

2019 to 2021



HEALTH NEEDS ASSESSMENT

FOR THE SIOUXLAND COMMUNITY



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Letter from Area Leadership

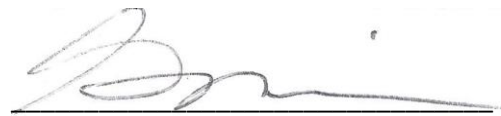
The Siouxland Area Community Health Needs Assessment (CHNA) team is pleased to share with you our 2019 Community Health Needs Assessment. Since merging forces in 2016, the team has been committed to improving the lives and health of people living in our communities. This report is a tangible representation 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.

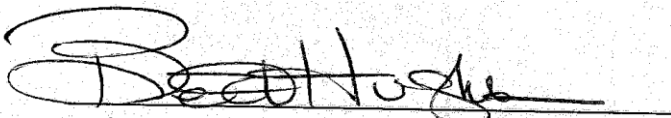
As a result, this report includes community thoughts from the following:

- 651 online survey respondents
- 2 community – wide meetings with a combined 83 attendees
- 39 different community and city-based organizations
- 5 focus group meetings with a combined 33 attendees

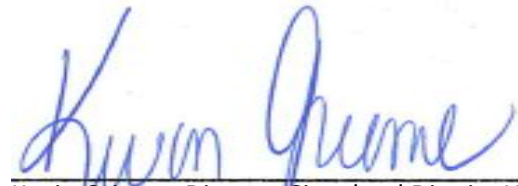
This wealth of quantitative and qualitative data allowed us to fulfill our commitment to the community by prioritizing their needs in our assessment. The CHNA Team would like to thank everyone who was involved in development of this assessment. We would also like to thank you for reading this report,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




Greg Miner, CEO Dunes Surgical Hospital



Beth Hughes, President Mercy Medical Center



Kevin Grieme, Director Siouxland District Health Dept



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

Executive Summary

Community Health Needs Assessment

Siouxland Area Residents,

The Affordable Care Act and the Health Care Education Affordability Reconciliation Act, both enacted in March 2010, mandate tax-exempt hospital organizations to conduct a Community Health Needs Assessment every three years, beginning in 2011. In 2015/2016 Dunes Surgical Hospital (DSH), Mercy Medical Center (Mercy), Siouxland District Health Department (SDHD), and UnityPoint Health - St. Luke's partnered together to complete the first ever joint Community Health Needs Assessment (CHNA) to determine the community's greatest health needs, and to coordinate efforts to improve population health outcomes for the Siouxland area. Once again in 2018/2019 the same entities came together to complete the second joint community health needs assessment.

Throughout 2018, the CHNA Planning Committee, made up of representatives from Dunes Surgical Hospital, Mercy Medical Center, Siouxland District Health Department 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 yearlong process included six phases:

- Phase 1: Organize for Success & Partnerships
- Phase 2: Visioning
- Phase 3: The Four Assessments
- Phase 4: Identify Strategic Issues
- Phase 5: Formulate Goals & Strategies
- Phase 6: Action Cycle

The joint CHNA looked at data from the following 6 counties in the tri-state Siouxland area, as each hospital serves a larger territory outside of just Woodbury County:

- Union, SD
- Dakota, Dixon, and Thurston, NE
- Plymouth and Woodbury, IA

After reviewing all information and data available the following 6 needs were identified for the Siouxland area: Homelessness/Housing, Access to Care, Sexual Health, Substance Abuse, Obesity/Chronic Health Conditions, and Mental Health.

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

The Dunes Surgical Hospital is located in Dakota Dunes, SD. The hospital's focus is on offering a high quality, service-oriented environment for patient's surgical procedures. DSH is accredited by the Joint Commission, and specialize in Dental/Oral Surgery, Ear Nose and Throat, General, Gastrointestinal, Gynecology, Neurosurgery, Ophthalmology, Orthopedic, Pain, Plastic, Podiatry, Spine, and Urology.

Mercy's Mission is to serve with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities. Living the traditions, visions and values of the Sisters of Mercy, Mercy Medical Center-Sioux City is a regional Level II Trauma Center that meets the needs of residents in Iowa, Nebraska and South Dakota. In addition to the main hospital in Sioux City, Mercy-Sioux City owns rural hospitals in Primghar, Iowa, and Oakland, Nebraska, manages hospitals in Pender, Nebraska and Hawarden, Iowa, and operates a primary care clinic network, specialty care clinics and home health services. Mercy also partners with other community healthcare providers to sponsor a regional cancer center, paramedic services, hospice services, a freestanding surgery center and a variety of other health services.

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

As part of UnityPoint Health –St. Luke's is one of the region's most patient and family-centered hospitals, delivering innovative care to communities in the tri-state area including Iowa, Nebraska and South Dakota. Using a team approach, the physicians and specialists of UnityPoint Clinic are committed to helping patients manage their health with services including family practice, general surgery, pulmonary and critical care, occupational medicine, and cardiology. For patients who need additional care at home, UnityPoint at Home provides services and equipment including nursing care, infusion therapy, respiratory therapy, rehabilitation, home medical equipment and supplies. Through our mission to improve the health of the people and the communities we serve, UnityPoint Health – St. Luke's, UnityPoint Clinic and UnityPoint at Home work together to ensure the best outcome for every patient every time.



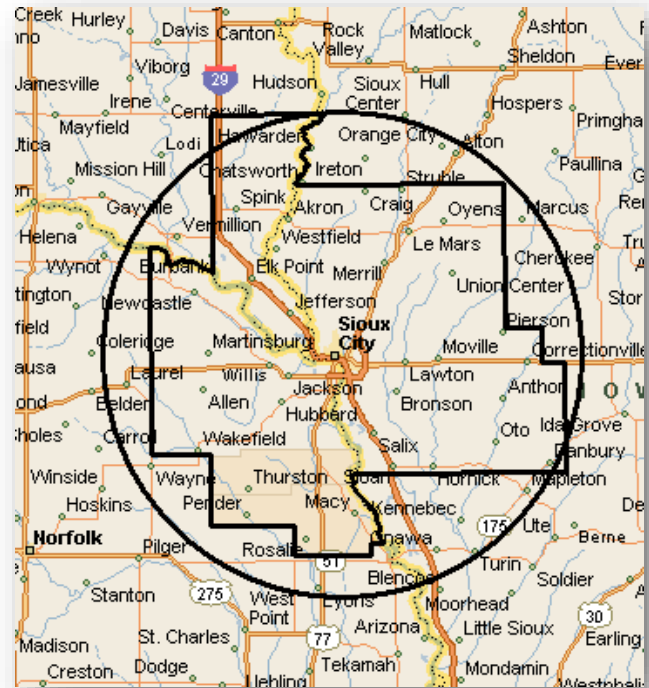
Community Health Needs Assessment

Description of Community

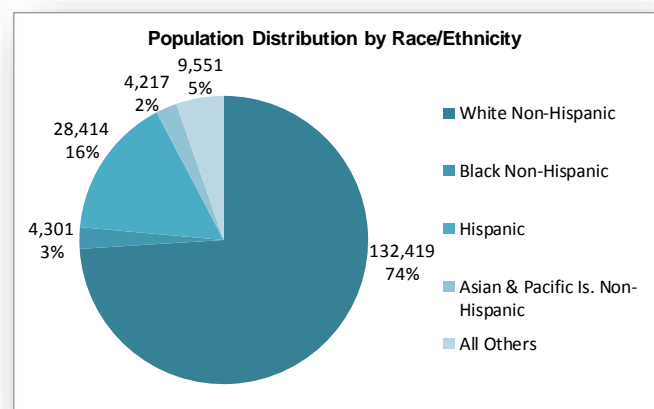
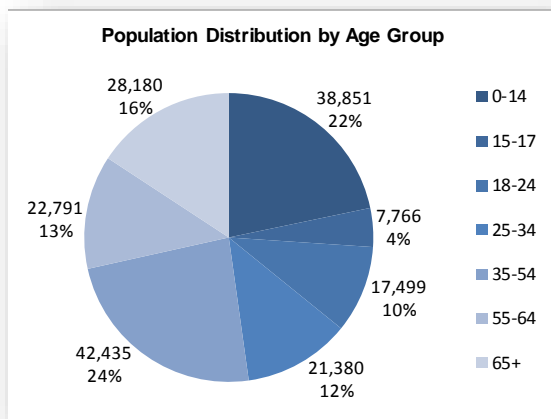
Community Health Needs Assessment, Description of Community (Service Area)

Siouxland Service Area Characteristics

Sioux City, Iowa serves as the regional hub for business, employment, industry, retail trade, medical care, and educational opportunities. Six counties in the tri-state area of northwestern Iowa, northeastern Nebraska, and southwestern South Dakota are included in the Siouxland Community Health Needs Assessment. Individuals residing in these counties live within a 40-mile radius of Sioux City, as noted in the map.¹ The area includes the Iowa counties of Woodbury and Plymouth; the Nebraska counties of Dakota, Dixon, and Thurston; and the South Dakota county of Union. The total area for these counties is 3,355 square miles, with Woodbury and Plymouth representing 52% of this total area.² The Siouxland region, outlined in the map, has a population of 178,902 with an estimated 1.5% increase by 2023.³



As shown in the graph, 26% of the population is under the age of 18 years and 16% of the population is over the age of 65 years. The race/ethnicity distribution in the area is 74% White, 16% Hispanic, 3% Black, 2% Asian, and 5% other.



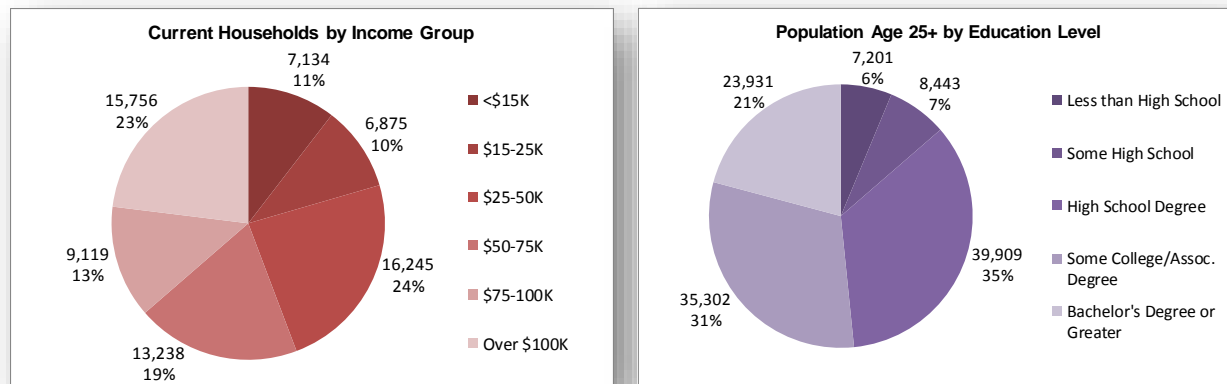
¹ Microsoft MapPoint

² Wikipedia, County State Profiles

³ The Claritas Company, © Copyright IBM Corporation 2018

In the area, 45% of the households have an annual income of less than \$50K.

The regional economy is based on food manufacturing/processing, agriculture, health care and social assistance, education, and the food service industries. The July 2018 unemployment rate for the largest counties in the region –Woodbury, Plymouth, and Dakota – was 2.5%, 1.9%, and 3.9%. ⁴



Individual County Characteristics

Woodbury County has a population of 104,815 which represents 59% of the Siouxland regional total. The residents of Sioux City and Sergeant Bluff represent nearly 90% of the Woodbury County population.

Plymouth County has a population of 24,140 or 14% of the Siouxland regional total. The largest community in the county is Le Mars with a population of 12,900. At 12% of the regional population,

Dakota County has a population of 20,910. South Sioux City and Dakota City total residents represent 84% of the county population. **Union County** has a population of 16,000 which represents 9% of the regional total. North Sioux City and Dakota Dunes total residents represent 43% of the county population.

The total residents in the communities of Sioux City, Sergeant Bluff, Lamar's, South Sioux City, Dakota City, North Sioux City, and Dakota Dunes total 130,850. Completing the six-county area is **Thurston County** with a population of 7,190 and **Dixon County** with a population of 5,800 representing 7% of the regional total.

		Age Group												
		Under 18		18 to 24		25 to 34		35 to 54		55 to 64		65 and over		
State	County	Population	% of County Total	Population	% of County Total	Population	% of County Total	Population	% of County Total	Population	% of County Total	Population	% of County Total	Total Population
IA	Plymouth	5,826	24.1%	2,130	8.8%	2,406	10.0%	5,805	24.0%	3,443	14.3%	4,532	18.8%	24,142
	Woodbury	27,252	26.0%	10,649	10.2%	13,191	12.6%	25,112	24.0%	12,937	12.3%	15,674	15.0%	104,815
NE	Dakoa	5,920	28.3%	2,084	10.0%	2,652	12.7%	4,869	23.3%	2,427	11.6%	2,961	14.2%	20,913
	Dixon	1,388	23.9%	519	8.9%	568	9.8%	1,244	21.4%	871	15.0%	1,211	20.9%	5,801
	Thurston	2,478	34.5%	761	10.6%	880	12.2%	1,363	19.0%	777	10.8%	927	12.9%	7,186
SD	Union	3,753	23.4%	1,356	8.5%	1,683	10.5%	4,042	25.2%	2,336	14.6%	2,875	17.9%	16,045
Siouxland Regional Total		46,617	26.0%	17,499	9.8%	21,380	12.0%	42,435	23.7%	22,791	12.7%	28,180	15.8%	178,902

Source: 2018 The Claritas Company ©IBM Corporation 2018

Source: 2018 The Claritas Company ©IBM Corporation 2018

⁴ Iowa Workforce Development & NE Works, July 2018

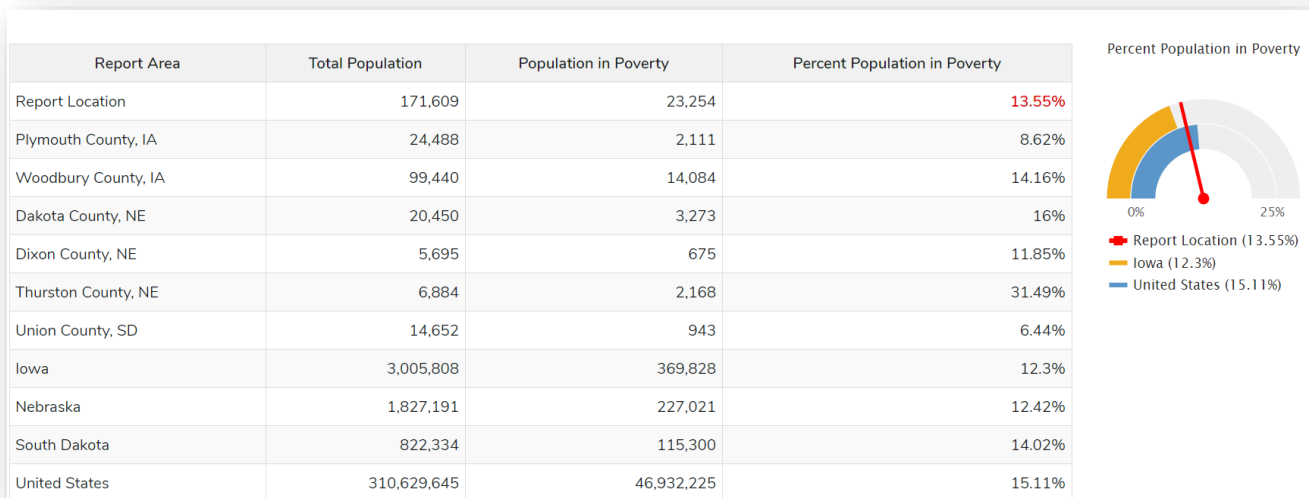
Social Determinants of Health



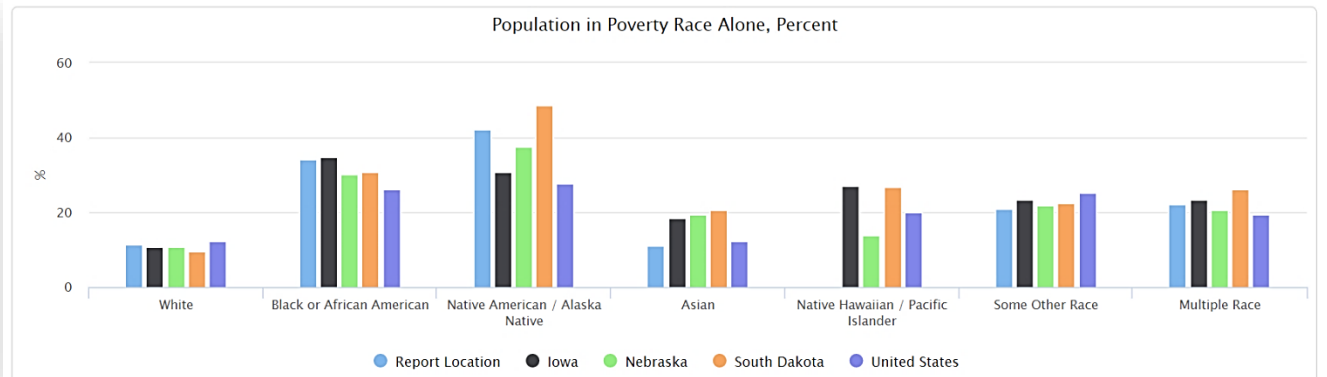
Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is 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

According to American Community Survey, within the 6-county report area 13.55% or 23,254 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. Thurston County, NE has nearly 32% of residents living in poverty while Union County, SD as the lowest at just over 6%.



Although Woodbury County's overall poverty percentage is at 14%, Sioux City has seven census tracts with more than 20% of their residents living in poverty, with their highest census tract at 42% of the population living below the poverty level. Blacks and Native Americans have the highest percent of poverty for our reporting area.

