

Community Health Needs Assessment - Orange City Area Health System 2025

Executive Summary

Introduction

A Community Health Needs Assessment (CHNA) provides an opportunity for non-profit hospitals to identify needs and resources within the community. Since 2010, 501(c)3 hospitals have conducted assessments at least once every three years. Each hospital collects input from individuals representing the community as well as those with public health expertise. The following report outlines the process undertaken by Orange Area Health System (OCAHS) in Orange City, IA to fulfill these requirements. OCAHS conducted this Community Health Needs Assessment (CHNA) partly as a collaborative process with three other hospitals and the public health agency in Sioux County, Community Health Partners of Sioux County. This group collaborated on the previous assessment conducted in 2022.

Summary of Health Needs

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

1. Mental Health
2. Overweight and Obesity
3. Navigating Systems

Summary of Method and Process

The CHNA was conducted using a collaborative planning and data collection process integrating secondary data and primary data collected from community members through a web-based questionnaire and focus group interviews. The steps of the assessment process included:

1. Identify desired data indicators, including review of prior CHA/CHNA reports
2. Review, analyze and compile available data from a variety of existing data sets from national, state, and local sources. We prioritized U.S. Census Data, Community Health Rankings data, and data from the Iowa Health and Human Services Tracking Portal
3. Collect primary data through focus groups and a county-wide web-based questionnaire
4. Convene planning group to identify county priorities
5. Identify health system priorities

Introduction and Background

A Community Health Needs Assessment (CHNA) provides an opportunity to systematically identify needs and resources within the community. The CHNA for non-profit hospitals must be conducted at least once every three years. As part of the CHNA, each hospital is required to collect input from individuals representing the community as well as those with public health expertise. Public health agencies in Iowa are required to complete a CHNA at least every five years. This report represents the 2025 health

assessment report for Community Health Partners of Sioux County, the public health agency serving Sioux County, Iowa.

OCAHS is a 501(c) 3 tax exempt organization, classified as an affiliate of a government unit. It is a comprehensive health system encompassing three family medicine clinics, a walk-in clinic, ER/emergency medicine, sports medicine clinic, behavioral health clinic, hospital, birth center, surgical center, radiology and laboratory services, occupational health services, specialty outreach services, physical and occupational therapy, home health and hospice, a retirement community, and a senior care center. A team of family medicine providers, along with dedicated nurses, medical specialists, and 600 support staff, are committed to serving the region with the Core Values of Integrity, Commitment to Excellence, Dedicated Colleagues, and Extraordinary Customer Experience.

This Community Health Needs Assessment (CHNA) was part of a collaborative process with three other hospitals, Promise Community Health Center and the public health agency in Sioux County, Community Health Partners of Sioux County. This process included joint planning, identification of common data indicators, and county-wide stakeholder engagement. Although the process was collaborative, each individual hospital reviewed both community level and county level data and input. OCAHS presents this Community Health Needs Assessment as an individual assessment and will develop an implementation plan based on this assessment.

Our Community

The community of Orange City, IA is located in Sioux County, Iowa. OCAHS provides healthcare services in Orange City and serves nearby communities including Alton, Granville, Hospers and Maurice. For the purposes of this community health needs assessment, the service community for OCAHS includes Sioux County and specifically the communities of Orange City and Alton.

The 2023 population estimate for Orange City is 6,397 and Alton is 1,243 as estimated by the U. S. Census Bureau. Between 2020 and 2023, the population in Orange City increased by 2.0% and decreased by 0.2% in Alton. Both Orange City's and Alton's population are predominantly white, but between 2010 and 2020 there was a decrease in the percentage of the population that identifies as White in both communities. During that time, the percentage of population that identifies as of Hispanic origin grew from 7% to 9.9% in Orange City and 4.7% to 6.5% in Alton. According to 2020 Census data, 22.7% of the population of Orange City and 27.7% of the population of Alton is age 17 and younger, while 20.5% and 7% are between age 18-24 in Orange City and Alton, respectively. In Orange City, 16.5% are age 65 and older while in Alton, the age group comprises 15.5% of the population. The median age is 31.2 years in Orange City and 37.0 in Alton.

