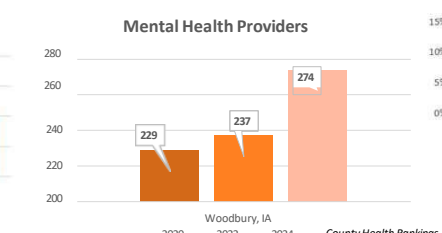
Frequent Mental Distress

Percentage of adults reporting 14 or more days of poor mental health per month.




countyhealthrankings.org

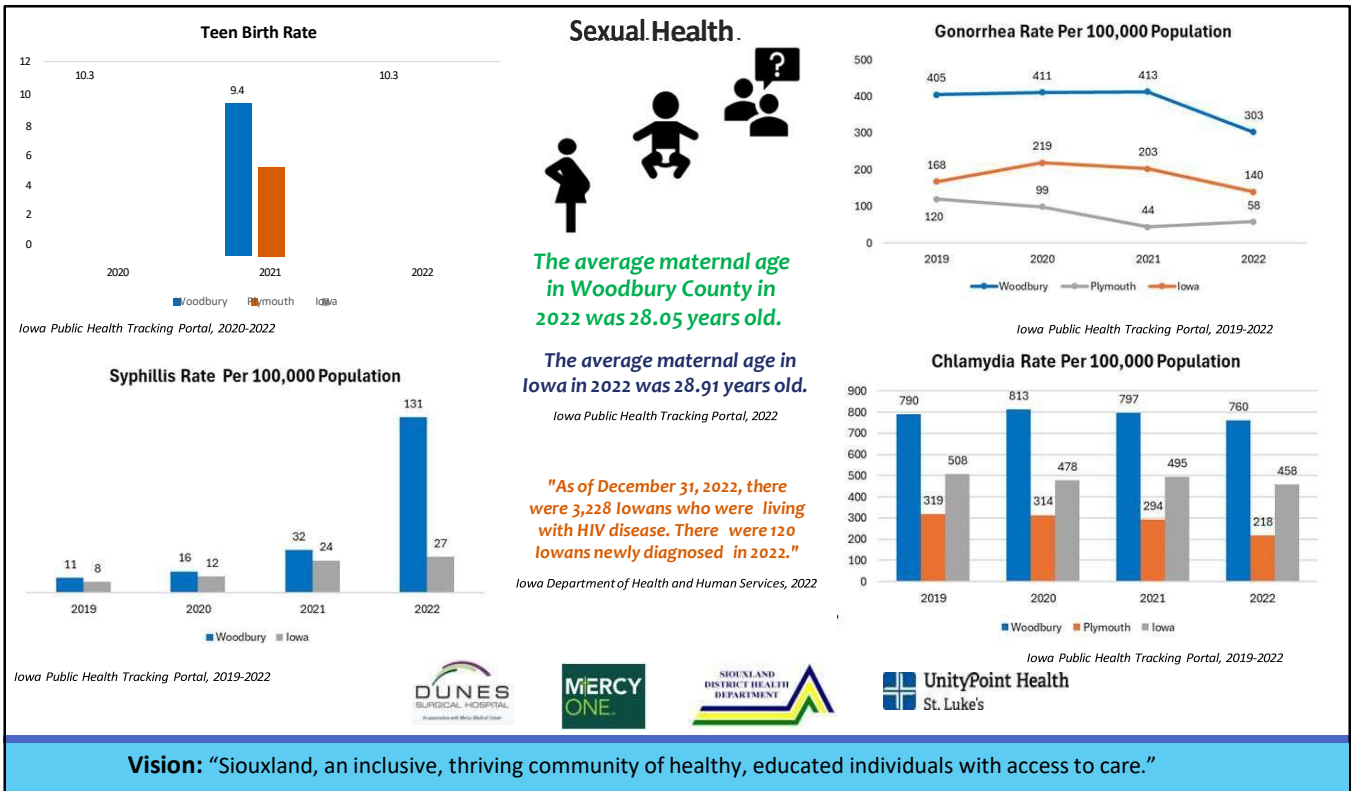
Mental Health Providers



County Health Rankings

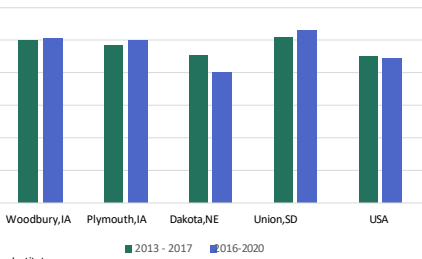


Vision: "Siouxland, an inclusive, thriving community of healthy, educated individuals with access to care."