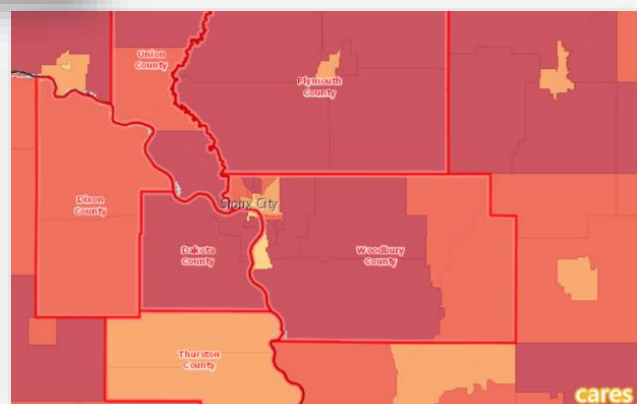
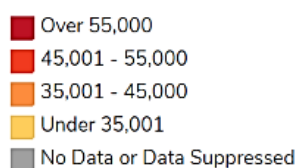


Plymouth County, IA and Union County, SD report a higher median household income than their respective state's average household income, however Woodbury County, Dakota County, Dixon County and Thurston County all report lower than state averages for household income. Once again Thurston County and segments of Sioux City in Woodbury County report the lowest household incomes in the reporting area.

Report Area	Total Households	Average Household Income
Report Location	66,281	\$66,156.00
Plymouth County, IA	10,008	\$71,580.00
Woodbury County, IA	38,536	\$62,876.00
Dakota County, NE	7,314	\$61,822.00
Dixon County, NE	2,290	\$62,939.00
Thurston County, NE	2,096	\$61,290.00
Union County, SD	6,037	\$86,268.00
Iowa	1,242,641	\$70,708.00
Nebraska	741,581	\$71,166.00
South Dakota	333,536	\$68,419.00
United States	117,716,237	\$77,866.00

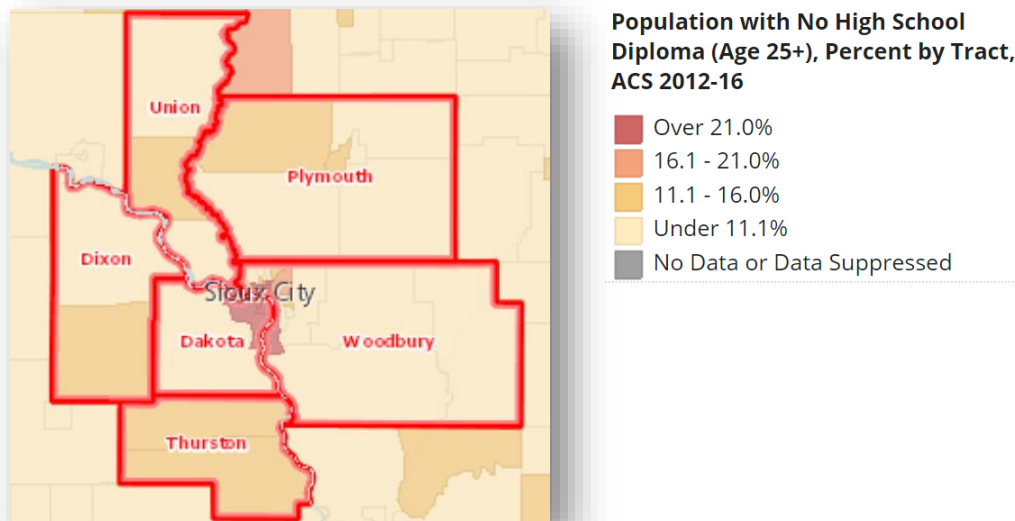
Note: This indicator is compared to the highest state average.
Data Source: US Census Bureau, American Community Survey, 2012-16. Source geography: Tract → [Show more details](#)

Median Household Income by Tract, ACS 2012-16

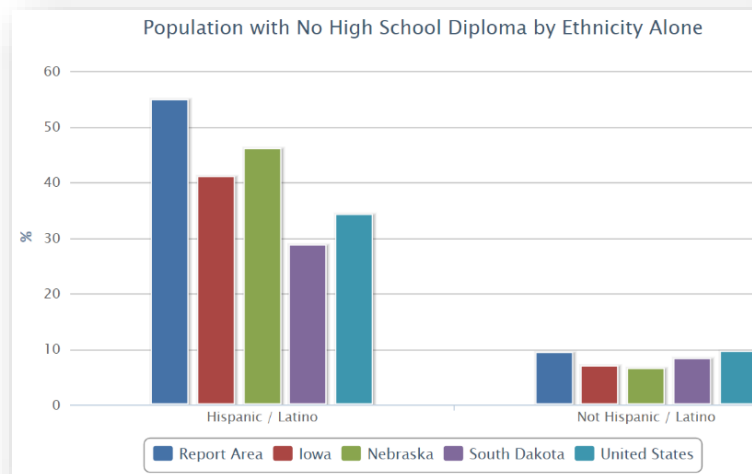


Education

In the six-county reporting area, 14% of the population aged 25 and older do not have a high school diploma.⁵ Dakota County, NE has the largest percentage at nearly 26% of residents age 25+ who do not have a high school diploma, while Plymouth County, IA has the lowest at 8%.⁵ Almost 21% of the population age 25 and older in the six-county reporting area have obtained a Bachelor's level degree or higher.⁵ This indicator is relevant because educational attainment has been linked to positive health outcomes.



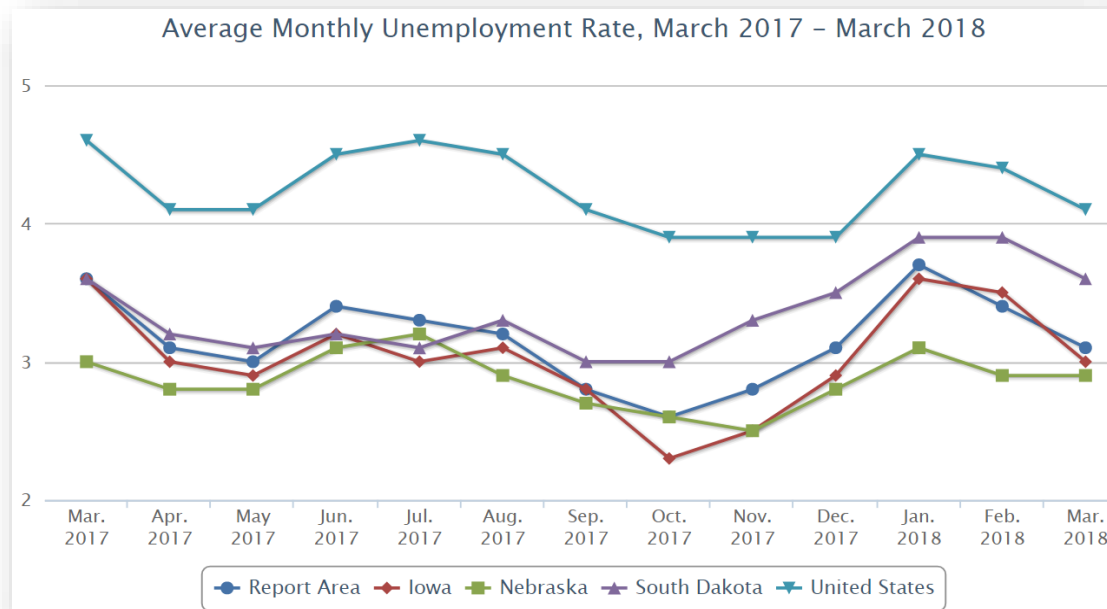
The 6-county Siouxland reporting area mirrors national trends with regard to the Hispanic/Latino population reporting larger percentage of the population without a high school diploma.



⁵ American Community Survey 2012-2016

Employment

Total unemployment in the report area for Aug 2018, was 2,275, or 2.4% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). Plymouth County, Iowa has the lowest unemployment rate at 1.7%, while, Thurston County, NE had the highest at 4%. 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.



According to the 2018 Siouxland Community Health Needs Assessment Survey nearly 80% had no employment concerns, yet 15% stated they were employed but earned insufficient wages.

Neighborhood and Built Environment

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 1.01 or more

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Percent Occupied Housing Units with One or More Substandard Conditions
Report Area	66,281	15,441	23.3%
Plymouth County, IA	10,008	1,834	18.33%
Woodbury County, IA	38,536	9,523	24.71%
Dakota County, NE	7,314	2,018	27.59%
Dixon County, NE	2,290	435	19%
Thurston County, NE	2,096	639	30.49%
Union County, SD	6,037	992	16.43%
Iowa	1,242,641	299,499	24.1%
Nebraska	741,581	192,601	25.97%
South Dakota	333,536	81,018	24.29%
United States	117,716,237	39,729,263	33.75%

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. Thurston County has the highest percent occupied housing units in substandard condition.

According to the 2018 Siouxland Community Health Needs Assessment Survey, nearly 85% of survey responders reported in or around their household, no items have threatened their family's health in the past year. Of those who did report a household item impacting their family's health, agricultural chemicals, outdoor air quality, insects, mold and bed bugs were reported the most frequent.

Community residents report that they feel the most important public safety issue law enforcement should focus on within the community is drug enforcement at 73%, followed by gangs and prevention education in schools both at 53%, and traffic enforcement at 29%.

Violent Crime in the reporting area is at a lower rate than state and national levels, yet portions of Woodbury County, specifically Sioux City report higher crimes. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

GOAL 3: Provide opportunities and support so families will be safe, healthy, and nurturing.						
Community Strategies: Family Court, CASA, domestic violence shelter and support services, HOPES, Community Health, District Health, mental and behavioral health, substance abuse						
	2007	2014	2015	2016	2017	+/-
Indicator 1: Domestic Violence Reported Victims – WC, IA	566	393	579	566	NYA	↔
Indicator 2: Domestic Violence Arrests – WC, IA	248	395	346	326	NYA	↑
Domestic Violence Arrests (Simple + Aggravated) – DC, NE	49	46	32	71	NYA	↑
Indicator 3: Confirmed Abused Children/1,000 WC, IA	20.31	13.7	16.8	16.6	24.2	↑
Indicator 4: Confirmed Abused Children # - WC, IA	562	350	447	448	654	↑

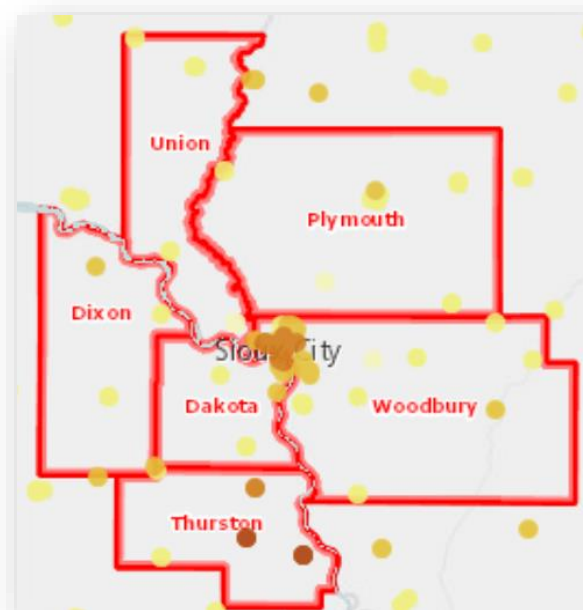
According to Siouxland Comprehensive Strategy for Youth Development and their 2018 Data Report to the Community, domestic violence arrests have remained similar in Woodbury County, while arrests in Dakota County have doubled in recent years. Confirmed abused children in Woodbury County continue to increase as well.

Social Services

The Siouxland Food Bank reports 25,670 food insecure individuals living in the Siouxland community, including 11,030 food-insecure children. Roughly each county in the 6-county reporting area averages a food insecurity rate of 8-10%, except Thurston, which is at 19%. ⁶

⁶ Feeding America Map the Meal Gap 2018

Free and reduced lunch eligible children are highest in portions of Thurston, Dakota and Woodbury County. A couple of census tracts report more than 90% of children are eligible for free or reduced-price lunches.



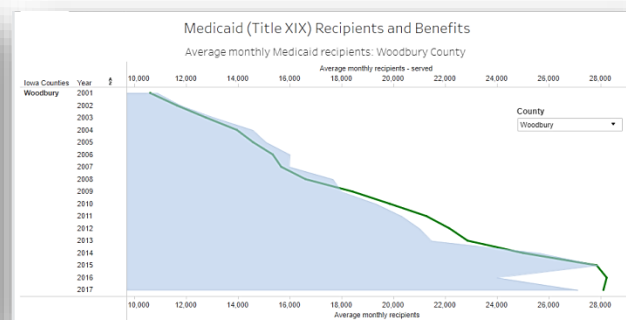
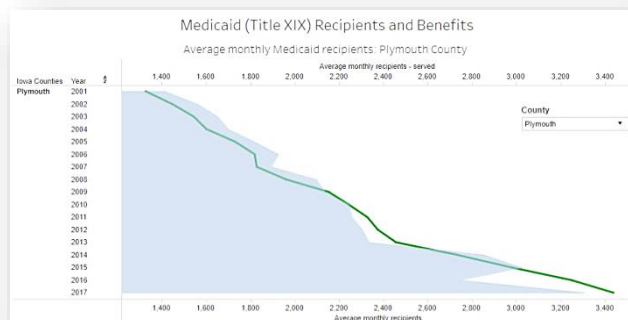
Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2015-16

- Over 90.0%
- 75.1% - 90.0%
- 50.1% - 75.0%
- 20.1% - 50.0%
- Under 20.1%
- Not Reported

According to the Siouxland Community Health Needs Assessment Survey in 2018, the top items individuals sought financial assistance for were: healthcare costs, dental care costs, utility costs, mental health issues and home repairs.

Access To Care

In 2016, the average number of monthly recipients eligible for Medicaid benefits were 28,236 in Woodbury County and 3,248 in Plymouth County.



Access to primary care throughout the 6-county report area has fluctuated over the years. Over a 10-year period from 2004 – 2014, Plymouth and Dakota Counties both saw a decrease in access to primary care physicians, while Woodbury, Dixon, Thurston and Union all saw an increase.

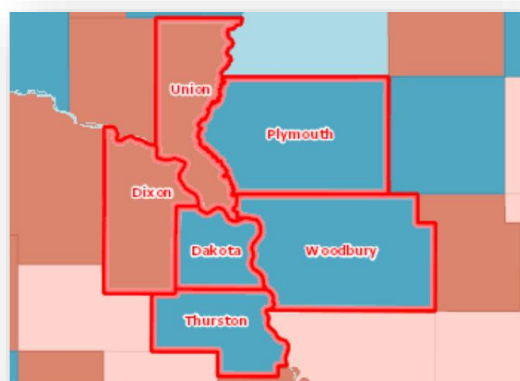
There are four Federally Qualified Health Center locations in the reporting area. They are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Woodbury County, IA – 1

Dakota County, NE – 1

Union County, SD – 2

Mental Health Care Providers range from 1 in Dixon County, NE to 205 in Woodbury County, IA. Mental health providers include: psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.



Access to Mental Health Care Providers, Rank by County, CHR 2018

Health Disparities

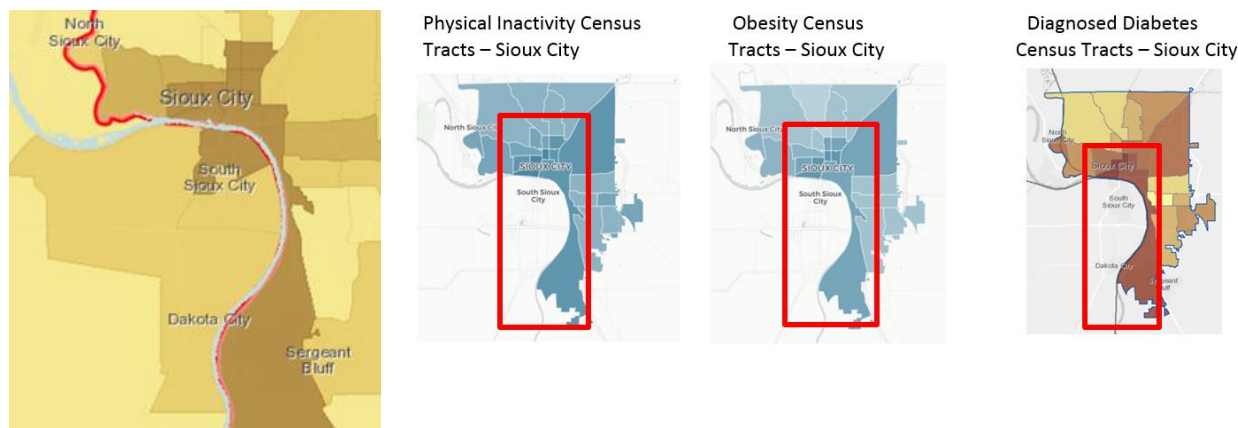
Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Sioux City Hispanic population is 14,852. Woodbury County has the 2nd highest Hispanic population in the state, behind Polk County, home to the state capital of Des Moines. The Hispanic community within Sioux City experienced the largest growth rate when compared to the state of Iowa; Sioux City has an Hispanic population that is 18.3% of the total city population compared to the state of Iowa percentage of 5.5%. This now also exceeds the U.S. percentage of 17.8%. Sioux City also sits on a tri-state border with South Dakota and Nebraska. South Sioux City, NE has a population of nearly 13,000 with 48% being Hispanic.

Census tract mapping shows that seven census tracts within Sioux City have 20% or more of their population below the 100% poverty levels. Of those census tracts in poverty, Hispanics make up 39.16% of the residents, even though they make up 18.3% of the entire population of Sioux City. Non-Hispanic whites only account for 40.29% of those living in census tracts in poverty but make up 83.9% of the population.

The top seven impoverished census tracts mirror the top seven census tracts for the Hispanic population, and account for higher physical inactivity, obesity and diagnosed diabetes as well.

Poverty – Census tracts indicating percent of population below 100% FPL



According to a University of Iowa survey completed from Feb. 2016 – March 2016 of the Siouxland homeless population, 71% were male, 27% were female and 1% were transgender. The majority of the homeless were Native American (47%), while only 13% were Military Veterans.

Survey responders also reported that nearly 35% had a mental health diagnosis, and of those 60% could adequately access services, 7% could sometimes access services, and 20% could not access services.

Of the 97 survey participants, 85% had been arrested at least once, with 20% being arrested within the last 30 days.

Although teen pregnancy rates have continued to decline nationally and at the state level, Woodbury County rates did see a slight increase in 2017 and continue to have one of the highest rates of pregnancy among like-size counties in the state. In July 2017, four of Iowa's seven Planned Parenthood clinics closed, including the one in Woodbury County. Teen pregnancy rates continued to decline in three of those counties even with their clinics closing, while teen pregnancy rates increased again in Woodbury County in 2017. Multiple teen pregnancies reached a peak in 2009/2010 (29), however have continued to decline at UnityPoint St. Luke's the past few years. In 2017 there were 17 multiple teen pregnancies.

