2019 Community Needs Assessment

for Community Action Agency of Siouxland

Presented by

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TABLE OF CONTENTS

Contents

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Introduction

History and Mission

About the Community Action Agency of Siouxland

The Community Action Agency of Siouxland was created in 1971 to help people through economic crises and help them make it on their own. We are a private, nonprofit human services organization. Our Board of Directors is composed of local public officials, business leaders and representatives of the low-income community. Some of our former clients are now board members, directing our mission. There are 17 Community Action Agencies serving all of Iowa.

The agency has a number of programs to carry out the mission of providing short-term aid and encouraging long-term change. They include early childhood education, emergency assistance, heating assistance, weatherization, transitional housing, senior employment training, family development, and childcare assistance.

The Community Action Agency of Siouxland continues to be an effective tool for the delivery of services; developing innovative approaches; and, advocating for the needs of the elderly and low-income disadvantaged children, youth and families.

The agency made a positive impact on over 15,281 individuals in 2018. This may appear to be a significant number of people; however, there are thousands more that need assistance.

These achievements have been made possible by a compassionate staff that care enough to ensure day-to-day operations thrive. The agency greatly appreciates the many community partners, sponsors and donors who invest in the programs to ensure a healthy community. While the achievements are great, new needs continue to emerge and, the Community Action Agency of Siouxland is committed to making Woodbury County the best place to live. The agency's partners always rise to the occasion. With funding shortfalls becoming a common occurrence, the agency is flexible and will find strength in collaborative partnership initiatives, and in the support of individuals and businesses who embrace the agency's mission. It is critical to continue to persevere and work harder to be the voice that speaks to the heart of Siouxland about the plight of low income families and the proven paths to self-sufficiency. With continued support of the Board of Directors and other community members, the agency will continue to address these needs and create new pathways of opportunity for years to come.

The following Community Needs Assessment is designed to provide important data and other information that will help continue to focus the agency's work and endeavor to meet the needs of the elderly and low-income disadvantaged children, youth and families.

Executive Summary

The following Executive Summary recaps sections found later in this assessment. It is intended to provide a synopsis of the methodology and results that can be used independently from, or in conjunction with, the body of the report.

Methodology

The Community Action Agency of Siouxland commissioned a Community Needs Assessment (CNA) to help the agency better understand its service areas and provide community services and programs that meet the needs of the communities it serves. The CNA includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and community members – including those from low-income and underserved populations. The methodology helps prioritize the needs and establish a basis for continued community engagement and implementation.

The major sections of the methodology include the following:

Foundation review	Secondary data analysis	Qualitative analysis	Prioritized needs list development
•Overview of the community and the environmental profile •Causes and conditions of poverty	•Demographics and population descriptors •Prevalence of poverty, lifestyles, and community health	•Stakeholder interviews	•Aggregated insight from the secondary data analysis and the qualitative analysis

Summary of Data Analysis Research Results

The following research highlights include some of the core measures that describe the service area, recap the factors that correlate to poverty, and highlight the need for services provided by the agency. Additional supporting observations from the stakeholder interviews are also included. Detailed information about the information below is contained in the body of the report.

The Community Action Agency of Siouxland service area faces demographic issues that provide ongoing challenges and underscore the importance of its service lines to the community.

Demographics

Demographically, the agency's service area has a stable, but evolving population.

- The Woodbury County (and Sioux City) population has been fairly stable 2000-2019 (i.e., Woodbury County, 1.8% increase; Sioux City 0.5% decrease) – less than the Iowa average increase of 10.6%.

- The service area is expected to see a small (approximately one percent) population increase from 2019 to 2024 (this too, is below the Iowa state average of 3.0%).

- A relatively young median age in the service area (Woodbury County, 37.0; Sioux City, 35.1) and a high percentage of children under 18 (about 32%), indicate a sustained need for children's services.

Population by Age Group	Median Age	Under 5	Under 18	Total Children Under 18 Percent of Population
Sioux City	35.1	7.4%	25.3%	32.7%
Woodbury County	37.0	7.1%	24.9%	32.0%
Iowa	39.7	6.1%	22.1%	28.2%
United States	37.7	6.0%	22.0%	28.0%

Relatively low educational attainment and its correlated impact on the ability earn a living wage reflect the ongoing need for home and family services such as those provided by the agency.

- Poverty and education are inextricably linked, as people with low educational attainment are more likely to face unemployment or struggle to find a job that pays a livable wage. Nearly half of Sioux City residents have a high school diploma or less education – a rate higher than Woodbury County (45.2%), the state of Iowa (37.9%), and the U.S. total (40.5%).

Percent of Population with High School Education Only or Less

Sioux City (47.5%)   Woodbury County (45.2%)   Iowa (37.9%)   United States (40.5%)

■ High school graduate and equivalency
■ 9th - 12th grade, no diploma
■ Less than 9th grade
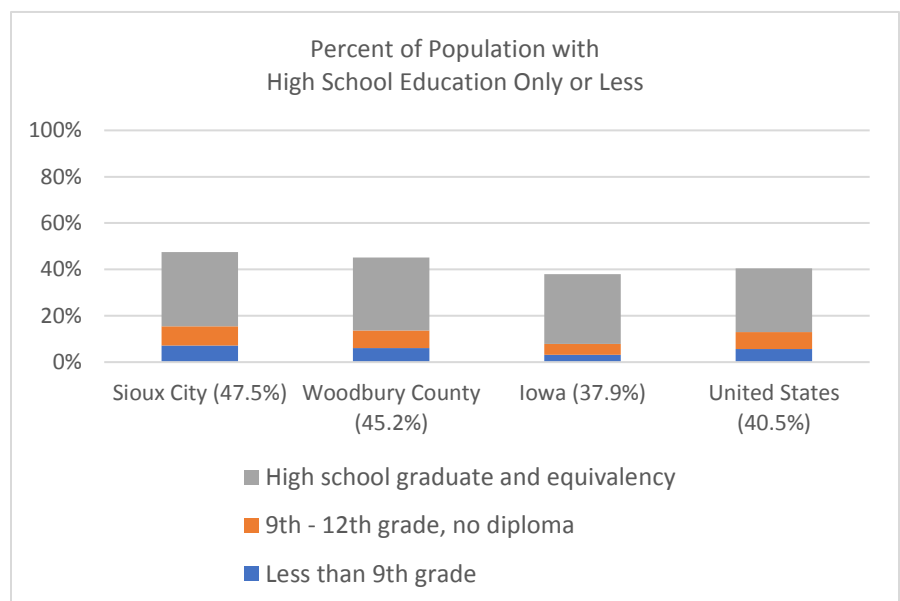
Race and Ethnicity

Racial / ethnic population shifts reflect the needs for increased bilingual services. The demographic composition of Woodbury County has changed since 2000. Since then, the total population has stayed largely the same (+1.8%). However, the service area has a growing Hispanic population (17% of the total population and having increased 38% from 2009 to 2017). Within the Hispanic population of Woodbury County, the largest population increases are among groups from Mexico or Guatemala.

	Total Population (2019)	White	Black	Hispanic or Latino	Median Age	% Male	% Female
Sioux City	84,832	75.2%	4.5%	20.9%	35.1	49.3%	50.7%
Woodbury County	105,781	79.0%	3.7%	17.4%	37.0	49.4%	50.6%
Iowa	3,236,212	88.0%	4.0%	6.4%	39.7	49.7%	50.3%
United States	332,417,793	73.4%	12.6%	17.3%	37.7	49.2%	50.8%

Note that race / ethnicity number do not sum to 100% since multiple selections (e.g., White <u>and</u> Hispanic) were possible.

Housing and Poverty

Low income individuals and families often struggle to afford basic necessities such as housing and utilities. Though lower than U.S. totals, many service area residents face challenging housing situations.

	Cost Burdened Rental Households[1]	Cost Burdened Owner Households[2]
Sioux City	41.2%	15.0%
Woodbury County	40.0%	15.0%
Iowa	40.1%	16.5%

- Nearly half of Sioux City renters spend 30%+ monthly income on housing, a number consistent with Woodbury County and Iowa averages.

- Homeowners typically spend less on monthly housing, with only 15% of Sioux City homeowners cost burdened.

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[1]People spending 30% or more of total income on monthly rent.

[2] People spending 30% or more of total income on monthly mortgage payment.

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Service area poverty rates (especially in Sioux City) are elevated compared to the Iowa average on many measures. Many of the measures are structural (e.g., economic factors and family composition) – indicating a long-term (possibly growing) need for services such as those provided by the agency.

- The percent of people living at, or below, 100% of the Federal Poverty Level in Sioux City (14.3%) is higher than Woodbury County (13.5%) and Iowa state (11.8%).
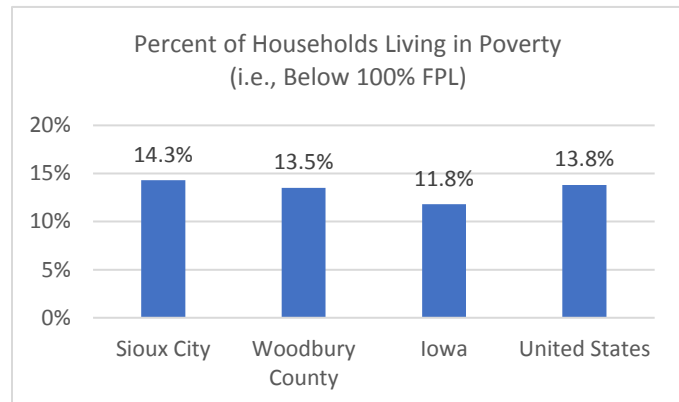
- Sioux City has the majority of the service area population, as well as the poverty-related needs. However, some more rural parts of the County face challenges due to the remote nature of access to services.

Percent of Households Living in Poverty
(i.e., Below 100% FPL)

	Sioux City	Woodbury County	Iowa	United States
	14.3%	13.5%	11.8%	13.8%

- There is a relatively large percentage of young families in Woodbury County – indicating that there may be a growing demand for services for young families, such as early childhood education, job training, and affordable housing support.

- There is also a greater concentration of lower-wage jobs in the service area compared to the state or U.S. average. The percent of the workforce in sectors which tend to pay lower wages (e.g., retail, admin/support, and accommodations/food services) is higher in Sioux City (25.1%) than in Woodbury County (23.8%), Iowa (20.0%), or U.S. (21.8%).

Affordable Childcare

There is a growing need for affordable childcare. The number of children under age 5 in working households exceeded the number of available childcare spaces – a notable change in recent years. In addition, the average cost of childcare continues to rise – especially in Woodbury County.

Woodbury County Childcare Availability and Cost		
Supply & Demand Comparisons	2018	Increase / Decrease Since 2013
Total number of child care spaces listed with the Iowa Child Care Resource & Referral[3] (CCR&R)	6,790	-20%
Total children	7,253	4%
Weekly cost for an infant in a Child Development Home	$135.00	10%
Weekly cost for an infant in a Licensed Center	$162.00	0%
Total number of programs reporting they accept DHS child care assistance[4]	113	-63

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[3] NOTE: "Child Care Resource & Referral (CCR&R) is a program to support quality child care throughout the state of Iowa. CCR&R is available to assist families in selecting child care providers who best meet the needs of a child and their family." More information available at https://iowaccrr.org/

[4] Source: State of Iowa. https://iowaccrr.org/resources/files/Data/FY18/5%20year%20trend%202013-2018/FY18%20Woodbury%205%20Yr%20Trend.pdf; Note: There were 307 Woodbury County programs in 2013. Also note that the Iowa state average for the same time period was -46%.

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Single-parent Households

The prevalence of single-parent households creates a natural requirement for childcare, and since single-parent households are more likely to benefit from Head Start services, there is also a need to focus on early childhood education opportunities.

- In Woodbury County, more than two in five (41%) children live in a single-parent household – the second highest of any county in Iowa.

- Children living in single-parent households are nearly three times as likely to experience poverty as others. "Poverty" is defined as living with household income at, or below, 100% of the Federal Poverty Level (FPL).[5]

Percentage of Children Under age 18 in Poverty, 2017

	All Children	Children living in Single-Parent Households
Sioux City	17.6%	49.1%
Woodbury County	16.8%	49.1%
Iowa	12.8%	43.6%
United States	16.7%	43.9%
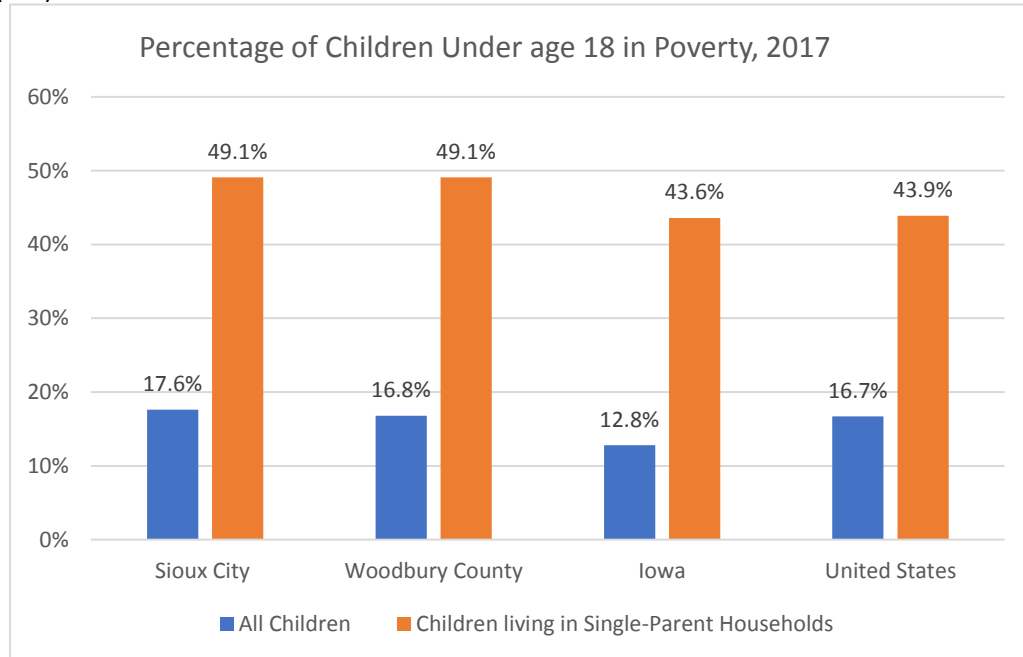
[5] Federal Poverty Level (FPL)

A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and Children's Health Insurance Program (CHIP) coverage

2019 Federal Poverty Guidelines

Household Size	100%
1	$12,490
2	$16,910
3	$21,330
4	$25,750
5	$30,170
6	$34,590
7	$39,010
8	$43,430

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Poverty and Disparities

Childhood poverty shows significant disparities among racial groups. About one in six (16.7%) Woodbury County children 5 and under live in poverty (higher than the Iowa percent, 14.0%). There are pockets of community groups that are particularly challenged based on household status – single-parent households, African Americans and Hispanics, and seniors. Some of the highest need groups are those showing the greatest increase in the population.

Percent of Children Under Age 5 Living in Poverty (100% of the Federal Poverty Level or Below), by Race / Ethnicity
2012-2017 5-Year Average

	Iowa	Woodbury County	Sioux City
African American	53.4%	35.5%	35.5%
White	13.3%	15.9%	15.3%
Hispanic	32.1%	30.8%	31.0%
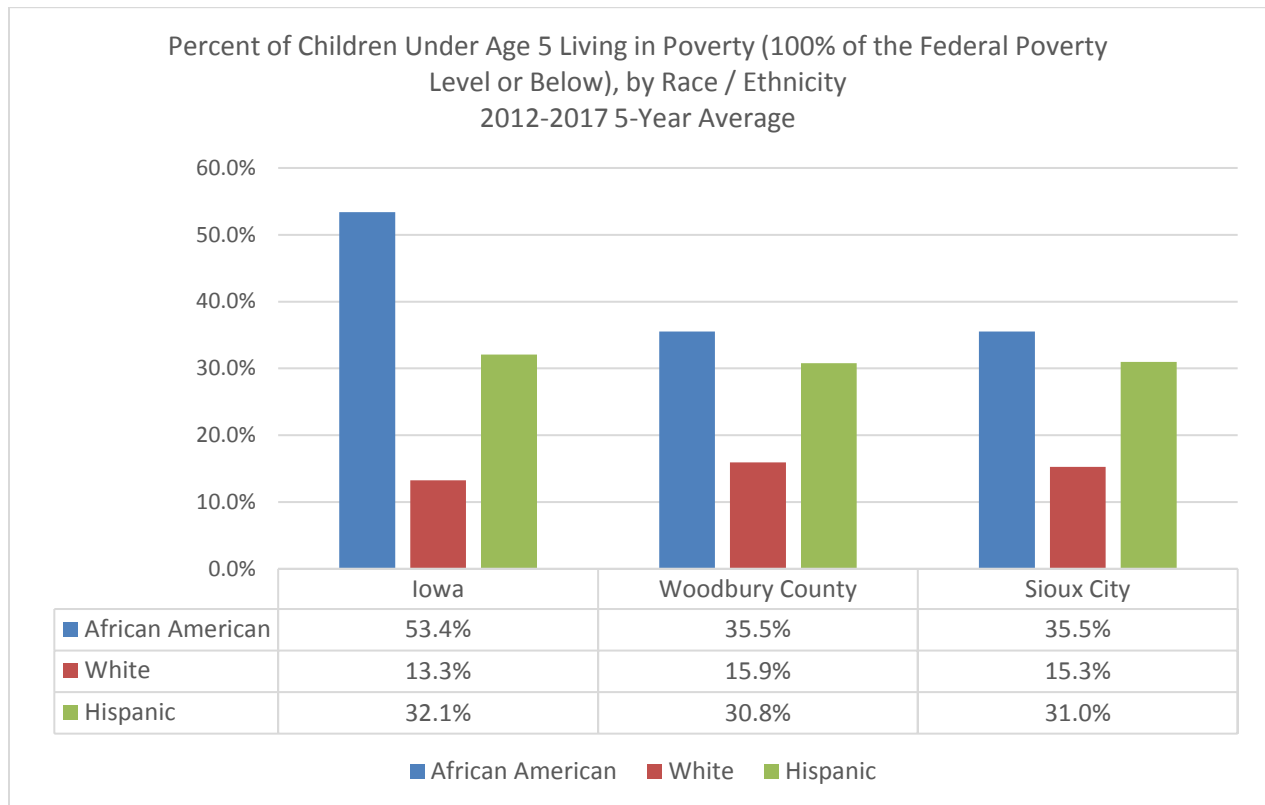
- More than one in three African American children (35.5%) in Woodbury County (and in Sioux City) live in poverty. This is more than twice the rate for whites (though it is less than the Iowa state rate).[6]

- Three in ten (about 31%) Hispanic children under age 5 in the service area live in poverty.

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[6] Source: American Community Survey, 2012-2017 5-Year estimates.

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Other specific sub-populations impact the demand for the services provided by the agency.

- In 2017, over 11,000 Woodbury County residents lived with at least one **disability**.

- The number of **children living in foster care** in Woodbury County has decreased since its peak of nearly 1,000 children in 2008 to 623 in 2017. The number has remained constant since about 2012.

- The percent of **children receiving free or reduced lunch** has risen since 2008, so that now more than half (55.8%) of children in the service area receive the benefit – much higher than the Iowa average (41.3%).[7]

- **Teen birth** rates in Woodbury County and Iowa (total) declined about 50% from 2008 to 2018; however, teen birth rates in Woodbury County remain substantially higher than the Iowa average.[8]

- The percent of **newborns testing positive for drugs** more than tripled from the 2008-2012 to 2015-2018.