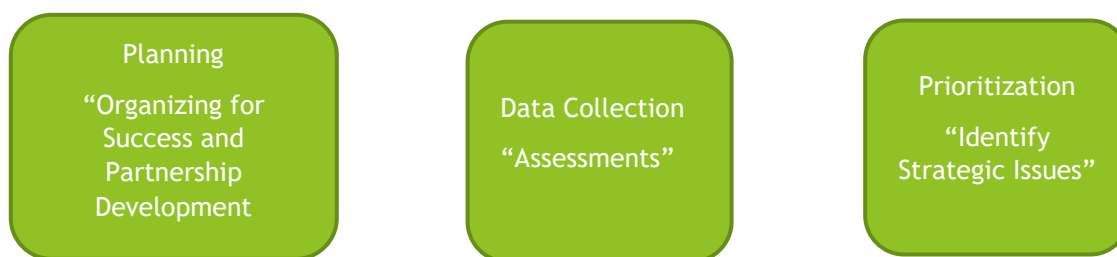
The 2023 median household income in Orange City was \$81,667, with 27.2% of households earning less than \$50,000. In Alton, median household income was \$86,136, with 23.8% of households earning less than \$50,000 yearly.

In Orange City, 72.3% of occupied housing units are owner-occupied with 27.7% renter occupied at a median gross rent of \$815. In Alton, 84.9% are owner-occupied and 15.1% renter occupied with median rent at \$750. Median monthly owner costs were 13.4% of household income in Orange City and 17.0% in Alton. The estimated unemployment rates in Orange City and Alton were 3.9% and 2.2%, respectively.

Process and Methods

The Community Health Needs Assessment was conducted using a process developed collaboratively by the local public health department and the four critical access hospitals located within Sioux County,

Iowa in 2018 as a modified MAPP (Mobilizing for Action through Planning and Partnerships) process. Steps in the process included 1) Planning, 2) Data collection, and 3) Prioritization.



Planning - Community Health Partners of Sioux County, the local public health agency for Sioux County, Iowa convened a group of representatives from Sioux County health care organizations to conduct a collaborative Community Health Needs Assessment. Partners in the collaborative process were four critical access hospitals: Hegg Health System, Sioux Center Health, Orange City Area Health System, and Hawarden Regional Healthcare, Promise Community Health Center and Community Health Partners of Sioux County.

The planning phase of the project included identifying data indicators that should be included in the data review and considering community stakeholders to be included in outreach efforts. After reviewing the 2022 assessment report and County Health Snapshot, the group identified additional data indicators that should be included in the updated snapshot.

The collaborative group decided to conduct focus groups in each community as well as conduct a county-wide survey in order to gain a broad understanding of community perspectives on health needs. Focus groups especially were aimed at identifying voices that may have been less likely to participate in the questionnaire including older adults and new immigrants.

Assessment

Community Health Partners identified available sources for relevant data to include in a **community health status report** using secondary data sources. Priority was given to data identified through the Iowa Department of Public Health Public Health Tracking System, County Health Rankings, and the U.S. Census Bureau. The 2025 “Community Health Status” report describes the health status of Sioux County through Demographics, Social Determinants of Health, Health Resource Availability, Death, Injury and Illness, Maternal and Child Health, Social and Mental Health, Environmental Health, Behavioral Risk Factors, and Community Engagement. This Community Health Status Report was reviewed by the collaborative and areas where Sioux County was unfavorable compared to state or comparison county data were specifically considered.

Community Input was gathered throughout Sioux County through a web-based questionnaire that was publicized through health system and local public health agency social media, email contact lists and radio publicity. Additionally, focus groups were held in Orange City, Sioux Center, Hawarden, and Rock Valley. This community input was collected between December 2024 and March 2025. The following table outlines participants who represented specific low-income, minority and underserved populations.

