

2016 Community Health Needs Assessment



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Introduction - BOARD ACTION

Sioux Center Health has developed a community health needs assessment (CHNA) as a requirement for hospitals to retain non-profit status. The process includes review and approval of the qualitative and quantitative data by the Sioux Center Health governing board. After approval in the June 9, 2016 meeting, an implementation plan will be prepared and presented for approval at the August 2016 Executive Board meeting.

Executive Summary

Purpose

The Community Health Needs Assessment (CHNA) is a federal requirement for 501(c)(3) hospitals once every three taxable years. The information must be disclosed in its annual information report to the IRS (i.e., Form 990 and related schedules). While the CHNA is a federal requirement, we must remember that assessing our communities and providing community benefit programs are more than a nonprofit obligation. Conducting a needs assessment and responding to those community health needs allows us to live our mission and make a significant difference in the communities we serve.

Methodology

Sioux Center Health, along with Community Health Partners, gathered quantitative and qualitative data to determine the best suitable health initiatives that will make a lasting impact for our communities. The data gathered includes demographic (population, race, sex, age and household) information as well as in-depth assessments from community stakeholders through focus group interviews. In order to avoid duplication of effort, the four critical access hospitals in Sioux County worked collaboratively with Community Health Partners to complete this community health needs assessment with a process that began in May of 2014.

Summary of Health Needs

The following prioritized health needs were identified for all of Sioux County with the collaborative:

1. Obesity
2. Mental Health Services
3. Translation and Interpretation
4. Community Education and Support Groups
5. Recreation - Things to do

Out of the above county health needs, Sioux Center Health was tasked with choosing 3 out of the 5 to focus on for the next three years. The three that were chosen are:

1. Obesity
2. Mental Health Services
3. Translation and Interpretation

Community Health Needs Assessment

Executive Summary

Introduction

A community health needs assessment (CHNA) provides an opportunity for non-profit hospitals to identify needs and resources within the community. With the passage of the Patient Protection and Affordable Care Act (ACA) on March 23, 2010, conducting a CHNA is now part of the requirement for hospitals to retain tax exempt status. The CHNA must be conducted at least once every three years. As part of the CHNA, each hospital is required to collect input from individuals representing the community as well as those with public health expertise. The following report outlines the process undertaken by Sioux Center Health in Sioux Center, IA to fulfill these requirements. Sioux Center Health conducted this Community Health Needs Assessment (CHNA) partly as a collaborative process with three other hospitals and the public health agency in Sioux County, Community Health Partners of Sioux County.

Summary of Health Needs

The following prioritized health needs were identified for all of Sioux County with the collaborative:

1. Obesity
2. Mental Health Services
3. Translation and Interpretation
4. Community Education and Support Groups
5. Recreation – Things to Do

Sioux Center Health also identified these priorities for the community of Sioux Center:

- Obesity
- Mental Health Services
- Translation and Interpretation

Summary of Method and Process

The CHNA was conducted using a collaborative planning and data collection process integrating secondary data and primary data collected from community stakeholders through focus group interviews. The following outlines, in brief, the steps taken:

1. Identify desired data indicators
2. Review, analyze and compile available data from a variety of existing data sets
3. Collect primary data through community and county focus groups
4. Create and prioritize a list of community health needs at both the county and community level

Introduction and Background

Purpose

A community health needs assessment (CHNA) provides an opportunity for non-profit hospitals to identify needs and resources within the community. With the passage of the Patient Protection and Affordable Care Act (ACA) on March 23, 2010, conducting a CHNA is now part of the requirement for hospitals to retain tax exempt status. The CHNA must be conducted at least once every three years. As part of the CHNA, each hospital is required to collect input from individuals representing the community as well as those with public health expertise. The following report outlines the process undertaken by Sioux Center Health in Sioux Center, IA to fulfill these requirements. This process will enable the health system to develop a plan to respond to community needs fitting with the mission to bring hope, health, and healing to life. Our health system is pleased to serve as a leader in promoting the health of our community.

About Sioux Center Health

Sioux Center Health is a 19-bed critical access hospital located in Sioux Center, Iowa. The not-for-profit community hospital is governed by a local Board of Directors and has a management agreement with Avera McKennan Hospital and University Health Center, which provides shared administrative support to hospitals throughout the region in Iowa, South Dakota, and Minnesota. Sioux Center Health includes the hospital, two medical clinics located in Sioux Center and Hull, a skilled nursing facility and independent and assisted living facilities.

Sioux Center Health conducted this Community Health Needs Assessment (CHNA) as part of a collaborative process with three other hospitals and the public health agency in Sioux County, Community Health Partners of Sioux County. This collaborative process included joint planning, identification of common data indicators, and design of focus groups. Although the process was collaborative, each individual hospital reviewed both community level and county level secondary data and collected primary data at both the county and community level. Sioux Center Health presents this community health needs assessment as an individual assessment and will develop an implementation plan based on this assessment.

Our Community

Sioux Center Health serves the residents of Sioux County, Iowa. Nearly 90% of the hospital's discharges originate from Sioux County. The majority of the hospital's patients (68%) came from Sioux Center and Hull, IA in fiscal year 2014. The hospital service area is considered to be the entire community of Sioux Center and includes low-income and underserved populations.

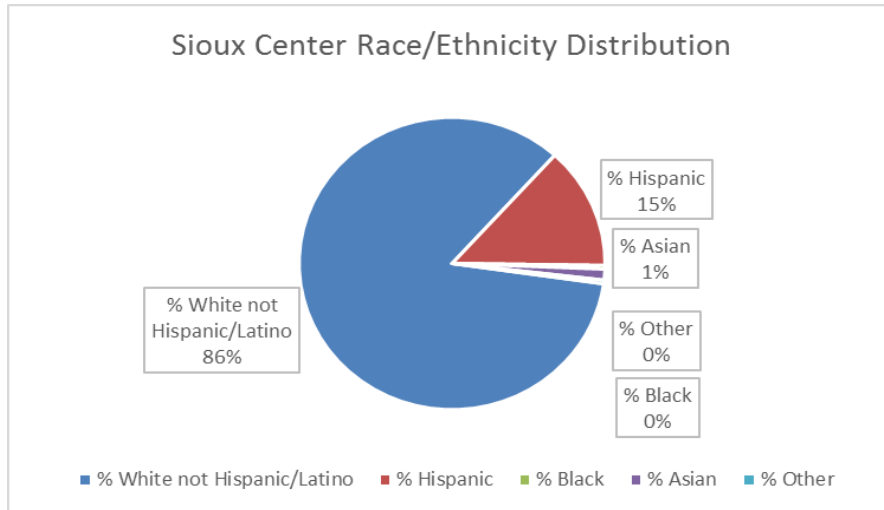
Total Population and Growth

The community of Sioux Center is located in the center of Sioux County, Iowa and has a population of approximately 7,048.

Within the four census block groups within the Sioux Center city limits (191670707002, 191670707003, 191670707001, 191670707004), the age distribution of the population is below:

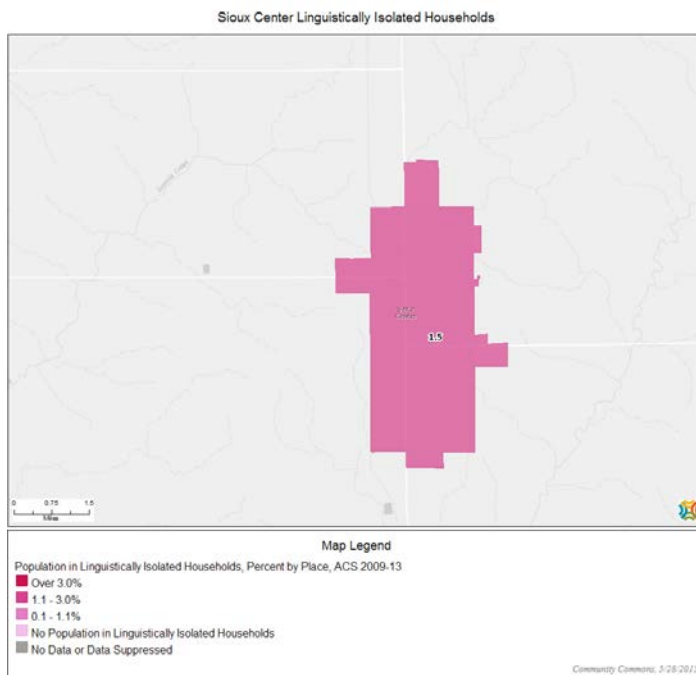
Age group	Percentage
< age 5	8.3%
Age 5-17	14.2%
Age >64	12.8%

Source: IHA CHIMES maps census block groups, 5/7/2015.