- At the state-level, some population segments are at much higher risk of **substance misuse**. Gay, lesbian, or bisexual students are at particularly high risk.[9] The National Institutes of Health and others state that the higher rates result from greater exposure to abuse, violence, and stigma.[10]

Substance	All Iowa	Heterosexual	Gay, Lesbian, or Bisexual
Currently drink alcohol	27.6%	25.9%	47.4%
Current tobacco use	19.9%	16.6%	47.2%
Ever used marijuana	26.5%	23.3%	49.5%
Prescription Pain Medicine Without A Doctor's Prescription	12.6%	10.6%	24.0%

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[7] Source: USDA, 2018. NOTE: "The National School Lunch Program (NSLP) is the Nation's second largest food and nutrition assistance program. In fiscal year (FY) 2018, it operated in nearly 100,000 public and nonprofit private schools (grades PK-12) and residential childcare institutions. The NSLP provided low-cost or free lunches to 29.7 million children daily at a cost of $13.8 billion. Any student in a participating school can get an NSLP lunch regardless of the student's household income. Eligible students can receive free or reduced-price lunches:
"Free lunches are available to children in households with incomes at or below 130 percent of poverty.
"Reduced-price lunches are available to children in households with incomes between 130 and 185 percent of poverty"

[8] Source: Source for Siouxland. Available at http://siouxlandcares.org/wp-content/uploads/Source-For-Siouxland-Data-Report-2019-FINAL-v3-3.pdf

9 Source: U.S. Centers for Disease Control and Prevention, High School Youth Risk Behavior Survey, 2017. NOTE: "Currently drink alcohol" means: At least one drink of alcohol, on at least 1 day during the 30 days before the survey. Available at https://nccd.cdc.gov/youthonline/App/Results.aspx?TT=B&OUT=0&SID=HS&QID=H56&LID=LL&YID=RY&LID2=&YID2=&COL=&ROW1=&ROW2=&HT=&LCT=&FS=&FR=&FG=&FA=&FI=&FP=&FSL=&FRL=&FGL=&FAL=&FIL=&FPL=&PV=&TST=&C1=&C2=&QP=&DP=&VA=CI&CS=Y&SYID=&EYID=&SC=&SO=

[10] National Institute of Health. "People who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) often face social stigma, discrimination, and other challenges not encountered by people who identify as heterosexual. They also face a greater risk of harassment and violence. As a result of these and other stressors, sexual minorities are at increased risk for various behavioral health issues [including substance misuse]." Available at https://www.drugabuse.gov/related-topics/substance-use-suds-in-lgbtq-populations

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Summary of Stakeholder Interviews

The qualitative interviews led to an in-depth understanding of the perceptions of the Community Action Agency of Siouxland's service area, opportunities for enhanced services, the community strengths, its challenges, and other information that may help drive the Agency to further growth and the ability to better meet local needs.

When asked to identify the most important community needs, stakeholders suggested the following:

- **Add childcare service availability.** The observations and comments of the stakeholders are consistent with the secondary data analysis. Young families – many of whom are living in poverty and/or are led by a single-parent – require childcare. Without affordable childcare, some parents are compelled to be out of the workforce; thereby perpetually sustaining a poverty cycle.

- **Expand capacity of all Head Start programs.** Stakeholders say that Head Start and other educational opportunities for children living in poverty provide needed support for at-risk families. Stakeholders observe that current capacity constraints limit the number of children (and affiliated families) who could benefit from the services.

- **Open access to higher-wage jobs.** Many individuals and families struggle to find jobs that pay a living wage in the region. Higher paying jobs are said to be available, but stakeholders say that the supply of skilled workers leaves many well-paying jobs unfilled. Some suggest the following:

  - Increase awareness among lower-wage residents of (1) the existence of higher-wage jobs, (2) training / educational resources available to them, in order to qualify for higher-wage jobs.

  - Provide support services (e.g., childcare, financial counseling, transportation, and others) that may be available in the community to help them take advantage of the training / educational resources.

- **Increase affordable housing capacity and quality**. Interview participants say that there is a shortage of affordable housing in the area – especially for low-income individuals and families. In addition to high mortgages or apartment monthly rents, the cost of utilities and upkeep are additional barriers for some residents. Others noted that there is a need for weatherization and other maintenance for rented apartments.

- **Address mental health and substance misuse issues.** Mental health and substance use disorders are seen by stakeholders as a persistent service area problem – including children. It was also noted that parental substance use and/or mental health challenges can adversely impact children in the household. Consistent with the research conducted on the effect of Adverse Childhood Experiences (ACEs), these types of challenges – especially among low-income and individuals – can lead to cyclical poverty, health, and social issues. Research shows that poverty is negatively correlated to many indicators of child well-being – including those embedded in the ACEs analysis. Poverty is associated with so many childhood adversities that poverty itself may be considered an ACE. Since childhood poverty is inextricably tied to those of their families, promoting family financial health is critical to being able to positively impact children's well-being and future success. See the appendices for additional details on ACEs and the effect on children's development.

- **Highlight awareness and positive impressions of the Agency.** Interview participants had very positive things to stay about Community Action Agency of Siouxland and its partners. Awareness of community organizations and the services they offer is key to helping to most vulnerable populations.

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Prioritized Needs List Summary

The quantitative and qualitative research identified a long list of community issues and needs. However, based on a review of the most frequently identified service gaps, the leading needs for the Community Action Agency of Siouxland include the following:

- Expanded capacity of all Head Start programs. Where possible, incorporate Spanish-language curricula.

- Expanded guidance and information. This includes information, navigation, resource referrals, and assistance filling out forms for families in need of additional services.

- Increased access to higher-wage jobs. This may include job training, communication and assistance regarding educational / job training skills.

- Increased affordable housing capacity and quality (e.g., weatherization, maintenance, etc.).

- Expanded services for adults and children who do not speak English.

- Expanded programs to support the needs of single parents – e.g., childcare, transportation, educational assistance, social activities for children, links to (or assistance with) social service applications.

As noted above, the Executive Summary provides a condensed version of sections found later in this assessment. The following detailed Community Needs Assessment provides greater depth to the Executive Summary.

Community Needs Assessment – Detailed Assessment

The following material provides a more in-depth examination of the methodology and results of the Community Action Agency of Siouxland Community Needs Assessment.

Methodology

The Community Action Agency of Siouxland CNA process incorporates data analytics and qualitative research, and it is consistent with the ROMA cyle to continuous improvement.

The methodology is designed to identify service gaps and provide information that can be used to develop and implement activities to address the gaps. The process is particularly helpful when identifying the needs of underserved and low-income populations and designing related strategies.

At a high level, the methodology:

The Results Oriented Management and Accountability Cycle

Assessment
Community needs and resources, agency data

Planning
Use agency mission statement and assessment data to identify results and strategies

Implementation
Services and strategies produce results

Achievement of Results
Observe and report progress

Evaluation
Analyze data, compare with benchmarks

- Collects and analyzes quantitative secondary data from multiple sources that include, but are not limited to, the U.S. Census Bureau, the U.S. Centers for Disease Control and Prevention, ESRI analytical services, the Robert Wood Johnson Foundation, "Healthy People 2020," Community Commons, the Iowa Department of Public Health, and Iowa Department of Human Rights;

- Uses the secondary data to inform and set the context for collection and analysis of primary qualitative data;

- Collects and analyzes primary qualitative data using methods such as one-on-one interviews; and,

- Aggregates and analyzes the quantitative and qualitative data to provide insightful lists of high priority needs.

Special efforts were made to engage and include the voices of low-income persons in the assessment. Multi-mode research methods were deployed in order to cast a broad net and include the perspectives of all community members. Additional details of the approach are contained in the following section.

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Area Overview

Communities Served

Community Action Agency of Siouxland serves approximately 105,000 individuals across 878 square miles in Woodbury County – a diverse area in western Iowa. For the purpose of this assessment, the CNA focused on Woodbury County though comparative data for Sioux City, the state of Iowa, and the U.S. (total) is included where available and helpful.
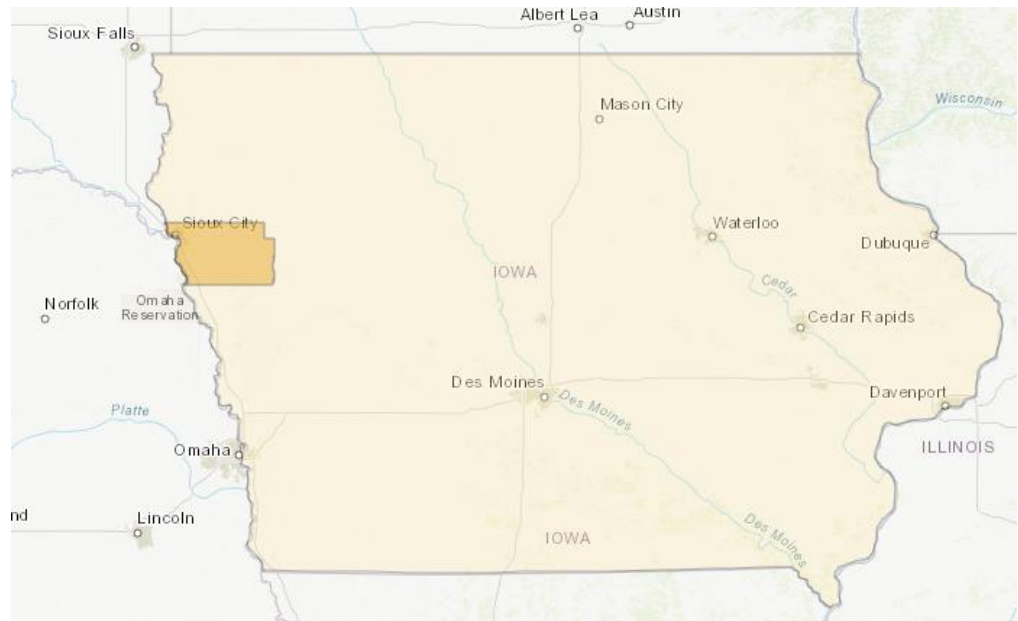
Causes and Conditions of Poverty

The CNA research is consistent with broader national research that indicates that people in poverty, minorities, and the elderly often experience higher rates of community-based challenges, poorer health, and less stability in the community.

The Robert Wood Johnson Foundation (RWJF) has found that poverty and health are inseparable.[11] National research by the RWJF, the CDC, the Institute for Healthcare Improvement, and others support the position that social determinants of health (SDH), impact poverty levels and – in turn – community health. In their work, education (including early childhood education) is shown as one of the core tenets that impact poverty. In turn, those in poverty tend to face greater challenges finding affordable, quality housing; securing access to affordable, quality food; and, being able to engage in positive community relationships. They also tend to be greater users of community services.[12] According to the CDC, SDH include the following determinants, with corresponding sub/correlative factors. ***Areas with low achievement in the following categories are most vulnerable to systemic poverty and poor community health.***

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[11] Lavizzo-Mourey MD, Risa, Open Forum: Voices and Opinions from Leaders in Policy, the Field, and Academia, Robert Wood Johnson Foundation, 2013.

12 Secretary's Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020. Healthy People 2020: An Opportunity to Address the Societal Determinants of Health in the United States. July 26, 2010. Available from: http://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm

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Secondary Data Analysis

Demographic Composition and Population Change Projections

Population Trends

The service area is predominantly white. A growing Hispanic community, as well as a young median age offer some unique opportunities, as well as challenges.

Total Population, Overview[13]

	Total Population (2019)	White	Black	Hispanic or Latino	Median Age	% Male	% Female
Sioux City	84,832	75.2%	4.5%	20.9%	35.1	49.3%	50.7%
Woodbury County	105,781	79.0%	3.7%	17.4%	37.0	49.4%	50.6%
Iowa	3,236,212	88.0%	4.0%	6.4%	39.7	49.7%	50.3%
United States	332,417,793	73.4%	12.6%	17.3%	37.7	49.2%	50.8%

Data Source: US Census Bureau, *American Community* Survey. 2017 5 Year Estimates, ESRI Data, 2019.

- Sioux City is primarily white, but the percentage of its Hispanic or Latino population (20.9%) is greater than the US average (17.3%) and over three time higher (by percentage) than the Iowa average.

- Sioux City and Woodbury County have a lower median age than the state and national average. Households managed by young people are likely to earn less than their older counterparts, benefit from affordable housing, and require a relatively higher amount of education (e.g., early childhood, Pre-k to Grade 12; job training and post-secondary education for adults, and others).[14]

Population Change

	Population (2000) Census	Total Population (2019)	% Population Change, 2000-2019	Estimated Total Population, 2024	% Population Growth, 2019-2024
Sioux City	85,231	84,832	-0.5%	85,513	0.8%
Woodbury Co.	103,877	105,781	1.8%	107,137	1.3%
Iowa	2,926,324	3,236,212	10.6%	3,332,506	3.0%
United States	281,421,906	332,417,793	18.1%	345,487,602	3.9%

Data Source: ESRI Data, 2019

- Sioux City's population decreased slightly from 2000-2019, while Woodbury County and Iowa saw a slight population increase.

- Through 2024, Sioux City is expected to grow, (0.8%), with a projected population reaching 85,513 in 2024.

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[13] Note that race / ethnicity number do not sum to 100% since multiple selections (e.g., White and Hispanic) were possible.

[14] US Census Bureau, "Income and Poverty in the United States," 2015. Found at:
https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf

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Race and Ethnicity

While Woodbury County is primarily white, there is growing diversity. The county is more ethnically diverse than the rest of Iowa.

Total Population by Race

	White	Black	Asian	Native American / Alaska Native	Hispanic or Latino	Other Races
Sioux City	75.2%	4.5%	3.7%	2.6%	20.9%	7.4%
Woodbury County	79.0%	3.7%	3.2%	2.2%	17.4%	6.1%
Iowa	88.0%	4.0%	2.8%	0.3%	6.4%	2.3%
United States	73.4%	12.6%	5.8%	0.8%	17.3%	3.1%

Data Source: ESRI Data, 2019

- The second most common ethnicity of Sioux City residents is Hispanic or Latino. The least represented ethnicity is Native American/Alaska Native.
- Though the Native American/Alaska Native population is small, Sioux City and Woodbury County have higher rates of Native American/Alaska Native representation than the Iowa and national averages.

Woodbury County has culturally diverse population groups, as nearly one in ten (9%) of residents are foreign born, and a higher percentage (15%) speak a language at home other than English. The Hispanic population in Woodbury County is a growing segment of the community and may continue to highlight opportunities for bilingual or other culturally inclusive services.

- The service area is primarily white (79%) but has a growing Hispanic population (17.4% of the total population in 2017) – an increase of 38% from 2009 to 2017.

- The Hispanic population is largely (82%) from Mexico.

Composition of the Woodbury County Hispanic Population

- Mexican: 82%
- Guatemalan: 6%
- Salvadoran: 4%
- All others Hispanic origins: 8%
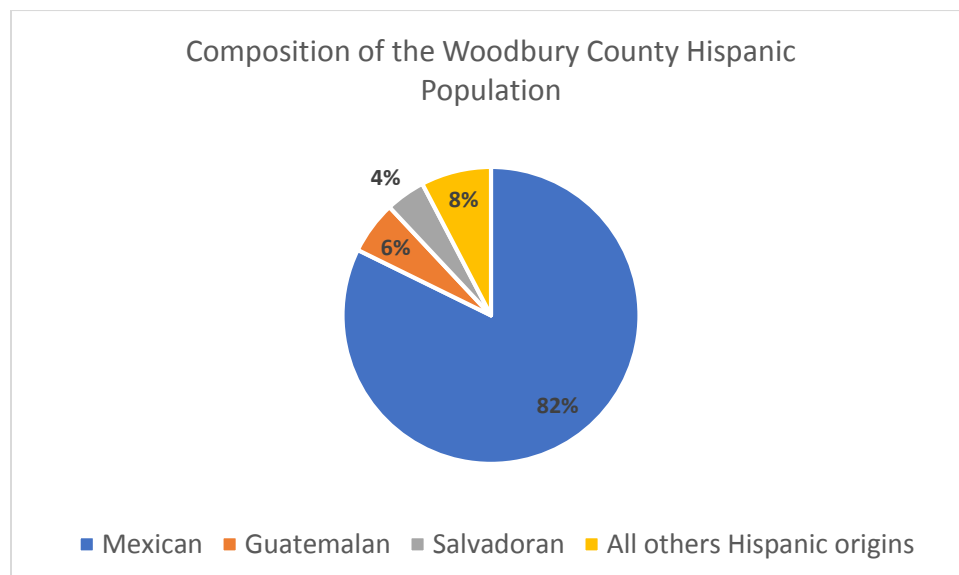
Population Age Structure

There a large percentage of young families One-fourth of Woodbury County's population (24.9%) is under age 18, and more than another one-third (35.3%) are between ages 18 and 44.

Population by Age Group

	Under 5	Under 18	18-24	25-44	45-64	65+
Sioux City	7.4%	25.3%	10.3%	26.4%	22.9%	15.1%
Woodbury County	7.1%	24.9%	9.8%	25.5%	24.0%	15.8%
Iowa	6.1%	22.1%	12.1%	24.7%	23.3%	17.8%
United States	6.0%	22.0%	9.4%	26.6%	25.6%	16.4%

Data Source: ESRI Data

- Sioux City has a higher percentage of children under the age of five (7.4%) than Woodbury County (7.1%), and both regions have a higher percentage of children under age five than the Iowa and national average.

- The percentage of seniors in Sioux City and Woodbury County is slightly lower than the Iowa average. (17.8%). This suggests that the growing needs among seniors seen nationally and in Iowa may be less acute in the Siouxland service area.

Families with Children

Nearly one-third (31%) of Sioux City families include children under age 18 – slightly higher than Woodbury County (30%), Iowa (28%) and the U.S. (28%). Since the county has a relatively young average age, this percentage is consistent with expectations. However, it also underscores the potentially higher need for children and youth services – especially among lower income sub-populations.

Households with Children under Age 18

	Total HH	Family HH[15]	Families w/ Children Under Age 18
Sioux City	31,434	20,086	9,770
Woodbury County	38,962	25,009	11,534
Iowa	1,251,587	794,614	344,569
United States	118,825,921	78,631,163	32,846,899

Data Source: US Census Bureau, American Community Survey. 2017 5-Year Estimates.

- Sioux City has a greater percentage of households with children under the age of 18 than the national average (31.1% versus 27.6%)

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[15] Married couples/domestic partners, single-parent households, families with or without children

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People Living With Disabilities

Over 39 million Americans live with some form of disability in the United States. This measure is relevant because disabled individuals comprise a vulnerable population that requires target services and outreach by providers. About one in ten Sioux City households (9.4%) include one or more residents with a disability – similar to state and U.S. average.

Population with Any Disability[16]

	Total Population with a Disability	Percent Population with a Disability
Sioux City	7,985	9.4%
Woodbury County	9,732	9.2%
Iowa	288,023	8.9%
United States	30,250,019	9.1%

Data Source: US Census Bureau, American Community Survey. 2017 5-Year Estimates.

- In Woodbury County, nearly 10,000 people live with some form of physical or mental health disability.

- People with disabilities are more likely to live in poverty than those without disabilities.[17]

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[16] Note: Disability status is classified in the ACS according to yes/no responses to questions (17-19) about six types of disability concepts.

[17] Employment and Disability Institute, Cornell University. Found at: http://www.disabilitystatistics.org/

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Social and Physical Environment

Social and physical factors, such as unemployment, education, and housing all affect poverty. The following section summarize these characteristics.

Employment

While unemployment remains relatively low and similar to both state and national trends, the Sioux City Metropolitan Area average weekly wage is less than both the state and national average.