SSP Participant Demographic Data

Variable	n	%
Age – Mean: 43.94, ±SD 10.99, Range 18-65	96	
18-29	13	13.5%
30-39	16	16.7%
40-49	35	36.5%
50-59	26	27.1%
60-65	6	6.3%
Sex	97	
Male	69	71.1%
Female	26	26.8%
Transgender	1	1.0%
Other	1	1.0%
Ethnicity	96	
American Indian/Alaskan Native	46	47.4%
White/Caucasian	29	29.9%
African American/Black	11	11.3%
Hispanic/Latino	5	5.2%
Multiracial/Other	5	5.2%
Served in Military	96	
No	84	86.5%
Yes	13	13.5%

Per the Center for Disease Control (CDC) 21% of adults nationally, reported having a disability, while 11% of Iowans over the age of 5 years have some type of disability. Data shows that compared to persons without disabilities those with disabilities experience more adverse social conditions that are linked to poor health outcomes and are more likely to have high blood pressure, be smokers, be inactive and have a BMI classified as obese. In Plymouth County the highest number of individuals with a disability are females over 75, followed by males 35-64 years old. In Woodbury County the highest number of individuals with a disability are males 35-64, followed by females 35-64.

Community Health Needs Assessment Process and Data

During the 2018/2019 Community Health Needs Assessment process, the Mobilizing for Action through Planning and Partnerships (MAPP) community-driven strategic planning process was utilized. Six phases were completed over the course of the year.

Phase 1 & 2 Organize for Success & Partnership Development and Visioning



Beginning in January 2018 a kick-off meeting was held at the Sioux City Museum bringing nearly 50 community partners together to participate in a visioning meeting. “Cover Story, A Fun Shared Vision Exercise,” was introduced. The purpose of this exercise was to engage the group in visionary thinking and through components of the specific activity, to create a shared list of visionary components. By the conclusion of the meeting our vision for the community health needs assessment was born, “A community of collaborative relationships that provide access to wholistic health and wellness.”

Phase 3 Assessments

Through a multi-level approach, the committee conducted a comprehensive search of all available health data sources and analyzed the findings. To best capture a clear snapshot of resident health status the most current information was compiled utilizing the following sources:

US Census Bureau website	2016 CARES Youth Survey	Community Commons website
2018 National County Health Rankings	2018 Comprehensive Strategies Data Booklet	CDC 500 Cities: Local Data for Better Health website
2017 IA Vital Statistics	Local Hospital ER Data	Healthy Iowans 2017 State Health Assessment Supplement
Iowa Public Health Tracking Portal	Point-in-time Count for Iowa Homeless Programs	2016 Woodbury County, WIC Needs Assessment

A Siouxland Community Health Needs Assessment survey was also distributed to residents in the community. An on-line survey via www.surveymonkey.com, was completed by 651 individuals. The survey was distributed via several e-mail distribution lists, posted on several organizational social media sites, sent to local employers and child care centers, posted at local libraries and included in local school newsletters. Survey summary is in appendix.

The next 12 pages highlight data collected during the assessment process.

Topic Area: Homelessness/Housing

Nationwide data

Safe affordable housing is necessary to sustain a healthy community. Homelessness contributes to issues of declining health and also results in the development of new health problems. Those experiencing homelessness are three to four times more likely to die prematurely than their housed counterparts, and experience average life expectancies as low as 41 years.

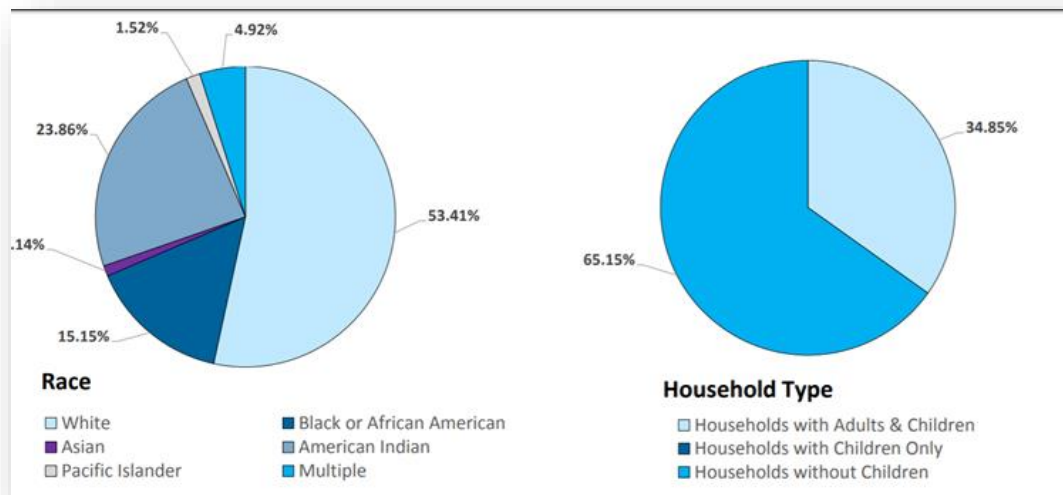


Women and children are at even higher risk than males. The Department of Education reports during 2013-14 school year, more than 1.3 million homeless children and youth were enrolled in public schools. This population is also among the nation's most vulnerable. The 2017 Point-in-Time Count nationwide reveals an estimated 553,742 people were experiencing homelessness in the United States. For every 10,000 people in the country, 17 are experiencing homelessness.

The current state of Siouxland

Sioux City has a 2018 [Point in time Count](#) of 292 sheltered homeless, and 6 unsheltered homeless.

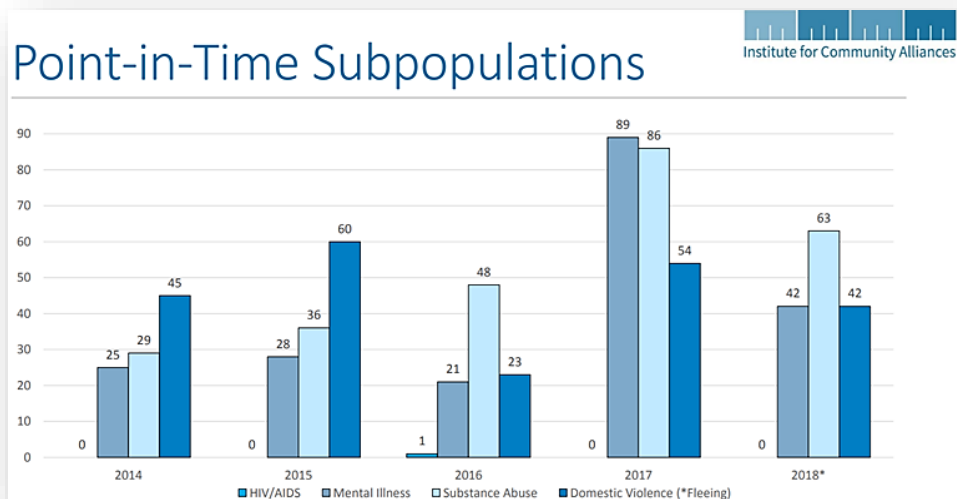
*Reason for the low unsheltered is the PITC is done in winter. When the Warming Shelter closes, an average of 80 persons are unsheltered during the warmer months of May-October.



Using the school district's criteria, the number of [Sioux City Community School](#) students identified as homeless by school year is as follows:

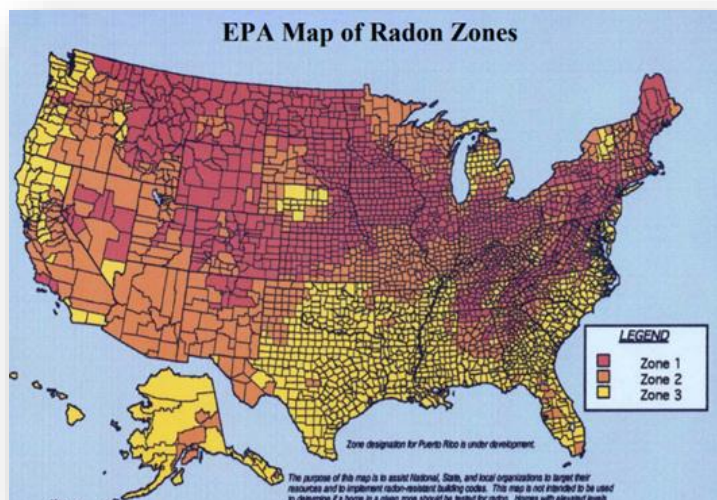
- 2017-2018 = 388
- 2015-2016 = 430
- 2013-2014 = 371
- 2017-2016 = 418
- 2014-2015 = 388
- 2012-2013 = 301

Sioux City does not have a 24/7 emergency shelter and also lacks permanent affordable housing. There is a need for additional detoxification services. Native Americans are the largest minority of homeless at 23.86%.



Mental health, domestic violence and substance abuse are the major factors contributing to homelessness. There is a collaborative effort in the community seeking funding for additional detoxification services or support services such as sober living facilities. Permanent affordable safe housing is a community need that requires the collaboration of developers and the City of Sioux City. The plans for a 24/7 emergency shelter for those experiencing homelessness is currently underway.

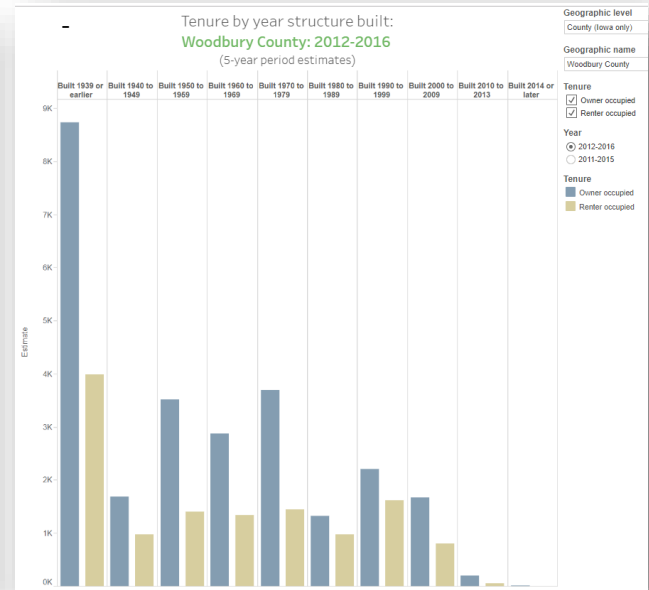
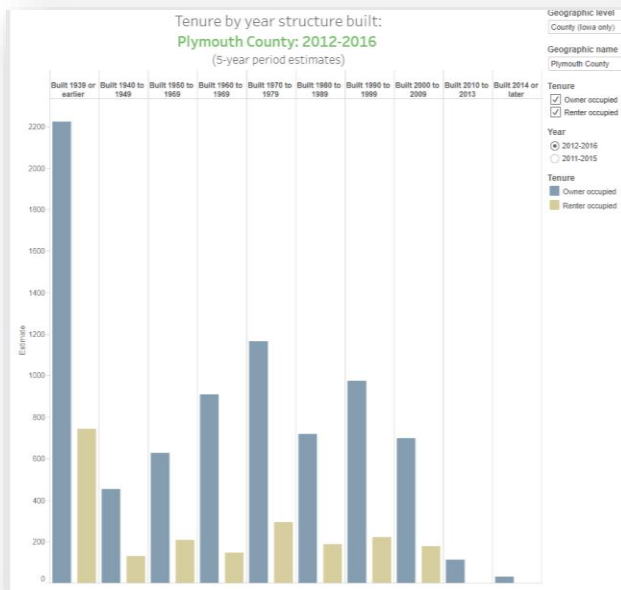
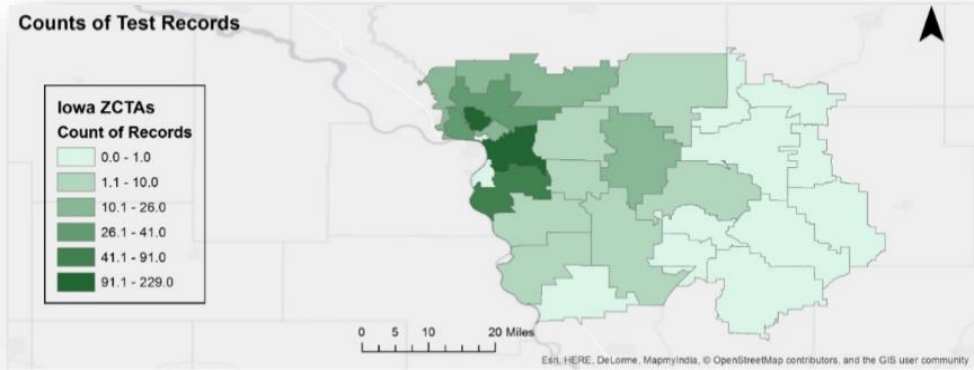
The Iowa Radon Survey has indicated that Iowa has the largest percentage (or 71.6%) of homes above the US Environmental Protection Agency action level of 4 pCi/L. Iowa is also designated by the US EPA as an entirely zone 1 state, which means that at least 50% of the homes are above US EPA's recommended action level. Radon is the second leading cause of lung cancer cases after smoking.



Each year radon kits are promoted and sold to Siouxland residents through the Siouxland District Health Department. Records for completed test kits for Siouxland area zip codes indicate a higher concentration of test kits are being utilized in homes/zip codes closer to Sioux City, IA proper, rather than rural communities. Radon test kit sales had steadily increased over the past decade, reaching a peak in 2016 of 1,414 sold. However, in 2017 and 2018 there has been a slight decline of test kits being sold. Lead poisoning remains a significant health concern for young children, yet it is entirely preventable. Lead harms children's nervous systems and is associated with reduced IQ, behavioral problems, and learning disabilities.

While lead paint in homes built before 1978 continues to be the most common source of lead exposure, there are other sources of lead that can poison a child or adult such as take-home

lead from work and casting of bullets or fishing sinkers. The “median year built” for homes in Plymouth County from 2012 to 2016 was 1966, while the “median year built” for homes in Woodbury County was 1958. Both counties indicate having a large inventory of homes built prior to 1978.



Community Resources

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

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

Topic Area: Access to Care



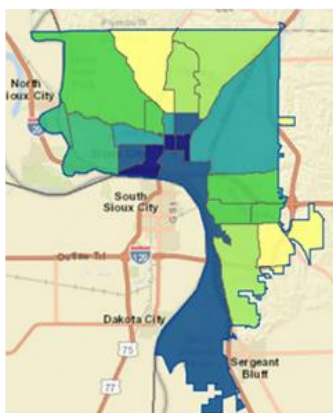
Access to appropriate healthcare is of vital importance to maintain optimal health and improve longevity. Siouxland medical organizations agree that access to appropriate care is an important issue that affects many health outcomes. Improving access in certain areas and for certain populations can have a widespread impact on a variety of health outcomes ranging from oral health to behavioral health. Rates of morbidity, mortality, and emergency hospitalizations can also be reduced if community residents have access to providers, transportation and insurance coverage

Local data indicates that there are significant geographic disparities in Siouxland that may be related to access to care. In Sioux City alone, uninsured coverage for medical insurance ranges from 6.2% - 30.9% depending on which census tract you live in.

In the Siouxland area, there are nearly 80 dental providers, however only 7 offices accept Medicaid patients under 18. Urgent Care dental needs for children in the Siouxland area are also double the state average.

According to the latest Siouxland Community Health Survey conducted in 2018, the #1 reason individuals did NOT get all the medical care that they needed was because it cost too much, followed by #3 due to lack of convenient times/transportation problems. Language barriers are also prevalent in the Siouxland Area, however local hospitals and public health have invested nearly \$100,000 annually to combat this issue, using interpreter services via Language line.

Insured vs Uninsured



Woodbury County uninsured population was at 9.13% (2012 – 2016). Individual census tracts in Sioux City Range from 6.2% - 30.9% uninsured. Darker color represents higher uninsured percentage.

Dental Provider Coverage

	Woodbury County, IA	Dakota County, NE	Union County, SD
Dentists	66	5	8
Dentist/population ratio	1,490:1	2,920:1	1,490:1
# of dental providers having the ability to bill Medicaid for patients under 18	22 offices	* South Sioux City 2	*Dakota Dunes 4
# of dental providers that are currently accepting Medicaid patients under 18	4 offices	1 office	2 offices
Dental Needs	Woodbury County has double the amount of identified Urgent Needs than the state average in children.		

Looking forward a variety of factors may improve access to appropriate levels of healthcare, including increased hours of operation, increasing medical providers, improving transportation options, expanding the opportunities for education of consumers on how to use health insurance, partnering with schools for school-based health services, and reaching out to local shelters to connect with the homeless.

Community Resources

Dunes Surgical Hospital
June E. Nylen Cancer Center
MercyOne
National Health Services Corp

Patient Navigators
SIMPCO

Siouxland Community Health Center
Siouxland District Health Dept.
Siouxland Mental Health Center
UnityPoint Health – St. Luke’s

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Topic Area: Sexual Health

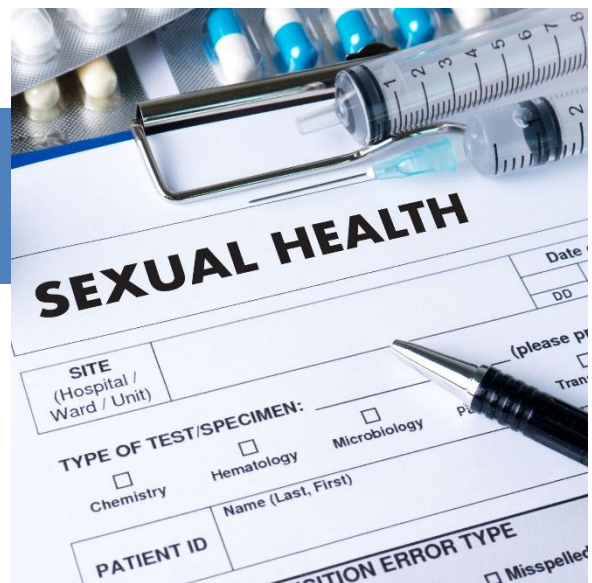
Sexually transmitted infections (STI) are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, infertility, and premature death. STIs also have a high economic burden on society. The direct medical costs of managing sexually transmitted infections and their complications in the US, for example, was approximately \$15.6 billion dollars in 2008. Chlamydia is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain.