Source: American Community Survey Estimates 2013, U.S Census Bureau

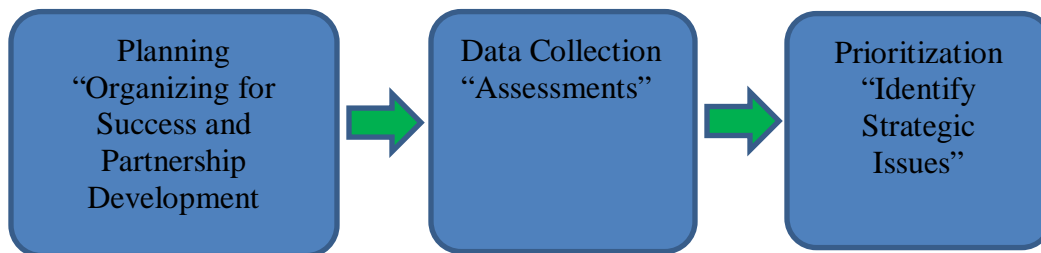
An important consideration in identifying vulnerable populations is identifying those who live in linguistically isolated households. The following map identifies the percent population in the area around Sioux Center who live in linguistically isolated households:



The median household income in Sioux Center is \$59,214 with 6.5% of the population below poverty. (2009-2013 American Community Survey 5-year profiles)

Process and Methods

The community health needs assessment was conducted using a modified MAPP (Mobilizing for Action through Planning and Partnerships) process through collaboration among the local public health department and the four critical access hospitals located within Sioux County, Iowa. Steps in the process included 1) planning – called “Organizing for Success and Partnership Development” in the MAPP framework, 2) Data collection – called “Assessments” in MAPP framework language, and 3) prioritization – Identify Strategic Issues in the MAPP framework.



Planning

Community Health Partners of Sioux County, the local public health agency for Sioux County, Iowa convened a group of representatives from each of the four critical access hospitals in April 2014. Partners in the collaborative planning included Sioux Center Health, Hegg Memorial Health System, Orange City Area Health System, Hawarden Regional Healthcare, and Community Health Partners of Sioux County. This first meeting set the stage for each hospital conducting a community health needs assessment while collaborating on data collection to avoid duplication. The planning phase of the project included identifying data indicators that should be included in the data collection phase, discussion about the desired methods of collecting data (secondary and primary), and identifying community stakeholders to be included.

The collaborative group identified both county level and hospital/community level indicators with the understanding that not all desired indicators would be included in the final data report. The collaborative group decided to collect primary data using focus group interviews at both the county level and community level. Community Health Partners staff facilitated the focus groups and identified and invited participants to county-level groups including social service providers and other stakeholders who represented more than one community. Each participating hospital identified sub-groups to invite to participate in focus group interviews at the community level.

Assessment

Data indicators were reviewed and Community Health Partners identified available sources for relevant data to include. Priority was given to secondary data identified through the Iowa Department of Public Health Public Health Tracking System, County Health Rankings, U.S. Census, and compiled at CHNA.org. Other data sources included the Community Health Status Indicator (CHSI) report made available through the CDC. Community Health Partners staff selected relevant data related to selected indicators and compiled it in a “Community Health Status” report that described the health status of Sioux County through Demographics, Social Determinants of Health, Death, Injury and Illness, Mental Health, Maternal and Child Health,

Environmental Health, and Health Behaviors. This Community Health Status Report was reviewed by the collaborative and areas where Sioux County was unfavorable compared to state or comparison county data were noted.

The collaborative decided to collect primary data through focus group interviews held throughout the county. Focus groups are a qualitative method of data collection that help to provide a depth of understanding from participants' perspectives. Focus groups can help to uncover people's attitudes and experiences in a different way than might be possible with other methods such as surveys. Focus groups are also unique in the way they allow participants to interact with one another and with the facilitator, allowing for more depth of understanding than might be possible using other methods.

Stakeholders representing the county participated in county-wide focus groups between January and March 2015. Four county level focus groups were conducted ranging from 2 – 15 participants and lasting approximately 1 hour each. 3 of the focus group were comprised of a cross section of providers who serve a variety of roles throughout the county including school nurses, social service providers, mental health providers, and public health providers. The fourth group was the Latina Health Coalition of Sioux County, which includes residents of several local communities, including Sioux Center, who represent the Hispanic/Latino community. Stakeholders provided information and perspective about the health needs specific to the county and in some cases relevant to particular communities within Sioux County.

In addition to these county level groups, each participating hospital identified stakeholders and convened local focus groups. In Sioux Center, Sioux Center Health staff identified stakeholders that represented parents of young children, adults age 60+, and healthcare system representatives and mailed invitations to potential participants and used reminder phone calls. Groups met at Sioux Center Health or a community meeting room.

Focus groups were facilitated by Community Health Partners staff using a standard set of interview questions focused on identifying community health needs as well as community assets. All of the focus group discussions were recorded and key quotes from the discussions were transcribed. The focus group with the Latina Health Coalition was interpreted by an interpreter on staff at Community Health Partners. Preliminary analysis was conducted using study notes to identify prominent themes within the groups. Next, the facilitators reviewed the prominent themes and grouped them into key categories that are presented here as the key findings. Themes were analyzed across groups and within groups and particular attention was paid to the themes that were similar in all of the groups represented. Finally, the transcribed notes were reviewed and representative quotes were chosen to illustrate the identified themes.

Each collaborative partner received a written report summarizing the themes of the focus group interviews for their community as well as a summary of the county level focus groups.

Focus group participants were chosen to represent specific demographics and groups of populations. The following table outlines participants who represented specific low-income, minority and medically underserved populations.

County Focus Groups		
Organization / Individual	Focus Group Attended	Representative Group
The Bridge	County Joint Providers	Low-income/ medically underserved
Latina Health Coalition (6 participants)	Latina Health Coalition	Minority
Family Crisis Center	County Joint Providers	Medically underserved
Mid-Sioux Opportunity	County Joint Provider, County Decategorization	Low income, medically underserved
Senior Companion Program	County Decategorization	Low-income
Compass Point	County Decategorization	Medically Underserved
Hope Haven	County Decategorization, County Joint Provider	Medically Underserved, Low income
Parent Partner Program	County Decategorization	Low income
Early Head Start	County Decategorization	Low income
Love, Inc.	County Joint Provider	Low income
RTF	County Joint Provider	Medically underserved
Habitat for Humanity	County Joint Provider	Low income
Promise Community Health Center	County Joint Provider	Low income, medically underserved, minority
Justice For All	County Joint Provider	Low income
Sioux Center Community Focus Groups		
Members of the Latino community in Sioux Center	Latina Health Coalition	Minority
Adults age 60+	Sioux Center Community Group	Medically underserved

Other specific groups included in focus group interviews included:

- mothers of young children,
- business community,
- county attorney’s office,
- public health staff,
- mental health providers and
- school nurses

Summary of Input from Community - County wide

Availability of Resources - A major theme that emerged in each of the county groups was that the county has a great number of available resources—recreational, across the life-span health, outreach, and supportive--all easily accessible, especially considering its rural location. Specific resources within health care and mental health were noted, but also a more general realization that a great variety of services are available locally without need for travel, including early childhood supports and other social services. A variety of arts and recreational activities are available throughout the county.

Agencies working together - Participants believe health and social service agencies value inter-agency relationships, in part because providers have personal relationships with each other that make agency relationships and collaboration important to service delivery. Participants stated that providers in the county work hard to get services to the people who need them, and that providers engage with people rather than a system.

Improving Social Determinants of Health - Participants indicated that access to affordable, safe and healthy housing is a county-wide need, stating that a lack of affordable housing is an issue for both purchasers and renters. Transportation emerged as a key theme for participants. Participants identified a robust system that allows for access to transportation when it is needed, at a reasonable price, and that can provide transportation between communities was identified as a need.

Improving Agency Collaboration - The county level focus groups included representatives from a variety of agencies who serve within the county. These participants identified a need for improved collaboration between agencies and a general sense that there are a lot of services available within the county, but agencies do not work efficiently together toward addressing larger systemic issues and do not know what other services are available county-wide.

Increasing access to and reducing cost of health care - County level groups identified the prohibitive cost of health care and difficulty accessing services as barriers to health, particularly for the un and underinsured and undocumented. Participants stated that often people do not know what services are available to them, how to access the services, or how to navigate the insurance and health care systems.

Mental Health - Mental health services across the age continuum are cited as a pressing need by all focus groups. Specific identified needs include increased numbers of providers, providers who could deliver services in Spanish, more support groups for care-givers and those suffering from chronic diseases, entry points for care, care for those with co-occurring medical, substance use and mental health needs, and the need to reduce stigma for seeking help.

Recreation- more things to do - A lack of activities, specifically indoors, for both children and adults was identified by service providers and residents alike. They state there are not enough public indoor places for young people to safely gather. Children and adults need affordable indoor recreational activities.

Dental Health - All county level groups cited lack of access to dental care as a major health issue. Participants stated access to dentists is limited especially for Title 19 patients, and those requiring pediatric dental care must travel to Sioux City or Sioux Falls.

Translation and interpretation - In each of the groups, translation and interpretation needs were cited specifically in health care settings and schools. Providers and consumers alike asserted that qualified (specially trained) on-staff interpreters in hospitals and medical clinics are needed, in particular in labor and delivery and mental health.

Relationship education across the lifespan - The county level groups identified a lack of knowledge about healthy relationships in general as a major need beginning with young school-aged children and continuing through adulthood. Participants stated that community, small group, family, and individual education in the areas of sex education, women's reproductive health, healthy male role modeling and relationships, parenting, infant/child growth and development, and healthy relationships in general is needed across the county.

Maintaining or improving infrastructure - Participants identify poorly maintained or absent sidewalks as safety hazards that discourage physical activity in some communities. Participants voiced concerns that EMT services are inconsistently funded and administered and that smaller communities may not be able to maintain their emergency services.

Senior living resources - Service providers and residents see the need for assisted living facilities in communities across the county. Supportive in-home services for seniors were also identified as needs (meals, companionship, and activities) as well as intergenerational activities that bring the elderly and youth together.

Summary of Input from Community - Sioux Center

People don't know what is available or how to access it – Participants report that while there are a lot of services available at both the hospital and throughout the community, people are not necessarily aware of what is available and/or do not know how to access it.