Labor Statistics

	Labor Force	Employed	Unemployed	Unemployment Rate	Average Weekly Wage[18]
Sioux City Metropolitan Area[19]	96,799	94,139	2,660	2.7%	$853
Iowa	1,670,448	1,627,016	43,432	2.6%	$880
United States	162,184,325	154,723,846	7,460,479	3.2%	$1,050

Data Source: US Census Bureau, American Community Survey. 2017 5-Year Estimates, ESRI Data, 2019; Bureau of Labor Statistics Available at https://www.bls.gov/regions/midwest/news-release/countyemploymentandwages_iowa.htm; https://www.bls.gov/eag/eag.ia_siouxcity_msa.htm

- The Sioux City Metropolitan Area unemployment rate (2.7%) is similar to the state (2.6%) and national (3.2%) rate. The Sioux City Metropolitan Area consists of nearby counties in Iowa, Nebraska, and South Dakota.

- Given the wage structure, unemployment may be a challenge. In areas in which average wages / incomes are relatively low, employment rates tend to be "soft" – meaning that if the general economy weakens, these areas tend to reflect greater unemployment faster than other areas. Currently, though, as the economy is relatively strong, so are the employment levels.

- Low wages indicate a continuing opportunity to enhance family long-term well-being by providing education / job training opportunities and support / information / guidance for people who may be challenged to take advantage of opportunities.

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[18] U.S. Bureau of Labor Statistics, 2018 Quarter 2. Available at https://www.bls.gov/regions/midwest/news-release/countyemploymentandwages_iowa.htm#ro5qcew-iowa., Iowa Workforce Development Data

[19] Sioux City, IA-NE-SD Metropolitan Statistical Area

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Workforce and Employment Profile

Sioux City has a solid concentration of manufacturing industry jobs, as well as retail and healthcare and retail trade positions. Lower income industries tend to be more common in retail, admin/support, and accommodations/food services sectors which are more highly concentrated in Sioux City.

Employed Population 16+ by Industry Type, 2017

	Sioux City	Woodbury County	Iowa	U.S.
Total Unemployed Population	3.7%	3.3%	2.6%	3.2%
Agriculture/Mining	1.2%	2.1%	3.8%	1.7%
Construction	7.8%	8.0%	7.3%	7.0%
Manufacturing	19.1%	17.9%	14.9%	10.0%
Wholesale Trade	2.7%	2.9%	2.8%	2.6%
Retail Trade	12.9%	12.7%	11.4%	10.7%
Transportation	4.0%	4.1%	4.3%	4.9%
Utilities	0.6%	0.7%	0.8%	0.8%
Information	1.2%	1.2%	1.4%	2.0%
Finance/Insurance	3.5%	3.6%	6.8%	4.6%
Real Estate	0.6%	0.7%	0.9%	2.0%
Professional/Scientific/Tech Services	3.5%	3.4%	4.6%	7.3%
Management	0.1%	0.1%	0.1%	0.2%
Admin/Support	3.2%	2.9%	2.5%	3.8%
Educational Services	7.9%	8.5%	9.7%	9.1%
Health Care/Social Assistance	12.9%	12.9%	13.5%	14.1%
Arts/Entertainment/Recreation	1.8%	1.8%	1.4%	2.1%
Accommodations/Food Services	9.0%	8.2%	6.1%	7.3%
Public Administration	3.4%	3.9%	3.5%	4.9%

Source: ESRI Data, 2019

- Sioux City has a relatively strong manufacturing base with nearly one in five (19.1%) jobs in the sector. Retail trade and health care are also strong sectors in Sioux City.

- The percentage of the Sioux City workers in the manufacturing sector is nearly 80% higher than the U.S. average. The also highlight the opportunity to boost household incomes, provide additional skilled labor, and positively impact poverty (and its secondary effects) by expanding job training, better inform the public about career / training opportunities and ways to capitalize on them.

- Sioux City has a higher concentration of lower paying industries than the Woodbury County, Iowa, or U.S. The percent of the workforce in sectors which tend to pay lower wages (e.g., retail, admin/support, and accommodations/food services) is higher in Sioux City (25.1%) than Woodbury County (23.8%), Iowa (20.0%) or the U.S. (21.8%).

- Seven of ten (71.2%) of jobs in the Siouxland area require a high school diploma or equivalent.[20]

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[20] Iowa Workforce Development data defines economic sectors by region. The Siouxland area resides in Region 12, an area comprised of Plymouth, Cherokee, Woodbury, Ida, and Monona Counties.

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Educational Attainment

Poverty and education are inextricably linked as some may children may leave school early to work or may only pursue a high school diploma. Individuals with a high school diploma earn an average of $35,256 per year or approximately $678 per week[21]. Those with just a high school diploma or less may struggle to find a job that pays a livable wage. Approximately 45.2% of service area residents have a high school diploma or less education attainment.

Highest Level of Educational Attainment

	Less than 9th grade	9th - 12th grade, no diploma	High school graduate and equivalency	Some college, no degree	Associate degree	Bachelor's degree	Graduate or Professional degree
Sioux City	7.2%	8.3%	32.0%	20.6%	9.1%	15.4%	7.4%
Woodbury County	6.1%	7.5%	31.6%	21.5%	9.6%	16.6%	7.4%
Iowa	3.1%	4.7%	30.1%	21.0%	11.7%	19.7%	9.8%
United States	5.6%	7.4%	27.5%	21.0%	8.2%	18.8%	11.5%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

- Approximately one in ten (8.3%) Sioux City residents have some high school education, but no diploma – a rate nearly double the Iowa average (4.7%) and higher than the Woodbury County and national averages.

- Similarly, a lower percentage of Sioux City residents (31.9.%) have a two- or four-year college degree – lower than the state (41.2%) and U.S. (38.5%) averages. The educational attainment may somewhat limit enhanced economic opportunities for some residents and correlate to continued, long-term need to community services.

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[21] Smart Asset. Available at https://smartasset.com/retirement/the-average-salary-by-education-level

Housing

There are nearly 39,000 households in Woodbury County (80.7%) of which are in Sioux City). Family Households[22] are less common in the agency's service area than the Iowa average indicating that more people in the service area tend to live alone or who share their residence with unrelated individuals.

Households by Type

	Sioux City	Woodbury County	Iowa	U.S.
Total Households	31,434	38,962	1,251,587	118,825,921
Family Households	13,555	18,102	635,516	57,459,352
Single-parent Households	6,663	7,692	167,111	20,827,424
Non-Family Households	11,348	13,304	451,011	40,527,218
% Living Alone	29.8%	27.7%	29.0%	28.4%
% Seniors Living Alone	11.1%	10.5%	11.6%	11.3%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

- More than one of four Sioux City residents (29.8%) live alone – on par with comparative averages.

- People living alone – especially seniors – are at greater risk of experiencing social isolation. Both seniors and youth experiencing social isolation benefit from community programs.

- As a percentage of Total Households, there are more Family Households in Iowa (50.8%) than in Sioux City (43.1%) or total Woodbury County (46.5%).

Number of Vacant Houses

	Total Housing Units	Vacant Housing Units	Vacant Housing Units, Percent
Sioux City	33,809	2,375	7.0%
Woodbury County	41,915	2,953	7.0%
Iowa	1,376,133	124,546	9.1%
United States	135,393,564	16,567,643	12.2%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

- The Sioux City and Woodbury County housing vacancy rates (7.0%) are lower than the Iowa state and national averages.

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[22] Under the **U.S. Census** Bureau definition, **family households** consist of two or more individuals who are related by birth, marriage, or adoption, although they also may include other unrelated people. Nonfamily **households** consist of people who live alone or who share their residence with unrelated individuals.

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Cost Burdened Households

Low income individuals and families often struggle to afford basic necessities, such as housing and utilities. Approximately 24% of the 19 million eligible households in the United States receive housing assistance.[23] Two of five (40%) of Woodbury County residents live in "cost burdened" households.

	Median Home Value	% Owner Occupied Housing Units	Median Contract Rent	Cost Burdened Rental Households[24]
Sioux City	$108,079	64.5%	$721	41.2%
Woodbury County	$121,754	67.9%	$723	40.0%
Iowa	$155,685	71.3%	$740	40.1%
United States	$234,154	63.5%	$982	46.8%

Data Source: American Community Survey 5-Year Estimates, 2013-2017.

- The median housing costs (i.e., contract rent) is relatively low in the service area (as well as in Iowa aggregately), as median rents are notably lower (i.e., 26.4% lower) than the U.S. median.
- The average cost of housing, whether through home ownership or monthly rental is less expensive in Sioux City than the Iowa average.
- Four out of every ten Sioux City households spend over 30% of income on housing.

People Experiencing Homelessness
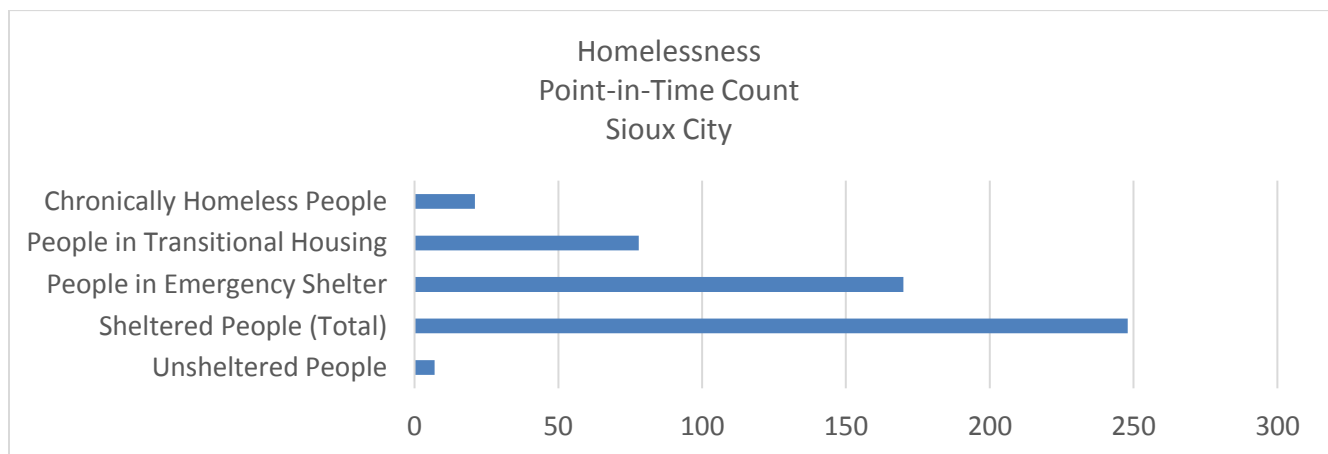
- The Institute for Community Alliances estimates that over 500 people were considered homeless in the winter of 2018-2019. Comparable data for Woodbury County was not available, yet Sioux City data along suggests ongoing needs.

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23 The Urban Institute. Available at https://www.urban.org/features/housing-assistance-matters-initiative

24People spending 30% or more of total income on housing.

Shelter Services and Intimate Partner / Domestic Violence

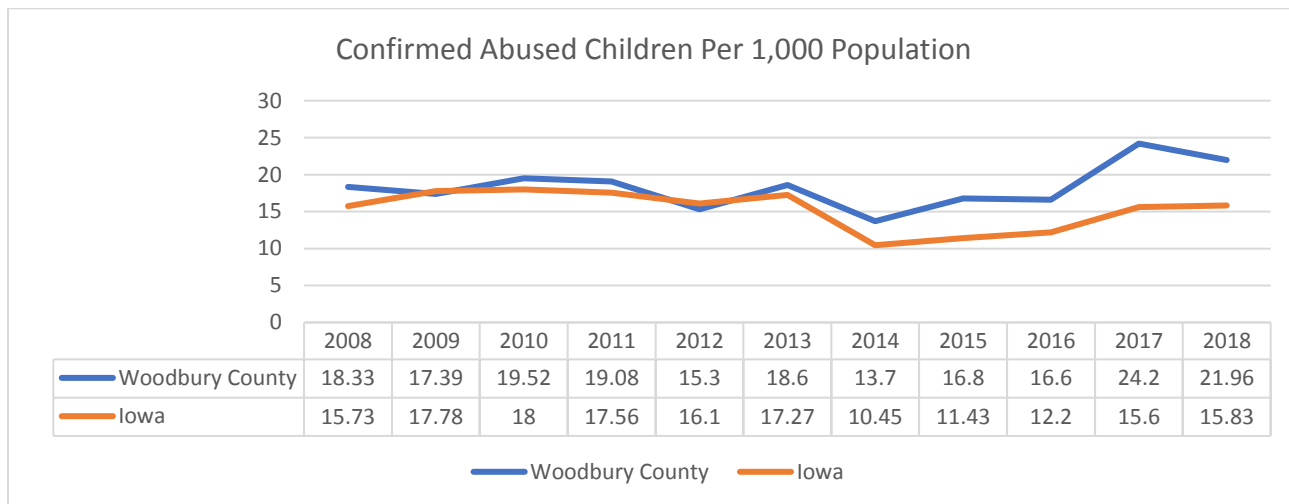In the Council on Sexual Assault and Domestic Violence (CSADV) Sioux City service region, (Plymouth and Woodbury Counties),[25] the CSADV served to over 2,100 men, women, and children in need of shelter and/or domestic abuse services.

- More than 2,100 Sioux City service region men, women, and children received sexual assault and domestic violence services in FY 2018-2019.[26]

- In the 12-month period (i.e., CSADV's FY 2018-2019), 700 domestic violence survivors were sheltered for an average of more than two weeks (15.2 days) each. There were a total of over 10,000 nights of shelter provided.

- There were an additional 2,056 occasions in which emergency financial aid was provided to clients in need.

- Woodbury County incidences of domestic violence varied from 2008 to 2016 (the most year available). See the appendices for a detailed trended chart.

The number of confirmed child abuse cases in Woodbury County increased by approximately 35% from the fairly stable 2008 to 2016 period to 2017 and 2018.[27]

Confirmed Abused Children Per 1,000 Population

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Woodbury County	18.33	17.39	19.52	19.08	15.3	18.6	13.7	16.8	16.6	24.2	21.96
Iowa	15.73	17.78	18	17.56	16.1	17.27	10.45	11.43	12.2	15.6	15.83

- From 2008 to 2016, there were an average of 460 confirmed incidences of child abuse in Woodbury County. For 2017 and 2018, there was an average of 624 – an increase of 35.6%. Similarly, the Woodbury County rate per 1,000 population also increased.

- The Woodbury County child abuse rates are well above (about +30%) than the Iowa rates for 2017 and 2018.

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[25] "CSADV provides services free of charge, 24 hours a day, 7 days a week. Services include a crisis hotline, safe shelter, individual counseling and support groups, and advocacy as clients navigate through the legal, medical, and other systems. CSADV provides shelter services for the Sioux City Region, and domestic abuse services for Plymouth and Woodbury Counties; offering a healing environment to recover from trauma and address any obstacles to safety. Food, bedding, clothing, and other essentials are provided to those staying in the CSADV shelter. CSADV can also help individuals or families who are at risk of being homeless due to domestic violence, helping them to access safe and affordable housing." Available at https://csadvsiouxland.org/services/

[26] Source: Council on Sexual Assault and Domestic Violence (CSADV), FY 2018-2019 Annual Meeting.

[27] Source: Source for Siouxland. Available at http://siouxlandcares.org/wp-content/uploads/Source-For-Siouxland-Data-Report-2019-FINAL-v3-3.pdf

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Transportation

Access to opportunities associated with economic advancement out of poverty or to avoid poverty – jobs, quality food, and goods (at reasonable prices), healthcare, and schooling— often rely on the ability to locally travel in an efficient, affordable way. When a person has limited access to physical transportation due to cost or location, basic activities, such as getting to work on time, become much more difficult, if not impossible.

Transportation resources in the service area (an in Iowa generally) are better than the U.S. average, as only about 2.5% of the population does not have a vehicle. Sioux City and other Woodbury County residents also spend less than the Iowa average on transportation.

	% Population without Vehicle	% Population Taking Public Transit to Work	Annual Average Amount Spent on Transportation
Sioux City	2.7%	1.2%	$6,753
Woodbury County	2.5%	1.0%	$7,285
Iowa	2.2%	1.1%	$8,133
United States	4.4%	5.1%	$8,512

Data Source: US Census Bureau, American Community Survey. 2017 5-Year Estimates, ESRI Data, 2019

- Sioux City residents spend an average of $6,753 on transportation annually, a lower number than comparative regions.

- Generally consistent with the Iowa average (but better than the U.S. average), a small percentage (2.7%) of Sioux City residents do not have access to a vehicle.

- The Sioux City public transit encompasses 10 routes through Sioux City (and South Sioux City). Since a public transportation system exists in Sioux City, fewer people than the U.S. average are without transportation.

Prevalence of Poverty

Poverty is one of the primary drivers for the need for services. It is also a primary indicator of the need for children's services and correlated with higher-risk situations association with Adverse Childhood Experiences (ACE). The following section provides an in-depth, data-based perspective of income and poverty measures that describe Woodbury County.

Income and Poverty

The median household income of Sioux City and Woodbury County is less than the Iowa and U.S. averages.

Household Income, 2017

	U.S.	Iowa	Woodbury County	Sioux City
Median Household Income	$60,548	$58,745	$55,297	$52,068
<$15,000	6.7%	5.7%	6.4%	11.8%
$15,000 - $24,999	14.7%	14.5%	16.1%	11.7%
$25,000 - $34,999	9.5%	9.9%	12.3%	13.6%
$35,000 - $49,999	13.0%	14.0%	13.9%	14.3%
$50,000 - $74,999	17.7%	19.6%	20.3%	21.3%
$75,000 - $99,999	12.3%	14.0%	13.6%	15.1%
$100,000 - $149,999	14.1%	13.9%	11.9%	14.8%
$150,000 - $199,999	5.8%	4.5%	3.1%	3.3%
$200,000+	6.3%	3.8%	2.5%	2.9%

Source: US Census Bureau, American Community Survey. 2017 5-Year Estimates.

- The average household income for Sioux City is nearly fourteen percent lower than the U.S. median level.

- Over half (51.4%) of Sioux City households make under $50,000 per year – a percentage higher than the state and U./S. levels (both about 44%).

- The percentage of particularly well-off households in Sioux City (i.e., those with annual income over $100,000) is slightly higher than the Woodbury County average (21.0% compared with 17.5%).

Population Living in Poverty, as a Percent of People For Whom Poverty Status is Determined[28]

This table illustrates the severity of residents' poverty. Total residents in poverty percentage is calculated at 100% of poverty level. Woodbury County (and Sioux City residents, in particular) are more likely to live in poverty (100% of FPL) than Iowa residents. A roughly equal percentage live in the most extreme level of poverty (i.e., less than 50% of FPL).

	Total Population in Poverty (100%)	Percent Living Less than 50% FPL	Percent Living Less than 125% FPL	Percent Living Less than 150% FPL	Percent Living Less than 185% FPL
Sioux City	14.3%	5.7%	22.4%	27.6%	34.6%
Woodbury County	13.5%	6.0%	20.9%	25.6%	32.0%
Iowa	11.8%	5.4%	16.2%	20.4%	26.4%
United States	13.8%	6.5%	19.2%	23.7%	30.1%

Data Source: American Community Survey 5-Year Estimates, 2013-2017. Poverty Status in the Past 12 Months.

- The number of residents living at or below 125% FPL in the Community Action Agency of Siouxland service area (20.9%) is much higher than the state average (16.2%), but it is similar to the national average (19.2%).

- Similarly, the percentage of the population living below 185% of poverty in Woodbury County is substantially higher than the Iowa average.

- Note that the Population in Poverty (100%) data represents the percent of individuals living in poverty. Data presented later in the assessment includes additional "family" or "household" data, e.g., "All Family Households" living in poverty.

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[24] Source: American Community Survey 5-Year Estimates, definitions.

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Poverty Profile Detailed Review

One in seven (14.3%) of Sioux City residents live in poverty. The following tables drill down the likelihood of specific groups to reside in poverty. The likelihood of living in poverty is much higher among ethnic minorities, single-parent households, and those without a high school education.