The Siouxland area continues to see an increase in STI across all age groups, specifically in Chlamydia, Gonorrhea and Syphilis. The state of Iowa had 125 newly diagnosed cases of HIV in 2017. Woodbury County had 93 individuals living with diagnosed HIV Disease as of Dec. 31, 2016.

Although teen pregnancy rates have continued to decline nationally and at the state level, Woodbury County did see a slight increase in the 2017 rate and continues to have one of the highest rates of pregnancy among like-size counties. The 2018 County Health Rankings indicate Thurston, NE had the highest Teen birth rate in the state of Nebraska, with the majority being Hispanic.

UnityPoint Health - St. Luke's had been seeing a decline in multiple teen pregnancies since 2013, however in 2017 multiple teen pregnancies increased as well. Multiple teen pregnancies are when an individual has reoccurring pregnancy in their teen years.

According to the Siouxland Community Health Survey of 2018, the majority of survey takers believe sexual health education topics should be covered in 6th – 8th grades. Those topics include reproductive system, abstinence and refusal skills, birth control and use of contraception.



STD Rates Chlamydia Rate

	Woodbury	Polk	State
2016	606	587	416
2015	543	518	361
2014	564	507	376
2013	512	459	361

Statewide Chlamydia cases went up 45% in 2017

Gonorrhea Rate

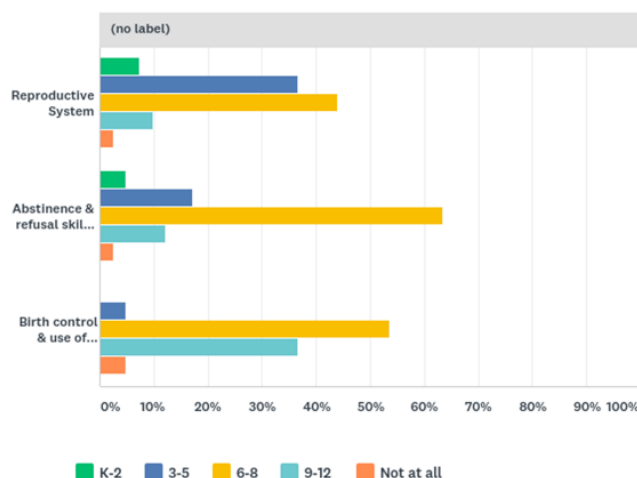
	Woodbury	Polk	State
2016	127	168	83
2015	160	137	72
2014	157	87	53
2015	87	90	48

Statewide Gonorrhea cases went up 7% in 2017

Teen birth rates per 1000 <age 20								
	2007	2013	2014	2015	2016	2017	1 yr change	10-yr change
State of Iowa	89.1	58.9	52.1	41.4	45.7	44.3	-3.1%	-50.3%
Blackhawk	98.3	61.0	51.9	44.4	43.7	44.6	2.1%	-54.6%
Dubuque	79.6	49.2	44.2	38.2	51.0	38.1	-25.3%	-52.1%
Johnson	46.7	24.3	23.0	19.9	22.1	16.8	-24.0%	-64.0%
Linn	70.3	47.0	43.2	31.2	41.2	36.2	-12.1%	-48.5%
Polk	90.2	53.9	50.7	32.5	46.6	45.8	-1.7%	-49.2%
Pottawatomie	119.2	81.5	79.5	63.4	65.1	62.3	-4.3%	-47.7%
Scott	105.4	81.5	78.4	57.1	57.8	56.8	-1.7%	-46.1%
Woodbury	106.7	77.3	54.1	52.8	59.9	69.4	15.9%	-35.0%
Average of 8	89.55	59.5	53.1	42.4	48.4	46.3	-4.5%	-48.4%

Source: <https://tracking.idph.iowa.gov/Reproduction-and-Birth/Birth-Rate-Mothers-Under-20>

Q56 When do you think the following sexual health education topics should be covered?



Community Resources

Crittenton Center

Girls Inc.

Lutheran Services in Iowa

MercyOne

Planned Parenthood Educators

Siouxland Community Health

Sioux City Community Schools

Siouxland District Health Dept.

UnityPoint Health - St. Luke's

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

Topic Area: Substance Abuse

In 2017, the Sioux City hospitals saw a total of 1,680 patients for alcohol related diagnoses. Total cost of these services to the hospitals was over \$2 million, while the average length of stay per patient was 497 hours.

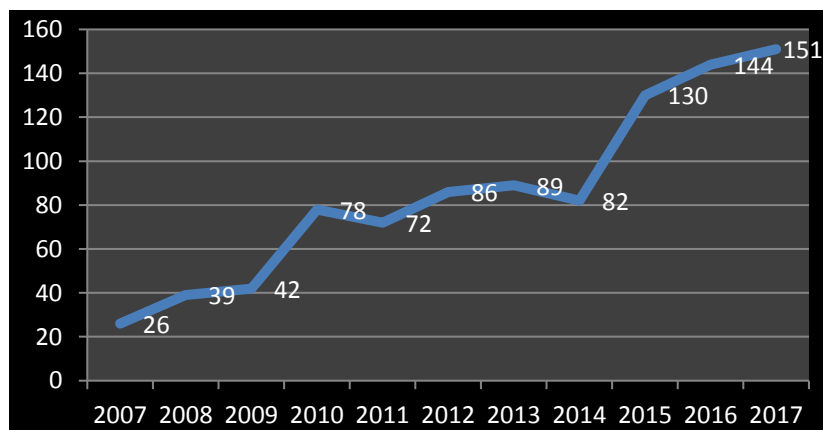
Year	# Arrests in Sioux City
2013	1174
2014	1054
2015	1237
2016	1148
2017	925



Public Intoxication arrests in Sioux City have gone up and down throughout the years. According to feedback from the police department, this could also be evidence of the rising severity of alcohol use which causes law enforcement to take offenders to the hospital for treatment rather than jail. The total cost per officer action/hour is \$95.00. This amount includes wages, insurance, benefits, etc.

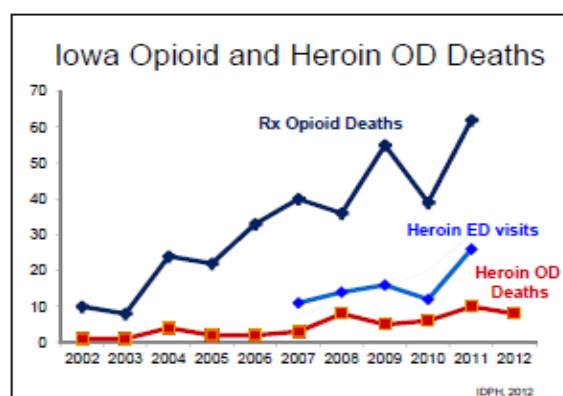
Our community and the state are facing an opioid crisis as well. Opioid and heroine deaths are on the rise, as is the use of methamphetamine.

Methamphetamine Use in Iowa



Source: IPCC cases; majority from hospital ERs

Woodbury County has seen an increase in substance abuse Court Orders and Emergency Holds over the past three years. Each year 48-hour holds have risen by approximately 50 and mental health commitment applications have risen by approximately 60 each year. According to the Clerk of Courts office for Woodbury County these numbers are predicted to reach a record high in 2018.



According to the 2018 Community Health Needs Survey (N= 651), 20 survey takers or 4% have taken prescription opiates on a regular basis for more than 2 weeks. Survey takers or an immediate family member have taken the following medications during the past six months that were not prescribed to them or took more than was prescribed to feel good or high, more active or alert:

- Ritalin, Adderall, Concerta or other ADHD medications (3.83%)
- Tranquilizers such as Valium or Xanax, sleeping pills, barbiturates, Seconal, Ativan or Klonopin (2.88%)

According to the Siouxland CARES Greater Sioux City Metro Area Youth Survey of 2018, (6th, 8th, 10th, & 11th) students' impression of the harmful effects of smoking cigarettes and using methamphetamine continue to increase, however the percent of students who feel marijuana is harmful has dropped to a 20 year low at 71%.

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2014	2016	2018
Yes, Harmful-two or more drinks every day	66%	69%	68%	69%	67%	69%	69%	65%	73%	72%	69%	73%	74%	75%	77%	78%	79%
Harmful-smoke more than a pack of cigarettes daily	91%	91%	90%	90%	92%	91%	90%	89%	92%	90%	87%	93%	93%	94%	94%	94%	95%
Harmful-use smokeless tobacco	84%	85%	83%	84%	85%	84%	83%	83%	86%	84%	81%	85%	87%	86%	84%	86%	85%
Harmful-smoke marijuana	81%	84%	81%	80%	83%	82%	81%	80%	83%	82%	76%	80%	80%	79%	76%	74%	71%
Harmful-use methamphetamine	92%	93%	91%	90%	93%	91%	90%	90%	93%	91%	86%	94%	95%	95%	94%	94%	95%

Sioux City hospitals continue to see an increase in the number of drug induced babies born at both UnityPoint - St. Luke's and Mercy Medical Center. In 2007, nine newborns from Woodbury County tested positive for drugs, while 10 years later there were 80 newborns from Woodbury County testing positive for drugs.

Newborn Drug Tests	Source	Area	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Number Tested	J	WC	455	472	449	440	298	238	237	371	361	436	472	NYA
Newborns tested positive for drugs	J	WC	9	10	10	32	14	10	24	42	86	75	80	NYA
% positive tests	J	WC	1.5%	2.1%	2.2%	7.3%	4.7%	4.2%	10.1%	11.3%	23.8%	17.8%	16.9%	NYA
% of Tests to Total Resident Births	J	WC	28.1%	28.2%	28.1%	28.4%	17.0%	15.8%	15.4%	23.8%	24.3%	21.3%	33.4%	NYA

Community Resources

Area Law Enforcement Agencies
Sober Living Facility
Employer Assistance Programs (EAP)
Iowa Poison Center

Jackson Recovery Center
MercyOne
Quitline Iowa
Siouxland Community Health Center

Siouxland District Health Center
Siouxland Mental Health
Tobacco Free Siouxland
UnityPoint Health – St. Luke's

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

Topic Area: Obesity/ Chronic Health Conditions

Nationwide data

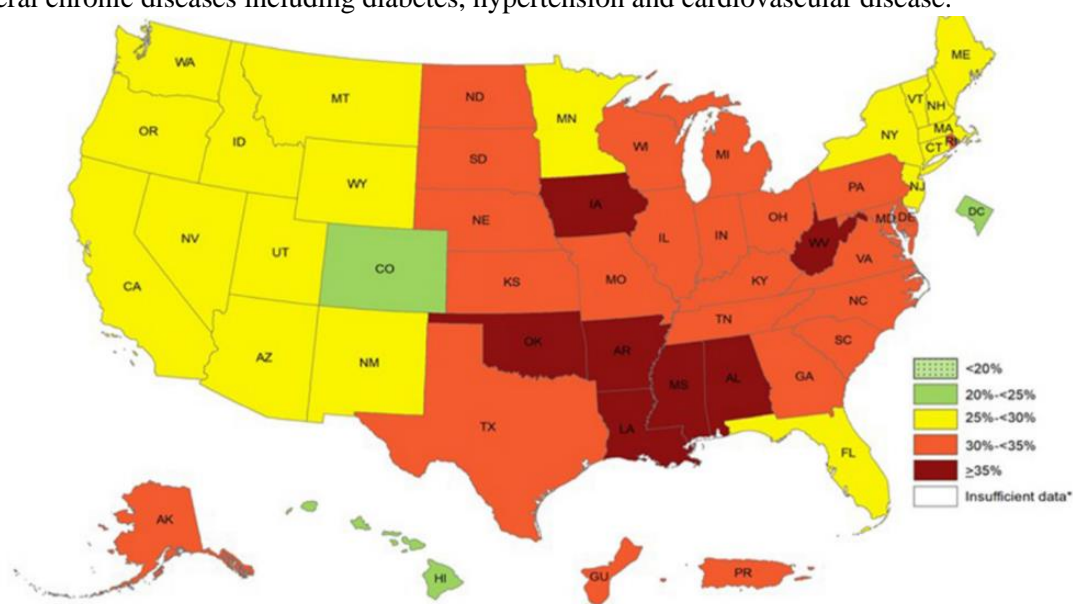
Adult Obesity is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m. In 2017, all states had more than 20% of adults with obesity. The majority of states (19) had between 25% - 30% of obese adults. Iowa now has over 35% of their population classified as obese. South Dakota and Nebraska are in the 30-35% range for obesity. Hispanics (47%) and non-Hispanic blacks (46.8%) had the highest age-adjusted prevalence of obesity followed by non-Hispanic whites (37.9%) and non-Hispanic Asians nationally in 2016. Obesity leads to several chronic diseases including diabetes, hypertension and cardiovascular disease.

The current state of Siouxland

Obesity levels continue to rise in Siouxland with all six counties (Woodbury, Plymouth, Dakota, Dixon, Thurston, & Union) seeing a slight increase or remaining the same. Thurston County, NE has the highest obesity rate at

45%, while Union, SD has the lowest at 30%. According to the Siouxland CHNA survey taken during the spring of 2018, 41% of adult respondents were obese, while 32% of children were reported as obese.

Lack of physical activity and lack of a nutritious diet may lead to obesity and additional chronic diseases. Again, the majority of the Siouxland counties nearly all had 30% of their population who reported physical inactivity, while Union County, SD reported only 22%. The top reasons reported in the Siouxland CHNA survey as to why individuals do not exercise were: lack of time, too tired, weather and lazy.



Source: [Behavioral Risk Factor Surveillance System](#)

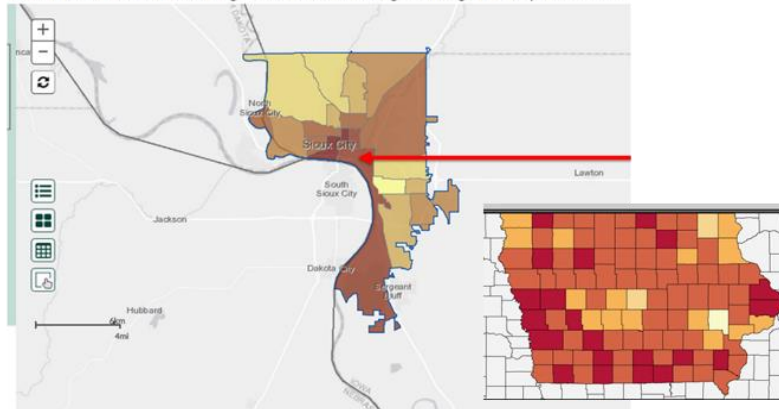
*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%

According to the 2018 County Health Rankings, diabetes monitoring was nearly 90% for each county in the Siouxland area, however Thurston County, NE reported only 56%. Taking a closer look at the diabetes prevalence in Woodbury County and Sioux City, higher rates seem to be present in downtown census tracts.

Major cardiovascular disease deaths in Woodbury County have fluctuated over the past few years, but 2016-2017 saw an increase. Plymouth County has seen a continued increase in cardiovascular disease deaths since 2015.

Diabetes Prevalence

Model-based estimates for diagnosed diabetes among adults aged ≥ 18 years - 2015



Roughly 10% of Woodbury County population has a diagnoses of diabetes. Darker census tracts range up to 14% of pop.

Community Resources

Area fitness locations

Farmer's Market

Food Bank

Healthy Siouxland Coalition

Healthy Siouxland Initiative

Hy-Vee Dietitians

ISU Extension

MercyOne

Municipal and County Parks and Trail Access

Siouxland District Health Department

Up from the Earth

UnityPoint Health – St. Luke's

Women Infants Children (WIC)

Worksite Wellness Coalition

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

Topic Area: Mental Health

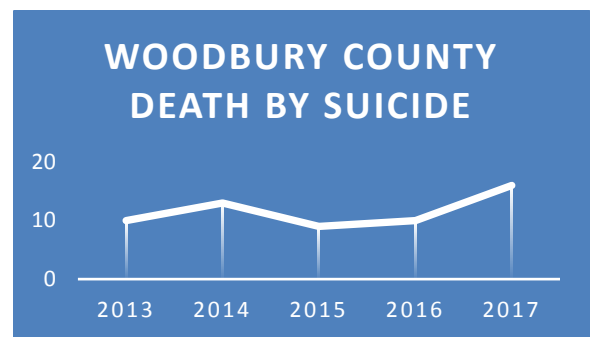
Nationwide data

Our nation is facing a mental health crisis. An estimated 50% of all Americans are diagnosed with a mental illness or disorder at some point in their lifetime. The Centers for Disease Control and Prevention state, “Mental illnesses, such as depression, are the third most common cause of hospitalization in the United States for those aged 18-44 years old^{1, 2}, and adults living with serious mental illness die on average 25 years earlier than others.”

Currently, in Iowa, suicide has risen to the second leading cause of death among 15-34-year old’s, and the third leading cause between 10-14-year old’s. On average, one person in the state of Iowa dies by suicide every 20 hours.

The current state of Siouxland

Woodbury County has also seen an increase in death by suicide over the year (see chart provided by vital statistics data). In 2017 there were 16 deaths by suicide as opposed to only 10 the year before.



Woodbury County has seen an increase in mental health Court Orders and Emergency Holds over the past 3 years. 48-hour holds have risen by approximately 50 each year and mental health commitment applications have risen by approximately 35 each year. According to the Clerk of Courts office for Woodbury County these numbers are predicted to reach a record high in 2018.