Increasing the variety of specialty providers - One of the community assets mentioned by participants was the variety of care services available within the community, however there were some specific specialty providers that are not available locally – specifically dermatology was mentioned as a desired specialist locally.

Community based wellness opportunities - In Sioux Center, participants appreciate that there are quite a few opportunities for recreation and wellness, but desire to see even more opportunities made available throughout the community. Specific attention was given to the needs of community members who might not be served by existing facilities or programs, for example, people on a limited income, older adults, and non-athletes. While trails are a valued part of the community, continued attention to connecting all parts of town through sidewalks and trails is desired, especially for those areas not currently connected to existing trails. For older adults, there is a need for social activities.

Addressing gaps between inpatient and community living for a variety of populations, but especially seniors. Many of the needs identified by participants pointed to the need to address gaps in service for people who do not need to be hospitalized in an inpatient setting but who may not be ready for independent community living.

Creating a community that is welcoming to others including our Hispanic neighbors – Participants identified as a need, increasing the ability of the community as a whole to meet the needs of Hispanic community members as well as being open to others who might not share the same cultural background.

The **infrastructure of the community** was clearly identified by participants as a community asset, but there are several areas that were also identified as needs. First, there were items that focused on the safety infrastructure, including the need to help residents safely cross Highway 75 on foot and improving street lighting. Secondly, housing was identified as a need, specifically the need for affordable housing for both those considered to be lower-income and those who don't meet that threshold but still have difficulty affording housing at current levels.

Daycare - In Sioux Center the existing childcare is appreciated by participants, but residents see a lack of available spaces as well as affordability of care as an issue.

Prioritization

The collaborative team used the Community Health Status Report and the County Focus Group report to generate a list of health needs / issues. In order to be considered a need, the issue had to meet one of two criteria. First, it could be identified in the Community Health Status Report as being unfavorable compared to either the State of Iowa average or the peer county (Marion County). Second, the issue was considered a need if it emerged as a theme from the community input. The collaborative team considered the following criteria and then used a multi-voting technique to narrow the list of health needs/ issues to a priority list.

Criteria considered:

Size of the problem – How many individuals are affected?

Impact of the problem – How big is the impact of the problem?

Availability of resources to solve the problem

Urgency of solving the problem

The list started with 13 issues. In the first round, participants could vote for as many issues as desired. Then the list was narrowed to those issues receiving four or more votes (8 participants).

Those that were not included as priorities following the first round of voting were:

- Cost of healthcare
- Senior Resources
- Cancer
- Transportation
- Childcare

For the next round of voting, participants were able to vote for 5 issues. Again, those issues not receiving at least four votes were removed from the priority list:

- Collaboration
- Connecting people with resources
- Housing

Finally, participants were given three votes to help prioritize the remaining items. All five remaining issues are considered priority issues for the county.

Summary of Identified Needs

The prioritized needs were identified using the criteria outlined above. For the purposes of this assessment, a health need includes requisites for the improvement or maintenance of health status in both the community at large or in particular parts of the community (such as a specific group experiencing disparities). Requisites for improvements or maintenance of health status include underlying factors that influence health such as transportation or housing.

Obesity:

Description of the issue

Obesity is a health concern due to its connection to many other health outcomes. Obesity raises risk of Type 2 diabetes, stroke, poor pregnancy outcomes, and high blood pressure. In addition, obesity results in high healthcare costs and increases the burden on health systems.

Statistical Data (Secondary Data): In Sioux County, 68% of adults are overweight or obese, compared to 67% of adults in the whole of Iowa. 27% of Sioux County adults report a BMI of more than 30, meeting the criteria for obesity. This is slightly lower than the Iowa rate of 30% of adults, but has increased in Sioux County since 2004.

Related Data Indicators: Behaviors related to obesity include diet and physical activity. A healthy diet and adequate physical activity are also associated with greater health and reduced cancer risk. In Sioux County, 72% of adults report adequate physical activity compared to 80% for the State of Iowa.

Community Input (Primary Data): The issue of **Obesity** is also related to the issue **Recreation – Things to do**, specifically when talking about opportunities to increase physical activity. In focus groups, participants expressed a desire for more indoor recreation activities across the lifespan, recognizing that all Sioux County residents from young children to older adults would benefit from affordable, indoor recreational opportunities.

Potential resources to address the issue

A resource theme that emerged from CHNA focus groups was the safety of communities, indicating that community based recreation programs would not face barriers related to safety. Participants also stated that service providers in the county tend to have a broad and holistic view of health that accentuates the importance of things like a good trails system, physical activity opportunities, and community gardening to the health of individuals and communities. Programs that exist in Sioux County to address healthy behaviors related to obesity and overweight include the following:

- Let's Go 5210, an effort of the Coalition for a Healthy Sioux County community groups to help kids develop healthy habits around eating and physical activity. They have hosted a summer activity program.
- The Sioux County Trails Council and many local communities have developed trail systems to increase access for biking, walking, and running.

In Sioux Center, these additional resources address Obesity.

- Sioux Center Trails Council is actively developing new trails, Sioux Center Health has worked closely with this community group.
- Sioux Center has hosted a 5210 Let's Go Summer Program for kids as well as a Storywalk project for kids.
- Sioux Center Health is a partner for Siouxperman Triathlon and Hull Color Run.
- Sioux Center Summer Recreation programs include multiple opportunities for kids to be active.
- There are several fitness facilities available in the community.

Mental Health Services

Description of the issue

Mental health is essential to personal wellbeing, family functioning, and health interpersonal relationships. People, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide (Healthy People 2020).

Statistical Data (Secondary Data): Secondary data supporting mental health as an issue includes results from the Iowa Youth Survey indicating that 12% of Sioux County youth had seriously considered killing themselves within the past 12 months, a comparable rate to the Iowa rate of 13%, but higher than that of Marion County at 9%. 11.3% of older adults in Sioux County are living with depression, a rate that is slightly lower than the U.S. median rate of 12.4%. The number of mental health service providers in Sioux County is also of concern, with a ratio of 1540:1 compared to 904:1 in the state of Iowa.

Related data indicators: None currently

Community Input (Primary data): Mental health services across the age continuum were cited as a pressing need by all CHNA focus groups. Specific needs identified include increased numbers of providers, providers who could deliver services in Spanish, more support groups for caregivers and those suffering from chronic diseases, entry points for care, care for those with co-occurring medical, substance use and mental health needs, and the need to reduce stigma for seeking help.

Potential resources to address the issue

- Strong collaborative commitment to this issue.
- Area mental health providers – several sizeable agencies serve Sioux County

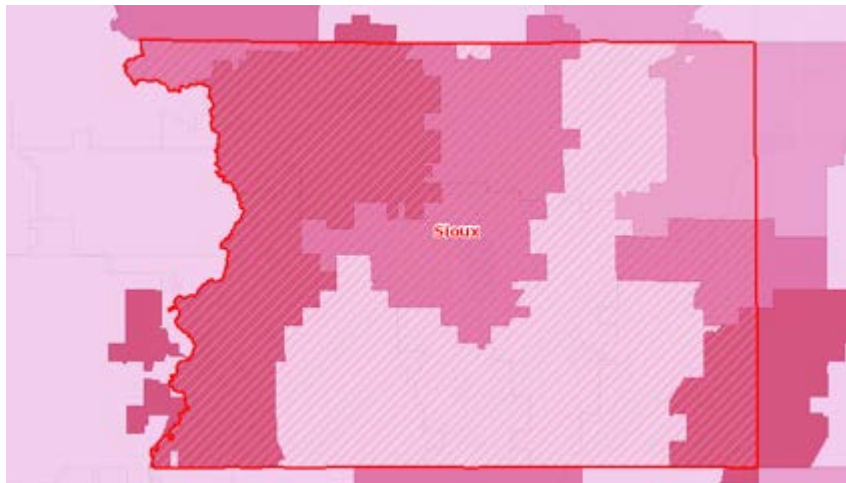
Translation and Interpretation

Description of the issue

Effective communication is essential to promoting health and preventing illness. Trained and qualified interpreters in medical and educational settings are necessary to ensure people for

whom English is not their primary language understand their options and possible implications of their actions.

Statistical Data (Secondary data): 9.3% of households in Sioux County speak a language other than English at home. This is greater than the Iowa rate of 7.1% and the Marion County rate of 3%. Linguistically isolated households are found throughout the county, with more of them residing in the Western and Southeast corner of the county.



Related data indicators: The primary minority group in Sioux County is those with Hispanic/Latino ethnicity. 9.7% of the population are Hispanic/Latino, indicating that the primary language related to translation and interpretation needs is Spanish. However, other languages are also spoken and addressing only the needs of Spanish speakers will not address changing demographics that include other languages.

Community Input (Primary data):

In each of the CHNA focus groups, translation and interpretation needs were cited specifically in health care settings and schools. Providers and consumers alike asserted that qualified (specially trained) on-staff interpreters in hospitals and medical clinics are needed, in particular in labor and delivery and mental health.

Potential resources to address the issue:

Resources and Programs available in Sioux County to address this issue include:

- Workshops for interpreters are offered at Northwestern College in Orange City.
- CASA is an advocacy group working to welcome all cultures in Northwest Iowa
- Promise Community Health Center, Sioux Center Health, WIC and Community Health Partners have full-time interpreters on staff.