Percent Living in Poverty by Race

	White	Black or African American	Hispanic or Latino	Native American/Alaska Native	Asian
Sioux City	10.2%	30.9%	25.8%	47.2%	9.3%
Woodbury County	10.4%	30.7%	25.3%	47.4%	9.0%
Iowa	10.0%	34.1%	29.7%	28.1%	18.4%
United States	10.3%	25.2%	22.2%	26.8%	11.9%

Data Source: American Community Survey 5-Year Estimates, 2013-2017.

- In Sioux City, around half of all Native American/Alaska Native residents (47.2%) live in poverty, nearly double the national rate (26.8%).

- Black or African American residents are second most likely to reside in poverty (30.9%), followed by Hispanic or Latino residents (25.8%).

Poverty by Household Type

Single-parent households headed by females are at notable risk of living in poverty. US Census data tracks Sioux City female led single-parent households as 30.4% likely to live in poverty. Numbers for male led single-parent households are unavailable. However, in other report sections of this assessment "single-parent household" data is displayed that includes households led by either gender.

	U.S.	Iowa	Woodbury County	Sioux City
All Family Households	12.6%	9.0%	12.2%	12.7%
Married Couple Families	6.7%	4.2%	5.5%	6.5%
Female Led Single Parent Household	31.1%	31.0%	32.5%	30.4%
Other Household Arrangement	24.3%	24.5%	23.5%	23.8%

Data Source: American Community Survey 5-Year Estimates, 2013-2017.

- Married couple family households are least likely to live in poverty in Sioux City (6.5%), a rate similar to the national average (6.7%).

- Note that the "All Family Households" data reflects households in poverty – not individuals (as was presented earlier). However, household-based data and individual / population data indicate identical trends.

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Profiles of Children in Poverty

Children who live in poverty may not have access to the basic necessities they need to grow and thrive, such as adequate housing, childcare and/or early childhood education, food, and clothing. Approximately one of six (16.8%, the 2017 5-year estimate) Woodbury County children live at or below 100% FPL.
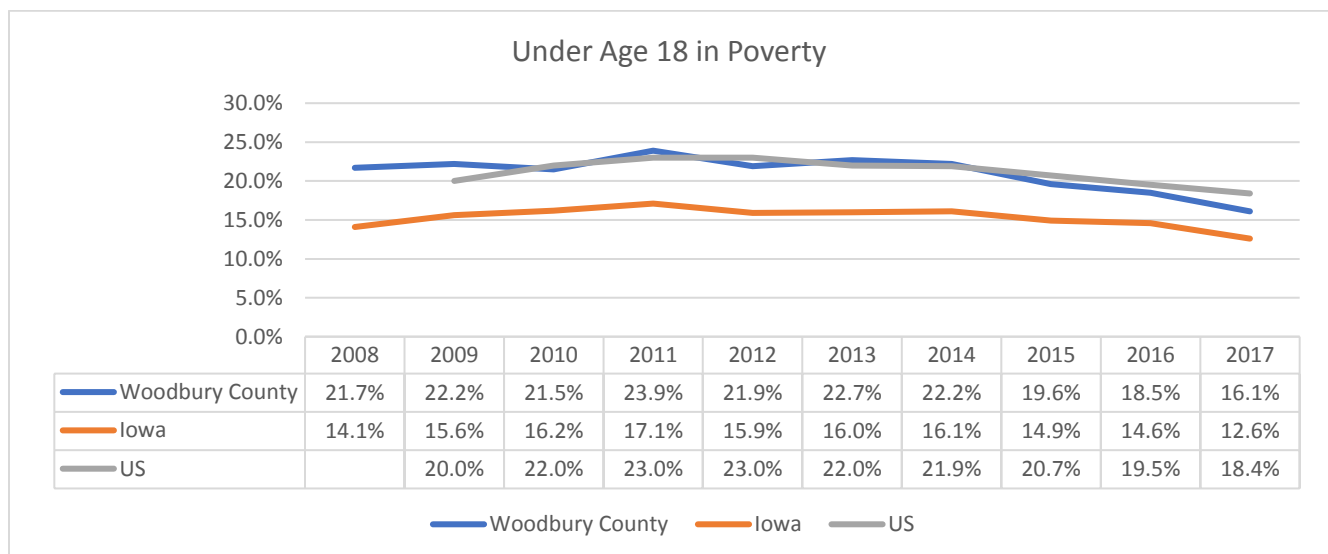
Percentage of children under age 18 in poverty & children living in single parent households

	% Children Below 100% FPL	% Children 5 Years of Age or Younger Below 100% FPL	% of Children in Single-Parent Households Living in Poverty
Sioux City	17.6%	17.6%	49.1%
Woodbury County	16.8%	16.7%	49.1%
Iowa	12.8%	14.0%	43.6%
United States	16.7%	16.2%	43.9%

Data Source: US Census Bureau, *American Community Survey*, 2017 5-Year Estimates

- Nearly one in five (17.6%) Sioux City children under the age of five live in poverty.

- In Sioux City and Woodbury County (in total), nearly half (49.1%) of children in single parent households live in poverty – a higher rate than the Iowa state average and national average.

The trend in the number of children living in poverty has decreased in Woodbury County (as well as in Iowa and the U.S.) from 2008 to 2017).

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Woodbury County	21.7%	22.2%	21.5%	23.9%	21.9%	22.7%	22.2%	19.6%	18.5%	16.1%
Iowa	14.1%	15.6%	16.2%	17.1%	15.9%	16.0%	16.1%	14.9%	14.6%	12.6%
US		20.0%	22.0%	23.0%	23.0%	22.0%	21.9%	20.7%	19.5%	18.4%

- Although higher than the Iowa average, the Woodbury County 2017 annual estimated rate[29] for children under age 18 living in poverty has declined about 25% since 2008.

- The Iowa rate has been quite variable, but overall shows declines (as does the U.S. rate).

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[29] Note that there is a slight difference in the annual estimate shown in the "Under Age 18 in Poverty" table and the summary table at the top of the page which includes the 2017 5-year estimate. Source: Source for Siouxland. Available at http://siouxlandcares.org/wp-content/uploads/Source-For-Siouxland-Data-Report-2019-FINAL-v3-3.pdf

Children Living in Poverty by Race and Language

Data in the two tables below suggests that children living in poverty in the area tend to be white (as opposed to African American) and are disproportionately Hispanic.

Children in Poverty, by Language Spoken at Home
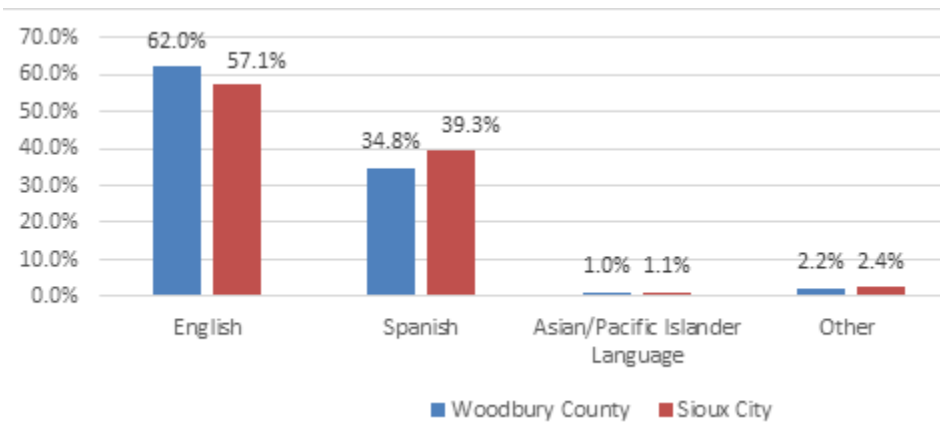
Source: American FactFinder, 2017. Available at
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_B16009&prodType=table

- For Hispanic / Latino households, over one-third (34.8%) of those living in poverty as of 2017 primarily speak Spanish at home.[30]

Children Under 5 Living in Poverty by Race
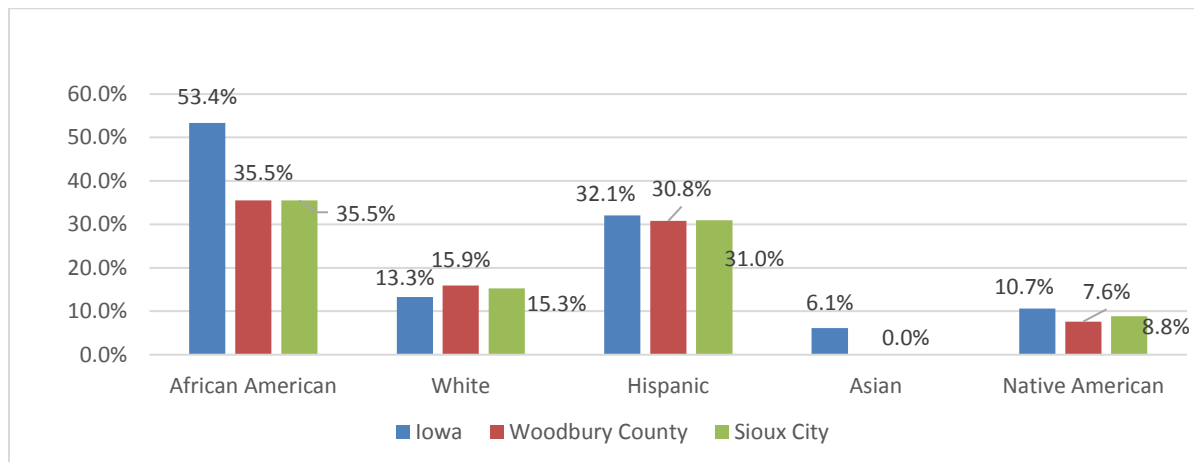
Source: American FactFinder, 2107. Available at
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_B16009&prodType=table

- Poverty rates for those under age five are slightly lower in Sioux City.
- Though Native American residents average the highest rates of individual poverty (47.2%), children under five have the second lowest rate of poverty.
- Black or African American children under five are most likely to experience poverty (35.5%), followed by Hispanic or Latino (31.0%).

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[30] American Community Survey. Available at https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk

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Children Receiving Services

Over 50% of Woodbury County students are eligible to receive free or reduced-price lunch. This may suggest that nutritional school lunch benefits may help offset some of the challenges correlated with the demographics.
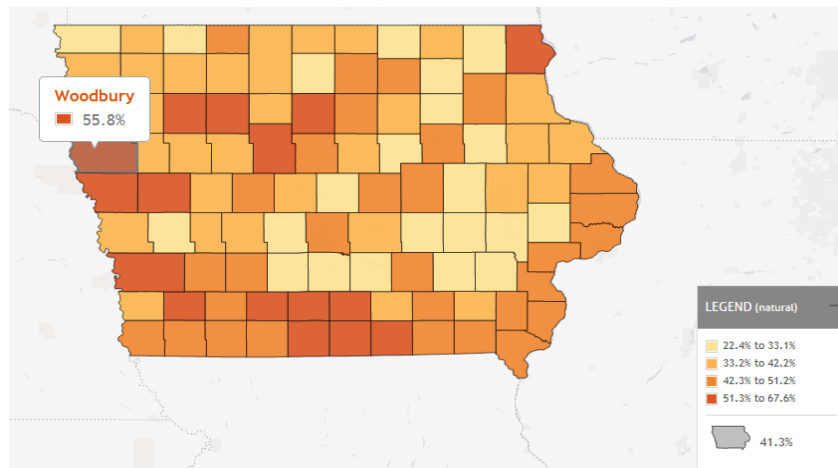
- In 2017, more than half (55.8%) of Woodbury County school children qualified for free/reduced price meals.

- The number of children receiving free or reduced meals in the service area slowly and steadily increased from 2008 to 2015 when it leveled off or slowly declined.

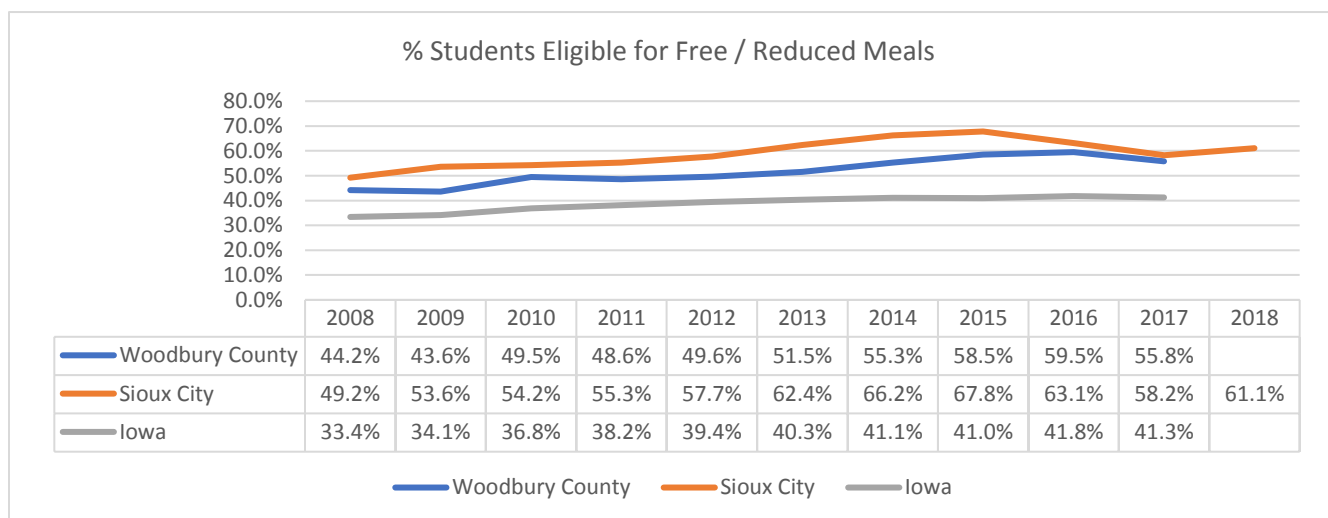|	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Woodbury County	44.2%	43.6%	49.5%	48.6%	49.6%	51.5%	55.3%	58.5%	59.5%	55.8%	
Sioux City	49.2%	53.6%	54.2%	55.3%	57.7%	62.4%	66.2%	67.8%	63.1%	58.2%	61.1%
Iowa	33.4%	34.1%	36.8%	38.2%	39.4%	40.3%	41.1%	41.0%	41.8%	41.3%	

% Students Eligible for Free / Reduced Meals

- More than half of Woodbury County (55.8%) and Sioux City (58.2%) of students were eligible for free or reduced priced meals in 2017 – a small decrease from 2015.[31]

- Rates in Woodbury County and Sioux City remain substantially higher than the Iowa average (41.3%).

- Note: Beginning in 2017, certain schools became eligible for the Community Eligibility Provision (CEP). CEP is a non-pricing meal service option for schools and school districts in low income areas. CEP allows the nation's highest poverty schools to serve breakfast and lunch at no cost to all enrolled students. Because free/reduced lunch applications are no longer required at CEP schools, the above data may not reflect all students who are eligible for free/reduced lunch.

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[31] Source: Source for Siouxland. Available at http://siouxlandcares.org/wp-content/uploads/Source-For-Siouxland-Data-Report-2019-FINAL-v3-3.pdf

Similarly, Woodbury County WIC rates are higher than the Iowa average, with more than two-thirds (37.8%) of Woodbury County children receiving WIC services in 2016 compared to 26.5% of the Iowa average.[32]

% Children Receiving WIC Services

	2008	2009	2010	2011	2012	2013	2014	2015	2016
Woodbury County	37.4%	40.3%	42.2%	41.6%	40.6%	39.0%	39.9%	38.1%	37.8%
Iowa	27.7%	28.8%	28.2%	26.9%	26.6%	25.5%	24.9%	24.3%	26.5%
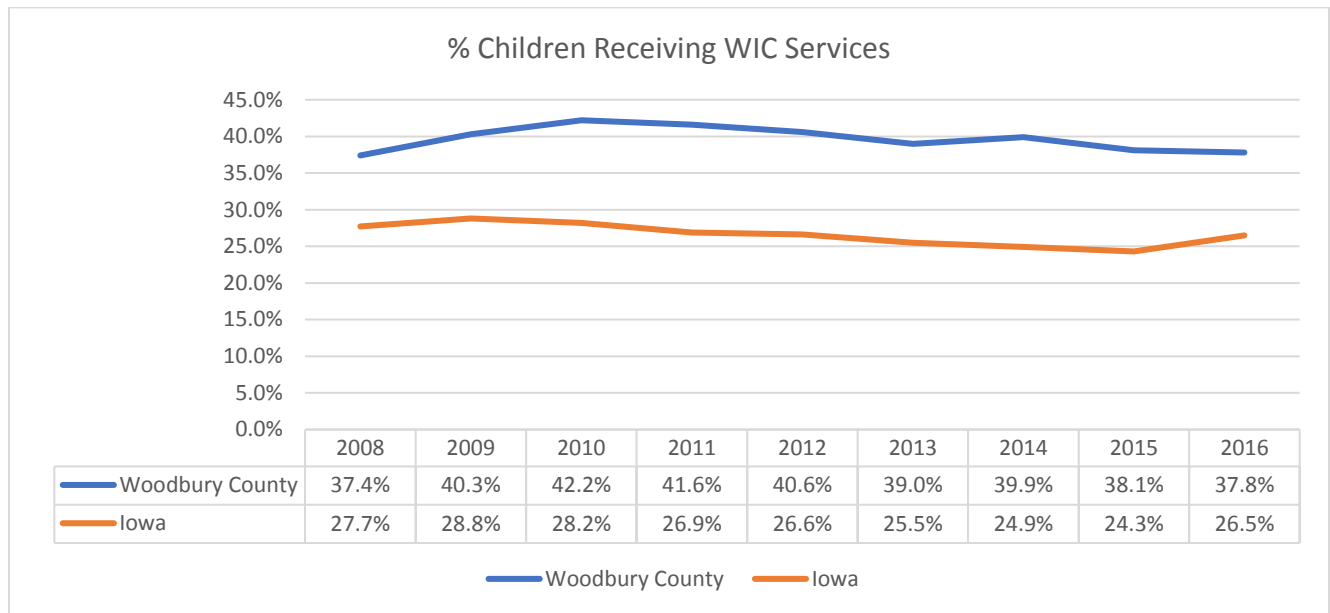
Population Receiving SNAP Benefits (ACS)

	Children Eligible for Free/Reduced Price Lunch	Percent Households Receiving SNAP Benefits
Sioux City (2018)	61.1%	16.1%
Woodbury County (2017)	55.8%	14.3%
Iowa (2017)	43.1%	11.2%
United States (2017)	49.9%	12.7%

Data Source: US Census Bureau, *American Community Survey*. 2012-16; [1] Source: Source for Siouxland. Available at http://siouxlandcares.org/wp-content/uploads/Source-For-Siouxland-Data-Report-2019-FINAL-v3-3.pdf

- The percentage of Sioux City residents receiving SNAP benefits is higher than the Iowa and U.S. averages.

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[32] Source: Source for Siouxland. Available at http://siouxlandcares.org/wp-content/uploads/Source-For-Siouxland-Data-Report-2019-FINAL-v3-3.pdf

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Changes and Trends of Children in Poverty

Over the last seventeen years there have been positive changes in the number of very young children in poverty. However, nearly one in five (19.4%) of all children in the region live in poverty.