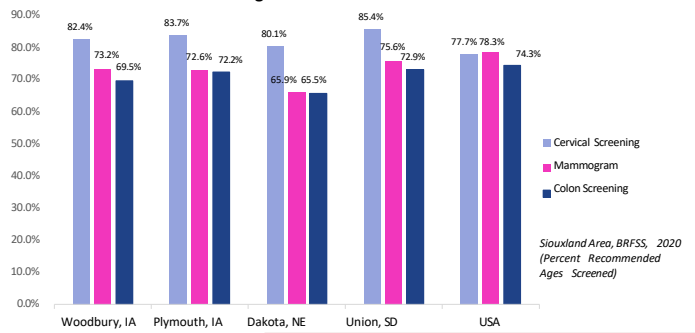
Cancer

Cancer Incidence Rates per 100,000 Population



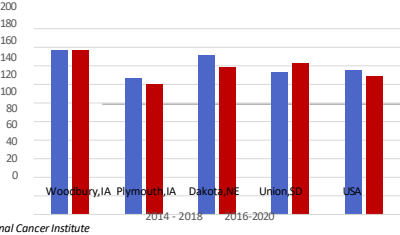
National Cancer Institute

2020 Cancer Screenings & Health Behaviors



Siouxland Area, BRFFSS, 2020 (Percent Recommended Ages Screened)

Cancer Mortality Rates per 100,000 Population



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

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

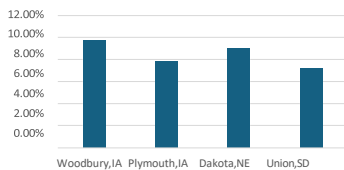
While the number of low cancer cases has doubled over the past 50 years, the 4 leading cancers – breast, lung, colorectal, and prostate cancers still make up almost 50% of new cases and cancer deaths. These cancers are strongly linked to lifestyle factors and have available screenings. – Iowa Cancer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

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



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

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



CDC QuickFacts ACS 2018-2022

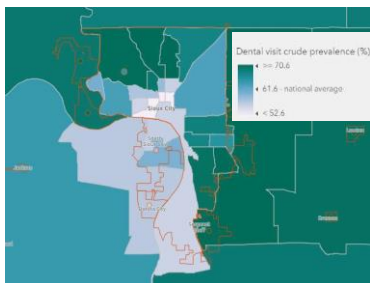
Other Data Points

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%

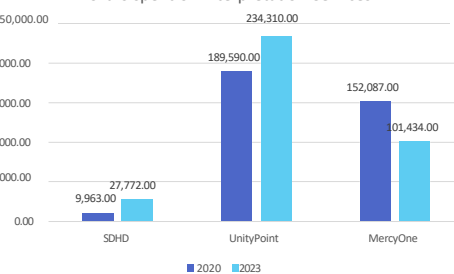
Dental Visits Per Census Tracts

CDC Places ACS 2015- 2021



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

Dollars spent on Interpretation Services



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

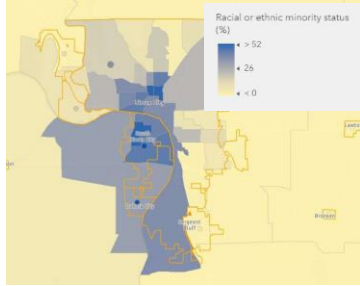
- Access to healthcare without medical insurance
- Difficult to make appointments around work schedule
- Barriers to Medicaid – some not eligible, never knew how to apply for it, ID issues.



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

Racial or Ethnic Minority Status

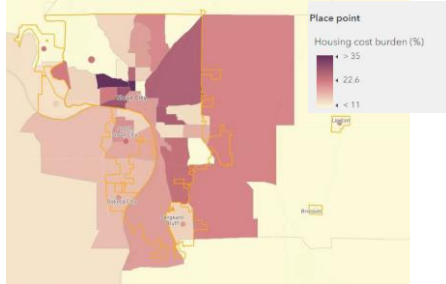
Places ACS 2017 - 2021



Social Determinants of Health

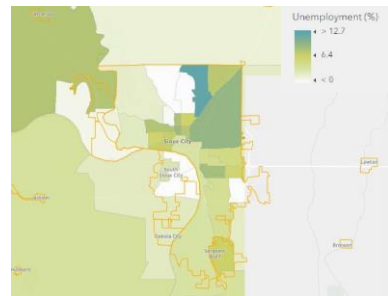
Housing Cost Burden Percentage

Places ACS 2017 - 2021



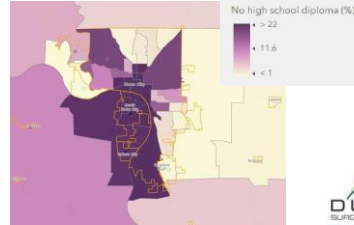
Unemployment

Places ACS 2017 - 2021



No High School Diploma

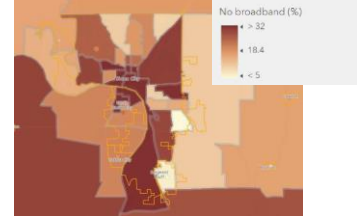
Places ACS 2017 - 2021



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



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	27
Substance use treatment - detox, long term	4	
Opioid use	5	
prenatal substance use	9	
substance use prevention education&perception	3	
alcohol use	3	36
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	
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	11
Affordable food	6	
Nutrition education	2	
Transportation to access food	0	
food resources	3	1
physical activity	1	
Sexual health education	13	19
Syphilis	5	
STI testing stigma	1	
Barriers to cancer screenings	9	13
cancer prevention & risk factor education	2	
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 documentation

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 to
- & 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 Head 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 incarcerated 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 habilitation providers & pediatric habilitation 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 addiction 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