Participants/ Groups	
Individuals/Organizations	Representative Group
Senior Life Solutions	Underserved and older adults

Sioux Center ESL class	Underserved, minority
Orange City ESL class	Underserved, minority
OCAHS volunteers	Older adults
Hope Haven	Low income, patients with disabilities

Summary of Input from Community

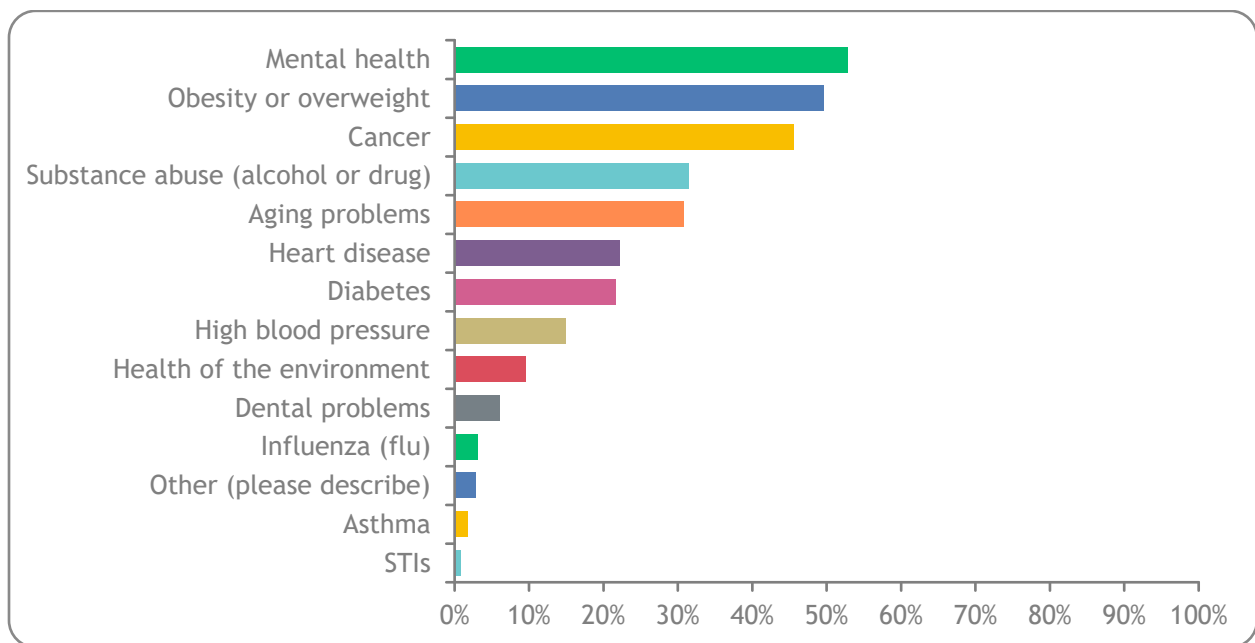
Summary of Web-based Questionnaire:

A link to an online survey was made available through online promotion throughout the county. A total of 670 responses were received with 485 fully completed surveys. Key results related to community perceptions of need are presented below.

When asked to identify the three most important health problems, diseases, or conditions in Sioux County, the most frequent responses were (in order of frequency): Mental health, Obesity/overweight, Cancer, Substance abuse, and Aging problems. All other categories were identified by less than 30% of respondents.

ANSWER CHOICES	RESPONSES	
Mental health	52.80%	236
Obesity or overweight	49.66%	222
Cancer	45.64%	204
Substance abuse (alcohol or drug)	31.54%	141
Aging problems	30.87%	138
Heart disease	22.15%	99
Diabetes	21.70%	97
High blood pressure	14.99%	67
Health of the environment	9.62%	43
Dental problems	6.04%	27