Children living at 100% or below Poverty, Sioux City, 2000-2017
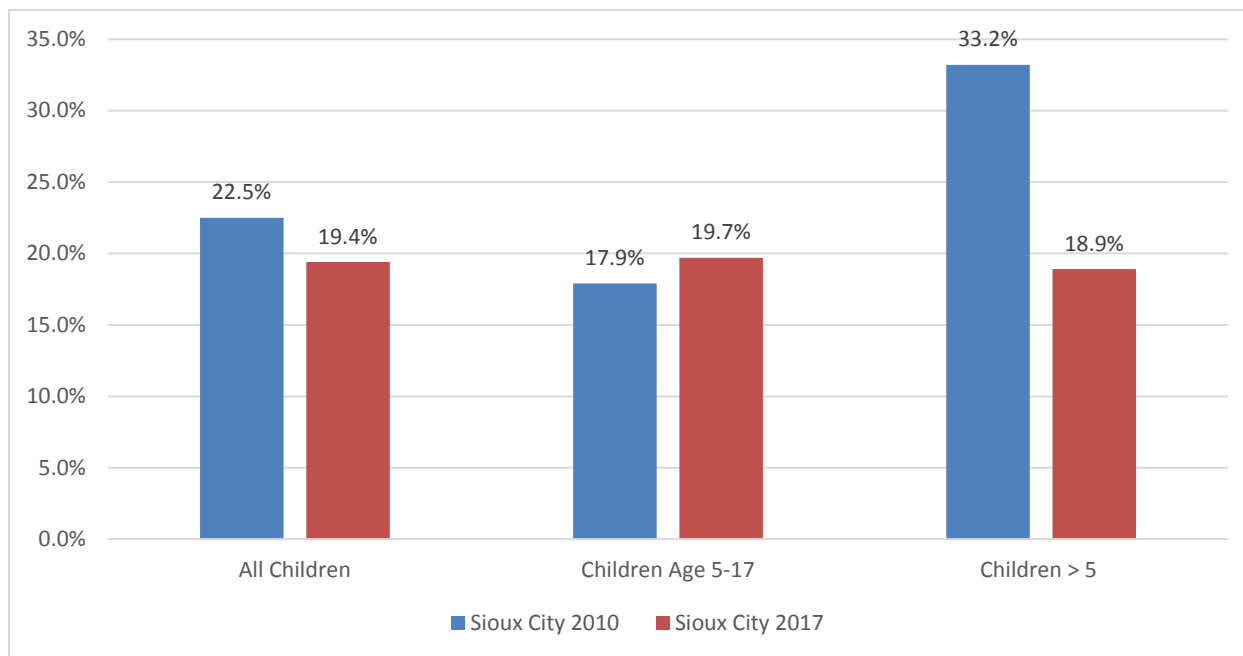
SOURCE: American Community Survey, 2010 and 2017 1-year estimates.

- From 2000 to 2017 there has been a large decrease in the percent of children age five and under who are living in poverty. The percentage dropped from 33.2% in 2000 to 18.9% in 2017.

- Overall, children in poverty has decreased from 22.5% in 2010 to 19.4% in 2017,

- The number of children age 5-17 living in poverty has increased slightly.

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Other Factors Correlated to Children Living in Poverty or Otherwise in Need

The Community Action Agency of Siouxland provides a breadth of services to Woodland County children (and others) who need additional support due to poverty or other circumstances. Additional data on children experiencing homelessness, facing disabilities, or in Foster Care is included below. Generally, there has been improvement in these sectors, yet many opportunities remain.

Homeless School-age Children

The number of school age children being identified as homeless decreased substantially from the 2018-2019 academic year to the current (2019-2020) year.[33] The table below includes data gathered in the beginning of the 2019-2020 school year (Sioux City school district only), so it may be revised.

	Doubled up in a Home	Agency Shelter / Transitional Housing	Hotel / Motel	Unsheltered or Campground	Unsure of Where They are Staying	Total
2017-2018	219	140	18	1	0	390
2018-2019	178	149	29	4	1	361

- In the 2018-2019 school year 361 students were counted as experiencing forms of homelessness.
- School children doubled up in homes, sheltered or in transitional housing, or staying in a motel / hotel decreased by about 72%, 69%, and 55%, respectively.

Children with Special Needs

Children with special needs are concentrated in Sioux City, however, there are needs in more outlying areas.[34]

Location	Age 0-3 Years	Age 3-5 Years	Totals
Sioux City	5	112	117
Anthon-Oto	2	7	9
Lawton-Bronson	0	3	3
River Valley	9	12	21
Sergeant Bluff	1	3	4
Westwood	9	19	28
Woodbury Central	2	7	9
TOTALS	101	147	248

- For example, there nearly 250 children age five and under who receive early intervention services have been identified with a developmental delay of 25% or more.
- As of October 26, 2018, the Northwest Area Education Agency (NAEA) served 101 families who have children age 3 and under that are eligible[35] for Early ACCESS Services and live in Woodbury County. There were an additional 147 three, four and five year old children on Individualized Education Programs (IEPs) in Preschool Settings who live in Woodbury County.

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[33] Source: Source for Siouxland. Available at http://siouxlandcares.org/wp-content/uploads/Source-For-Siouxland-Data-Report-2019-FINAL-v3-3.pdf; Northwest Area Education Center.

[34] Ibid.

[35] NOTE: Northwest Area Education Agency. "**Eligible Children** means infants and toddlers birth to age 3 who need early intervention services because they have a condition that is known to have a high probability of later delays in development if early intervention services were not provided, **OR** are experiencing a 25% or more developmental delay in one or more areas of development including cognitive development, physical development including vision and hearing, communication development, social or emotional development, and/or adaptive development. (34 CFR 303.16; 303.161; 303.300)."

Disability Status

In 2017, over 11,000 Woodbury County residents lived with at least one disability. The most common type of disability differs based on age and poverty level.
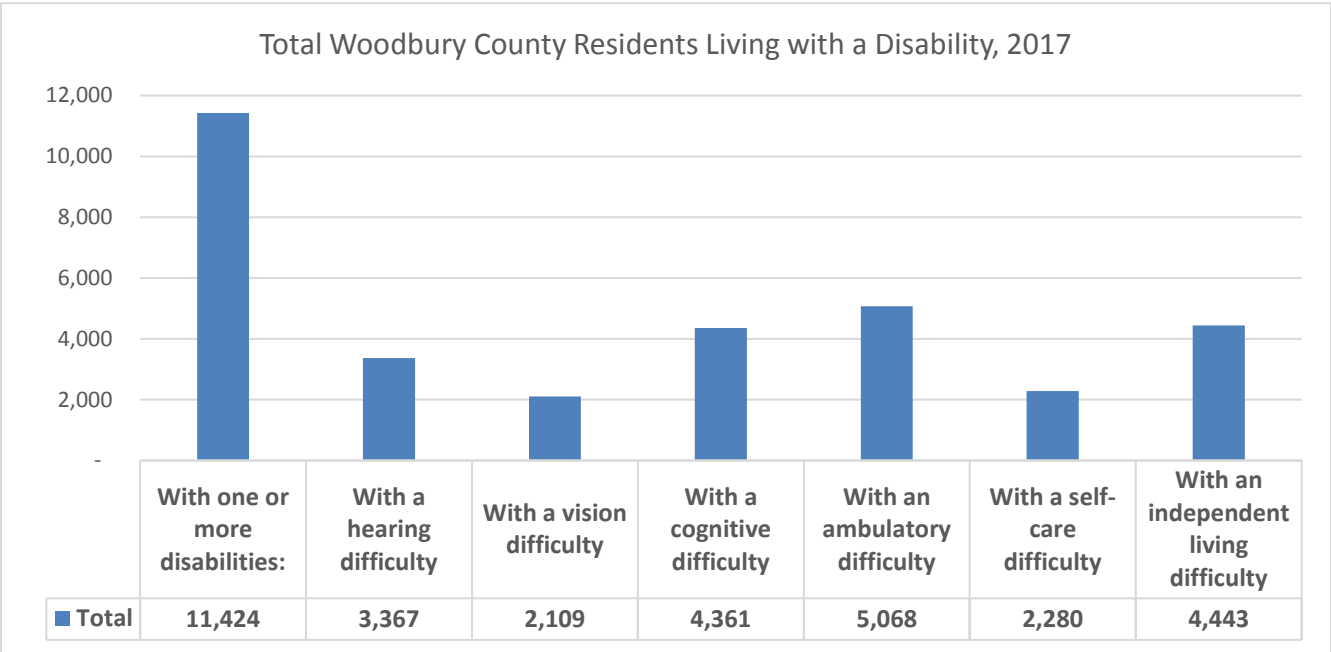
Total Woodbury County Residents Living with a Disability, 2017

	With one or more disabilities:	With a hearing difficulty	With a vision difficulty	With a cognitive difficulty	With an ambulatory difficulty	With a self-care difficulty	With an independent living difficulty
Total	11,424	3,367	2,109	4,361	5,068	2,280	4,443

Source: American FactFinder, 2017. Available at
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_B18131&prodType=table

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Foster Care

Peer-reviewed research indicates that a relatively high percentage of children in foster care are highly likely to have extensive trauma histories. Unresolved trauma often contributes to Adverse Childhood Experiences; behavioral issues, attachment disorders, and other indicators suggesting the need for supporting educational and other services. Left unaddressed, these issues may result in lifelong complications jeopardizing their quality of life in adulthood.[36] The number of children living in foster care has decreased since its peak of nearly 1,000 children in 2008 to 623 in 2017. However, the number has remained constant since 2012.

Children in Foster Care in Woodbury County

Year	Children in Foster Care in Woodbury County
2007	704
2008	944
2009	931
2010	867
2011	750
2012	667
2013	652
2014	637
2015	660
2016	667
2017	621
2018	623

Number of Children in Foster Care in Iowa's Counties: 2018

Children in foster care
- Less than 50
- 50-99
- 100-499
- 500-999
- 1,000 or more

Source agency name: Iowa Department of Human Services, Division of Results Based Accountability
Source agency program: Bureau of Research and Statistics
Source agency contact: (515) 281-5232
Source agency release date: April, 2019
Date added to State Data Center Web site: April 26, 2019
State Data Center contact information: State Library of Iowa, State Data Center Program,
http://www.iowadatacenter.org 800-248-4483, census@iowa.gov

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[36] Tymothy Belseth, MA, University of Texas. Available at https://txicfw.socialwork.utexas.edu/aces-foster-care-rethinking-trauma-informed-care/

Childcare Capacity and Affordability

Affordable childcare is becoming an increasingly vital need for the Woodbury County area. Iowa Child Care Resource & Referral[37] (CCR&R) estimates that in FY 2018, the number of children under age five in households in which both parents are in the workforce exceeded the number of available childcare spaces listed with CCR&R - and costs continue to rise – especially in Woodbury County.

	Woodbury County			Iowa
Supply & Demand Comparisons	2013	2018	Increase / Decrease	Increase / Decrease
Total number of child care programs listed with CCR&R	433	188	-57%	-42%
Total number of child care spaces listed with CCR&R	8,492	6,790	-20%	-6%
Total number of children age 0-5	9,545	9,299	-3%	1%
Families with all parents working and children under age 6	73%	78%	7%	0%
Total children x percentage of families with all parents in the workforce	6,968	7,253	4%	1%
Total number of programs reporting they accept DHS child care assistance	307	113	-63%	-46%
Cost of Child Care				
Weekly cost for an infant in a Child Development Home	$122.68	$135.00	10%	0%
Percentage of income if child was in a Child Development Home	11%	12%	1%	-1%
Weekly cost for an infant in a Licensed Center	$162.50	$162.00	0%	2%
Percent of income if child was in a Licensed Center	15%	14%	-1%	-1%

Source: State of Iowa. https://iowaccrr.org/resources/files/Data/FY18/5%20year%20trend%202013-2018/FY18%20Woodbury%205%20Yr%20Trend.pdf; NOTE: The appendices contain the detailed Iowa CCR&R data sheet for Woodbury County

- Note that in 2013, there was a possible surplus of over 1,500 CCR&R-listed spaces[38]. However, in 2018, there was a deficit of approximately 450 slots – equating to a net loss of approximately 2,000 childcare slots in Woodbury County.

- The number of CCR&R-listed childcare spaces decreased at more than three times the rate of the Iowa average (-20% in Woodbury County compared to the Iowa average of -6%).

- The cost of child care for an infant in a Child Development Home in Woodbury County ($135.00) has increased 10% since 2013, and it is now slightly above the Iowa state average ($133.78). The weekly cost for an infant in a Licensed Center is still lower in Woodbury County than the Iowa average ($162.00 compared to $179.59).

- The number of programs indicating that they accept DHS child care assistance decreased by nearly two-thirds (63%) from 2013 to 2018 in Woodbury County. (The statewide decrease was 46%.)

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[37] NOTE: "Child Care Resource & Referral (CCR&R) is a program to support quality child care throughout the state of Iowa. CCR&R is available to assist families in selecting child care providers who best meet the needs of a child and their family." More information available at https://iowaccrr.org/

[38] Formula example: (Total number of child care spaces listed with CCR&R) MINUS (Total children x percentage of families with all parents in the workforce)

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Other Community Descriptors

Healthy Eating, Physical Activity, and Overweight/Obesity

"Food insecurity" is defined by the USDA as a socioeconomic condition with limited or uncertain access to enough food to support a healthy life.

Similarly, the number of grocery stores directly correlates to poverty levels and other challenges. Typically, lower numbers of grocery stores per capita indicate longer transit routes to get affordable, nutritious food and, generally, more barriers that reduce the ability of low income residents to acquire healthful food – adversely impacting obesity rates, children's access to nutritious food, and other health-related issues.

The USDA and Feeding America estimates that one in seven Americans struggles to get enough to eat. While the food insecurity rates for each county are approximately the same or slightly lower than the state average, a high percent of individuals receive SNAP benefits and free or reduced school lunches in each county. Woodbury County (and Iowa, generally) have a lower percent of individuals receiving benefits than U.S.

Food Insecurity Rate

	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Woodbury County	105,781	11,213	10.6%
Iowa	3,236,212	352,747	10.9%
United States	332,417,793	49,530,251	14.9%

Data Source: Feeding America. 2014. Source geography: County

- Food insecurity rates are about four percentage points lower in Woodbury County than in the U.S. (total).

Food Access – Grocery Stores[39]

	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Woodbury County	105,781	18	17.0
Iowa	3,236,212	599	18.5
United States	332,417,793	65,399	19.7

Note: This indicator is compared with the state average. Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA

- Woodbury County has slightly fewer grocery stores per 100,000 people than the U.S. average.

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[39] Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry.

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Health Status Profile

Health and poverty are inextricably linked. Poverty can be both a cause and a consequence of poor health, and poverty increases the chances of poor health for millions of Americans. In turn, poor health can limit the ability of individuals and communities to emerge from poverty.

Leading Causes of Death

Following similar state and national trends, the leading causes of death in Woodbury County include heart disease and cancer. The leading causes of death can indicate the healthcare services needed in the area.

Causes of Deaths by County, Age-adjusted Death Rate per 100,000, 2017

Measure	Woodbury County	Iowa	U.S.
Heart Disease	184.5	167.4	165.0
Cancer	185.8	158.0	152.5
Accidents	38.4	42.7	49.4
Chronic Lower Respiratory Diseases	63.8	46.5	40.9
Alzheimer's Disease	27.6	35.3	31.0
Diabetes Mellitus	27.8	22.8	21.5
Stroke	40.7	32.8	37.6
Suicide	12.4	15.0	14.0
Influenza and Pneumonia	17.6	13.2	14.3
Hypertension	10.6	9.1	9.0

Source: Centers for Disease Control, Stats for the State of Iowa, Found at: *https://www.cdc.gov/nchs/pressroom/states/iowa/iowa.htm*; CDC: 1999-2017 Final Data Published 12/6/2018, Available at https://www.worldlifeexpectancy.com/top-15-causes-of-death-iowa

- Heart disease and cancer are the leading causes of death in the Community Action Agency of Siouxland service area.

- Woodbury County has a notably higher rate of chronic disease deaths than Iowa and the U.S. in total.

Substance Use and Mental / Behavioral Health

Mental health and substance use disorders affect people of all ages, genders, race and ethnic groups. According to SAMHSA's 2014 National Survey on Drug Use and Health[40], an estimated 43.6 million Americans over the age of 17 have experienced some form of mental illness. Another 20.2 million adults have a substance use disorder.

Alcohol, Tobacco, and Other Drug Use

Excessive alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women) is one of the determinants of future health and may be an indicator for significant health issues, such as cancers and untreated mental health needs. Additionally, adolescent initiation to alcohol is the most common substance to be introduced for this age group. E-cigarettes and vaping are becoming popular with youth as early as Grade 6 in Iowa.

Excessive Alcohol Consumption

	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)
Woodbury County	15,140	20.3%
Iowa	463,820	20.1%
United States	38,248,349	16.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse. 2006-12.

- The estimated percent of adults drinking excessively is notably higher in Woodbury County (and in Iowa, in total) compared to the U.S. average.

Current Tobacco/Nicotine Users

	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes	E Cigarette Usage[41]
Woodbury County	17,377	23.8%	15.2%
Iowa	403,823	18.1%	9.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

- Tobacco/Nicotine use, through adult smoking and teen e-cigarette usage is higher than the state average.

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[40] Behavioral Health Trends in the United States. https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf
[41] 11th Graders, 2018

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Substance Use

	Marijuana Use	Cocaine Use	Nonmedical Use of Pain Relievers
Woodbury County[42]	6.1%	1.0%	3.5%
Iowa	8.0%	1.0%	3.3%
United States	15.9%	2.0%	6.2%

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health

- Substance use is present in the Siouxland area, however when compared with state and national averages rates are low.

High School Student Substance Use

Although comparable county-level data for high school students Grades 9-12 was not available from the U.S. Centers for Disease Control and Prevention, some communities representing the area's diversity are at much higher risk of substance misuse at the state-level, and therefore, more likely at-risk in Woodbury County. Gay, lesbian, or bisexual students are at particularly high risk.

Substance Use Among Iowa (and U.S. Total) High School Students, 2017								
Substance	All Iowa	Change Since 2007	Heterosexual	Gay, Lesbian, or Bisexual	White / Caucasian	African American	Hispanic	US
Currently drink alcohol	27.6%	-32.7%	25.9%	47.4%	29.7%	14.2%	22.6%	29.8%
Current tobacco use	19.9%	NA	16.6%	47.2%	20.5%	7.8%	22.8%	19.5%
Ever used marijuana	26.5%	-10.4%	23.3%	49.5%	24.9%	35.3%	30.6%	35.6%
Prescription Pain Medicine Without A Doctor's Prescription	12.6%	NA	10.6%	24.0%	12.7%	7.7%	14.1%	14.0%

Source: U.S. Centers for Disease Control and Prevention, High School Youth Risk Behavior Survey, 2017. NOTE: "Currently drink alcohol" means: At least one drink of alcohol, on at least 1 day during the 30 days before the survey. Available at
https://nccd.cdc.gov/youthonline/App/Results.aspx?TT=B&OUT=0&SID=HS&QID=H56&LID=LL&YID=RY&LID2=&YID2=&COL=&ROW1=&ROW2=&HT=&LCT=&FS=&FR=&FG=&FA=&FI=&FP=&FSL=&FRL=&FGL=&FAL=&FIL=&FPL=&PV=&TST=&C1=&C2=&QP=&DP=&VA=CI&CS=Y&SYID=&EYID=&SC=&SO=

- The Iowa rate of high school students who say that they currently (i.e., within the past 30 days) drink alcohol is slightly below the U.S. average (27.6% in Iowa compared to 29.8% for the U.S.), yet within Iowa gay, lesbian, or bisexual students are nearly twice as likely to use alcohol.

- Similarly, current tobacco use is much more prevalent among gay, lesbian, or bisexual students.

- Use of marijuana ("have ever used") in Iowa is well below the U.S. average, yet, again gay, lesbian, or bisexual students (as well as African American and Hispanic students) are more likely to have used marijuana.

- Use of prescription pain medication without a doctor's prescription in Iowa is similar to the U.S. average, but use among gay, lesbian, or bisexual students is nearly twice the Iowa student average.

- Overall, alcohol and marijuana use among high schoolers has decreased since 2007.