During our recent Community Health Needs Survey, the following data was collected: Community Health Needs Survey 2018 (N= 651)

Top programs/services survey takers look for:

- Depression/Anxiety/Mental Health
- Weight Problems

Top conditions survey takers were told by their medical provider to seek additional treatment for and did so:

- Depression
- High blood pressure
- High blood cholesterol

Top five conditions a doctor or health professional has told you or your child has:

- ADHD
- Anxiety
- Asthma
- Depression
- Dental Issues

- Top diagnosis of survey responders in the last year have been for:

- Depression
- Anxiety/Emotional Problems

Community Resources

Boys Town

Catholic Charities

Jackson Recovery Center

Siouxland Community Schools

Local Behavioral Health Providers

Mercy Medical Center

Siouxland Community Health Center

Siouxland Mental Health

Transitional Services of Iowa

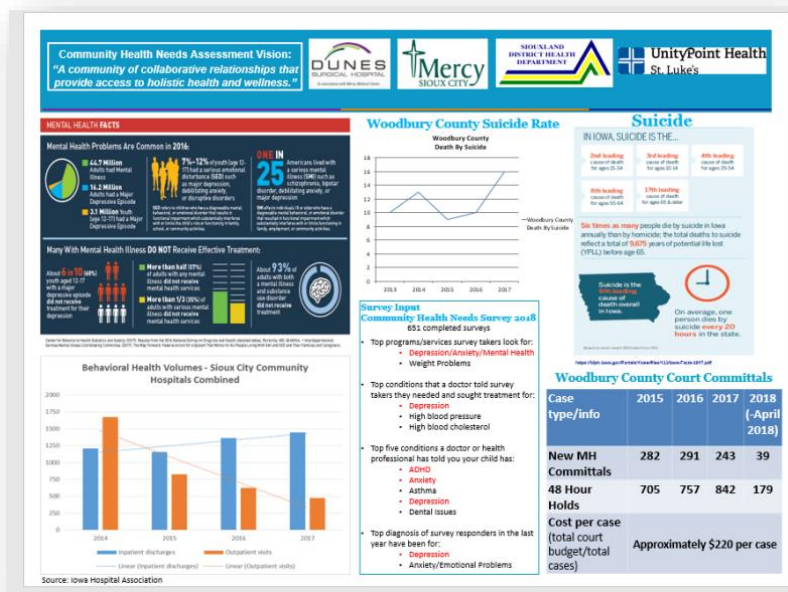
UnityPoint Health – St. Luke’s

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

Phase 4 Identify Strategic Issues

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 2019-2021 Health Improvement Plan cycle, a second community meeting was held at Briar Cliff University in June of 2018. Nearly 40 local partners convened for a “Strategic Issues Gallery Walk” activity. Attendees spent 10 minutes at each of the eight large posters reviewing outlined key health issues within the community. They were asked to provide additional insight and input around the outlined issues, and then through a simple sticker voting process, collectively determine key health issues of focus. Poster topics included the following: Housing/Homelessness, Obesity, Sexual Health, Access to Care, Cancer Screenings, Domestic Violence, Substance Abuse and Mental Health (See Appendix).



Phase 5 Formulate Goals and Strategies

The completion of the 2019-2021 Community Health Needs Assessment for the Siouxland area fulfilled phases 1- 4 of the MAPP process. Phase 5 of the MAPP process involves the development of a Health Improvement Plan, which is a supporting document that includes actionable performance measures keyed to the six identified areas of need.

Five different focus groups were held in August 2018 with local content experts to assist in formulating possible goals and strategies for the selected area of need: Access to Care, Substance Abuse, Mental Health, Housing/Homelessness, Obesity/Chronic Health Conditions and Sexual Health. Content experts reviewed the results of the June “Strategic Issues Gallery Walk” activity, reviewed current data and trends, and then participated in a “7 Ideas Brainstorming,” activity.

The recommended goals and strategies that were developed from the brainstorming activity were then provided to both local hospitals and Siouxland District Health Department. Each entity then selected which areas of need they would focus on and finalized their strategies based off recommendations from the content expert focus groups. Focus Group recommendations can be found in appendix. Final strategies were then presented to the general public via social media postings, web page postings for open comments, SDHD Quarterly newsletter and various e-mail distribution lists.

Phase 6 Action Cycle

Over the next three years both hospitals and Siouxland District Health Department along with several community partners will implement their identified strategies to make a positive impact on the health and well-being for the residents of Siouxland. The table below provides a high-level summary of which areas of need each organization will be focusing their efforts on through 2021.

	MercyONE/Dune Surgical Hospital	Siouxland District Health Department	UnityPoint Health – St. Luke's
Housing/Homelessness	X	X	X
Substance Abuse/Tobacco	X	X	X
Obesity/Chronic Disease	X	X	X
Sexual Health		X	X
Mental Health	X		X
Access to Care	X	X	X

Siouxland Area Community Health Improvement Plan can be located at www.healthysiouxland.org.

Appendix Items

- Partner list of who attended January (Phase 1 & 2) Meeting
- Two-page summary of Siouxland Community Health Needs Assessment Survey results
- Partner list of who attended June (Phase 4) Meeting
- Posters presented at June Community Meeting
- Results of input from June Community Meeting
- Results of input from August Focus Groups

Partner List
Those who attended the January 2018 (Phase 1&2) community meeting

Partner Agency	Population Focus or Minorities Served
BlueZones	General population
Briar Cliff University	Young adults
Center for Sexual Abuse and Domestic Violence	Victims of Domestic Violence
Consulting by Design	General population
Downtown Partners	Downtown Sioux City Businesses
Family Healthcare of Siouxland	General population
Heartland Counseling	Behavioral Health
Iowa State University Extension	General population
Jackson Recovery Centers	Substance Abuse
Mercy Medical Center	General population
Morningside College	Young adults
One Siouxland	Immigrant population
Planned Parenthood of Greater Iowa	Females
Ronald McDonald House	Families of hospitalized individuals
Sioux City Community Development	General population
Sioux City Community Schools	Children and adolescents
Sioux City Elected Officials	General population
Sioux City Housing Authority	Lower Income population
Sioux City Parks and Rec	General population
Siouxland CARES	Children and adolescents
Siouxland Community Health Center	Lower socioeconomic individuals
Siouxland District Health Department	General population
SDHD Board of Health	Woodbury County Residents
Siouxland Human Investment Partnership	General population
Siouxland Mental Health Center	Individuals with Mental illness
The Food Bank of Siouxland	Lower socioeconomic individuals
UnityPoint Health - St Luke's	General population
YMCA	General population

The agencies invited to attend the Community Input meeting are current partners of the Healthy Siouxland Initiative (HSI) Group. HSI is a committee formed in 1998, that consists of a broad community representation. HSI's mission is "To build partnerships that assure a healthy and safe community." This committee continues to meet monthly; nearly 20 years later, to network, educate and analyze data and trends all in the name of health. Also invited were local education administrators, law enforcement, city and governmental elected officials & individuals from social service agencies and businesses currently not represented on HSI.

Community Health Needs Survey 2018

651 completed surveys

(Summary of Survey Results may also be found at www.healthysiouxland.org)

- **Top reasons as to why survey respondents did NOT get all the medical care they needed in the last 12 months were:**
 - Cost Too Much
 - Not convenient times/could not get appointment
 - Too long for a wait for an appointment
- **Top reasons as to what prevented individuals from seeing a doctor if they were sick, injured, or needed some type of health care?**
 - Cost
 - Cannot get time off from work
 - Hours not convenient
 - Difficult to get an appointment
- **Top reasons why individuals did not get a prescription from their doctor filled in the last 12 months?**
 - Too Expensive
 - I stretched my current prescription by taking less than what was prescribed
 - I did not think I needed it
- **Top programs/services that survey takers have looked for:**
 - Depression/anxiety/mental health
 - Weight problem
- **Top conditions that a doctor told survey takers they needed and sought treatment for?**
 - Depression
 - High blood pressure
 - High blood cholesterol
- **Top three most recent diagnoses for cancer:**
 1. Breast
 2. Skin Cancer
 3. Thyroid
- **Results for cancer screenings:**
 - Of those 50 years and older 67% had a colorectal cancer screening in the last 5 years
 - Of all survey takers, only 26% had a skin cancer screening in the past year
- **Twenty survey takers or 4% have taken prescription opiates on a regular basis for more than 2 weeks**

- **Survey takers or immediate family member have taken the following medications during the past six months that were not prescribed to them or took more than was prescribed to feel good or high, more active or alert.**
 - Ritalin, Adderall, Concerta or other ADHD medications (3.83%)
 - Tranquilizers such as Valium or Xanax, sleeping pills, barbiturates, Seconal, Ativan or Klonopin (2.88%)
- **Survey responders indicate that their doctor or other health professional did NOT talk to them about the following topics 50% -75% of the time in the past year:**
 - injury prevention such as safety belt use, helmet use or smoke detectors
 - drug abuse
 - alcohol use tobacco use
 - family planning
 - STDs
 - Depression, anxiety or emotional problems
 - Domestic violence
- **According to survey responders 45 years and older, 83% had reported receiving a mammogram within the past year or 1-2 years.**
- **According to survey responders 18 years and older, 13% had never received a Pap smear or it had been longer than 5 years.**
- **According to survey responders 18 years and older, 40% had never had a pelvic exam or it had been longer than 1 year.**
- **55% of survey responders who were pregnant within the last 5 years took a multi-vitamin with folic acid pre- pregnancy, while 78% took a multi-vitamin with folic acid during pregnancy.**
- **Top five conditions a doctor or health professional has told you your child has.**
 1. ADHD
 2. Anxiety
 3. Asthma
 4. Depression
 5. Dental Issues
- **Top specialists survey responders have sought out for their child:**
 - ENT
 - Ophthalmologist
 - Psychiatrists/Mental Health
- **30% of children do not get at least 60 minutes of physical activity at least 3 days a week. Only 16% of children get at least 60 minutes 7 days a week.**
- **Between 46% - 56% of survey responders say reproductive systems, abstinence & refusal skills, birth control & use of condoms should be covered in 6-8 grades.**

- Only 15% of adult survey responders engaged in physical activity for 30 minutes or more for 7 days. 55% of adult survey responders engage in physical activity for 30 minutes for at least 3 days or more.
- **BMI Child –**
 - 55% are underweight/healthy weight
 - 13% overweight
 - 32% obese
- **BMI Adult –**
 - 6% underweight
 - 22% healthy weight
 - 32% overweight
 - 41% obese
- **Top reasons stated as to why individuals do NOT exercise**
 - Time
 - too tired
 - lazy
 - weather
- 40% of survey responders report consuming at least 3 or more fruits and vegetables per day.
- 44% of survey responders stated barriers to consuming fruits and vegetables are because they are too expensive
- **Top diagnoses of survey responders in the last year have been for:**
 - Depression
 - Anxiety/emotional problems
- **With regard to personal safety, survey responders report the following:**
 - 20% use bike helmets
 - 74% use sunscreen
 - 97% use seat belts

651 surveys completed 86% of survey responders reside in the 6-county assessment area
Predominantly white English-speaking females from middle-class homes

Common themes of open responses – lack of competent medical professionals in Siouxland and need more preventative services and support groups. Need more mental health and endocrinology services. Transportation is a barrier, and the ER should not be used for primary care health concerns. With Planned Parenthood gone concerns about the future.

Partner List
Those who attended June 2018 (Phase 4) community meeting

Partner Agency	Population Focus Expertise or Minorities Served
Briar Cliff University	Young adults
Community Volunteer	General population
Institute for Community Alliances	Homeless population
Jackson Recovery Centers	Substance Abuse
June E Nylen Cancer Center	Medically fragile
Mercy Business Health	Workforce Health
Mercy Medical Center	General population
Morningside College	Young adults
One Siouxland	Immigrant
Sioux City Police Department	General population
Siouxland CARES	Children and adolescents
Siouxland Community Health Center	Lower socioeconomic individuals
Siouxland District Health Department	General population
Siouxland Medical Education Foundation	General population
Siouxland Mental Health Center	Individuals with Mental illness
Sunrise Retirement Center	Elderly
UnityPoint Health - St Luke's	General population
United Health Care	MCO eligible families
United Way of Siouxland	General population
Western Iowa Tech Community College	Higher education
Winnebago Tribe	Native Americans

Community Health Needs Assessment Vision:
*"A community of collaborative relationships that
 provide access to holistic health and wellness."*



Service Area County Specific Cancer Mortality Rates

CANCER MORTALITY RATES*

Cancer Type	Sex	County Rate	State Rate	Net† Rate	Net† Chge**
Woodbury	Female	56.3	44.1	43.8	+91.3%
	Male	77.7	70.0	67.6	-17.9%
	Female	25.0	23.7	25.9	-32.5%
	Male	0.3	0.3	0.3	-13.2%
	Female	1.8	2.0	1.9	+0.2%
Plymouth	Female	4.2	4.4	4.5	+26.5%
	Male	31.6	44.1	43.8	+69.4%
	Male	63.9	70.0	67.6	-15.1%
	Female	23.8	23.7	25.9	-30.7%
	Male	0.3	0.3	0.3	-9.3%
Union	Female	2.1	2.0	1.9	+12.7%
	Male	4.9	4.4	4.5	+50.6%
	Female	44.2	40.2	43.8	+50.4%
	Male	66.6	66.5	67.6	-25.7%
	Female	23.0	23.2	25.9	-42.6%
Thurston	Male	0.3	0.3	0.3	-13.3%
	Female	2.0	1.9	1.9	-3.7%
	Male	5.0	4.0	4.5	+42.7%
	Female	48.6	42.1	43.8	+72.7%
	Male	97.2	68.0	67.6	-17.0%
Dixon	Female	28.6	24.6	25.9	-27.4%
	Male	0.2	0.3	0.3	-24.5%
	Female	1.5	2.1	1.9	-8.2%
	Male	3.5	4.9	4.5	+16.4%
	Female	32.5	42.1	43.8	+62.6%
Dakota	Male	56.9	68.0	67.6	-30.4%
	Female	22.2	24.6	25.9	-31.8%
	Male	0.3	0.3	0.3	-14.8%
	Female	2.0	2.1	1.9	+12.7%
	Male	4.7	4.9	4.5	+35.3%
Dakota	Female	48.6	42.1	43.8	+72.7%
	Male	97.2	68.0	67.6	-17.0%
	Female	28.6	24.6	25.9	-27.4%
	Male	0.2	0.3	0.3	-24.5%
	Female	1.5	2.1	1.9	-8.2%
	Male	3.5	4.9	4.5	+16.4%

*Rate per 100,000 population, age-standardized, 2014. Based on the Institute for Health Metrics & Evaluation at the University of Washington analysis of the performance of all 3,124 US counties. www.healthdata.org County Profiles
 **% change from 1990 - 2014

Cancer Screenings – Clinical Care

Breast Mammography screenings (County Health Rankings, 2018 Report)

% of female Medicare enrollees ages 67-69 that receive at least 1 mammogram in 2 yrs

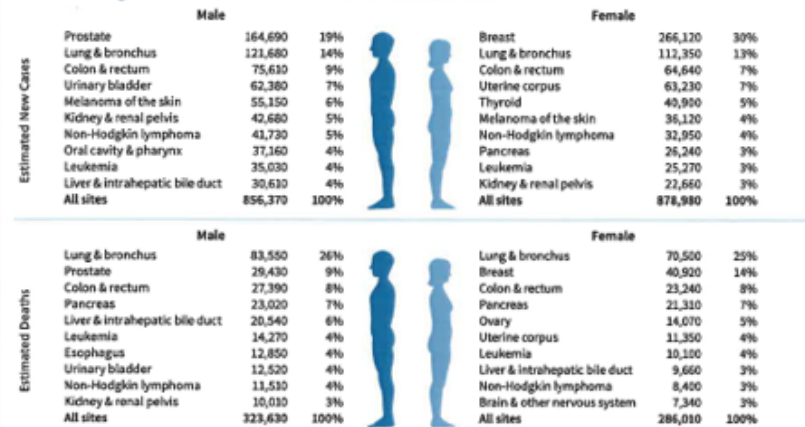
US 63% IA 69% -> Woodbury-63% Plymouth-65%
 NE 62%-> Dakota-57% Dixon-55% Thurston-43%
 SD 66%-> Union- 62%
 IA Minimum 51% IA Maximum 80%

Colonoscopy Percentage of adults 50 and older who self report ever having a sigmoidoscopy or colonoscopy. (BRFSS 2006-2012).

US 61% IA 60% -> Woodbury - 60%, Plymouth - 55%
 NE 57% -> Dakota - 60%, Dixon - 50%, Thurston 41%
 SD 59% -> Union - 70%

New Cancer Cases & Deaths in US

Leading Sites of New Cancer Cases and Deaths – 2018 Estimates



Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Ranking is based on modeled projections and may differ from the most recent observed data.

©2018, American Cancer Society, Inc., Surveillance Research

Estimated # of New Cases for Selected Cancers by State 2018

State	All Sites	Female Breast	Uterine Cervix	Colon & Rectum	Uterine Corpus	Leukemia	Lung & Bronchus	Melanoma of the Skin	Non-Hodgkin Lymphoma	Prostate	Urinary Bladder
Iowa	17,630	2,560	110	1,510	710	700	2,480	1,030	810	1,580	880
Nebraska	10,320	1,560	70	900	380	410	1,310	540	460	960	490
So Dakota	5,100	740	-	440	170	190	650	270	220	510	260
US Total	1,735,350	266,120	13,240	140,250	63,230	60,300	234,030	91,270	74,680	164,690	81,190

Estimated # of Deaths for Selected Cancers by State 2018

State	All Sites	Brain/Neuro Sys	Female Breast	Colon & Rectum	Leukemia	Liver	Lung & Bronchus	Non-Hodgkin Lymphoma	Ovary	Prostate	Pancreas
Iowa	6,570	190	370	570	250	260	1,740	250	150	300	460
Nebraska	3,550	110	230	320	150	130	890	130	70	190	250
So Dakota	1,680	60	110	160	80	60	440	50	-	80	110
US Total	609,640	16,830	40,920	50,630	24,370	30,200	154,030	19,910	14,070	29,430	44,330

2018, American Cancer Society, Inc., Surveillance Research, Cancer Facts & Figures 2018

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Access To Care



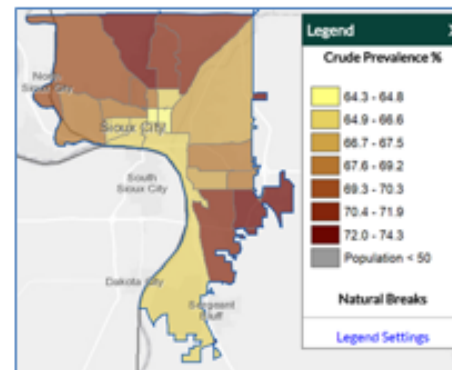
Transportation



Are the necessary health providers/agencies on a convenient bus route?