Resources and programs available in Sioux Center to address this issue include:

- On staff interpreter at Sioux Center Health

Education and Support Groups

Health literacy is critical for successful engagement with the healthcare system and advocates for health education in schools point to the importance of educating youth regarding basic health facts, healthy behaviors, and basic life skills. Many community health education programs begin with building basic knowledge and skills about health topics. A robust community health education program can help to build healthier communities.

Statistical Data (Secondary data):

	Sioux	Iowa	Marion County (peer)
Age 25+ without high school education	11.7%	9.3%	8%

Related data indicators: None

Community Input (Primary data):

A wide variety of health topics were identified by community members as needs within the community. Topics included specific health issues as well as more general life skills. Support groups were also identified as a need, specifically for those dealing with chronic illness as a patient or caregiver.

The county level groups identified a lack of knowledge about healthy relationships in general as a major need beginning with young school-aged children and continuing through adulthood. Participants stated that community, small group, family, and individual education in the areas of sex education, women's reproductive health, healthy male role modeling and relationships, parenting, infant/child growth and development, and healthy relationships in general is needed across the county.

Potential resources to address this issue:

Resources and Programs available in Sioux County to address this issue include:

- Diabetes education programs and support groups
- Developing community partnerships through the Coalition for a Healthy Sioux County

Resources and programs available in Sioux Center to address this issue include:

- Diabetes support group
- NAMI support group for mental illness

Recreation – Things to Do

Statistical Data (Secondary data): 76% of Sioux County residents have access to exercise opportunities compared to 79% for the State of Iowa. This is defined by County Health Rankings as living reasonably close to a location for physical activity such as a park, gym, community center, or pool.

Related data indicators: 25% of adults in Sioux County report no leisure time physical activity compared to 24% for the State of Iowa.

Community Input (Primary data): In focus groups, participants expressed a desire for more indoor recreation activities across the lifespan, recognizing that all Sioux County residents from young children to older adults would benefit from affordable, indoor recreational opportunities.

Potential resources to address this issue:

Resources and Programs available in Sioux County to address this issue include:

- All Seasons Center in Sioux Center
- Dordt College and Northwestern College both have recreation centers
- Dance studios in Orange City and Sioux Center
- Fitness facilities in Orange City, Sioux Center, Hull, Rock Valley and Hawarden
- All local communities have a community pool

Resources and programs available in Sioux Center to address this issue include:

- Dordt Rec Center
- All Seasons Center
- Dance Studios
- Fitness facilities

The leadership team for Sioux Center Health met to review the county level priorities and data and identified the following priorities for Sioux Center:

- Obesity
- Mental Health Services
- Translation/ Interpretation

Evaluation of progress from prior CHNA

The FY2013 CHNA identified three areas to expand and/or create new initiatives to address the unmet needs of the community. These included areas of accessibility and affordability to both specialty and primary care physicians, healthy lifestyle choices and healthcare prevention and education. Sioux Center Health made their CHNA report and Implementation Strategy available to the community by posting it on their website. No written comments were received on either the CHNA report or Implementation Strategy.

Accessibility and Affordability

Action: Improve Physician Recruitment Strategies/Identify Ways to Better Care for the Medically Underserved

In 2014, a brand new state-of-the-art hospital and medical clinic was opened as a replacement facility for the 60+ year old facility that had been the original healthcare facility in Sioux Center. Prior to moving into the new facility, and continuing on through today, Sioux Center Health has added recruited/acquired 20 new providers (Appendix A) to better serve the health needs of our community. Access to the physicians has also been addressed and improved through the addition of Advanced Practice Providers.

Charity care is available to those that qualify according to their financial status.

Healthy Lifestyle Choices

Action: Promote Active Living & Healthy Eating

Sioux Center Health's Community Wellness Coordinator created the Health Plus program and the Health Plus Team in 2013, which promotes healthy lifestyle choices both in the workplace and for residents throughout Sioux County by holding various community education seminars, a county-wide 12-week physical activity challenge and an annual 5k race.

A document (Appendix B) highlighting all the physical activity opportunities throughout our county has also been created and is widely distributed to any of our residents through several different means.

Sioux Center Health also continues to support the community garden by donating annually to the gardeners a gift card to purchase their seeds in effort to promote the consumption of fresh fruits and vegetables.

Healthcare Prevention & Education

Action: Improve Clinical and Community Preventative Screenings Participation/Continue Partnerships with Sioux County Sheriff and Iowa State Patrol

Since 2013 and the inception of the Health Plus program, over 70 events have been held and hosted by Sioux Center Health including seminars, weight management programs, safety days, health fairs, etc. Some of the events were specifically designed to serve our Latino population and were offered in Spanish.

Six of the seminars were related to distracted driving with presentations by officials from the Sioux County Sheriff's Office and our local police department.

In January of 2014, Sioux Center Health began offering walk-in lab screenings with a menu of several preventative wellness screenings that the patient could choose on a self-pay basis.

Board Approval

The 2016 CHNA report was presented and approved by the Sioux Center Health Board of Directors on June 9th, 2016.

Appendix A: Primary Care and Specialty Care Providers Recruited/Acquired 2013-Present

<u>Provider</u>	<u>Scope of Practice</u>
Maman Ali, MD	Emergency Medicine
Aftab Awan, MD	Emergency Medicine
Wayne Belling, DO	Emergency Medicine
Adrian Cordovi, MD	Emergency Medicine
Steven De Kock, MD	Emergency Medicine
Jaime Dodge, MD	Emergency Medicine
Richard Jongewaard, MD	Emergency Medicine
Sarah Cam, ARNP	Family Medicine
Anne Hooyer, ARNP	Family Medicine
Morgan Meissner, PA-C	Family Medicine
Karen Pennings, ARNP	Family Medicine
Lyndle Shelby, MD	Family Medicine
Jamie Vitamvas, MD	Family Medicine
Swapna Kanuri, MD	Cardiology
Prasanna Sugathan, MD	Cardiology
Jian-zhe Cao, MD	General Surgery
Nicholas Mouw, MD	General Surgery
Lornell Hansen II, MD	Phlebology
Jeffrey Heier, MD	Phlebology
Marcie Peterson, MD	Radiology

Appendix B: Exercise Opportunities In and Around Sioux County

EXERCISE OPTIONS IN AND AROUND SIOUX COUNTY

SIOUX CENTER

- All Seasons Center 722-4386 –water aerobics, lap swimming, public swimming and ice skating
- Bike Trail – biking, walking
- Centre Mall – free indoor walking, Mon – Sat, closed Sundays
- Dordt College Rec Center 722-6302
- First Reformed Church Gym 722-1861 – free walking, basketball
- Snap Fitness (Open 24/7)– monthly single and family memberships 722-2594—
- Compass Fitness & Wellness—offers group fitness, personal training and CrossFit 441-6619—(Open 24/7)
- BKN Box 441-7091—CrossFit
- Robin’s School of Dance 722-3262—Zumba, Kids Zumba, Body Pump, Yoga
- Susy Romero 441-0544—Zumba, Kids Zumba
- Kari Timmer 722-5380—Yoga
- Andrea Van Voorst—Offers private personal training and yoga at library Wed @ 5:30pm and Fri @ 9am—andreavanvoorst@gmail.com
- Open Space Park—track, sand volleyball

DOON

- Doon Community Center, Mon – Sat, 7:00 AM – 3:00 PM, free walking

HAWARDEN

- Hospital Wellness Center 551-3100
- Lifestyle Fitness 712-304-7340 (Open 24/7)
- Bike trail
- Outdoor pool

HOSPERS

- Wellness Center—open 24 hours, 1, 3, 6 and 12 month rates available. Call 752-8525 or 752-8052 for information.
- Outdoor pool

HULL

- Compass Fitness & Wellness 441-6619—(Open 24/7)
- Gymnasium – free walking, Mon – Fri, 7:30 AM – 3:00 PM
- Outdoor pool
- Walking Trail

BOYDEN

- Splash Pad in City park
- Walking Trail

IRETON

- Walking/bike Trail
- Outdoor pool

MAURICE

- Maurice Reformed Church Gymnasium – 567-4665, free walking 8 AM – 8 PM daily

ORANGE CITY

- Curves for Women (memberships available)- 737-8999
- Landsmeer Golf Course- golfing, free biking/walking trail- 737-3429
- FussFitness Box19 (CrossFit & more) 541-4745— (Open 24/7)
- OC Area Fitness Center (memberships and classes available: Kickboxing, Zumba, Body Blast, Circuit Classes)-707-9494
- OC Physical Therapy (fitness classes available)- 707-5050
- Orange City Area Health System Aquatic Center (memberships available for indoor resistance swimming pools)-737-5324
- Orange City Area Health System Downtown Campus (free walking in lower level- no registration needed. Use old ER entrance)
- Open Gym (Free. Times scheduled for adults and Preschoolers) 737-4885
- Outdoor Swimming Pool (open Memorial Day- Labor Day) 707-2500
- Puddlejumper Bike Trail- free biking/walking
- Rowenhorst Student Center, Northwestern College (fitness center/ gym/ racketball)- 737-7230
- Tennis courts at Jaycee Park (free use)
- Track at Korver Field (free walking/ running)
- Skate park at Kinderspeelland park (free use)

PRIMGHAR

- Medical Clinic – exercise equipment in basement, Mon – Fri days, Sat morning

ROCK VALLEY

- Hegg Rehab Center – 476-8080, Single and Family memberships available
- High School Gym – free walking, Mon – Fri, 6:45 – 7:30 AM, 4:45 – 5:30 PM
- Kiwanis Bike Trail
- Outdoor Pool