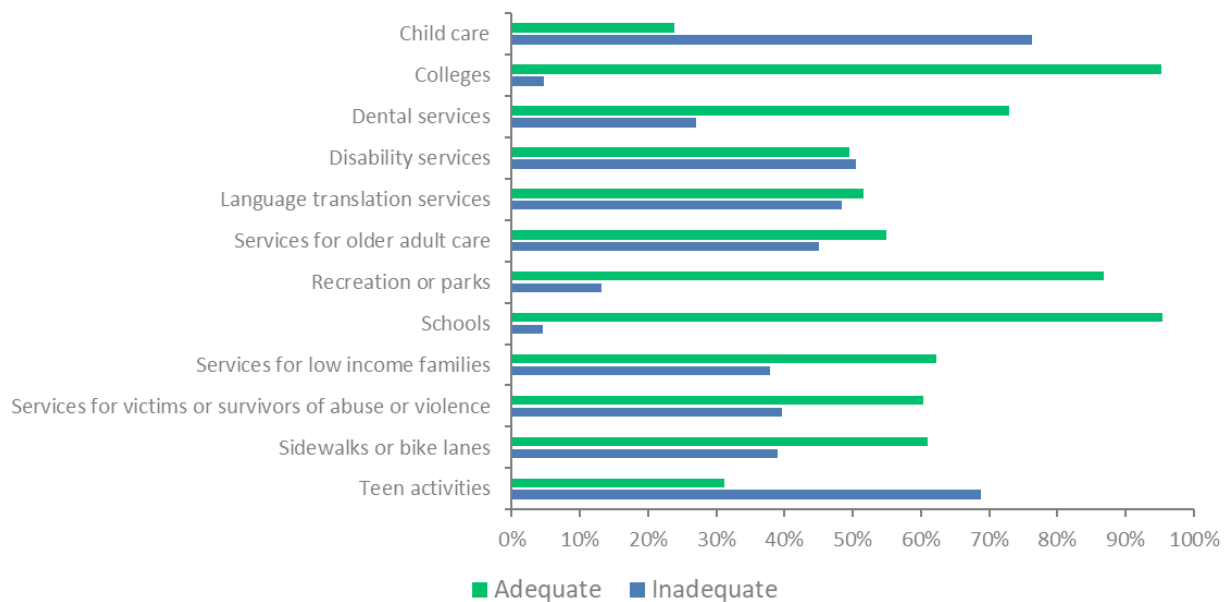
Influenza (flu)	3.13%	14
Other (please describe)	2.91%	13
Asthma	1.79%	8
STIs	0.89%	4
TOTAL		1313



Respondents were asked to identify whether services in Sioux County are adequate or inadequate (see Chart below). Services identified by more respondents as inadequate were *childcare* and *teen activities*. *Language services* and *services for older adults* were identified as adequate and inadequate by similar percentages of respondents. Generally, more respondents chose that the following services were adequate: *colleges*, *dental services*, *disability services*, *recreation/parks*, *schools*, *services for low-income people*, *services for victims / survivors of violence*, and *sidewalk/bike lanes*.

	ADEQUATE	INADEQUATE
Child care	23.79% 103	76.21% 330
Colleges	95.21% 417	4.79% 21