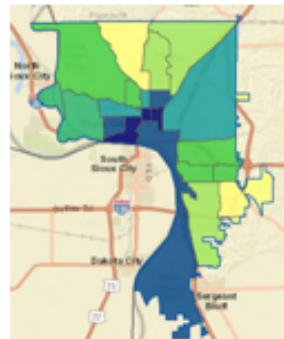
Medical Provider Coverage

	Woodbury County, IA	Plymouth County, IA	Dakota County, NE	Thurston County, NE	Union County, SD
Population/Primary Care Physician ratio	1,510:1	2,480:1	20,780:1	2,350:1	1,190:1
Population/Mental Health Providers ratio	500:1	810:1	480:1	300:1	2,990:1



Model-Based estimates for visits to doctor for routine checkup within the past year among adults >= 18 years in 2015

Insured vs Uninsured



Woodbury County uninsured population was at 9.13% (2012 – 2016). Individual census tracts in Sioux City Range from 6.2% - 30.9% uninsured. Darker color represents higher uninsured percentage.

Language Barriers

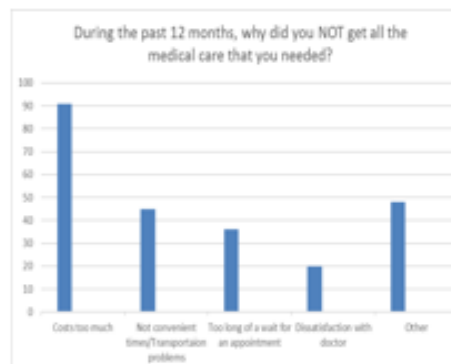
Mercy July 16' – June 17'	UnityPoint Jan 17' – Dec 17'	SDHD July 17' – April 18'
\$22,610 spent on interpretation.	\$48,030 spent on interpretation.	\$3,834 spent on interpretation.

Top Calls to Language Line		
1,657 calls made	3,979 calls made	74 calls made
Spanish	Spanish	Tigrinya
Oromo	Vietnamese	French
Vietnamese	Somali	Vietnamese
Laotian	Arabic	Somali
Somali		Oromo

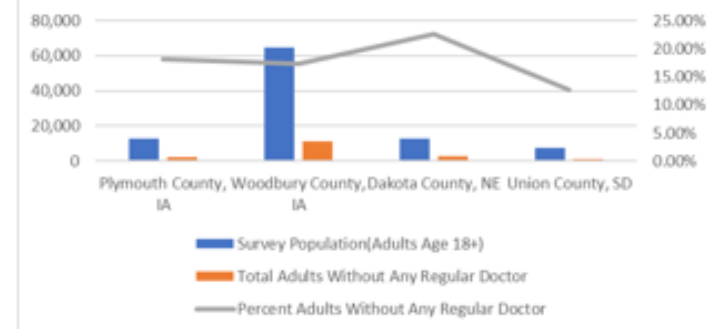
Dental Provider Coverage

	Woodbury County, IA	Dakota County, NE	Union County, SD
Dentists	66	5	8
Dentist/population ratio	1,490:1	2,920:1	1,490:1
# of dental providers having the ability to bill Medicaid for patients under 18	22 offices	* South Sioux City 2	*Dakota Dunes 4
# of dental providers that are currently accepting Medicaid patients under 18	4 offices	1 office	2 offices
Dental Needs	Woodbury County has double the amount of identified Urgent Needs than the state average in children.		

Survey Input



Number and Percent of Adults Without Any Regular Doctor (BRFSS 2011-2012)





- In **2017**, the Council on Sexual Assault and Domestic Violence received **388 referrals** from the Police Department for domestic assault .
- Another **186** were arrested for no-contact orders.
- **536 Adults and Children** received safe shelter last year and another **1,038** received advocacy and support services through the outreach offices.

Compiled by Comprehensive Strategy for Positive Youth Development

E--PCA IA=Prevent Child Abuse Iowa
G--Criminal Justice Information Systems from 2006 to present
Q--Iowa Youth Survey



Homelessness



HUD's definition of Homelessness

Literally Homeless (Sioux City 264)

Individual or family who lack a fixed, regular / adequate nighttime residence.

Imminent risk of Homelessness

Individual or Family who will imminently lose their primary nighttime residence.

Homelessness under Federal statutes

Families with children or unaccompanied youth under age of 25 who are unstably housed and likely to continue in that state.

Fleeing/Attempting to Flee DV

Any individual or family fleeing, or attempting to flee domestic violence, has no other residence, and lacks support/resources to obtain permanent housing.

Chronically Homeless

An unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.

Point In Time Count

Sheltered – Emergency Shelter /Transitional Housing Total Households – 195

Total Number of persons – 258

Total Number of children (under age 18) – 61

Total Number of persons age (18-24) – 15

Total Number of persons over age (24)– 182

Gender : Male -156 Female – 102

Ethnicity : Non-Hispanic – 222, Hispanic – 36

Race : White – 141, Black /African American – 40

Asian – 2, American Indian/Alaska Native – 60,

Native Hawaiian/Other Pacific Islander – 4,

Multiple Races – 11, Chronically Homeless – 24,

Unsheltered – 6 (over age 24 males: 1 Hispanic, 5 non-Hispanic)

Chronically Homeless – 3

*Reason for unsheltered reflects only 6, the Warming Shelter is open during PIT count. The shelter averages through winter are 70-80 residents which are unsheltered from May through Oct.

*88 Veterans out of which 18 were Native Americans (self-reported)

Housing is Healthcare

Housing First model

Housing First is a proven approach in which all people experiencing homelessness are believed to be housing ready and are provided with permanent housing immediately and with few to no preconditions, behavioral contingencies, or barriers. Effectively implementing a Housing First approach involves prioritizing people with the highest needs and vulnerabilities, engaging more landlords and property owners, and making the projects client-centered spaces without barriers to entering and remaining in affordable non-restrictive housing.

Rapid Re-Housing

Is an intervention designed to help individuals and families quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions - as employment, income, absence of criminal record, or sobriety. The resources and services provided are tailored to the unique needs of the household.

Hospital Admissions

Mercy Medical has had 3,397 homeless patient encounters for FY17, Unity Point Homeless patient encounters 196 for CY17

Siouxland Street Project Survey (5/2016)

Purpose: To better understand the characteristics and explore experiences of homeless and the poor people that spend the majority of their time in public places in Sioux City. **Demographics:** Majority of participants were Native American (47.4%) and male (71%). Average age was 43.94. **Desire to change situation:** 68.4% wanted to change their current situation. Primary changes desired were housing, employment, stop using alcohol or drugs, improve relationships with family and friends, and increase stability in their lives.

Housing status and sleeping and daytime locations: 10 people were housed, 74 were in shelters (primarily Warming Shelter), 6 with family or friends, and 7 on the street, under a bridge, or in other public spaces.

Detox Center

Native American Community

Detox Sub-Committee is working with local agencies and advocacy work involving IHS on a plan to establish a Detoxification Center in Siouxland area. Recognizing we have recorded at least 50% or more Native Americans that are homeless & the majority suffer with substance abuse.

Mental Health Access & Needs

Survey results- Mental Health Access & Needs. More than 34.4% said they had a mental health diagnosis. 71.2% said they did not, it was n/a, or preferred no answer. One quarter were currently involved in mental health services, with the remainder indicating they were not, it was n/a, or preferred no answer. 60% said that they could adequately access mental health services, while 7.2% could sometimes & 19.6% said they could not.

Homelessness = Illnesses

There are health impacts to unstable housing.

- Some health problems proceed & casually contribute to homelessness.
- Others are consequences of homelessness.
- homelessness complicates the treatment of many illnesses. (Certain diseases & treatments cut across these patterns & may occur in all three categories homelessness health / human needs)

Community Health Needs Assessment Vision:
"A community of collaborative relationships that provide access to holistic health and wellness."



MENTAL HEALTH FACTS

Mental Health Problems Are Common in 2016:

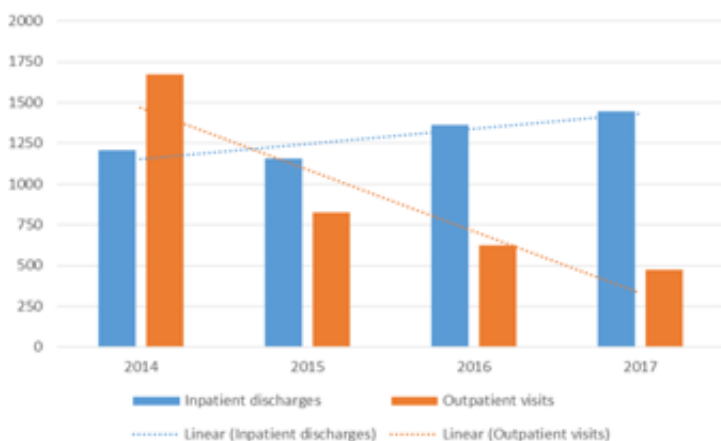


Many With Mental Health Illness DO NOT Receive Effective Treatment:



Center for Behavioral Health Statistics and Quality (2017). Results from the 2016 National Survey on Drug Use and Health, detailed tables. Rockville, MD: SAMHSA. * Interdepartmental Serious Mental Illness Coordinating Committee (2017). The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers.

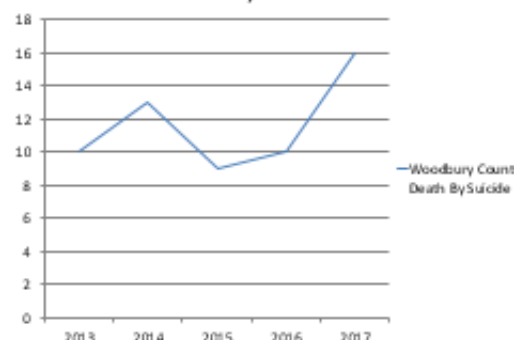
Behavioral Health Volumes - Sioux City Community Hospitals Combined



Source: Iowa Hospital Association

Woodbury County Suicide Rate

Woodbury County Death By Suicide



Survey Input

Community Health Needs Survey 2018

651 completed surveys

- Top programs/services survey takers look for:
 - Depression/Anxiety/Mental Health
 - Weight Problems
- Top conditions that a doctor told survey takers they needed and sought treatment for:
 - Depression
 - High blood pressure
 - High blood cholesterol
- Top five conditions a doctor or health professional has told you your child has:
 - ADHD
 - Anxiety
 - Asthma
 - Depression
 - Dental issues
- Top diagnosis of survey responders in the last year have been for:
 - Depression
 - Anxiety/Emotional Problems

Suicide

IN IOWA, SUICIDE IS THE...

- 2nd leading** cause of death for ages 15-34
- 3rd leading** cause of death for ages 35-44
- 4th leading** cause of death for ages 45-54
- 8th leading** cause of death for ages 55-64
- 17th leading** cause of death for ages 65 & older

Six times as many people die by suicide in Iowa annually than by homicide; the total deaths to suicide reflect a total of **9,675** years of potential life lost (YPLL) before age 65.



<https://dph.iowa.gov/Portals/0/IssueBriefs/12/Iowa-Facts-2017.pdf>

Woodbury County Court Committals

Case type/info	2015	2016	2017	2018 (-April 2018)
New MH Committals	282	291	243	39
48 Hour Holds	705	757	842	179
Cost per case (total court budget/total cases)	Approximately \$220 per case			

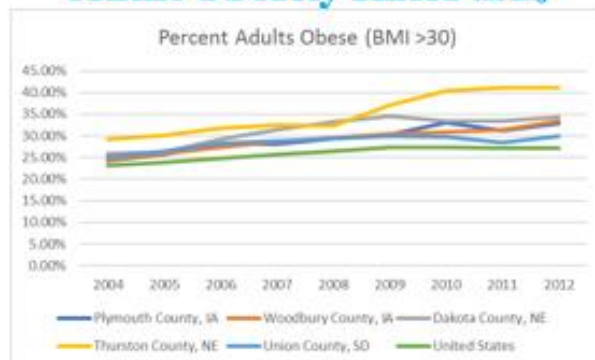
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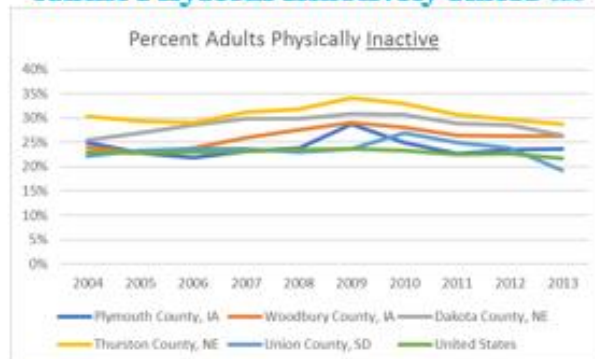
Obesity/Nutrition/Physical Health



Adult Obesity Rates CDC 2013

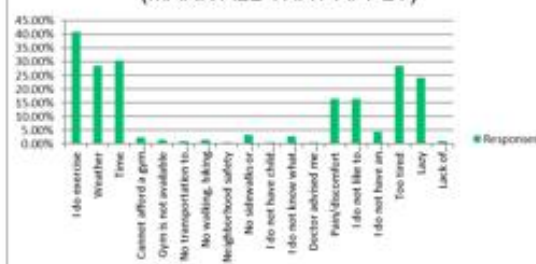


Adult Physical Inactivity Rates CDC

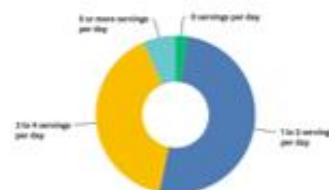


Survey Input

For what reasons do you NOT exercise?
 (MARK ALL THAT APPLY)



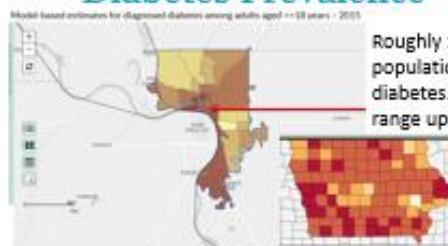
Q72 On average, how many servings of fruits and vegetables do you have per day?



Q73 What are your barriers in consuming fruits and vegetables? (MARK ALL THAT APPLY)



Diabetes Prevalence



Roughly 10% of Woodbury County population has a diagnosis of diabetes. Darker census tracts range up to 14% of pop.

Heart Attack Hospitalizations



Woodbury County Heart Attack Hospitalizations crude rate (per 10k) of 14.69 is the lowest it has been since 2000.

Major Cardiovascular Disease

Number of deaths in Woodbury for Major Cardiovascular Disease

- 2016 – 220 individuals
- 2015 – 240 individuals
- 2014 – 202 individuals
- 2013 – 231 individuals
- 2012 – 245 individuals

Childhood Obesity

According to the 2018 Community Survey -
 55% of children under 18 are underweight/healthy
 13% of children under 18 are overweight
 32% of children under 18 are obese

According to **Woodbury** County Women Infant and Children (WIC) data:

- 11.7% of enrolled WIC children 2-5 years of age were obese in 2016
- 12.15% of enrolled WIC children 2-5 years of age were obese in 2017
- 9.24% of enrolled WIC children 2-5 years of age were obese statewide.

Table 5. Participation Levels, 2015

	Woodbury County	Statewide
Food Assistance Program		
Average monthly participation		
Number of recipients	18,628	387,781
Payment per recipient (\$)	111	110
Participants per 1,000 population		
Calendar year 2015	182.1	124.8
Latest 3-year average	189.4	130.1

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Sexual Health



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STD Rates

Chlamydia Rate

	Woodbury	Polk	State
2016	606	587	416
2015	543	518	361
2014	564	507	376
2013	512	459	361

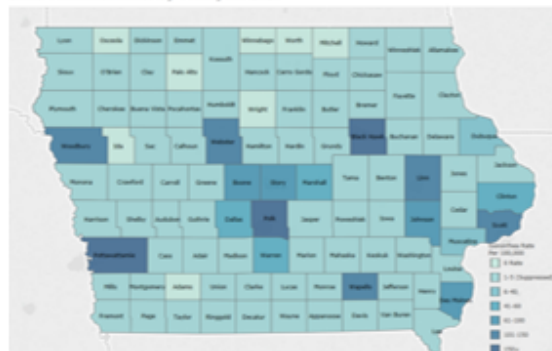
Statewide Chlamydia cases went up 45% in 2017

Gonorrhea Rate

	Woodbury	Polk	State
2016	127	168	83
2015	160	137	72
2014	157	87	53
2015	87	90	48

Statewide Gonorrhea cases went up 7% in 2017

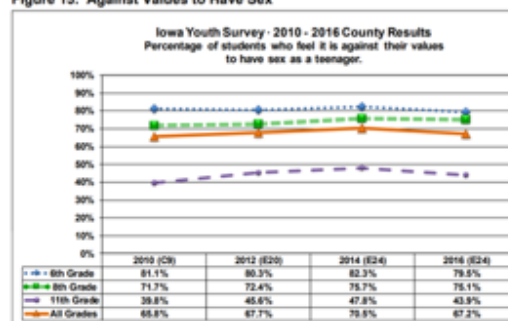
Iowa Gonorrhea Rates by County for 2016



Survey Input

Iowa Youth Survey, Woodbury County Results, 2016

Figure 13. Against Values to Have Sex

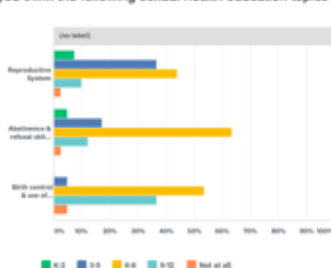


IYS Question: How much do you agree or disagree that each of the following statements is true:
 It is against my values to have sex as a teenager.

Responses Represented by Percentages: "Strongly Agree" and "Agree."

Community Survey 2018

Q56 When do you think the following sexual health education topics should be covered?

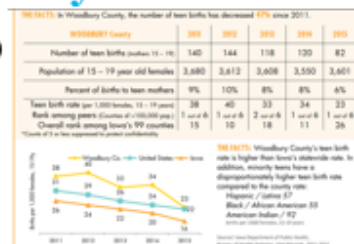


Teen Pregnancy

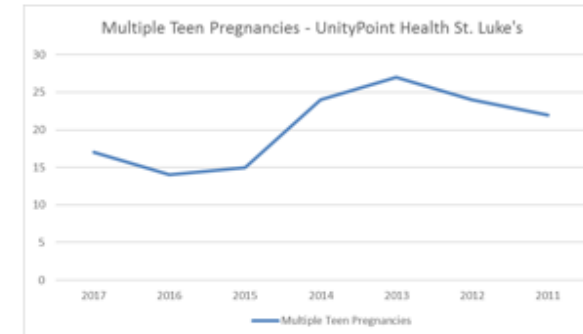
Woodbury County (WC) has consistently ranked 1 or 2 among counties of > 100,000 pop.