Appendix C: Sioux County Community Level Indicators

TOPIC AREA	INDICATOR
Chronic Illness	Controlling high blood pressure
	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	Asthma admission rate (pediatric)
	Asthma admission rate (adult)
	Congestive Heart Failure (CHF) admission rate
	Bacterial Pneumonia admission rate
Clinical Preventive Services	Colorectal Cancer Screening
	Immunizations by 13 years of age
	Cervical Cancer Screening
	Pneumonia vaccination status for older adults
	Influenza vaccination coverage among healthcare personnel
Maternal / Child Health	Developmental Screening in First Three Years of Life
	Low Birth Weight Rate
Mental Health	Maternal Depression Screening
	Preventive Care and Screening: Screening for Clinical Depression and Follow up Plan
	Depression Screening by 18 Years of Age
Nutrition, Physical Activity and Obesity	Children Age 6-17 who engage in weekly physical activity
	Child overweight or obesity status based on parental report of body-mass index
	Preventive care and screening: BMI Screening and follow up
	Adults who are obese
Social Determinants	Children in poverty
Substance Abuse	Adolescents (12-17) using alcohol or any illicit drugs during the past 30 days.
Tobacco / Smoking	Adult current nicotine use prevalence

Sioux County - CHNA Focus Group Report

**Prepared by Angela Kroeze Visser, MPH, CHES and
Kim Westerholm, RN, BSN, M.A
Community Health Partners**

Summary

This study focused on identifying health needs and community assets for Sioux County as part of the collaborative Community Health Needs (CHNA) process in Sioux County. The report is divided into two sections; a description of the methodology and an explanation of key findings with excerpts from the focus groups that help to define the findings. The Key Findings section describes data in two major areas: assets within the community and health needs identified in the community. Included in the needs section are the comments received when participants were asked “what one thing could improve the quality of life in your community?”

Methodology

Focus groups are a qualitative method of data collection that help to provide a depth of understanding from participants’ perspectives. Focus groups can help to uncover people’s attitudes and experiences in a different way than might be possible with other methods such as surveys. Focus groups are also unique in the way they allow participants to interact with one another and with the facilitator, allowing for more depth of understanding than might be possible using other methods.

County-wide focus groups were held between January and March 2015. Four county level focus groups were conducted ranging from 2 – 15 participants and lasting approximately 1 hour each. 3 of the focus group were comprised of a cross section of providers who serve a variety of roles throughout the county including school nurses, social service providers, mental health providers, and public health providers. The fourth group was the Latina Health Coalition of Sioux County.

In addition to these county level groups, focus groups were conducted in partnership with the hospitals in the county and included in this report are themes and notes identified through these local level focus groups. Detailed information and specific themes identified through these groups can be found in separate reports. For the purposes of this report, county level themes are identified and are supplemented with themes and information gathered through local focus groups where similarities were noted across communities.

Focus groups were facilitated by Angela Kroeze Visser and Kim Westerholm of Community Health Partners using a standard set of interview questions. All of the focus group discussions were recorded and key quotes from the discussions were transcribed by the author. Preliminary analysis was conducted using study notes to identify prominent themes within the groups. Next, the facilitators reviewed the prominent themes and grouped them into key categories that are presented here as the key findings. Themes were analyzed across groups and within groups and particular attention was paid to the themes that were similar in all of the groups represented.

Finally, the transcribed notes were reviewed and representative quotes were chosen to illustrate the identified themes.

Key Findings

What do you appreciate about your community? (Community Assets)

Availability of Resources

A major theme that emerged in each of the county groups was that the county has a great number of available resources—recreational, across the life-span health, outreach, and supportive—all easily accessible, especially considering its rural location. Specific resources within health care and mental health were noted, but also a more general realization that a great variety of services are available locally without need for travel, including early childhood supports and other social services. A variety of arts and recreational activities are available throughout the county.

I was the single mom of 4 kids and I'd have to say that once I was connected to the resources I did really well considering that I had my hands full, but I hooked into a lot of different agencies, whether Headstart to Atlas who really helped me out just giving me the added mental support to the Center for Financial Education who helped me with my finances, just all of that sort of thing and the food pantries and the community suppers. There are a lot of things in Sioux County, it's great.

Continuum of care is outstanding. Great emergency medical people and your family practice there are a great number of skilled family practice as a first line of defense and a network with providers in Sioux Falls or Sioux City... and our long term care facilities. There are just a lot of really good medical providers around the community.

Agencies working together

Participants believe health and social service agencies value inter-agency relationships, in part because providers have personal relationships with each other that make agency relationships and collaboration important to service delivery. Providers in the county work hard to get services to the people who need them, and there was a strong sense that providers feel they are dealing with people rather than a system.

There is such a variety of resources to meet needs and I would underscore the ease of access. I just think that providers are very willing to reach out and help folks and it makes it really easy to get those needed services.

I really appreciate dealing with people as opposed to dealing with the system. So going to the healthcare providers or whatever resources you need you are speaking with a person and not just getting flushed through a system.

I would say the providers are engaged. You see people from the hospital involved in school activities and you see them out doing things in the community and you know they are volunteering. You see that they are trying to meet people and reach out.

Generosity of the community

The county level participants noted the strong sense of community support and rallying together around causes and projects within in the county evidenced by generous donations to fundraisers, community and agency responses to community disasters, and a strong faith community willing to help individuals and communities in need.

The small towns... how we've been able to rally around different financial problems over the years. 25years ago we didn't have a swimming pool and then we did it and we didn't rely on funding from anyone, we just raised it in town. The giving – somebody has cancer, somebody is sick if they do a fundraiser for them it isn't just a little fundraiser.... It is kind of amazing on the giving end of it and the ability of people to work together regardless of age race color what church you go to or don't go to or whatever.

Responding to needs - keeping old standards but working outside the box.

Sioux County residents value tradition and traditional values (strong families, safe communities and schools, strong religious ties), and want to pass these along to future generations, but they also appreciate that people are willing to take the initiative to work outside the box and be creative when needs arise. They “look for opportunities and make them happen.”

Some of our communities have had such neat ideas like walking trails and community gardens. It seems like members of the community just take the ideas and make them happen.

People are willing to look outside of the box and what were the old standards and keeping some of the old standards of 50-60 years ago like when doctors were doing housecalls there is still some of that care that happens in Sioux County, which is a good thing I think.

Safe opportunities/activities for young people

Participants county-wide appreciate the overall safety of the communities in Sioux County and specifically a safe and non-threatening school environment. Schools also provide a variety of safe activities for children and youth to be involved in.

I think regarding children our community does a really good job of plugging kids in, like city rec activities and library programs and church programs. It just feels like our kids don't have to be bored regarding health. Even mental health services for kids are strong in our communities.

Broad/holistic view of health

A broad and holistic view of health amongst service providers accentuates the importance of things like a good trails system, physical activity opportunities, and community gardening to the health of individuals and communities.

What health needs do you see in your community?

Improving Social Determinants of Health

If you don't have affordable childcare or affordable housing, then your health status goes down. If we don't recognize the importance of all of that, then we aren't going to be able to raise the health status of the community by addressing them.

Housing

Sioux County residents believe that access to affordable, safe and healthy housing is a county-wide need. A lack of affordable housing is an issue for both purchasers and renters. Some residents point to poor quality rental housing as an issue, specifically the presence of mold, cockroaches and rats. The Latino group specifically discussed a mutual lack of cultural understanding of housing practices, such as whether or not cars should be on the grass and the importance of reducing clutter. They also expressed concern about systemic difficulties around housing affordability. It was clear from that group that great difficulties exist especially for those who are undocumented since they are unable to obtain housing assistance or loans for housing purchases. In the group of social service providers, affordability of housing also emerged as a theme. The providers pointed out that rental housing is extremely difficult to find and is often priced well above affordable levels. Many of them also identified affordable housing as an issue for themselves personally as well as for the families that they serve, noting that often it is challenging to find affordable housing in the larger communities where they work and where other resources are available.

Housing – making it affordable, safe and decent. It is a big issue. It isn't that we have a large percent of our population actually homeless, but they are living in housing that we wouldn't consider safe or healthy. And you've also got people living with grandparents and people living with their brother and it causes a ripple of effects down the health continuum and it's not very good.

And for the elders who have low income that's an issue as well. There are very limited, I mean we have wonderful assisted living facilities but we don't have a lot of affordable assisted living facilities and we don't have very much affordable housing for the low income.

Affordable housing, not just for low-income, but for people that are just over that, what's available for them? If you just miss some of the low income things, but can't really afford the rent in some of these communities. I know I work in [Sioux County community], but live in Lyon County because I can't afford the housing from a personal standpoint.

Healthy housing, not just housing but it is raising the bar and calling it healthy housing that is safe, lead free, radon free. Mold free.

When I moved here, I considered renting but when I saw what was for rent it was like, um, no. It was really disappointing.

And I think we lose people because they can't rent. And until they get to the community they feel like they have to buy before they even get to know the community.

There is a lot of low income housing but not a lot of places to rent if you are not low income.

And the low income housing is not healthy housing.

Childcare

Daycare availability and affordability were key themes that emerged throughout the county. In nearly every community there are not enough daycare spaces available and waiting lists are long. For many families, the cost of daycare is burdensome. Childcare services are not available at times when they are needed (weekends, evenings and overnight).