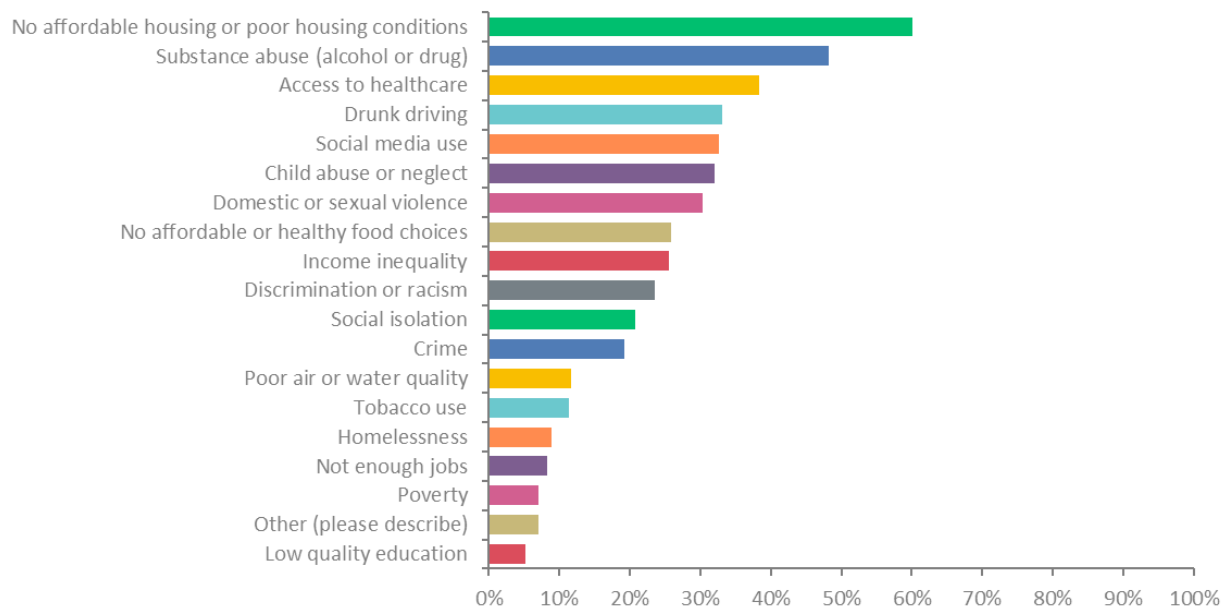
Dental services	72.95% 321	27.05% 119
Disability services	49.52% 207	50.48% 211
Language translation services	51.54% 218	48.46% 205
Services for older adult care	54.97% 238	45.03% 195
Recreation or parks	86.85% 383	13.15% 58
Schools	95.45% 420	4.55% 20
Services for low income families	62.17% 263	37.83% 160
Services for victims or survivors of abuse or violence	60.33% 257	39.67% 169
Sidewalks or bike lanes	61.01% 266	38.99% 170
Teen activities	31.22% 133	68.78% 293



In response to a question about priority issues in Sioux County, more than 30% of respondents chose: affordable / poor housing, substance abuse, access to healthcare, drunk driving, social media use, child abuse or neglect, and domestic or sexual violence.

ANSWER CHOICES	RESPONSES	
No affordable housing or poor housing conditions	60.05%	263
Substance abuse (alcohol or drug)	48.17%	211
Access to healthcare	38.36%	168
Drunk driving	33.11%	145
Social media use	32.65%	143
Child abuse or neglect	31.96%	140
Domestic or sexual violence	30.37%	133
No affordable or healthy food choices	25.80%	113
Income inequality	25.57%	112
Discrimination or racism	23.52%	103
Social isolation	20.78%	91
Crime	19.18%	84
Poor air or water quality	11.64%	51
Tobacco use	11.42%	50

Homelessness	8.90%	39
Not enough jobs	8.22%	36
Poverty	7.08%	31
Other (please describe)	7.08%	31
Low quality education	5.25%	23
TOTAL		1967



Summary of Focus Group Interviews:

Community Assets

Public Events and Celebrations

Across each of the focus groups, participants identified public events and celebrations as one of the positive aspects of Sioux County communities. These public events and celebrations serve to provide a point of connection to the community and to other members of the community.

Safety of Communities

All focus groups included a discussion of the safety of the communities, noting that they are walkable, feel safe, and that people in general are friendly. Several participants noted that this feeling of safety was notable in contrast to other places they had lived.

Connectedness

Across focus groups, many comments reflected a sense of connectedness that is present in Sioux County communities. In some cases, this was expressed as a community coming together in response to a disaster like the 2024 flooding. In other cases, participants identified groups they were part of or the experience of raising children in the community as ways that they feel connected within the community.

Appreciation for health resources and the ability to get many needs met locally

In all communities, participants identified strengths of local health resources including the variety and quality of health care they can access within their local community. This includes primary care, specialists, and therapy services.

Community Needs

Resources for Local Access to Care

Although participants expressed gratitude for many healthcare resources they are able to access locally, there were several issues identified related to local access to care. First, especially among newer community residents there was some mistrust of providers and the health care system in general. Additionally, many specialty providers were identified as potential desired resources that currently are not readily available: dermatology, neurology and rheumatology. In addition to these providers within the health care system, both the high cost and access to dental care was identified as an issue. Another aspect of access to care is the generally high cost of care, even for participants who have insurance. Finally, one group expressed an interest in participating in specific health-related programs such as nutrition education and cancer studies.