WC Teen Birth Rate

Hispanic	62
Black	56
White	25



Repeat Teen Pregnancies



Tri-State Data Points

STD

Plymouth County, IA Chlamydia rates increased from 2015 to 2016 while Monona County rates decreased.

Union County, SD Chlamydia rates decreased slightly from 2014 – 2015.

Dakota County, NE Chlamydia rates improved from 2014 – 2015, while Dixon and Thurston County rates went up. Thurston's rate in 2015 was 1,104.

Teen Pregnancy

Thurston County, NE has the highest teen birth rate in the state of NE, with the majority being Hispanic.

HIV

The state of Iowa had 125 newly diagnosed cases of HIV in 2017. Woodbury County had 93 individuals living with diagnosed HIV Disease as of Dec. 31, 2016.

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Substance Abuse

Community Health Needs Survey 2018

651 completed surveys

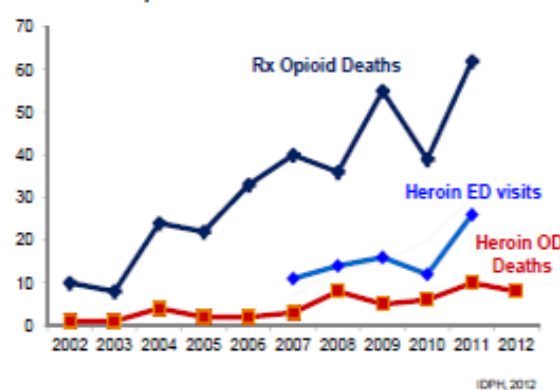
- Twenty survey takers or 4% have taken prescription opiates on a regular basis for more than 2 weeks
- Survey takers or immediate family member have taken the following medications during the past six months that were not prescribed to them or took more than was prescribed to feel good or high, more active or alert:
 - Ritalin, Adderall, Concerta or other ADHD medications (3.83%)
 - Tranquilizers such as Valium or Xanax, sleeping pills, barbiturates, Seconal, Ativan or Klonopin (2.88%)

Woodbury County Court Committals

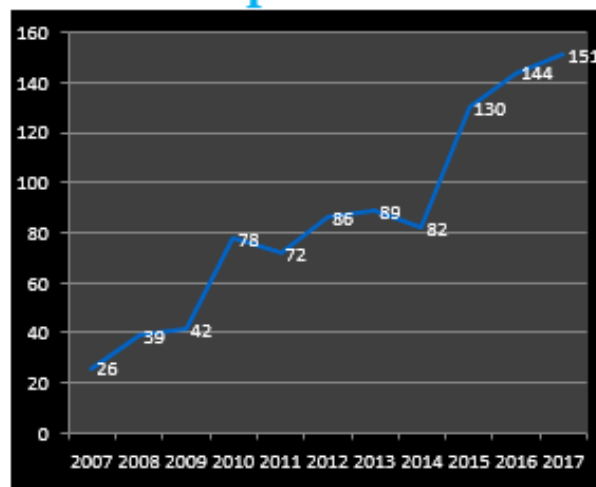
Case type/info	2015	2016	2017	2018 (-April 2018)
New SA Committals	159	201	191	33
48 Hour Holds	705	757	842	179
Cost per case (total court budget/total cases)	Approximately \$220 per case			

Opioid Crisis

Iowa Opioid and Heroin OD Deaths



Methamphetamine Use



Source: IPCC cases; majority from hospital ERs

Alcohol

Community Hospital Data

2017:

- A total of 1,680 patient's were seen for alcohol related diagnosis.
- The total cost of these services to the hospitals was over \$4 million .

Sioux City Police Department

- Public Intoxication Arrests from 1/1/13 – 12/31/17
- Total cost per Officer action/hour is \$95.00. This amount includes wages, insurance, benefits, etc.

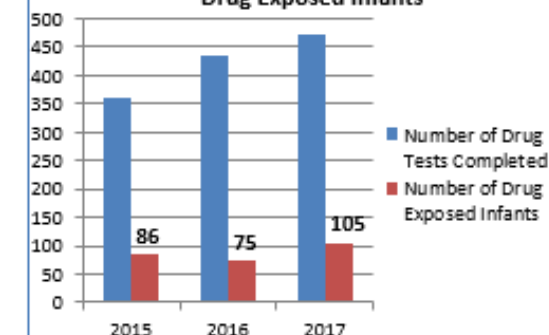
	2013	2014	2015	2016	2017
Total	1174 (100%)	1054 (100%)	1237 (100%)	1148 (100%)	925 (100%)

Woodbury County Jail 2017

- 841 arrests for public intoxication;
- 841 arrests x \$50.00 per day per inmate = \$42,050



UPH St. Luke's & Mercy Medical Center Drug Exposed Infants



Results of input from June Community Meeting – 6/4/2018

Strategic Issues Meeting: MAPP Process Phase 4: Session Summaries

Cancer

Total Prioritization Votes:

High-Red:2

Medium-Orange:1

Low-Green:4

Flip Chart Note Details: What Are We Missing? What Are The Issues?

- Need for more providers to ensure access and prevent need for leaving Sioux City for care -- specifically, need more Oncologists (medical & radiation) and Sub-specialists (GYN/ONC).
- Need education with kids and parents regarding vaping and juuling.
- Need education on lifestyle choices. Can decrease cancer rates (by 30%) with no tobacco, healthy diet, and decrease in obesity.
- Need access to primary care that addresses care prevention.
- Seems to be a lack of consequences for under age tobacco use.
- Need to educate consumers and caution the use/accuracy of information found through social media.

Flip Chart Note Details: Actions

- Obtain funding and insurance coverage for lung cancer screenings (CT scans). Causes of lung cancer not limited to smokers. Other causes can be exposure to radon and asbestos.
- Need to obtain funding to continue sponsorship of free cancer screenings, specifically breast and skin cancer.
- Provide mobile screening options to address access and cultural barriers.
- Promote early detection (age), funding, awareness, and educational benefits of screenings.
- Advocate for improvements in insurance coverage that includes screenings. Need to continue to address access to screenings for those with no insurance.

Flip Chart Note Details: Additional Agency Involvement Needed

- Business Partners - Tyson etc.
- Advertise through WIC and Care For Yourself programs through district health services.
- Advertising partners - banks, grocery stores
- TV Weather - promote UV index and use of sunscreen
- Jackson Recovery - Vaping & juuling presentation available

- Onsite nurses at major employers
- Siouxland Community Health Center JENCC screening - need assessments and vouchers as incentives
- Partner with June E Nylen Cancer Center

Current Assets

- June E Nylen Cancer Center
- Siouxland Community Health Center
- Siouxland District Health Department
- UnityPoint Health – St. Luke's
- MercyOne
- Jackson Recovery Center

Access To Care

Total Prioritization Votes:

High-Red: 4

Medium-Orange: 5

Low-Green: 1

Flip Chart Note Details: What Are We Missing? What Are The Issues?

- What other funding is available for Dental Services. Lack of Medicare providers.
- Lack of mental health providers.
- Transportation and language barriers.

Flip Chart Note Details: Actions

- Implement efforts to bring all healthcare organizations around the table together to discuss community health needs.
- Provide educational/informational material from all healthcare organizations in the community to all Sioux City businesses.
- Implement Patient Advocates to help patients navigate through the healthcare system.
- Expand bus routes to reach people that live outside of the current routes.
- Increase the capacity of in-school nursing, including dental services.
- Execute an assesment of the current bus routes system. Are the routes convenient/efficient for patient transport to healthcare organizations?
- Look into implementing Jackson Recovery's "Integrated Primary Care Model" to others.
- Consolidate translated language resources and documentation across all healthcare organizations within the community. (as applicable)
- Look in to creating a "centralized" transportation organization.
- Leverage current "transport" like systems such as "meals on wheel" to see if expansion to transporting people is an option.
- Create a referral network for questions when newly diagnosed with a specific condition
- Implement a designated care coordinator within community facilities that make contact with the people of the community in need ie. The Warming Shelter
- Implement more eduction for patients around the importance of having an established PCP.

Flip Chart Note Details: Additional Agency Involvement Needed

- Mary Treglia House
- Tyson
- All Businesses in Sioux City

Current Assets

- MercyOne
- Siouxland Community Health Center
- Transportation Planners – SIMPCO
- Siouxland District Health Department
- Siouxland Mental Health
- UnityPoint Health St. Luke's
- Local medical providers
- June E Nylan Cancer Center

Domestic Violence

Total Prioritization Votes:

High-Red: 0

Medium-Orange: 0

Low-Green: 3

Flip Chart Note Details: What Are We Missing? What Are The Issues?

- College Campus Security working hand and hand with local Police Department to prevent domestic violence/sexual assault.
- Primary Care Model early identification
- Social media glamorizing SA & DV
- Middle age and older - how do we reach and educate them?
- Healthy Relationship Education in schools-what is currently being taught?
- Police as positive role models.
- Health Care Providers as role model, caring with empathy (ER providers seem busy at times and don't take the time to make the personal connection)
- What are we teaching our youth in schools
- Educate that DV is more than just physical violence.

Flip Chart Note Details: Actions

- Educate Police Department staff about encouraging seeking medical services.
- Campus Security should be required to escalate these events up to local Police Department.
- Magnets to seek help with contact information.
- More access to legal resources. Safe shelter after transitioning from CSADV.
- What can we do for kids to stop cycle of violence and get the help they need?

Flip Chart Note Details: Additional Agency Involvement Needed

- Jackson/CSADV Partnership (more partnerships like this)
- Mental Health Agencies
- Girls Inc.
- Businesses i.e. Tyson (big companies with lots of employees)
- Legal Aide - part time lawyer for domestic violence
- Siouxland Medical Education Foundation (Residents care for mother's that are high risk)
- DNR/Parks/Rec - fishing event (Cops & Bobbers) County Sherrifs partner with Parks and Rec in Hinton
- Daycares/Childcare/Preschool
- Seasons new mental health resource center by Target
- Onsite Nurses /Occupational Health
- Churches/Food Pantry-Putting labels on cans for CSADV number
- Food Bank
- Colleges

Assests

- Center for Sexual Assault and Domestic Violence
- MercyOne Child Advocacy Center

Homelessness/ Housing

Total Prioritization Votes:

High-Red:5

Medium-Orange:6

Low-Green:5

Flip Chart Note Details: What Are We Missing? What Are The Issues?

- Permanent Housing for low income
- Detox Center needed
- Education / Awareness to Community is lacking
- Any new development must include low income housing
- Prevent at risk at the school level / provide data [ID. at risk]
- Data on cost for tax payers, City, County, State & Healthcare
- Transportation Services
- Healthy Homes (hoarding is a major problem)
- Bed Bugs
- Radon levels in Iowa

Flip Chart Note Details: Actions

- Community Education / Awareness / Involvement
- Permanent Housing
- Support Detox Center
- Awareness for Siouxland Community of homelessness issue
- Improve Mental Health Services
- Research other models in similar communities
- Support system for stabilizing homeless
- Jobs that are appropriate for Homeless
- Search for Funding
- Affordable Housing / Transitional Housing
- Improvements to current affordable housing
- Support Coordinated Entry
- Multiple forms of outreach [Case management etc.]

Flip Chart Note Details: Additional Agency Involvement Needed

- City of Sioux City
- Woodbury County
- Chamber of Commerce
- Faith based Community
- Philanthropic Community
- Housing Developers

Assets

- Coalition to End Homelessness
- Coordinated Entry
- Community Action Agency
- Center for Siouxland
- Area Shelters
- Center For Siouxland
- Crittenton Center
- Habitat for Humanity
- MercyOne
- Salvation Army
- SIMPCO

Mental Health

Total Prioritization Votes:

High-Red: 16

Medium-Orange: 8

Low-Green: 6

Flip Chart Note Details: What Are We Missing? What Are The Issues?

- All multi-cultural activities
- Woodbury County mental health attitudes and beliefs

- Need more outpatient and longer programs for Outpatient.
- Middle school approach
- Teachers educated to identify signs early. (Elementary teachers also?)
- Geriatric care
- Training on cyber bullying
- Parent's education on signs and symptoms of mental health. Be able to reach parents –split shift so cannot access, no phone, no voicemail.
- Assertive community treatment-more support that is community based.
- Mobile crisis
- Enhanced community based mental health care for Medicare aged individuals who do not qualify for PACE.
- More funding reimbursement.
- Education for folks ages 12-22 on how to access mental health about resources available. Young adults this age are not connected three local colleges.

Flip Chart Note Details: Actions

- Reach out to Woodbury County Jail. Many of those who are in jail are mentally ill. Have information available for inmates when they are in jail and released. Where do they go to help?
- Mental health and suicide prevention community education.
- Mental health first aid
- More licensed therapists/counselors in schools and after school programs
- First episode psychosis training
- Need adolescents in Sioux City.
- Educational campaign: Mental illness is same as physical illness.
- Patients with Dementia residing in nursing facilities.
- Mental health needs provider care directly in facility. Psychologist coming to facility to treat.
- SBIRT implementation.

Flip Chart Note Details: Additional Agency Involvement Needed

- | | | |
|--------------|---------------------------|---------------------------|
| • Businesses | • SCHC | • Sunrise Retirement |
| • Media | • Winnebago Health Dept. | • Sioux City area schools |
| • WITCC | • Jackson Recovery Center | |

Assets

- Siouxland Community Health Center
- Siouxland Mental Health Center
- Boys Town
- Catholic Charities
- Local Behavioral Health Providers
- MercyOne
- UnityPoint Health – St. Luke's

Obesity

Total Prioritization Votes:

High-Red: 3

Medium-Orange: 5

Low-Green: 3

Flip Chart Note Details: What Are We Missing? What Are The Issues?

- Lack of Knowledge-Education
- Quality of School Lunches
- School Supplies & Follow Through
- Following Through with Health Ed
- Decrease in Phys Ed requirements High School
- Recess in Elementary
- Connection to Mental Health
- Access to Stores in Sioux City
- Areas of Little Access to Grocery/Fresh Produce
- Lack of Fresh Unprocessed Foods in Rural Areas grocery stores driven out by Dollar General etc.
- Affordable Healthy Foods
- Too Easy to Access Fast Foods
- More Females buying Sugar Beverages
- Social Media Distruction
- Sedentary Lifestyle/Phones & Video Games
- Social Acceptance of Heavier People "new norm"
- Lack of Proper Trails and Sidewalks
- Access to Physical Activities for People with Disabilities
- Feeling of Safety when walking outside in Neighborhoods
- Safety in your own Backyard
- Bullying
- Winter Exercise for Children & Families

Flip Chart Note Details: Actions

- People that can Make a Difference -- State Laws
- Parent Education Healty Eating & Exercise
- Cooking/Nutrition Programs
- Community Garden Produce into Food Pantries & have "Friendship Plots" open to anyone to take
- Expand Garden Boxes to Schools
- Pursue Grants/Possible to Partner with Farms for Fresh Produce/Farm Shares Weekly to Farmer's Market
- Whole Foods Market/Introduce Grocery Store to Area
- Sugar Beverage Tax
- Employers are Board to Give Ten Minutes or More designated to Exercise Each Work Day -- On The Clock
- Employers to Challenge to be Active--Walk etc.
- Encourage more Walking Meetings/or With Movement
- Improve Street & Neighborhood Sidewalks -- Connect Trails
- Mile Markers at the Mall and Trails
- Access for Connecting Bike Trails
- Walking School Hallways - Home Room etc
- Phys Activity Programs & Diaries for People with Disabilities
- PSE Changes at Day Cares/Require Teacher Lead Activities
- Recess for Middle Schools
- Interstate: Recreation/Proper Development & Community Event

Flip Chart Note Details: Additional Agency Involvement Needed

- Schools
- Faithbased locations

Assets

- City Parks and Rec
- Farmer's Market
- Iowa State University Extension
- Siouxland District Health
- MercyOne
- UnityPoint Health
- WIC
- Foodbank of Siouxland
- Up From the Earth
- Worksite Wellness Coalition
- Health and Wellness All Abilities Coalition
- Healthy Siouxland Initiative

Sexual Health

Total Prioritization Votes:

High-Red: 0

Medium-Orange: 0

Low-Green: 2

Flip Chart Note Details: What Are We Missing? What Are The Issues?

- There was a strong interest in the demographics of the survey and breadth of representation of community.
- Demographics under the STD cases- age specifically- could help pinpoint root causes
- HPV Immunization rates for both males and females
- Still rank high for teen births
- Planned Parenthood closing – access to care issues

Flip Chart Note Details: Actions

- Determine what caused the decline in teen births
- Determine why individuals are getting tested for STDs(assumes that more tests are being given)
- Determine what education is occurring in the schools
- Determine what triggers a provider to offer STD testing? Can it be a part of an annual exam? Are providers doing testing?
- Perception- Who's job is it to provide STD testing, should colleges be providing this?
- Develop parent education about when teens are most likely engaging in sexual activity, is it after school hours, weekends or when?
- Focus Groups on the topic, focused on teens
- Identify how to reach the minority populations
- Mandatory education in schools

- Provide afterschool functions to monitor teens.
- Sex Health Conversations education (age specific) - gaining parent acceptance and approval

Flip Chart Note Details: Additional Agency Involvement Needed

- Identify additional locations for where free condoms can be distributed
- School Counselors
- ESL Contacts/Programs
- Businesses
- Urgent Cares (STD Testing offering)
- The Tribal system
- Chiropractors that do school physicals
- Youth Serving Organizations

Assets

- Girls Inc.
- Luthern Services in Iowa
- UnityPoint Health St. Luke's
- Siouxland Community Health Center
- Siouxland District Health Department
- MercyOne
- Crittenton Center
- Planned Parenthood Educators

Substance Abuse

Total Prioritization Votes:

High-Red: 4

Medium-Orange: 9

Low-Green: 8

Flip Chart Note Details: What Are We Missing? What Are The Issues?