Transportation services

Transportation emerged as a key theme for county residents. Transportation issues range from the critical nature of getting transportation to appointments (medical and those required for agency programs) for some of the county's most vulnerable people to the need for inter-community transportation. For people who are unable to afford a car or unable to obtain a license, getting to work is difficult. For some the issue is that our current public transportation system is too expensive, especially when travelling with children since payment is required for each child (both to and from) for the ride. For others the issue is whether public transportation is available to the necessary location or during the time it is needed. For example, many of the RIDES vehicles operate only during standard working hours and require fair amount of notice that a ride is needed. If transportation to a medical appointment or job is needed after standard working hours, there is no service available. Additionally, the RIDES vehicles do not operate between communities, which is a particular issue for those who need to access services outside of their home community. Within the county churches and agencies work to arrange transportation, but these agencies report that finding volunteers is increasingly difficult, especially on short notice. Within the Hispanic community there may be those willing to give rides, but at times this leads to people being taken advantage of by profiteers. A robust transportation system is desired that allows for access to transportation when it is needed, at a reasonable price, and that can provide transportation between communities.

They just get exhausted, lose interest, and treatment planning gets interrupted just because of that piece. I mean try thinking about the day you have your car in the shop and you just think you are lost, but what if you didn't have that for months?

In my job I try to help people find rides, one of the challenges is that sometimes it is retired people who can do it and then if you get weather it changes things and it is hard. It takes that much time because I might go through 6 or 8 calls to get a yes. And if you have to go to Sioux Falls or Sioux City, no one wants to drive. And our pool is getting smaller.

There are a lot of people who cannot work or go to school because they do not drive or are not supposed to drive.

A lot of our parents have problems with transportation. A lot of them have one car and maybe dad needs it for work and so they have an issue with even getting there [to Promise] and um, it is really hard to try and say “how are you going to get there” because they use the ER then. And then it costs too much or the hospital doesn’t get paid. 90% of our expenses is for transportation for our [...] program. It is providing transportation whereas in our Sioux City they can rely on public transportation and for us it is a huge expense.

. . . there [are] lots of car dealerships, but you need good credit. Not many ‘buy here, pay here now’ things. So even if they do have a car, when they are DHS involved they have treatment that they have to go to, visitation with their kids, mental health stuff so 4-5 appointments a week + work hours because they HAVE to go to appointments and what happens, they run out of gas.

Employment

Varied in-town employment opportunities that pay enough to sustain a family and a reasonable standard of living are lacking in Sioux County. (The need for clean industry and more professional jobs emerged from all 3 of the focus groups done in Hawarden.)

Even for myself, to get ahead is really hard. I work my butt off to support myself and my kid and there are people who are raising 4 kids and it is just so hard to save money, to better yourself. Even working two jobs it seems like people have a really hard time. And the stigma where none of them are working but a lot of them are working two or three jobs.

If I could change something in the country, those people who are on Medicaid, one of the things we’re dealing with is that they want people to work.... If you work minimum wage in the community you can work not quite more than 20 hours a week to maintain full funding. But if you do cross that line, you lose Medicaid have nothing to be able to move your life forward. Until you’re making 30-50 thousand a year you really can’t afford insurance.

Improving agency collaboration

The county level focus groups included representatives from a variety of agencies who serve within the county. It was clear that there is a need for improved collaboration between agencies and a general sense that while there are a lot of services available within the county, there is both a lack of working together toward addressing larger systemic issues as well as a lack of knowledge about what other service providers can provide.

We are really focused on co-occurring issues so there are folks who aren’t coming in with just one issue. The piece that is hard is maybe the networking with other professionals doesn’t happen the way we want to see it. We don’t get referrals from our doctors and I wonder why we don’t. I wonder about how we can sit here and brag about our resources but I don’t even make a connection on my end. I probably don’t refer out

as much as I should. So I think it is no longer that we are looking at mental health and substance abuse and even the medical end as one thing. No one falls into this category any more. As things advance and all these systems and the research indicates that we don't have just one problem and that it isn't so scary to look at both. We're starting to look at that.... To sit down with doctors or what we have to do to let them know that we are here. I see people coming in with medical issues and you can make a recommendation but if they don't do anything you can't really do anything about it.

One thing works off the other, it is almost dominoes. If the system were working correctly, it would all be connected.

Increasing access to and reducing costs of health care

County level groups identified the prohibitive cost of health care and difficulty accessing services as barriers to health, particularly for the un and underinsured and undocumented. People do not know what services are available to them, how to access the services, or how to navigate the insurance and health care systems.

Yesterday, I had a family say "I can't believe I can't get in" because the evening clinic was already full. We have a LOT of people coming here [community], but like having an Urgent Care type thing would be very beneficial for a lot of families. Especially when I have families in my office and they'll stay in my office for 2 hours because they have to wait for parents to pick them up and they can't get in the clinic then because it is too late.

A lot of families if dad is working they'll get the insurance and then he'll just get it for himself because it costs for the family and so mom and kids are not insured. And of course for Title 19 you have to be a citizen.

I have lots of families that aren't legal so they can't get insurance and they can't get medications and then there is a vicious cycle.

Mental Health

Mental health services across the age continuum are cited as a pressing need by all focus groups. Specific needs include increased numbers of providers, providers who could deliver services in Spanish, more support groups for care-givers and those suffering from chronic diseases, entry points for care, care for those with co-occurring medical, substance use and mental health needs, and the need to reduce stigma for seeking help.

Entry points for people with mental health. Like more support group things at churches that are mental health focused, maybe connecting mental health professionals within the faith community. We have grief support groups, but we don't have a lot of divorce care or single parenting support groups, depression or entry points where people would not necessarily seek out mental health services, but if there is an entry point for them maybe they would.

Another issue is that we just have a lot of gaps in mental health. We have great providers but those providers have positions that are open for long periods of time. I can't tell you

the number of agencies that have called me in the last year because they have positions to fill. There are just holes, we are a health provider shortage area for mental health too. Because there is stigma still then people hold longer before going to see a provider. So if we could work with our natural resources in the informal support structures first, perhaps it would be more in there connecting and would seem more natural and not so foreign and there would be less stigma.

I have noticed since working ...is bi-lingual counseling. I know there are places that have an interpreter, but having an actual counselor that they can speak directly to and there are not any in this county so I have to refer to other areas. Sometimes they are okay with an interpreter but sometimes they just want to talk directly to the counselor.

Mental Health crisis services

Mental health crisis services are inadequate across the county. The intake and referral system is unwieldy, crisis resources are unavailable and psychiatric care is very limited partly due to a lack of providers. People do not readily seek help for mental health issues because of the stigma attached to mental illness and the need for treatment.

When somebody comes in there is nowhere for them to go or we don't know what to do with them when they are here to keep them safe. I know that on paper everyone is supposed to be developing a crisis system but financially they may be pulling the rug out and another thing we've experienced is medication management with psychiatric care. Family doctors are doing the best they can but don't necessarily want to touch advanced psychiatric medication and especially for children.

My number one thing is crisis services for people in the middle of a mental health episode. Accessibility of the those services and the way the system is set up right now people go to ER and have to be medically, whatever it is called, and 6-12 hours to get a psych bed somewhere in the state of Iowa and it is usually clear across the state and it is a detriment to their family and to the person and anyone who has ever been involved with it really.

Cultural/class divisions

Service providers see the need for Sioux County residents to be more open-minded and accepting of new people and ideas and less judgmental (especially of those who ask for help) and to work to eliminate their need to “appear perfect.” This need to seem perfect stigmatizes asking for help of any kind and has created a “caste system” within the county.

Unfortunately, Sioux County can be really judgmental people. You're either in or out or that's it. You're either involved a lot or you are not at all so you know the community can bridge some of those gaps, but really the low income it is not like they got there overnight and they are really decent people and they need a little help. And if people would be more open minded or accepting of people they'd get through their DHS cases more quickly and then they wouldn't fall back into the system. That's what I see, they

can maybe dig out once, but if they don't have a good foundation to work off of, they're going to be right back in.

I think that they (referring to the city) have forgotten that when a city grows, we all grow – every type of person, right? We grow the millionaires along with the middle class along with the poorest. Yes, there are 3 classes. That is what makes a city rise.

I believe that many people know perfectly well that people are here illegally and that they have so many needs and that they can't do a lot of things. And at the end of the day, we don't do anything. Because at the end of the day, there are still people that need to get out of the shadows and be able to do that type of thing in order to change their life and their status here..... People continue pretending to be “dumb” or blind. The Hispanic people are their neighbors, their co-workers, or their employees. And even still, they don't do anything. They don't vote or use their voice. Because they have the voice, we don't have a voice.....Because it's so easy to say, 'Here, have some crackers. Here's WIC. Here's this, here's that.' But it's not like that. Give me a name. Give me an ability. I want to be. Me.

More things to do and places to do them

A lack of activities, specifically indoors, for both children and adults was identified by service providers and residents alike. There are not enough public indoor places for young people to safely gather. Children and adults need affordable indoor recreational activities

Dental Health

All county level groups cited lack of access to dental care as a major health issue. Access to dentists is limited especially for Title 19 patients, and those requiring pediatric dental care must travel to Sioux City or Sioux Falls.

...and I just discovered that there are only 2 dentists in this whole area who are accepting the I-HAWP (Iowa Health and Wellness) plan and they aren't accepting new patients. So it's going to be really difficult to get people to even want to travel to places when they don't want to go to the dentist in the first place.