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[42] Region Defined as "Northwest Iowa" by Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health

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Medicare Population with Depression

The following data includes the average number of reported mentally unhealthy days per month, as well as the percentage of the Medicare population with depression. As the prevalence of depression continues to increase across the United States, it has become a major public health problem as it affects a person's overall well-being, including their ability to work and provide for their families.

Tri-county Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Woodbury County	12,746	2,870	22.5%
Iowa	462,029	87,262	18.9%
United States	33,725,823	6,047,681	17.9%

Data Source: _Centers for Medicare and Medicaid Services_. 2015. Source geography: County

- Woodbury County has a higher percentage of residents with depression than the state and U.S. average.

- Mental health needs are high in Woodbury County compared with Iowa and national averages, though Woodbury County does offer a greater rate of mental health providers than the comparative regions, as it has 46% more mental health providers per capita than the Iowa average (and slightly, 3%, more than the U.S. average).

Unintentional Deaths and Suicide

Unintentional injuries, such as accidents, are one of the leading causes of death in the United States. Accidents are often preventable and an indicator of lifestyle choices, such as not wearing a seatbelt or using illegal drugs.

Mortality - Unintentional Injury[43]

	Total Population	Average Annual Deaths, 2012-2016	Age-Adjusted Death Rate, (Per 100,000 Pop.)
Woodbury County	105,781	44	42.0
Iowa	3,236,212	1375	42.5
United States	332,417,793	146,264	44.0

Data Source: Centers for Disease Control and Prevention, _National Vital Statistics System_. Accessed via _CDC WONDER_. 2012-16.

- Woodbury County has an age-adjusted death rate for unintentional injury similar to the Iowa and U.S. average.

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[43] Unintentional injuries include injuries as a result from motor vehicle crashes, fires and burns, drowning, poisonings and aspirations.

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Mortality - Suicide

Suicide rates in the United States have been on the rise in the recent years. A high suicide rate may indicate underlying mental health issues, such as depression or drug use, in the community. Additional services may be needed to address the need in the community.

	Total Population	Average Annual Deaths, 2010-2014	Age-Adjusted Death Rate, (Per 100,000 Pop.)
Woodbury County	105,781	13	12.0
Iowa	3,236,212	485	15.0
United States	332,417,793	46,538	14.0

Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System*. Accessed via *CDC WONDER*. 2012-16.

- Woodbury County has a lower age-adjusted suicide rate than state and U.S. average.

- Suicide rates are nearly five times higher for men than women.[44]

Teen Birth, Infant Mortality, and Newborns Testing Positive for Drugs

Among females age 15 to 19, 2018 Woodbury County birth rates are much (47.6%) higher than the Iowa rate. However, the infant mortality rates are similar. Higher teen birth rates in Woodbury County for 2018 are consistent with longer-term trends shown in the table below.

Teen Birth Rate
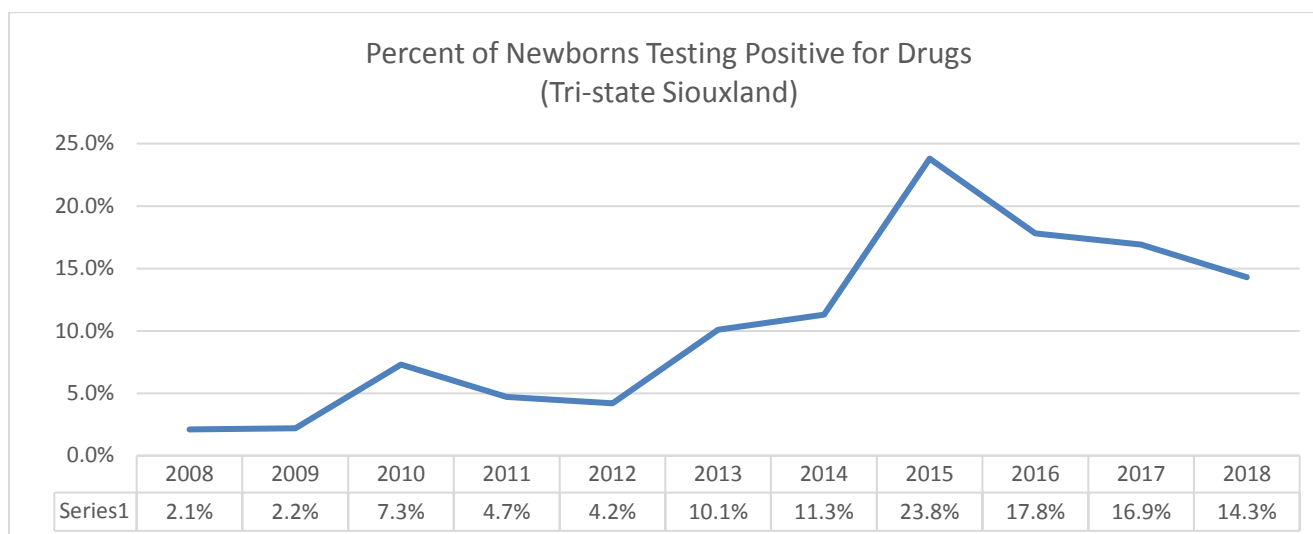(Percent of Total Births to Women Under Age 20)
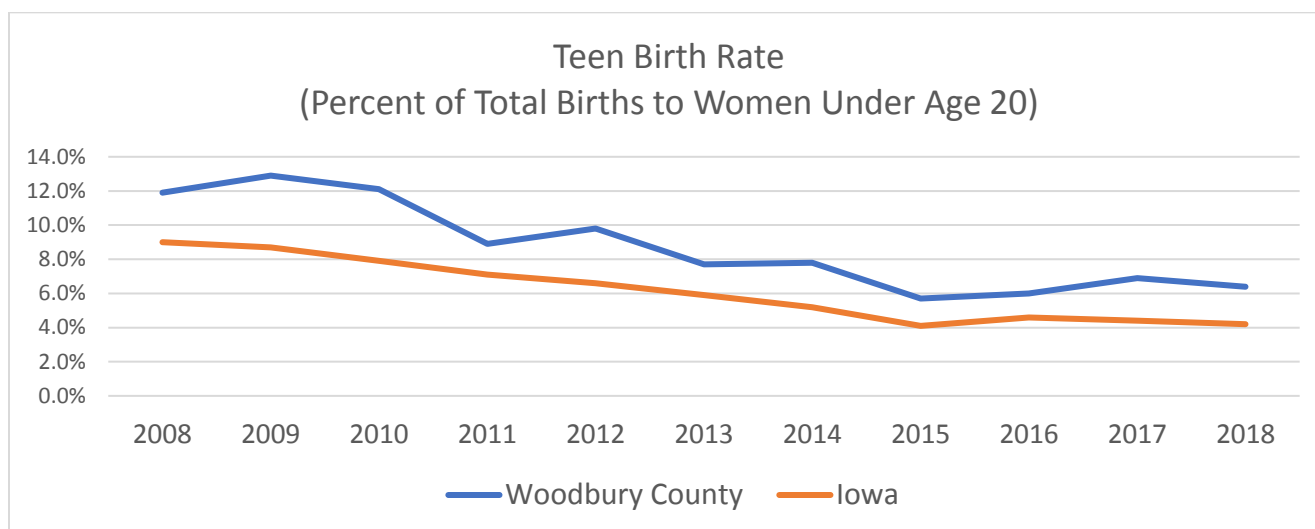
- Since 2008 (or earlier), teen birth rates in Woodbury County have been substantially higher than the Iowa average.

- Teen birth rates in both locations – Woodbury County and Iowa (total) – show declines of approximately 50% from 2008 to 2018.[45]

- Infant mortality rates for Woodbury County (5.7 per 1,000 live births) are slightly above the Iowa average (5.3) according to the Iowa department of Public Health (2017).

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[44] Center for Disease Control and Prevention. Available at https://wisqars-viz.cdc.gov/

[45] Source: Source for Siouxland. Available at http://siouxlandcares.org/wp-content/uploads/Source-For-Siouxland-Data-Report-2019-FINAL-v3-3.pdf

In 2015-2018, the percent of newborns testing positive for drugs more than tripled from the 2008-2012.

Percent of Newborns Testing Positive for Drugs
(Tri-state Siouxland)

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Series1	2.1%	2.2%	7.3%	4.7%	4.2%	10.1%	11.3%	23.8%	17.8%	16.9%	14.3%

- Approximately one in seven newborn children tested positive for drugs in 2018 in the Tri-state Siouxland area.[46]

- Rates have decreased from 2015 when nearly one-quarter of newborns tested positive.

Access to Healthcare Providers

Access to healthcare providers and services is essential to good health. Rural areas often struggle with access to primary care providers, specialty providers, and dentists. However, the Community Action Agency of Siouxland service area (even though primarily rural) has a "reasonable" number of providers when compared to state and national averages.

Access to Primary Care Physicians (PCP)[47] and Dentists

Primary Care	PCPs per 100,000 Pop.	Dentists per 100,000 Pop.	Mental Health Providers per 100,000 Pop.
Woodbury County	84.1	66.2	213.8
Iowa	84.0	62.6	146.5
United States	87.8	65.6	202.8

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County and Resource File. 2014. Source geography: County

- Despite comparable county-level percentages, some residents may not receive the health and dental care in more rural areas.

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[46] Note: Comparable data was not available for Woodbury County or Sioux City. Source: Source for Siouxland. Available at http://siouxlandcares.org/wp-content/uploads/Source-For-Siouxland-Data-Report-2019-FINAL-v3-3.pdf

[47] Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs.

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Health Insurance

The percentage of residents aged 18 to 64 without medical insurance in Woodbury County (9.1%) is slightly above the state average (6.0%), but it is below the national average (12.1%). Individuals without health insurance are less likely to obtain the healthcare they may need to maintain good health.

Uninsured Populations

	Uninsured Adults	Uninsured Children	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Woodbury County	9.1%	2.9%	93,365	25,557	25.2%
Iowa	6.0%	2.6%	2,901,798	544,743	18.8%
United States	12.1%	4.7%	282,850,495	61,856,728	21.9%

Data Source: US Census Bureau, _Small Area Health Insurance Estimates_. 2016. Source geography: County; US Census Bureau, _American Community Survey_. 2012-16. Source geography: Tract

- Fewer than three percent of children are uninsured – notably lower than the U.S. average.

- The higher percentage of people receiving Medicaid benefits in Woodbury County reflects the higher levels of poverty (as well as the generally low level of uninsured).

- Woodbury County has higher percentages of residents receiving Medicaid than state and national levels.

Qualitative Analysis

One-on-one telephone interviews were conducted with a diverse group of community stakeholders such as education leaders, Community Action Agency of Siouxland Board members, tradespeople and labor representatives, Head Start parents, and providers who serve higher-need communities and the underserved. Interviews were designed to develop an in-depth understanding of community needs and currently available resources. Insights were given around service gaps and better ways to meet community needs. The Agency provided Crescendo with the names and contact information for community leaders and members of the community as possible interview subjects.

The discussion guide (see Appendix) for the community stakeholder interviews consisted of approximately 15 questions covering topics such as access, availability, and delivery of services; Head Start and related education-based issues; housing; employment and economic development; transportation; communications; and, the affordability of health care and basic needs. Interview duration varied by participant but were approximately 15-20 minutes in length.

Based on interview results, five core areas of need were identified:

1. Head Start/Child Care

2. Affordable Housing

3. Employment/Training/Upward Mobility

4. Awareness of Services/Navigation

5. Healthcare/Basic Needs.

Prioritized List of Needs

This summarized list of prioritized needs reflects the aggregated insight from the Secondary Data Analysis section and the Qualitative Analysis section. It, too, is included in the Executive Summary.

There are a myriad of needs in the Community Action Agency of Siouxland service area. However, based on a review of the secondary data and the qualitative analysis, the most frequently identified needs aligning with agency services include the following:

*   Expanded capacity of all Head Start programs. Where possible, incorporate Spanish-language curricula.

*   Expanded guidance and information. This includes information, navigation, resource referrals, and assistance filling out forms for families in need of additional services.

*   Increased access to higher-wage jobs. This may include job training, communication and assistance regarding educational / job training skills.

*   Increased affordable housing capacity and quality (e.g., weatherization, maintenance, etc.).

*   Expanded services for adults and children who do not speak English.

*   Expanded programs to support the needs of single parents – e.g., childcare, transportation, educational assistance, social activities for children, links to (or assistance with) social service applications.

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Each area of core need is described in greater detail on the following pages.

Head Start/Childcare

Core Question Area: What is your general perception of the ability of the area to meet Early Childhood services and education needs in the area?

Responses:

The consensus view is that the work Head Start does for families and children is high quality and invaluable.

> "Head Start is one of the great programs we have. One of their primary focuses is on the success of the child. [The agency] does a good job reaching people in need and assisting with the relationship between parent and child; and, a lot of those parents need that help."

- The quality of service afforded in Head Start is regarded as excellent; a commonly mentioned need is more capacity for the program.

- One of the great values of Head Start is the information and assistance parents and families receive. Stakeholders emphasized the constant need for positive modeling and upbringing in the home – children can't be in school or in programs all the time – and Head Start is giving families tools for success.

- Head Start has done positive work with the growing immigrant population in the Siouxland area. Young children from immigrant families are being taught English and being prepped for school.

- Head Start helps with important health awareness and policies, from skills to immunizations to teaching proper hygiene.

There is a need for more capacity.

- Stakeholders report instances of children in-need being put on waiting lists to receive assistance, as there are simply too many families vying for services.

- Head Start programs not only are seen as providing urgent services to children, but the programs also are perceived as helping to break the cycle of poverty in the Community Action Agency of Siouxland service area. They are also seen as potentially being a positive influence on the impacts of ACEs.

The financial burden of childcare is too much for many families.

- Childcare is quite expensive, especially – as a proportion or available income – for low-income families. Many parents are forced to choose between work or staying at home, because the cost of childcare may outpace their wages.

- Not only is childcare costly, there is a lack of care in the area. The industry is not particularly high paying, which caps the amount of people entering the industry. Government regulations also reportedly hamper more casual childcare setups, which have been helpful in the past.

- There are many people who fall into a category of being in-need but not in severe poverty. Individuals or families in these circumstances often may not qualify for many public assistance programs, yet they cannot afford to pay for childcare on their own. [48]

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[48] Some research participants described this as the "cliff effect" or "falling through the cracks."

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Many interviewees see Head Start and the need for additional early childhood education as the greatest opportunity in the region. It is seen as potentially having a positive impact on children, families, and cyclical poverty while also providing benefits to local employers.

Employment/Training/Upward Mobility

Core Question Area: How is the job market in the area? Is it easy to find a full-time job with good pay job with benefits and retirement? Can families live on the wage? Are wages adequate to keep the young people in the area? Why or why not?

<u>*Responses*</u>:

The service area's low unemployment numbers reflect positively on the area, but they also reflect some challenges. For example, many residents without job skills can find employment but remain stuck in low wage job tracks without the opportunity for growth.

- Sioux City Metropolitan Area's low unemployment rate (2.7%) ensures most residents who want to work can often find employment. However, stakeholders detailed how significant career opportunities in the skilled and trade positions are unfilled.

> "There are resources for education, but people don't use them. I'd like to see more trades in this area. Depending on your background, some people only know poverty and addiction and incarceration - we need to expose them to trades."

- In a related point, some respondents mentioned that relatively low area wages for skills jobs (compared to more urban areas) make it more challenging to keep skilled workers in the area. They also occasionally referenced the large number of lower paying jobs in the Woodbury County area (as is reflected in the employment data cited in the report).

- Woodbury County's largest area of employment is in the manufacturing industry (17.9% of the working population is employed in the industry) which allows skilled labor and trade positions to dominate the workforce.

The need for better and more accessible job training is acknowledged and understood.

- When asked to identify why more people don't seek out further education or job training, stakeholder consensus was that many Siouxland residents remain unaware of the various paths to job training. While a worker in a low-wage service job may believe he or she must enroll in college or university or a long-term trade school, they may not be aware that there are short term certificates and training classes in which he or she may enroll in order to get the training needed for some careers. Additional awareness of training and educational opportunities is frequently noted as an opportunity to better reach the underserved portions of the community.

> "One guy told me, 'I work 10 hours a day, six days per week for about $12.50 an hour. That's barely enough to make ends meet – some weeks it ISN'T enough!'"

- In addition, interviewees noted that many Siouxland residents in lower earning jobs expend so much energy maintaining basic every day needs, that adding the tasks and commitments of seeking new training/employment is untenable.

The Education system is well regarded.

- The education system is discussed positively, from local school districts up through Western Iowa Tech. The consensus among stakeholders was that if students have the ability and commitment to attend school full time, they end up with a good education and workforce preparedness.

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Affordable Housing

Core Question Area: "Is it difficult to find affordable housing in your community? To what degree do you or other community members struggle with utility bills or home maintenance needs?"

<u>*Responses*</u>

Community Members identified a shortage of affordable housing.

- Several people noted the shortage of available affordable and low-income housing in the Siouxland area. There is a long waitlist for families seeking housing assistance, and it is a competitive process.

- Woodbury County has experienced a gentrification of sorts, and interviewees noted multiple developments that have replaced older housing in the area, shrinking affordable housing availability while driving up rental prices.

- Several people noted a lack of information available to help people in need of lower-cost housing find available resources.

- The cost of maintaining the house – utilities, taxes (for homeowners) – was identified as an ongoing burden / responsibility that puts additional pressure on families and highlights ongoing needs.

In addition to housing capacity, many interviewees mentioned that the quality and "livability" of some existing housing units is substandard.

- There is a widely-held perception that "affordable" housing is – in many cases – in substandard condition. Therefore, specific needs noted include:

  - Assistance with weatherization and upkeep.

  - Increased access (financial assistance and transportation) to hardware stores or other sources of materials needed to enhance the livability of housing.

  - Advocacy and other support in working with landlords and others to repair / replace broken appliances, address other maintenance issues, and discuss lease and financial issues.

> "A lot of people like where they live – nice location, near family, etc. however, they could use some help fixing up the place. Often, they do some of the work themselves, if they could get the landlord to buy the materials and drop it off to them."

- Some Siouxland residents are reportedly worried about not having the proper citizenship documentation, and instead will settle for substandard housing.

Affordable housing capacity issues are related to homelessness, which sets the need for shelters and temporary housing.

- Transitional housing (for example, temporary 30-, 60-, or 90-day shelter) was noted as a major need by most interviewees. The transitional programs in place are held in high regard – especially when they assist with job search and help residents to financially regain some modest degree of financial footing. The ability to have stability with housing was noted as a key contributor to allowing economically challenged people get their lives back on track.

- Shelter programs (i.e., overnight shelter in which residents must leave during the day) tend to fill quickly in winter months. In addition, some note that shelter programs do not provide security or guided activity during the daytime. Interviewees mentioned that there may be an opportunity to engage shelter residents during the daytime in order to provide services for children, education / training activities for adults, information about access to resources and services, and other initiatives.

> "If we had people in stable environments, they could address all other issues, mental health, substance use, everything."

- Some interviewees also noted that navigating complex federal funding requirements needed to provide additional community support was difficult and time consuming.

Healthcare/Basic Needs

Core Question Area: To what degree are community members / families struggling with access to nutritious food, prescription medication, health care, or other services?

Responses:

Access to nutritious food is highly reliant upon family budgets and available income.

- For the Sioux City area, several people noted that there is good access to nutritious food; however, many also noted that it can be more expansive. In addition to some nutritious food being more expensive, the "convenience factor" was noted as an incentive for some families (in poverty or otherwise) to consume less nutritious food.

- The sections of Woodbury County outside Sioux City were identified as areas where it is more difficult to conveniently buy nutritious food.

Insurance is a difficult barrier for residents who do not understand how to navigate the system.