- There are issues with JUULING in the schools - do we have data on usage
- What does Substance Abuse cost hospitals/Police/etc?
- Do we have data on Fetal Alcohol Syndrome/Fetal Alcohol Spectrum Disorder
- High number of pregnant women who smoke
- Need more education in schools on vaping
- Need more enforcement of sales of underage vaping products

Flip Chart Note Details: Actions

- Need to educate public/schools/providers on general marijuana facts - harmful facts
- Need to educate students/general public on harmful impact of e- cigarettes - Jackson has presentation ready to go.
- Need to verify what Medical Providers are telling pregnant women about drug use - yes marijuana may help with nausea, but there are more harmful impacts being caused to your baby.

- Need to verify that Dental Providers are educated about the issues of prescribing pain medications/opioids to patients as well.
- The need for pain management/pain clinics - tribal locations
- Need a change in practice with intoxicated people - police send to hospital or warming shelter - neither are great options.
- More screening for abuse/use of drugs in pregnant women
- Need to understand with opioids being more difficult to secure now - individuals are resorting to Meth. Meth and Alcohol are abused at the same amount now according to Jackson Recovery.
- The rise of Marijuana use at WITCC - students understand risks but are dealing with anxiety/depression so using marijuana as coping mechanism
- The rise of Binge Drinking on college campuses - students understand risks but dealing with anxiety/depression -using alcohol as coping mechanism
- Need to start support groups for pregnant women that may be smoking or using drugs
- Need smoking zones/policies put in place - tribal location
- Need to implement standard curriculum in schools regarding smoking/drugs, DARES no longer exists. Develop MOUs with schools for outside agencies to provide classes
- Detox center & need recovery housing for after leaving Detox Center
- Need to look at state databases for prescription usage - does this cross state borders. Also need to develop policy that Veterinarians or anyone that dispenses medication has to record it in a state or national data bank.

Flip Chart Note Details: Additional Agency Involvement Needed

- Schools/colleges
- Local Businesses
- Medical providers - education, posters, screenings
- Winnebago Health Dept.

Assets

- Siouxland Community Health Center – SCRIPTS
- Jackson Recovery
- Siouxland Cares
- MercyOne
- UnityPoint Health St. Luke's
- Iowa Quitline
- Siouxland Community Health Center
- Siouxland District Health Department
- Siouxland Mental Health

Results of Input from August 2018 Content Expert Focus Groups

Mental Health Ideas

- Train Mental Health Workers with short questionnaire
- Educate Community Providers of resources available
- Educate public of resources available
- PCIT training for parents w/ children in system
- Community Provider catalog - all inclusive
- Mental Health First aid or similar program taught to teachers & all staff in community schools
- Mental Health First Aid for parents in school - maybe get incentive
- Educate others on MH services such as BHIS & peer support so they are used.
- Early Intervention education at hospital to new parents prior to discharge
- ACES information or screening and more referrals to HOPES
- Social Media Education
- Create an outline for families or individuals to view pathway of care (timeline of care plan and what is included).
- MCO - work in reimbursements
- MCO - struggle with them
- Joint pressure on MCO's for reimbursement
- Licensed counselors in all schools including elementary
- Joint pressure on Sioux Rivers for consistent care
- Crisis Center Access
- Advocate for Access Center in Sioux City
- Develop & Support Mobile Crisis Team
- Process of continuation of care where there is partnerships
- Develop a community plan identifying options of care
- Criminal justice need to work more closely with MH providers i.e.: know resources
- Communication between jail providers & providers in the community joint recruitment efforts for psychiatric providers
- Increase access to psychiatric care in the community by financially supporting the recruitment & retention of psych providers
- Access to utilizing agencies prior to 48 hour committal walk in assessments
- Improve care for Geriatric Psych Patients - Nursing homes need help & Support to care for geriatric psych pts.- Not more fines
- Deliver psychiatric care to geriatric patients @ nursing homes rather than hospitalize pts on acute psych floors
- Increase access to having shelter for people with Mental illness
- MH provsers need a quarterly meeting to discuss common issues/partnering
- Collaboration between community providers
- When families have concerns & resources verses hospitalization i.e.: court ordered in-home
- Working with co-occurring clients specialty
- Connect with an agency upon discharge from hospital
- Psychiatric Urgent Care
- More psychiatric care/access in primary clinics
- Increase access to residential care for patients with chronic server mental illness

- A computer system where MH providers can access on common clients
- What is discharge planning options - how to coordinate care
- Access to care - Psychiatrists, Geriatric Care, Available living
- Increase long term psych beds/state MH beds
- Incorporate physical health & mental health
- In home therapy options
- How to use Sioux Rivers
- Incorporate IHH as a discharge component
- Children's Mental Health CMH waiver waiting list - too long
- Crisis Appointments - get ahead of mental health crisis
- Available transportation
- Friendship House needs expansion
- Increase number of groups within the community focused on Mental Health
- Wrap around services
- DHS programming for outline of intake process
- Long term after care for MH

Mental Health Sample Objectives

- **Collaboration**
 - Develop a quarterly community MH meeting comprised of all necessary community stakeholders (identify problems, share successes, update providers, push out media/education)
 - Develop better collaboration/communications with law enforcement and jails
 - Develop a computer system or other means to share information between providers on client - with proper authorization
- **Training/Awareness**
 - Implement Mental Health focused training Resources for all key stakeholders within the community. (Mental Health First Aid or ACES). Schools, law enforcement paraprofessionals, parents
 - Develop a Directory of Services
 - Meet with general health practitioners regarding MH services available for their clients
- **Enhance Access to Care**
 - Hire and retain more psychiatrists
 - Increase the number of individuals who can provide Behavioral Health Intervention Services (BHIS)
 - Increase the member of places individuals with Mental Health conditions can go for medical care and social interaction (urgent care and places like Friendship House).
 - Implement a home based model for mental health treatment and visits

Attendees:

Michelle Lewis - SDHD
 Julian Lee - SCHC
 Megan Simpson - UnityPoint Health- St. Luke's
 Leah Knapp - UnityPoint Health- St. Luke's
 Wade Kuehl - Mercy
 Sara Johnson - TSI
 Pam Ingram - TSI
 Scotty Colt - SMHC

Obesity Ideas

- Increase community knowledge of available healthy living programs (YMCA, City Parks Rec, etc)
- Improve costs affordability for programs available at the YMCA
- Continue to offer discounts/free memberships through insurance/medicaid for YMCA memberships
- Transportation to the YMCA or other physical activity access points
- Improve Community Small group wellness programs (number off, awareness off)
- Convincing the public there is a problem - awareness of the issues
- Changing foods and how to work with them ie: Kale
- Increase worksite wellness & incentive programs offered to employees
- Increase referrals from medical facilities for prevention programs (diabetes prevention, weight loss, etc)
- Educate people on food insecurity
- Need to get healthy food into food deserts
- Find alternate ways to teach nutrition/cooking classes. Not everyone will/can come to a class
- Alternatives to poor choices/options
- Programs/educations for health benefits for grades 1-5
- Schools & Community Eligible Prevention (CEP) funding must be prioritized and protected
- While produce/community gardens are great; cannot garden our way out of food insecurity
- Affordable Healthy foods from the source
- People will make changes when they want to - not when pressured. How do we motivate that?
- Nutrition environments at childcare centers (water availability, fruits/veg, healthier snacks)
- Structured PE classes in elementary
- Business health objectives for employees
- Business incentives for employees
- Bring a Whole Foods or similar store to the area
- Affordable & accessible fruits and vegetables.
- Efforts to reduce fast food restaurants - promote healthy fast food restaurants
- Mobile Food Market or food pantry
- Low cost economical exercise programs city wide
- Make it exciting/interesting
- Increase access to healthy foods & beverages in all settings (concessions stands, child care, food pantries, etc)
- Child care - structured physical activity like PE. Increases PA indoors
- Improve built environment (sidewalks, accessible store fronts from street parking)
- Increase trail connections into neighborhoods
- Improve sidewalks and sidewalk connections
- Increase access to PA opportunities for people with disabilities - programs, parks, etc.
- More PA in schools - Brain Breaks, increase # of recesses, add PA into core curriculum, morning walking programs instead of sitting in hallway, nature walks
- Learning Readiness PE - PE before core classes that student struggles in
- Teach Lifetime PE

Obesity Sample Objective

- **Education/Awareness**
 - Provide more education/outreach to medical providers regarding available services and programs available to clients
 - Educate general population on transportation options including bus routes on how to access healthy food options and PA options

- **Worksite Wellness**
 - Develop model or process to pool smaller worksites together to increase participation in workstie wellness programming.
- **Increase access to healthy foods**
 - Provide Mobile Food option espeically in food desert locations.
 - Provide water education and access everywhere. Increase location of filling stations, system level changes at city locations for free water access (pools, Tyson, etc). Water at schools and childcare
 - Upgrade Food Pantries - include client choice, improve display with healthy options, better hours and locations.
 - Increase access to physical activity
 - Incorporate more PE classes in schools and child care centers and have them focus on lifetime activities.
 - Make envriornmental improvements in parks to remove barriers for people with disabilites to utilize them

Attendees

Michelle Lewis – SDHD
 Angela Drent - SDHD
 Leah Knapp - UnityPoint Health - St. Luke's
 Dawn Welch - YMCA
 Linda Scheid - Food Bank of Siouxland
 Angel Wallace - Sioux City Parks and Rec

Housing Ideas

- Detox Center
- Community Detox Center - Free up beds at the hospital
- Year round warming shelter with day time hours
- Long term family shelter - maybe for transitioning out of CSADV or Detox
- Transitional Housing - you don't know what you don't know
- "Little Houses" People don't always want to live in apts - noise bugs, bad tenants
- More Housing units for low income/homeless
- Development of affordable housing - single family townhouses
- Super Shelter - Case Management, medical, mental health, transition services
- Education as to our existence - Housing Authority and other programs
- Case Management - outreach, housing, exit homelessness, resource connecting
- More money for housing emergencies (Mortgage, Rent, Utilities)
- More access to mental health - mobile crisis unit
- More transportation (access to bus passes/tokens). Multi agency can buy discounted passes/tokens for the individuals they serve
- Healthy Homes
- Education on radon, lead, hoarding, carbon monoxide
- Asthma prevention
- Bed bug prevention and treatment

Housing Sample Objectives

- **Outreach/Education/Case Management**
 - Assist with marketing of the Sioux City Housing Authorities Voucher program and encourage more landlords/property managers to accept vouchers. (Currently no waiting list for vouchers).
 - Educate and advocate for more funding to support transitional housing options in Sioux City
 - Implement a mental health urgent care or crisis mobile unit(case management) that Landlords can refer tenants to.
 - Provide education to the community on Healthy Home concepts.
- **Increase a variety of housing/shelter options**
 - Increase affordable single family housing stock for rent or purchase. Either build new affordable homes or assist with rehabing holder homes (lead based paint).
 - Develop more emergency shelters that provide more than just shelter - resources. (Super Shelter)
 - Assist with bringing a Detox Center to Sioux City
- **Transportation**
 - Work with Sioux City Bus Transportation on reviewing/improving bus routes and increasing bus service hours.

Attendees

Michelle Lewis - SDHD
Leah Knapp - UnityPoint Health - St. Luke's
Lindsay Landrum - Warming Shelter
Michelle Haupt - Sioux City Housing Authority

Substance Abuse/Tobacco Ideas

- Start education the young kids in elementary school/preschool
- Clinics should have mandatory all pregnant moms have to watch the effects of alcohol/drugs on unborn baby (in womb and after birth)
- Have previous "users" give education lectures on what happened to them before during and after alcohol/drugs
- Video in school during pep rallies on consequences of alcohol drug use
- Posters of before/after drug use on billboards
- Education on drugs, alcohol, tobacco, drug treatment, mental and community locations such as the laundry mat
- Convenience stores/grocery stores mandated to provide tobacco/substance abuse information with every purchase
- Require food establishments to have 1 member (usually manager) trained in crisis counseling - similar to requirement that establishment must have member of staff go through safe serve classes.
- Require the training of bartenders in Safe Serve prior to allowing them to applying for a job
- TIPS -training for servers
- Train landlords/managers of multiunit housing in substance abuse, tobacco and all other issues (mental health, healthy homes)
- Have church/parish nurses available for tobacco/substance abuse issues along with mental health and physical health issues
- Help reduce wait times into treatment or other referring services via some sort of process improvement
- Marijuana/alcohol education at high school and college level for everyone just not for policy violators.
- Implement evidence-based vaping programs coupled with environmental strategies
- Enhance education/promotion at schools & community level about Fetal Alcohol - misinformation heard frequently in community & even at colleges about being able to drink while pregnant
- Help partner with schools or other agencies to provide evidence based alcohol/substance abuse prevention program in middle school 8th graders
- Partnerships with colleges and employees to enhance policies related to binge drinking/substance abuse - also enforcement

Substance Abuse/Tobacco Sample Objectives

- **Outreach/Education**
 - Work with local medical providers/gynecologist on how they can best educate their pregnant patients on the harmful effects of alcohol.
 - Promote substance abuse/tobacco prevention programs in establishments that sale those products using local information or www.yourlifeiowa.org (similar to casinos have to promote 1-800 bets off).
 - Work with medical providers and hospitals to implement policies/system level changes that mandate mothers watch videos during their first pregnancy visit, and again prior to being discharged from the hospital
- **Training**
 - To have a minimum of one individual in the Siouxland area trained in a Safe Serve type program, that is available to go out and train others.
 - Offer trainings in crisis based/case management topics to landlords, librarians, parish nurses, etc.
 - Work with employers to implement on-line Harm Reduction training as part of an employees orientation.

- **Programs**

- Secure an evidence based program regarding Juuling/vaping and offer it in a variety of settings targeted to MS/HS/College age individuals
- Work with local school corporations (or preschools) to develop a plan on how substance abuse/tobacco education can be included into their class time.

Attendees

Michelle Lewis – SDHD

Becky Carlson - SDHD

Rachel Lundgren - Jackson Recovery Centers

JoLynn Huffman - UnityPoint Health – St. Luke's

Sexual Health Ideas

- Care in the right setting at the right cost
- Focus Groups - outreach to diverse cultures where they are at and find out their needs
- Offer LARC in hospital setting to prevent another or 2nd unintended pregnancy
- Middle School outreach - Beyond the Bell, Boys & Girl Club, YMCA
- Increase condom distribution in the community
- Medical clinic offering LARC - Long-acting reversible contraceptives
- Consistent Sex Education in schools
- Increase condom distribution in the community
- Sexual Health Education to ALL ages (young and old)
- Sexual Health fairs for all ages
- One Stop shop for health services
- look at what other communities are doing that have lower STD, Pregnancy rates
- Partner to provide health education in schools
- In school health clinics
- STD testing on college campus
- Collaboration across state lines in SD, NE
- Mobile Health Services
- Youth friendly health services
- Testing & education available at schools
- Educate the community (parents) about youth sexual health and how to talk to your kids
- Same day contraceptive services
- STD screening in the school system (plus condoms)
- Provider Education - How to take a sexual history, when to screen/test, reporting, proper treatment
- Educating providers & patient about PREP "birth control for HIV"
- Urgent Care clinics make sure test for STDs - don't send somewhere else when already in the clinic
- Get on same page with other providers about retesting timeline
- Normalize sex/birth control testing for all
- Teach more than just about sex/STD - consent, healthy relationships, how to say no, values
- Youth friendly - access to sexual health care (lobby, signs, hours)
- Youth groups for young parents with the goal of delaying 2nd pregnancy and get 2 year degree (partner with WITCC)
- How to talk to your children about sex class for parents with middle school kids
- Sexual health education in all middle schools
- STD testing in schools/colleges
- HIV screening in the ER
- Understanding of how testing is done in ER, urgent care, SDHD, SCHC, Dr. offices. How treatment is obtained and follow up.
- Parenting Classes for all ages - parental engagement
- Condoms in all high schools
- STD testing & birth control at HS Health Centers
- Active School Nurse who is open minded/non judgmental who kids can talk to and get condoms from
- Don't back down when local minority threatens
- Community education - let them know what is going on - highest teen pregnancy rate in state for counties with 100K +
- Make sure providers are using correct treatments - not over or under treating
- Follow up with patients after diagnosis, retreatment or retesting later
- STD Clinics in Schools or college - treatment and testing
- Comprehensive sex education in schools at least starting in 6th grade - prefer younger
- Condom distribution in schools
- Educate Medical Staff on inclusive language to include LGBTQ youth since they have higher rates
- Peer Education on Sexual Health Teen Counsels

- Encourage more participation/engagement from primary care and urgent care
- Birth control better access
- Good communication about recurrent NGU - different treatment guidelines
- Men's health screening during other visits when they see dr. Ask sexual health questions.
- Ensuring partners are tested and treated
- Parent Sex Education classes through schools
- Open Planned Parenthood again
- STD/Pregnancy testing in schools
- Educate Family Doctors on sexual health and how to talk to teens (or really everyone).
- Multi site testing - making sure get an accurate diagnosis
- Education about risk of all sex types (oral, vaginal, anal)
- Increasing access to free and or affordable testing and birth control
- HPV immunization info - increase our rates of completion the three dose series
- Increase outreach testing and comprehensive education in the community
- Condom distribution
- Education in schools for children on sexual health
- Maybe a list of clinics that offer free/reduce cost testing
- Increase the number of teens who are pregnant to participate in some home visitation program

Sexual Health Sample Objectives

- **Enhance access to sexual health resources, services & education**
 - Develop standards of sexual health practices across the health system (testing, treatment, etc)
 - Reduce stigmas associated with sexual health (parents, youth, providers)
 - Enhance condom distribution "network" within the community
 - Increase access to free/affordable sexual health resources
- **Enhance collaboration with community partners**
 - Interface with high school/college systems (Boards of Ed) on opportunity for advanced sexual health education/access to resources onsite
 - Develop a "community advisory group" to discuss objectives, issues, initiatives around sexual health
 - Increase awareness of knowledge on locations of access to current sexual health resources
 - Enhance collaborative efforts with American Indian population

Attendees

Michelle Lewis – SDHD
 Lori Oetken - SDHD Nurse
 Lexy Klemish - SDHD HOPES
 Stacy McNear - SDHD Lab
 Jodie Liebe - IDPH Division of HIV, STD
 Linnea Fletcher - Planned Parenthood of the Heartland
 Kirsten Colt - Planned Parenthood of the Heartland
 Julian Lee - SCHC
 Brandi Steck - SCHC
 Taffy Zoelle - UnityPoint Health - St. Luke's
 Leah Knapp – UnityPoint Health - St. Luke's