When you have one that will take Title 19, they get flooded and then pretty soon they don't do it anymore. We're all like sharks looking for blood in the water looking for the next new provider and then they just get flooded. ... Our families get the door closed before they can even start. And somebody who was taking this week maybe by the time I get the family to go then they aren't taking anymore.

I have been there, done that. You call 10 different dentists and you hear “we're not accepting any Title 19 patients” and I mean it gets really daunting after the first couple, just trying to call.

Translation and Interpretation

In each of the groups, translation and interpretation needs were cited specifically in health care settings and schools. Qualified (specially trained) on-staff interpreters in hospitals and medical clinics are needed, in particular in labor and delivery and mental health.

A greater need for translation and interpretation services as we're less Dutch and English speaking and more Latino. Just to have more of those resources available. When you're working in the mental health field with the level of confidentiality, just making sure that, well I don't know the rules and regulations and what they are, but it is an area that I lose track of very quickly....and then to make it affordable so that you can afford to pay people and at least come out a dollar ahead.

I see a lot of issues with interpretation, especially in the hospital setting. The language barrier, we struggle to bridge that... Especially when moms come into labor ... we struggle to explain, like and they need to have a C-Section and we need to explain the risks compared to a vaginal delivery and everything and they are really scared and we have phone interpreters, but it takes away from that patient nurse relationship that you are trying to build and they aren't always reliable [the phone interpreters].

Relationship education across the lifespan

The county level groups identified a lack of knowledge about relationships in general as a major need beginning with young school-aged children and continuing through adulthood.

Community, small group, family, and individual education in the areas of sex education, women's reproductive health, healthy male role modeling and relationships, parenting, infant/child growth and development, and healthy relationships in general is needed across the county.

Getting into the schools and talking about healthy relationships. I think that is lacking that we're not doing that young enough. They want us to come into the class when seniors are taking their marriage class and talk about dating and a bunch of seniors really want to hear us talk about dating when they've been doing it since 6th grade. We need to talk to them about healthy relationships when they are younger.

How to be in general a productive citizen in the community and how do I get out of this man box that I am in. You know, you can say it but they need to see it. Challenging those barriers with them – how do we move them to this point over here. I would like to see someone step forward and say to these men this is okay. There are feelings outside of anger and happiness and it is okay to experience them.

Maintaining or improving infrastructure

Poorly maintained or absent sidewalks create safety hazards and discourage physical activity in some communities. EMT services are inconsistently funded and administered.

...but rules that are preventing small towns from sustaining their rescue units. The requirements of what you have to be an ambulance emergency rescue system. I don't

care if you live only 15 miles from other communities, but that is 15 minutes to wait and then I'm dead from a heart attack. And our little unit it is only a wait time of 3 minutes because people are willing to volunteer their time. It is huge in these smaller towns.

...there are not sidewalks down Albany and people walk on that ALL THE Time and then people are walking, and if they are riding their bike or something, do you want to ride on Albany?

Hwy 10 in OC and Hwy 18 in Rock Valley. My husband bikes to work sometimes and then has to take the puddle jumper part way just to avoid Hwy 10. And Jr. High Kids would like to walk from Orange City to Alton if there were a safe place to walk.

Senior living resources

Service providers and residents see the need for assisted living facilities in communities across the county. This need arose in several of the community level focus groups as well. Supportive in-home services for seniors were also identified as needs (meals, companionship, activities) as well as intergenerational activities that bring the elderly and youth together.

Involvement in governance/Legislation

Service providers identified the need for improved governmental functioning, citing the need for more advocacy activities and networking with legislators to help them understand how small towns function, as well as city governments needing to “set aside politics to get things done.”

Helping people understand, who are making decisions at state or federal level that what works in Des Moines or whatever does not necessarily work in small communities.

Sioux Center - CHNA Focus Group Report

Prepared by Angela Kroeze Visser, MPH, CHES and
Kim Westerholm, RN, BSN, M.A
Community Health Partners

Introduction

This study focused on identifying health needs and community assets for Sioux Center as part of the collaborative Community Health Needs (CHNA) process in Sioux County. The report is divided into two sections; a description of the methodology and an explanation of key findings with excerpts from the focus groups that help to define the findings. The Key Findings section describes data in two major areas: assets within the community and health needs identified in the community.

Methodology

Focus groups are a type of qualitative method that help to provide a depth of understanding from participants' perspectives. Focus groups can help to uncover people's attitudes and experiences in a different way than might be possible with other methods such as surveys. Focus groups are also unique in the way they allow participants to interact with one another and with the facilitator, allowing for more depth of understanding than might be possible using other methods.

Focus groups in Sioux Center were held in January 2015. A total of three focus groups were conducted ranging from 5 – 12 participants and lasting approximately 1 hour each. Each focus group included participants that represented a particular group within the community including mothers of young families, adults over age 60, and hospital employees.

Focus groups were facilitated by Angela Kroeze Visser and Kim Westerholm of Community Health Partners using a standard set of interview questions. All of the focus group discussions were recorded and key quotes from the discussions were transcribed by the author. Preliminary analysis was conducted using study notes to identify prominent themes within the groups. Next, the facilitators reviewed the prominent themes and grouped them into key categories that are presented here as the key findings. Themes were analyzed across groups and within groups and particular attention was paid to the themes that were similar in all of the groups represented. Finally, the transcribed notes were reviewed and representative quotes were chosen to illustrate the identified themes.

Key Findings

What do you appreciate about your community? (Community Assets)

Sioux Center residents appreciate the hospital and clinic, specifically the highly qualified medical personnel. They appreciate the availability of specialty care and OB services right in the community. The variety of available recreation opportunities and larger community events

contribute to the quality of life of Sioux Center residents. The connection that residents feel to the community is deeply tied to church connections and friendly people. Specific themes that emerged are the following:

Highly qualified medical personnel who see you as “more than just a patient” Participants believe that Sioux Center has excellent physicians and other care providers with the education and expertise to give the right care. It was important to participants that care providers are also a part of the community, specifically that there is opportunity to interact with providers outside the clinic or hospital setting.

Because it is a small community, so many of them are friends of yours or people that are associates of yours at church, or fellow church members that makes it really personal, so when you come to a place, it isn't coming to a strange place.

Specialty care available

The availability of specialists without having to travel to other communities was considered a huge asset.

We have lot of out of town specialists that come here on a more or less regular basis so that one doesn't have to go traveling to Sioux City or Sioux Falls or farther to have available top notch people.

Access to quality daycare

Although mentioned as a community asset in only one of the groups, access to quality daycare is included as a theme because it was clearly of high importance to that particular group. These residents were grateful to access to the daycare and appreciative of the high quality care that their children receive; however they did note that they know they are among the lucky ones because they are aware of waiting lists to get in to the daycare.

Access to care - convenience of services

Sioux Center residents appreciate that nearly all of the healthcare services they require are available within the community. They appreciate the clinic services, emergency services, and the availability of specialists who have regular clinics through the Health System.

That's why we moved to Sioux Center, because of my husband's health, because there was a hospital and places to get drugs and doctors to take care of you and this kind of stuff.

I see what my children have, my married children and how close and how available services are here compared to what they put up with. I just had a couple of experiences in the emergency room this past spring, and um, I can remember at QST, a workshop I go to each year a couple of women fell different times and both of them sat for over 3 hours in the emergency room. And I just think sometimes when you live here your whole life, you don't realize how good you have it.

School response to Spanish speakers

Participants appreciate the work that schools are doing to help integrate Spanish speaking residents within the school community.

Community connections

Sioux Center residents greatly value the connections that they have within the community and the way the community itself provides ways to connect with each other. From churches to groups of friends, residents find many opportunities to connect with others.

But it is really important as you grow older to have to have people to grow with. Growing old is not easy, but it has certain pleasantries about it and it helps if you have people to share it with. We share and we laugh... we laugh a lot.

I just think that we have caring people in our town, a good hospital, there's all sorts of churches, your neighbors are friendly, you know each other, God has blessed this community in the past and it is a wonderful place to live and I wouldn't change anything.

Variety of available recreation options

Residents appreciate that there are many different types of recreation options available including connected trails, recreation and wellness programs, the Dordt Rec Center and the All Seasons Center.

I remember doing Get Healthy Iowa. I and a few other coworkers were on a team and that is how I got to know about paths and trails – it was really exciting.

BB, VB, RB, gymnastics is there [at Dordt Rec Center], and with a family your kids can go do one thing while you do another thing but you're all in the same place.

Walking trail. It is very nice – it is connected, Sioux Center has an infrastructure of trails and it goes behind the hospital and ties to Kinsey and from N to S side of town and out to Sandy Hollow as well.

Big community events

Community members enjoy large community events that bring people into the community and draw the community together to prepare for such events. Specifically mentioned were Ragbrai and the Sioux County Fair.

I think Ragbrai is our highlight. I think we've had it four times that we've hosted people. It's just how the community gets together to make it work

It was fun watching people, you know everybody in town and then all the sudden you don't and its fun.

What health needs do you see in your community?

People don't know what is available or how to access it

There is a general sense that while there are a lot of services available at both the hospital and throughout the community, people are not necessarily aware of what is available and/or do not know how to access it.

I just wonder about educating families, like the children about how processes can go in elderly care.

...and I think that our generation needs to know more about some of these processes, you know even like having a DNR or living will. Because I feel that there are a lot of families that are totally blind sided when they have to bring a loved one into the ER and they have to make quick decisions and I just am seeing some predictions down the road.

They can hear it, but until you need it you don't understand it. And you know, I think that education that way has to be done.