- There are many steps to getting Medicare/Medicaid, and often the most vulnerable and most in need are not aware of how to obtain it. Many people come into the application process without a formal knowledge of how to navigate the system.

- Those without insurance often do not seek health care on a regular basis (leading to preventable hospitalizations) or they wait until an illness or injury becomes severe – requiring Emergency Department or other urgent care (and more costly) solutions.

- Insurance can be a barrier to getting needed prescription drugs, as well as medical services. Without needed pharmaceuticals, conditions often go unaddressed and lead to more acute medical or mental health issues.

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The Siouxland Community Health Center was noted several times as a place where valuable care is offered, and Siouxland Mental Health offers care on a sliding scale.

- These care centers were cited as the only community health centers in the county, making them both necessary and overutilized.

- Mental health was mentioned numerous times as an area of need.

- Mental health for children was noted many times, especially as it relates to the overall health of families. Children are so dependent on their familial support system that if one person needs health or mental health assistance that it affects them too.

Transportation to doctor's appointments, to work, and to service centers is an issue for people.

- The local bus system stops running at 6:00 PM, which is too early for some commuters and especially residents working late nights.

- Seniors are in high need of transportation assistance and often dependent on friends / family for rides. Ridesharing and taxi service are available, but are often too expensive for low-income seniors.

Awareness of Services/Navigation Assistance

Core Question Area: To what degree do you think that the community at large is aware of the breadth of available services in the area? What are the challenges to greater awareness and understanding of the availability of services and ways to access them?

Responses:

Many stakeholders report a general lack of awareness in the community regarding the large amount of services available to them.

- The Low-Income Home Energy Assistance Program (LIHEAP) is well known and utilized by some; however, some stakeholders report less community awareness around other services such as home insulation, rental assistance, and car donations.

- There is a consensus on the need for a centralized database of available services – something that causes residents in-need to make unnecessary trips through the area in an effort to locate the source of needed materials or resources.

- Many Community Action Agency of Siouxland board members related stories of not knowing the depth of services the Agency provides until becoming board members, indicating the general public also does not know all available resources available to them.

Direct advocacy is effective, especially when helping people navigate complex bureaucratic processes.

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- Many assistance programs entail a complex application process, where applicants must gather specific materials and meet deadlines. Having an advocate lead residents through the process has led to positive outcomes.

- The Community Action Agency of Siouxland reported helping 57 adults follow through on their goal of language development, in large part due to relentless advocacy and direct follow-ups.

> "My daughter has a disability, but I helped her, I had to help her. We had to get things like a birth certificate, a pay stub, her Social Security Card to send the application. Then you have to come for an appointment and bring all those documents in."

- Advocates noted that at some point though, the onus falls on Siouxland residents to ask for assistance, support, and help.

There is some amount of stigma about poverty and working combined with confusion about income guidelines and how people qualify for services.

- Many working people who are still low-income qualify for assistance services, but are under a false impression that such services solely exist for the unemployed and/or homeless.

Qualitative Analysis Summary

The following sections summarizes the Qualitative Analysis section and provides the overview seen in the Executive Summary.

Crescendo conducted one-on-one telephonic interviews with a diverse group of community stakeholders to provide additional perspective on community needs and issues. Community needs discussed included housing, employment, awareness of services, childcare, healthcare and basic needs, and others.

- **Increase the availability of affordable childcare**. Related to the young median age, the current (and increasing shortage of childcare resources), and the growing cost of care, interviewees agree that additional affordable childcare services – especially in the Sioux City area) are essential.

- **Expanded capacity of all Head Start programs.** One of the more consistent themes during the qualitative interviews was the appreciation for the Head Start programs, along with the perceived need to expand them. Current capacity constraints limit the number of children (and affiliated families) who could benefit from the services.

- **Access to higher-wage jobs.** Interview participants indicate that many individuals and families struggle finding jobs that pay a living wage in the region. Many families live on minimal wage, and there is not an established pipeline to connect residents with access and training which may lead to better paying careers that exist in the area. Interviews also indicate that higher-wage jobs are available in the area, but that there may be a lack of qualified applicants. Some suggest the following:

  o Increase the awareness among lower-wage residents of (1) the existence of higher-wage jobs, (2) training / educational resources available to them, in order to qualify for higher-wage jobs.

  o Provide support services (e.g., childcare, financial counseling, transportation, and others) that may be available in the community to help them take advantage of the training / educational resources.

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- **Housing capacity and quality**. Interview participants indicate that housing is a key issue in the region. Many participants discussed the lack of affordable housing for low-income individuals and families and seniors. Others noted that substandard housing is frequently found, and such conditions contribute to the poverty cycle and possibly poor health. In addition to the cost of rent or a mortgage, utility costs and other costs of living put additional pressure on families and expand the need for financial support and services such as weatherization and home maintenance.

- **Mental health and substance misuse.** Mental health and substance use disorders throughout the service area are seen as an ongoing challenge by several interview participants. These types of health challenges – especially low-income and individuals – can lead to cyclical poverty, health, and social issues. In addition, as noted by multiple interviewees, adults experiencing health-related trauma can negatively impact children. See the Adverse Childhood Experiences note at the bottom of this page.][49] Also note that the appendices contain an in-depth profile of Adverse Childhood Experiences data for Iowa.

- **Awareness and impression of the Agency.** Interview participants had very positive things to say about Community Action Agency of Siouxland and its partners. Awareness of community organizations and the services they offer is key to helping to most vulnerable populations.

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[49] NOTE: Adverse childhood experiences (ACEs) are traumatic events occurring before age 18. ACEs include all types of abuse and neglect as well as parental mental illness, substance use, divorce, incarceration, and domestic violence. A landmark study in the 1990s found a significant relationship between the number of ACEs a person experienced and a variety of negative outcomes in adulthood, including poor physical and mental health, substance abuse, and risky behaviors. By definition, children in the child welfare system have suffered at least one ACE. Recent studies have shown that, in comparison to the general population, these children are far more likely to have experienced at least four ACEs (42 percent vs. 12.5 percent). Source: Centers for Disease Control and Prevention. (2016). Retrieved from https://www.cdc.gov/violenceprevention/acestudy/about.html; http://www.flcourts.org/core/fileparse.php/517/urlt/ACEsInYoungChildrenInvolvedInTheChildWelfareSystem.pdf (opens in new window); Retrieved from https://www.cdc.gov/violenceprevention/acestudy/about.html.

Appendices

Appendix A: Stakeholder Interview Guide

Community Action Agency of Siouxland

Community Needs Assessment

Stakeholder Interview Guide

Introduction

Good morning [or afternoon]. My name is [Jeremy Vandroff or Scott Good] from Crescendo Consulting Group. We are working with the Community Action Agency of Siouxland to conduct a community needs assessment for Woodbury County.

The purpose of this call is to learn more about community needs and currently available resources, and to collect your insights regarding service gaps, and ways to better meet community needs.

Do you have any questions for me before we start?

To start with, please tell me a little about ways that you interact with the community and the populations your organization (or you) serves, if any.

[Probe: business, faith, elected, etc.]

Access, Availability, and Delivery of Services

When you think of the good things about living in this community, what are some of the first things that come to mind? *[PROBE: outdoor activities, lifestyle, other]*

Generally, what are some of the challenges to living here?

To what degree do people struggle with employment, food security, getting education or job training, healthcare, or other issues that impact poverty, emergency services & food?

Like any area, there may be some poverty, emergency services & food, employment challenges, and housing issues in the area. To what degree are you concerned about any of these? Why?

What are some of the community-level things that can be done to make an impact on the poverty, emergency services, food, employment, and housing needs in the area? Are there any "low hanging fruit" that would be addressed quickly?

What organizations in the area provide services for individuals and families struggling with poverty, emergency services, food, employment, and housing issues? What programs seem to be the most helpful?

What are the three greatest challenges the community will face in the next three years?

Head Start and Early Childhood Education

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What is your general perception of the ability of the area to meet Early Childhood (i.e., services for those prenatal to age 5) services and education needs in the area?

Are there parts of the county where needs are greater? [PROBE: This could mean geographic area / towns, lower income neighborhoods, ethnic or racially defined communities, or others]

What are some of the greatest assets in place to meet current needs? What are the greatest strengths?

What are the most challenging issues around meeting the needs of "higher-need" groups with regard to early childhood services and education?

If you could do two or three things to better meet the needs and opportunities among these community groups, what would you do?

Housing, Unemployment, and Transportation

How is the job market in the area? Is it easy to find a full time job with good pay job with benefits and retirement? Can families live on the wage? Are wages adequate to keep the young people in the area? Why or why not?

Do people have the skills necessary to get good paying jobs? What types of jobs are available in our community? Generally, are "good" jobs here, can people get them?

Do you (or your constituents) have reliable transportation to work, the grocery store, doctors, school, etc.? *[PROBE: Do you (or your constituents) commute outside your hometown/county for work? How long is your commute? Do you know people who struggle to get places?]*

Is it difficult to find affordable housing in your community? To what degree do you or other community members struggle with utility bills or home maintenance needs?

Enhancing Communications and Information

To what degree do you think that the community at large is aware of the breadth of available services in the area? What are the challenges to greater awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

How do consumers generally learn about access to and availability of services in the County (e.g., On-line directory; Hotline; Word of Mouth)?

Affordability of Health Care and Basic Needs

What is health care like in this area (i.e., access, PCP, specialty)? What are the challenges?

To what degree are community members / families struggling with access to nutritious food, prescription medication, health care, or other services? [PROBE: What are some resources or services that work really well?]

What are some of the health issues that the community faces (i.e., obesity, diabetes, depression, etc.)?

Community Action Agency of Siouxland

Can you describe the range of services offered by Community Action Agency of Siouxland?

Which service lines are the most utilized? Which ones do you think are underutilized – there is an opportunity to expand?

How well are the Community Action Agency of Siouxland meeting community needs? Where could they be strengthened, and how would that take place?

**Magic Wand Question:** If money and resources weren't an issue, what is one thing you would do for your community?

Thank you for your time.

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Appendix B: Adverse Childhood Experiences Research Summary

"A growing body of evidence indicates that poverty is highly comorbid with ACE exposure and that children living in poverty are more likely than their peers to experience frequent and intense adversities. Such cumulative exposure to adversity causes stress that behaves as a toxin in the developing brain of a child. In the absence of protective factors, this toxic stress can change a child's neural architecture and result in emotional disorders and cognitive deficits. A variety of childhood adversities have a root cause in family economic insufficiency, indicating that poverty may likely be the first adversity that many children experience. Poverty acts as a reinforcing mechanism, disproportionately burdening low-income families with stressors that give rise to adverse conditions, which then convey additional stress and cognitive dysfunction. The devastating effect of this negative feedback loop on the development of children is well documented, and childhood poverty has been strongly linked to a variety of negative outcomes across the life course, including low educational attainment, increased exposure to violence, hunger, parental incarceration, and increased likelihood of being subject to abuse and neglect."[50]

The information starting on the next page shows a detailed view of Adverse Childhood Experiences data for Iowa.

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[50] Hughes, Michelle, **MA, MSW**, North Carolina Medical Journal, **Poverty as an Adverse Childhood Experience, March-April 2018, vol. 79, no. 2, 124-126. Available at http://www.ncmedicaljournal.com/content/79/2/124.full**

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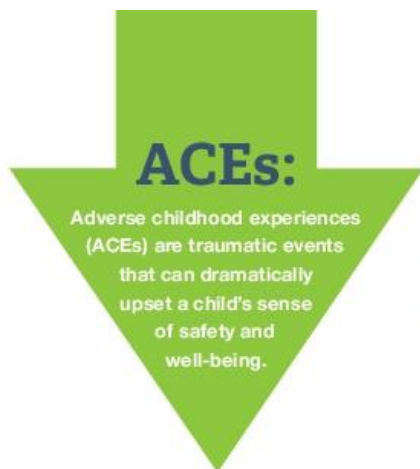
ACEs:

Adverse childhood experiences (ACEs) are traumatic events that can dramatically upset a child's sense of safety and well-being.

BEYOND ACEs:
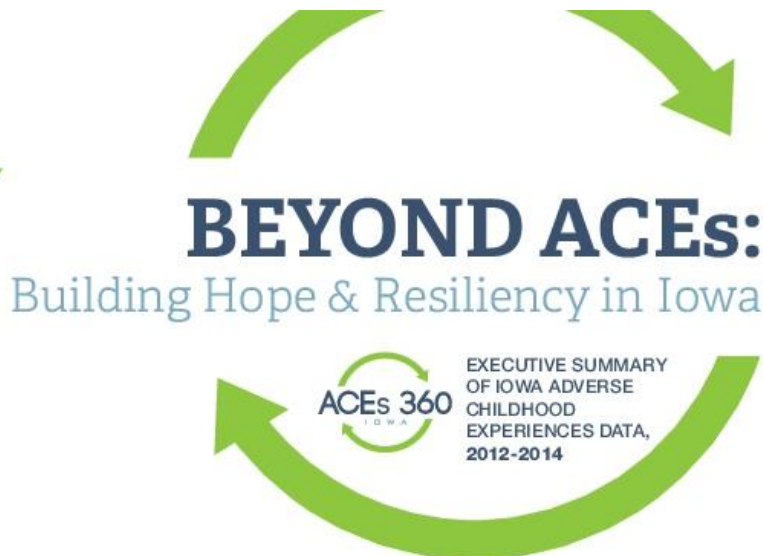## Building Hope & Resiliency in Iowa

ACEs 360
IOWA

EXECUTIVE SUMMARY OF IOWA ADVERSE CHILDHOOD EXPERIENCES DATA, 2012-2014

8 types of studied ACEs in Iowa

ABUSE

1 **Physical**

2 **Emotional**

3 **Sexual**

HOUSEHOLD DYSFUNCTION

4 **Substance abuse in home**

5 **Family member with mental illness**

6 **Incarcerated family member**

7 **Separation/divorce**

8 **Domestic violence**

Although the Iowa study focuses on eight categories, trauma can occur at any age from many kinds of events including economic hardship, crime in the community, and the loss of a loved one. What is experienced as trauma is personal and influenced by our past experiences, current relationships and the community in which we live.

Adverse Childhood Experiences and Iowa's
opportunity to respond

Early experiences shape the quality of our adult lives. The Adverse Childhood Experiences (ACEs) Study revealed how strongly negative experiences in childhood can derail a child's development, and lead to a host of health and social challenges throughout a lifetime. This original study, conducted in California in the mid-1990s, looked at a predominantly white, middle-class, educated population.

From 2012-2014, Iowa stakeholders joined other states in studying ACEs data in our population. Our analysis shows that 56 percent of Iowa adults have experienced at least one of eight types of child abuse and household dysfunction. 14.5 percent have experienced four or more.

56 percent of Iowa adults have experienced at least one of eight types of child abuse and household dysfunction.

As the number of these experiences increases, so does the likelihood of having a wide range

of poor outcomes. Adults with a greater number of ACEs have an increased likelihood of adopting risky behaviors such as smoking, alcoholism and drug use. They also have an increased risk of having health problems including diabetes, heart disease, depression, sexually transmitted diseases and early death. Iowa's findings are in-line with the original study.

The ACEs Study gives us a new way to look at the health and social issues we are working to address in our communities – and is inspiring a movement to respond. **Emerging research shows that building caring connections promotes positive experiences** for children from the start and helps those with a history of trauma heal. Individuals, organizations and communities are implementing trauma-informed strategies that are changing the outcomes we see in the ACEs data.

This report summarizes three years of ACEs data gathered through Iowa's Behavioral Risk Factor Surveillance System and shares emerging data tied to this study. We hope these findings inspire individuals, organizations and communities to take action. **Through hope and resiliency we can improve the health and well-being of Iowans and create a brighter future for our communities.**

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ACEs among Iowa adults today

▶ Why are ACEs so **damaging?**

Learning to cope with stress is an important part of child development. If we feel threatened, our bodies help us respond by increasing stress hormones, which raises our heart rate, blood pressure and muscle tone. When a young child experiences stress within an environment of supportive adult relationships, the effects of stress are buffered and naturally brought back down to baseline.
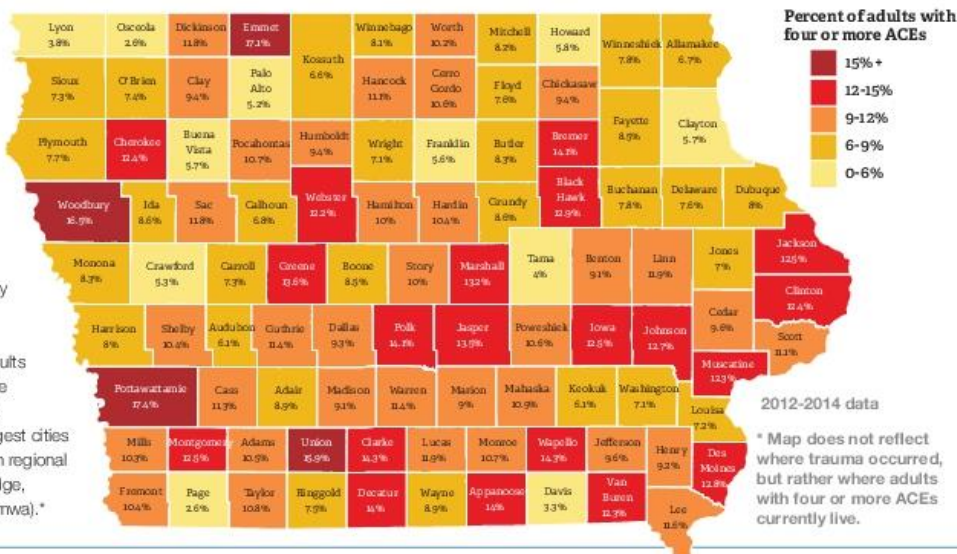
This helps a child develop a healthy response to stress. When a child experiences stress that is powerful, frequent, prolonged and/or unpredictable without adequate adult support, that child's stress response system remains on at all times. This high level of stress can disrupt the development of the brain and other organs, and increase the risk for poor health, learning and social outcomes.

Where do Iowa adults with ACEs live now?

All Iowa counties have adults who report experiencing significant adversity in childhood. On average, however, fewer adults with a high percentage of ACEs live in suburban counties, places with high incomes and relatively few social strains.

A greater share of adults reporting four or more ACEs live in counties containing Iowa's largest cities and non-metropolitan regional centers (like Fort Dodge, Burlington, and Ottumwa).*

Percent of adults with four or more ACEs

- 15%+
- 12-15%
- 9-12%
- 6-9%
- 0-6%

2012-2014 data

* Map does not reflect where trauma occurred, but rather where adults with four or more ACEs currently live.

Prevalence of **additional ACEs** among those who experience each category of ACE

Childhood trauma is often not an isolated incident. If an individual experiences one type of ACEs, they are more likely to experience one or more additional ACEs. For example, a child growing up in a home with an incarcerated family member is 85 percent likely to experience at least one additional ACE and 74 percent likely to experience at least two additional ACEs.

CHILD ABUSE	% with 1+ additional ACE	% with 2+ additional ACEs
Emotional abuse	69	48
Physical abuse	84	69
Sexual abuse	73	56

HOUSEHOLD DYSFUNCTION		
Substance abuse in home	73	54
Incarcerated family member	85	74
Family member with mental illness	76	58
Domestic violence	86	73
Separation/divorce	71	51

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Those experiencing **four or more** ACEs compared to those with **zero** are:

1.47	**1.88**	**2.38**	**3.11**	**4.29**	**6**
times as likely to have **cancer**	times as likely to have **diabetes**	times as likely to have **arthritis**	times as likely to have a **stroke**	times as likely to have **COPD**	times as likely to have **depression**
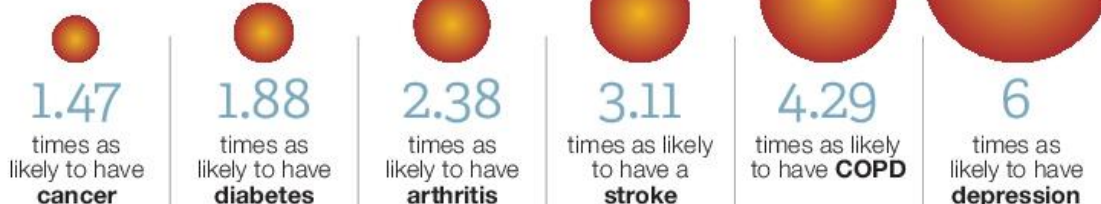
Four or more ACEs indicate a significant level of childhood trauma that greatly increases the risk of poor outcomes.