...there isn't really an area you can call if you have a question about elderly care or a sports program or anything. Almost like an info line. Even hospital services, you know yeah we have a brand new facility but there are a lot of people who don't know what we can do here.

Increasing the variety of specialty providers

One of the community assets was identified as the variety of care services available within the community, however there were some specific specialty providers that are not available locally – specifically dermatology was mentioned as a desired specialist locally.

Increase community based wellness and physical activity opportunities

In Sioux Center there are quite a few opportunities for recreation and wellness, but participants desire to see even more opportunities made available throughout the community. Specific attention was given to the needs of community members who might not be served by existing facilities or programs, for example, people on a limited income, older adults, and non-athletes. While trails are a valued part of the community, continued attention to connecting all parts of town through sidewalks and trails is desired, especially for those areas not currently connected to existing trails. For older adults, there is a need for social activities. Exercise facilities should be welcoming and low-cost.

We were just down in a retirement community and one of the things people seem to thrive on are the opportunities for small group classes, craft classes and our library does a good job of things like that and there are some churches that do that, but we have to be aware that those things are going on and these people who are lonely and looking for groups to be a part of...

I would like to see more senior activities, especially bingo or once a month or a couple of times a month – people in Sioux Center are card players and if you aren't a card player there isn't a whole lot for people who are not. ... Some senior activities for us to have a choice.

In the winter in particular, many people walk outside but in the winter it is not safe because of ice and whatever, but exercise facilities just for people to walk. Doesn't need to be elaborate or fancy, but facilities – make them known to people where they are and make them inviting. People are hesitant to go someplace they are not familiar with or don't know about.

Once you get to about 7th or 8th grade, the kids who are really athletic are doing sports. And once they sit the bench a season they're out and there isn't intramural or organized way to go out and get active without sitting the bench.

You fight for gym time for your practices. And if they are rich enough or want to spend money on it they can go to Dordt rec center, but that's 500 a year so there isn't really an option for everybody.

Transportation, especially after hours

Transportation was identified as an issue for all groups except the group with young families. Transportation to after-hours appointments was especially seen as a need in the group of hospital employees, but it was also mentioned in the over 60 group.

I was wondering how affordable is transportation in the city, just wondering if we can make that more accessible and more affordable.

Specific changes recommended to improve the “welcome” of the hospital
Participants are very proud of the new hospital facility, but identified some specific ways that it could be improved to become more welcoming. One group included hospital volunteers who are acutely aware of the experience of patients entering the facility. They specifically suggested that the personality of the greeters and receptionists are important as well as the suggestion that a small refreshment area would be nice for those who end up waiting for their appointments.

I think it is VERY important to have a receptionist at the front desk who is outgoing and welcoming. VERY important.

Yes, well at least say, here I know you might have to wait a while but here is a complimentary cup of coffee and here is a little something.

Addressing gaps between inpatient and community living for a variety of populations but especially seniors.

Many of the needs identified point to the need to address gaps in service for people who do not need to be hospitalized in an inpatient setting but who may not be ready for independent community living. This includes seniors, people in recovery for substance abuse, and those who

are in hospice care. There is a sense that there are not agencies or programs available to fill these gaps and people who are in this position and their caregivers are at a loss for what to do. Family members may not be well educated about the needs they will face as they provide care for seniors and may not be able to seek out resources or know what is available.

Senior Needs

Sometimes you have a spouse or caregiver or somebody who isn't able to be with them all the time and they just need somebody to be there with them or you know go to a place.

So they sometimes go places they can't afford or they don't get the cares they need.

We want to be able to have people maintain at home, but if they can't cook and you're on a heart healthy diet or low sodium diet and they're getting all this fast food or salty food, I mean we're not helping them.

And some of those could be frequent fliers because they aren't getting the greatest nutrition or the greatest diet.

Now she can't see very well and I said to her, you're going to let her start driving? And she said, well you know, she takes her time and you know. And then when you say – oh, I think senior living or Crown Point –she wouldn't even consider it. But I don't think the child has acknowledged or even investigated. I'm thinking, we're putting our elderly people in a car then putting a lot of people at risk.

Hospice

There is just a big gap when they know they can't be home anymore and to pay a hospital setting it is outrageous for them. And so they want to find a nursing home, well it is very hard for a nursing home to take a patient that is on their deathbed. Well, we don't know how long that is going to be, just because they are on hospice doesn't mean it's the following day, but there is a gap from where does that patient go. They no longer can be at home for the caregiver or for treatment wise. But there is a gap there, do they stay in a hospital or does a nursing home find them a bed and if it is out of town, what does that mean for the supportive network that they have as well.

Creating a community that is open and welcoming to others including our Hispanic neighbors

The community culture and its willingness to be open to others was identified as a need, both in terms of welcoming and meeting the needs of Hispanic community members as well as a more general sense of being open to others who might not share the same cultural background. One group member who does not reside in Sioux Center commented that he would be concerned about being judged for things like doing yardwork on Sundays were he to consider relocating. A general theme that emerged regarding welcoming the Hispanic community is the need for more clear communication and interpretation in many settings including healthcare.

I think it is so important in the coming years to successfully integrate our Hispanic neighbors into the community, it will be part of the success of Sioux Center and I know

that goes to a national and state level and has all kinds of dimensions to it, but I think that it's one of the keys to keeping and improving quality of life in our town - to be able to work through the tough issues regarding our Hispanic friends.

I think the bigger question is how do we integrate the Hispanic community and it is here to stay.

There is a Hispanic man that my husband drives to Hospers [for dialysis] right now and some other do too, but if he is not documented and does not have insurance. It's really a sad situation and who is paying for this, no one is paying for this and what do you do? There is mixed feeling about this, but there is an option now that he would just go on Hospice, you know he really doesn't have to go on Hospice, but you know if they send him back to Mexico he will be dead in a couple of weeks. And you know, I think as a Christian, I mean he is just one of several that are around. And I realize that it is a problem and I just think that we need to be kind for the stranger in our midst.

A gentleman had to fill out some forms and he wasn't able to speak or to understand and the gal who works in the payment office, she wasn't there and she was having lunch I assume and so he just had to wait until she came. But on the other side, must we have a person there 24 hours or all the time waiting at the front desk for someone who comes in who doesn't understand English.

We already have interpreters on staff but they aren't here 24 hours a day. I think that personal touch is definitely a benefit compared to using Language Line. We do have that avenue but it is hard when you are sitting at the ER and you just want to help them and the first thing they look at you and ask if anyone speaks Spanish and it is like 'not me' and then you have to pick up the phone.

We have patients who don't like the language line. They have experienced it and they are not comfortable with it. They would rather have a live interpreter there.

Even more with the Hispanic population, just educating them too. Where would be the appropriate time to see a doctor? This might not be something you need to see the doctor for. To take their worry away.

Local mental health services are inadequate from the start of services (stigma and access) through inpatient care (difficult to find) to the end of care (linking back to community and supporting families)

Mental health emerged as a very intense topic in the employee group in particular, but was also mentioned in each of the other groups. It was clear that participants see addressing mental health as very important, from reducing the stigma of seeking help to being able to provide services through the continuum of care. For those who deal regularly with the "system" of care, there is frustration with the process and the seeming lack of available services that truly meet the needs of patients. Finally, there is a sense that the current system fails to connect patients with a supportive community, which does not support healing.

Appropriate placement for mental health patients... They may not necessarily need to be hospitalized but yet need some observation to get them through the crisis. It may just be a 24 hour thing and there is just nowhere to go for some of these patients.

Yeah, the process is horrible. We come into situations where we send people down the road and you tell them this is where they need to be and you know it is not doing any good for the patients. It is a very sickening feeling. And the facilities they do go to is hours and hours but how will that help their situation here and their family. If you put a person away from their community and you're going to make them better but then they are going to come back into the very same situation that they were in and how is that going to link them back here to make them be successful. The families here are not going to drive 6 hours to go to family counseling.

But authorities have said, well they can go to Mercy but there is no bed and then what happens is that they sit until a room opens and the room never opens and so they go to another floor and that is no different than our facility and then they never do get to see the psychologist or psychiatrist and then their 3 day committal is up and they have to meet the judge and they have had NO help at all and they let them go home and they are back to square one. It is very, very sad. And that's what happens.

Improving community infrastructure

The infrastructure of the community was clearly identified as a community asset, but there are several areas that were also identified as needs. First, there were items that focused on the safety infrastructure, including the need to help residents safely cross Highway 75 on foot and improving street lighting. Secondly, housing was identified as a need, specifically the need for affordable housing for both those considered to be lower-income and those who don't meet that threshold but still have difficulty affording housing at current levels.

...people will not stop for people in crosswalks. He'll [my husband] stop and the car next to him won't stop. If there was a five lane we feel there will be more of that.

Lack of available daycare options

In Sioux Center the existing childcare is appreciated, but residents see a lack of available spaces as well as affordability of care as an issue. Paraphrasing one member of the young families group – we are the lucky ones who got in to the daycare, but we know that there are a lot of people who are on the waiting lists. From the employer side, there is also a need to find a way to allow employees to work when their kids are unable to attend daycare due to minor illnesses.

Create a community with opportunities

The Sioux Center residents who were a part of these focus groups have a great appreciation for their community and want it to continue to thrive. They desire to see a community that has opportunities for all residents to participate in the community. One group mentioned that a desired improvement would be to raise salaries, while another suggested that in order to attract young people to stay in the community additional amenities and more things to do would be needed, including more restaurants.