Hope for a better future

"What is it about my story you might want to hear?" says Yolanda to the community members who have gathered to learn about the impact of childhood trauma. "Do you need to hear the desperation of a kid 'raised' in unimaginable conditions? Do you need to hear about how horrific things got for a mother of four children that would allow her to walk into DHS and say, 'I can't do it anymore?' Or what you're needing to hear is how the girl in front of you begged and pleaded for any relative including dad, grandmas, ex-step dad, even friends' parents to please come get me out of the children's shelter because 9-10 months is just too long?"

By age 12, Yolanda's life had hit rock bottom. Her ACEs score – the total categories of abuse, neglect and household dysfunction she'd experienced as a child – was a "perfect 10" based on the number of categories in the original study. The family dysfunction stemmed generations with both her mother and father having extremely traumatic experiences themselves. Yolanda began drinking and smoking marijuana at a young age. At age 14, she met a boy who claimed to love her and soon became pregnant.

Despite these odds, Yolanda was determined to not let her childhood define her.

"All I needed was just a tiny bit of hope that things could be different," she said, "and to

be treated like and talked to as if my future could be whatever I decided it would be. I just needed someone standing at the fork in the road nodding their head in the right direction. I just needed little nudges."

These nudges began when her 5th grade teacher had her tested for the talented and gifted program. "This was the first time it occurred to me that maybe I am more than I thought," Yolanda said. Her therapist helped her see that repeat nightmares were the result of her environment, and her 7th grade writing teacher encouraged Yolanda to pour her emotions into her journal. While in foster care, her caseworker listened, advocated for Yolanda to keep her son, and even helped her get the diapers, bedding and clothing she needed when she suddenly decided to keep her son on the day he was born.

"All it takes is the heart of someone in your exact position, whatever you may be, to change the lives of one individual," she tells the community group. "It takes you remembering that no matter their ACEs score and no matter what is seemingly going on in their life at the moment, it has no bearing on their potential. I want you to know that it wasn't one person in my life or one event or one program that saved me. It was little nudges all along the way."

Recently, Yolanda gave up a successful banking career to finish her bachelor's degree

"All I needed was just a tiny bit of hope that things could be different."

in social work and to serve as an AmeriCorps member with Families Making Connections in northern Iowa, helping support children who face similar situations as her own. Her son has found his passion as well, and now Yolanda enjoys receiving pictures of the dishes her 18-year-old cooks up in culinary school.

"This teenage mom with an ACEs score of a perfect 10 raised a child to have an ACEs score of 3. Only a 3," she said. "Ideally, we want a zero. But I'll stand by that 3 proudly and will do everything I can so that his children have an even lower score."

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Risk factors in **Iowa youth**

While Iowa ACEs data gives a picture of adult health and well-being today, we can gain an understanding of the next generation's health and behavior patterns by looking at youth. The Iowa Youth Survey, conducted by the Iowa Department of Public Health, captures the perceptions, attitudes and behaviors of 6th, 8th and 11th graders. The largest group of Iowa youth reported no risks among 16 questions related to resilience, risky behaviors and school, families and community connections. Nearly one in four students, however, had at least three risk factors and 8 percent had six-plus risk factors, indicating significant levels of stress.

These findings suggest that Iowa children are experiencing adversity at levels similar to those reported by adults in The ACEs Study. **The outcomes we see in adults today won't change in the next generation unless we take greater steps to intervene earlier.**

NUMBER OF RISK FACTORS

0	40.4%
1-2	32.8%
3-5	18.4%
6-10	7.5%
11 +	0.9%

PERCENT OF YOUTH
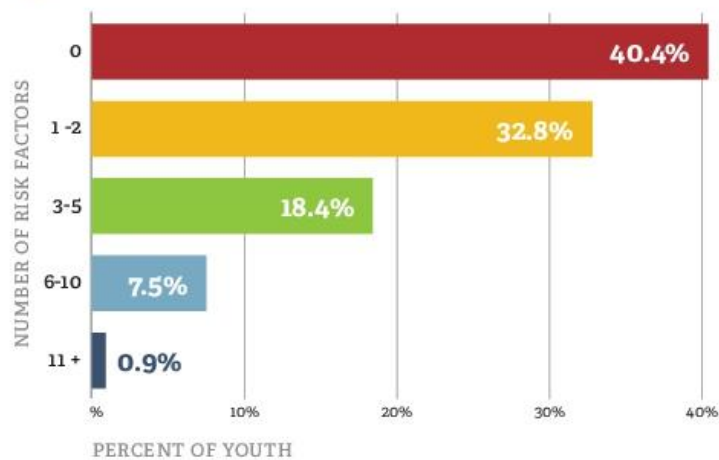
Source: Iowa Youth Survey, Iowa Department of Public Health, 2013
Data analyzed by Child and Family Policy Center

Iowa's opportunity to **RESPOND**

Iowa's ACEs data highlights the significant impact trauma can have on individuals. But we also know, more than ever before, that these outcomes can be prevented. Washington State demonstrated that a comprehensive approach to educating communities and empowering local leaders to take action reduces the rates of childhood trauma and health problems in the next generation. Since 2011, Iowa has taken a national lead in developing its unique response to ACEs.

Change begins by building resiliency. When we respond with compassion to those who have experienced trauma and give families the tools they need to raise healthy children from the start, we develop systems that enable people to thrive, adapt and cope despite trauma. Here's how you can play a role:

▶ **LEARN:** Become educated about childhood trauma, its impact, and effective response strategies. Share your knowledge with others.

▶ **CONNECT:** Build caring connections with the children, families and adults you touch. Apply trauma-informed approaches to your personal and professional life.

▶ **LEAD:** Advocate for prevention and trauma-informed strategies when working on our state's most pressing issues.

For examples of ACEs-response efforts in Iowa and tools to help you with your efforts, please visit **www.IowaAces360.org.**

THANK YOU to Mid-Iowa Health Foundation for funding the production of this report and to **United Way of Central Iowa** for funding the coordination of the Central Iowa ACEs 360 Coalition.

Appendix C: Region 1 Domestic Violence Resources

REGION 1 – DOMESTIC ABUSE COMPREHENSIVE SERVICES			
Organization	Counties Covered	Contact Info	Logo
Council on Sexual Assault & Domestic Violence (CSADV) *Sioux City*	Plymouth, Woodbury	Crisis line: 1.800.982.7233 csadvsiouxland.org	
Family Crisis Centers (FCC) *Sioux Center*	Buena Vista, Calhoun, Carroll, Cherokee, Clay, Crawford, Dickinson, Emmet, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Pocahontas, Sac, Sioux	Crisis line: 1.800.382.5603 familycrisiscenters.org/	

Source: Office of the Iowa Attorney General. Available at https://www.iowaattorneygeneral.gov/media/cms/COMBINED_Direct_Services_Funded_Pro_EDFE52724C55F.pdf

Woodbury County - July 2018

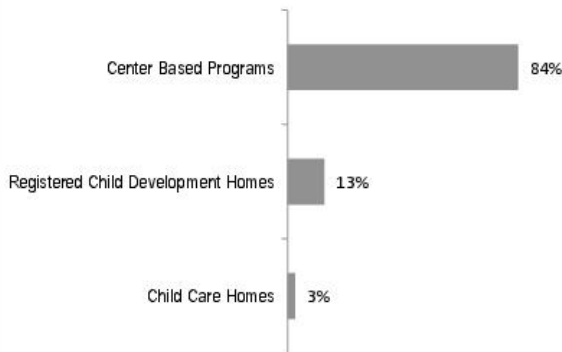|	
Total County Population	102,788
Children ages 0 through 5	9,299
Children ages 6 through 9	5,996
Children ages 10 through 12	4,541

Data source: Woods & Poole Population Estimates as of Dec 31, 2017.

Families with all parents working & children under age 6	78%
Median Family Income	$59,766
Average Weekly Income	$1,149

Data source: State Library of Iowa, www.iowadatacenter.org

Iowa Child Care Resource & Referral
www.iowaccrr.org

Percent of Program Spaces

Center Based Programs — 84%

Registered Child Development Homes — 13%

Child Care Homes — 3%

188 Total PROGRAMS
- 79 Registered Child Development Homes
- 38 Child Care Homes
- 10 Dept. of Education Operated Preschools
- 61 DHS Licensed Centers/Preschools
  - 28 DHS Centers
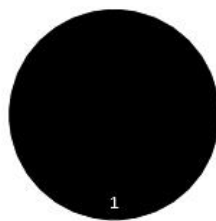 - 19 DHS Preschools
  - 14 Both Center & Preschool

6,790 Total SPACES
- 912 Registered Child Development Homes
- 190 Child Care Homes
- 250 Dept. of Education Operated Preschools
- 5,438 DHS Licensed Centers/Preschools
  - 3,383 DHS Centers
  - 764 DHS Preschools
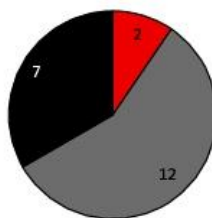 - 1291 Both Center & Preschool

School District Dept of Education (DOE) programs are not licensed by DHS but meet Standards for Child Care adopted by the State Board of Education.
CCR&R may not have all DOE programs and child care homes listed since they are not regulated by DHS.

Quality Rating System (QRS) Participation

Dept. of Education Preschools
Centers/Preschools
Registered Child Development Homes
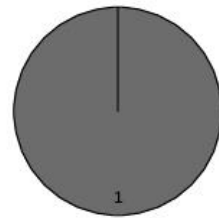
Legend:
- Level 1
- Level 2
- Level 3
- Level 4
- Level 5

Goal: 23% are Levels 2-5.
The number of QRS Providers changes monthly.
Go to http://www.dhs.state.ia.us/qrs/ for up-to-date information.

	Eligible Programs	% ChildNet Certified
ChildNet is a series of 25 hours of voluntary training for Registered Child Development Home providers. Providers commit to meeting additional requirements to become certified. (Goal: 20% ChildNet Certified)	79	6%

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For a family earning the median income of $59,766 with an infant in child care they would pay:

- 12% of their income before taxes, if their child was in a registered home

- 14% of their income before taxes, if their child was in a licensed center

Data source: State Library of Iowa, www.iowadatacenter.org & the Iowa NACCRRAware database for this reporting year.
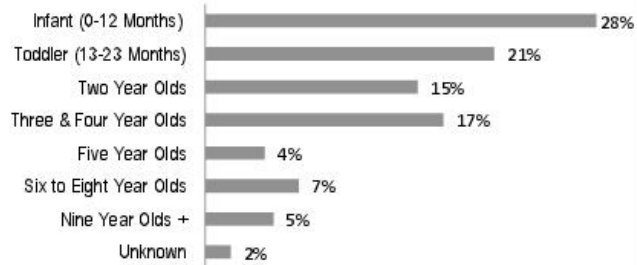
CCR&R referred 106 families with 162 children to child care providers.

Child Care Rates Average Per Week	Infant (0-12 Months)	Toddler (13-23 Months)	Two Year Olds	Three Year Olds	Four & Five Year Olds	Before & After School	Full Time School-Age
Registered Child Development Homes	$135.00	$128.65	$124.81	$123.89	$123.27	$54.79	$117.25
DHS Licensed Centers/Preschools	$162.00	$162.43	$146.00	$143.27	$136.64	$60.73	$141.62

Providers may charge by the month, week, day or hour.

Out of 188 child care programs, 113 programs report they accept DHS Child Care Assistance funded children. Of these, 42 are centers or preschools, 58 are registered child care homes, and 13 are child care homes.

Percent of Requests for Child Care by Age

Infant (0-12 Months)	28%
Toddler (13-23 Months)	21%
Two Year Olds	15%
Three & Four Year Olds	17%
Five Year Olds	4%
Six to Eight Year Olds	7%
Nine Year Olds +	5%
Unknown	2%

Services to Child Care Programs		
	Technical Assistance Contacts	On-Site Consultation Visits
Center Based	152	149
Home Based	221	128

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Appendix E: Woodbury County Domestic Violence Victims (Reported) Trends

Domestic Violence Reported Victims
(Woodbury County)

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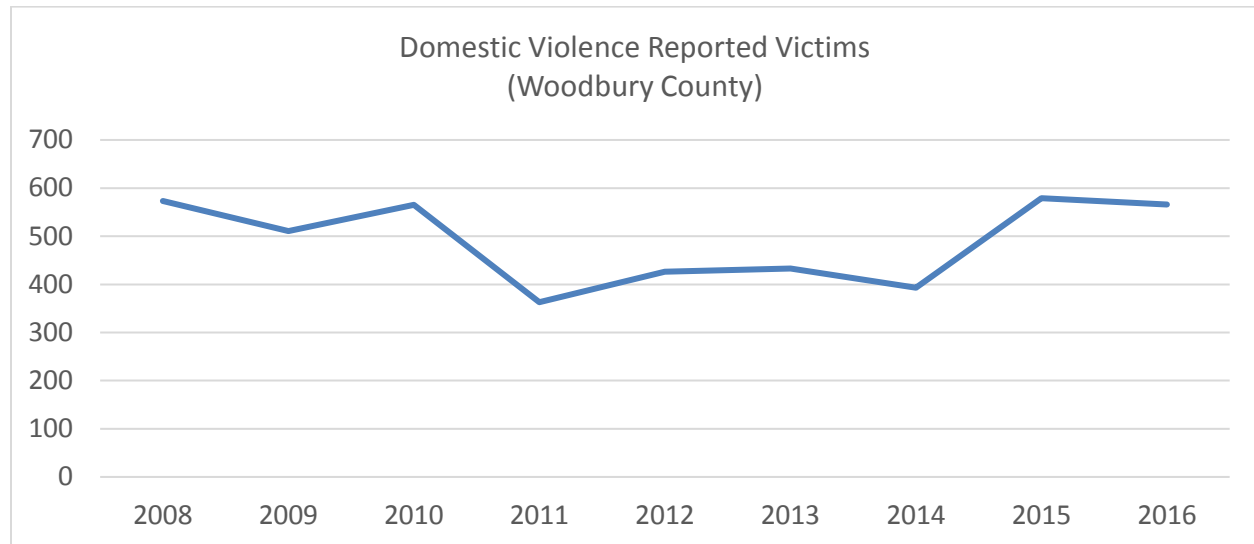
Appendix F: Percent of Children Living in Poverty by Census Tract – Woodbury County

The majority of children under 5 years old living in poverty are in the northwestern section of the county – primarily in Sioux City.

Sioux City Census Tract	Percent below poverty level; Estimate; AGE - Under 18 years - Under 5 years	High (>20%), Medium (10% to 19.9%), Low (<10%)
1	2.7%	Low
2	0.0%	Low
3	11.3%	Medium
4	13.2%	Medium
5	0.0%	Low
6	5.3%	Low
7	35.4%	High
8	41.7%	High
9	32.9%	High
10	10.7%	Medium
11	17.5%	Medium
12	13.6%	Medium
13	59.1%	High
14	36.0%	High
15	40.8%	High
18	4.9%	Low
19	12.0%	Medium
20	24.0%	High
21.01	0.0%	Low
21.02	6.0%	Low
31	22.0%	High
32	9.6%	Low
33	31.0%	High
35	1.6%	Low
36	27.5%	High

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Appendix G: Percent of Children Living in Poverty by Census Tract – Sioux City Area

Most (85% or more) of the Woodbury County children under 5 years old living in poverty in Woodbury County live in Sioux City.

Sioux City Census Tract	Percent below poverty level; Estimate; AGE - Under 18 years - Under 5 years	High (>20%), Medium (10% to 19.9%), Low (<10%)
1	2.7%	Low
2	0.0%	Low
3	11.3%	Medium
4	13.2%	Medium
5	0.0%	Low
6	5.3%	Low
7	35.4%	High
8	41.7%	High
9	32.9%	High
10	10.7%	Medium
11	17.5%	Medium
12	13.6%	Medium
13	59.1%	High
14	36.0%	High
15	40.8%	High
18	4.9%	Low
19	12.0%	Medium
20	24.0%	High
21.01	0.0%	Low
21.02	6.0%	Low
31	22.0%	High
32	9.6%	Low
33	31.0%	High
35	1.6%	Low
36	27.5%	High

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Appendix H: Children Under Age 5 Living in Poverty by Census Tract in Proximity to the Community Action Agency of Siouxland

The agency's centralized location puts it within a four miles of the majority of the highest-need Sioux City areas.

Sioux City Census Tract	Percent below poverty level; Estimate; AGE - Under 18 years - Under 5 years	High (>20%), Medium (10% to 19.9%), Low (<10%)
1	2.7%	Low
2	0.0%	Low
3	11.3%	Medium
4	13.2%	Medium
5	0.0%	Low
6	5.3%	Low
7	35.4%	High
8	41.7%	High
9	32.9%	High
10	10.7%	Medium
11	17.5%	Medium
12	13.6%	Medium
13	59.1%	High
14	36.0%	High
15	40.8%	High
18	4.9%	Low
19	12.0%	Medium
20	24.0%	High
21.01	0.0%	Low
21.02	6.0%	Low
31	22.0%	High
32	9.6%	Low
33	31.0%	High
35	1.6%	Low
36	27.5%	High

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Appendix I: Table of the Percent of Children Living in Poverty by Census Tract – Sioux City Area

Sioux City Census Tract	Total; Estimate; Population for whom poverty status is determined	Percent below poverty level; Estimate; Population for whom poverty status is determined	Percent below poverty level; Estimate; AGE - Under 18 years	Percent below poverty level; Estimate; AGE - Under 18 years - Under 5 years	High (>20%), Medium (10% to 19.9%), Low (<10%)	Sioux City Area
1	4,031	12.6%	13.7%	2.7%	Low	x
2	6,083	7.6%	7.6%	0.0%	Low	x
3	6,512	11.4%	20.1%	11.3%	Medium	x
4	4,596	6.0%	10.8%	13.2%	Medium	x
5	2,906	9.7%	18.7%	0.0%	Low	x
6	2,579	8.8%	14.1%	5.3%	Low	x
7	2,890	20.7%	36.0%	35.4%	High	x
8	3,745	22.8%	40.1%	41.7%	High	x
9	2,151	12.6%	19.5%	32.9%	High	x
10	1,989	16.3%	15.6%	10.7%	Medium	x
11	4,336	17.0%	17.2%	17.5%	Medium	x
12	3,047	29.4%	32.4%	13.6%	Medium	x
13	1,586	45.7%	55.8%	59.1%	High	x
14	4,525	27.8%	27.4%	36.0%	High	x
15	2,132	36.7%	49.4%	40.8%	High	x
18	5,714	13.5%	20.9%	4.9%	Low	x
19	2,890	9.7%	9.8%	12.0%	Medium	x
20	5,004	10.3%	10.4%	24.0%	High	x
21.01	3,107	1.4%	1.0%	0.0%	Low	x
21.02	6,135	4.3%	7.1%	6.0%	Low	x
31	3,811	11.9%	11.0%	22.0%	High	
32	4,647	6.0%	6.8%	9.6%	Low	
33	8,073	15.3%	29.3%	31.0%	High	x
35	3,914	7.8%	4.9%	1.6%	Low	
36	3,086	28.7%	23.5%	27.5%	High	x

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