Navigating the health system is challenging, especially for those who have experience with other health care systems

Participants from groups who represented newer residents especially noted that navigating the health system can be challenging. Specific aspects of this include understanding insurance processes, understanding and connecting with referrals, and a sense that health care systems do not understand cultural differences in care and communication.

Future capacity for long-term care when it is needed

This theme was expressed primarily in one focus group, where it was connected to identifying the potential for current long-term care to be at capacity when an individual needs to access it. This connects both to the capacity, but also to uncertainty in planning for the future when one's future health status is uncertain. For older adults, this is especially a concern. The group also identified that staffing is a key related issue for long-term care.

Transportation

Transportation was identified as a need in several of the groups. It was widely recognized that transportation in general is a challenge, especially when needed in between communities as there is no public transportation available. Several participants suggested that cost is not as much a barrier as availability. Some specific types of service needs were particularly noted: transportation to medical appointments for community members with medical restrictions or special transportation needs. Because there are not widely available transportation options in these cases, extra resources (time

and/or funding) are expended whether in the form of volunteer or family members or within the current medical transportation through the state of Iowa.

Mental health

Mental health was identified primarily in one of the focus groups with an emphasis on affordability of care and reducing stigma for seeking care.

Affordable and safe housing

The need for affordable and safe housing was mentioned in nearly all groups, but specific issues related to housing needs differed by group. For groups in two communities impacted by flooding in 2024 there were concerns not only about the amount of housing available, but also about potential health hazards that might occur due to damage from the flood. Others identified specific challenges for nonresidents or those with poor or no credit scores. In others, the affordability of housing was a specific concern, with one younger community member expressing dismay that it would be very difficult to afford a house in the community where she is working and beginning to feel like her community.

Seeking inclusivity and belonging

In nearly every group, there was an expression of desire for communities to be places of belonging. One newer community member stated plainly, “see the people, not the money”. Others also highlighted a desire to be seen as members of the community and for “patience and understanding” when there are differences in cultural expectations. In another group, the need for inclusive activities and education around how to include people with disabilities was identified.

More jobs

The need for more jobs was especially prominent in groups that represented newer Sioux County community members. For some, this reflected a desire for jobs that were a better fit for employee skills while for others it was simply the availability of more job options.

Community infrastructure

In many of the groups, basic community infrastructure was identified as a need. This included street lighting and street repairs, increasing options for social activities, and adding restaurants, retail, and entertainment spaces.

In each group, the participants identified their most important issues. Issues selected were transportation (3 groups), doctors/access to care (3 groups), housing (2 groups), LTC capacity (1 group), navigating health systems (1 group), community infrastructure (1 group).

Prioritization - A summary of the health data and community input was presented to the collaborative stakeholder group on March 18, 2025. Meeting participants reviewed a summary of all assessments (community input, secondary data), identified and prioritized key issues. To determine priorities that healthcare systems will address collaboratively, the collaborative team used the Survey Results, Community Health Status Report, and Focus Group Summary to generate a list of health needs / issues with particular attention to identifying cross-cutting issues. Identified issues were:

- Mental health
- Dentistry
- Overweight/obesity
- Substance Use/ Abuse
- Transportation

- Housing
- Childcare
- Navigating Systems
- Service Providers
- Connectivity

The collaborative team then used a prioritization matrix to narrow the list of health needs/ issues to a priority list after discussion. The prioritization matrix included the following criteria: significance to public health (size of population impacted, subpopulation disparities), ability to impact the issue (impactful strategies and community support for change) and capacity to address the issue (lead organization and sufficient resources). Individual group members first scored each issue on the criteria and then scores were discussed and roughly averaged and a total score was calculated for each issue.

The three issues with the highest prioritization scores were: Mental Health, Overweight and Obesity and Navigating Systems.

Summary of Priority Needs

For the purposes of this assessment, a health need includes requisites for the improvement or maintenance of health status in both the community at large or in particular parts of the community (such as a specific group experiencing disparities). Requisites for improvements or maintenance of health status include underlying factors that influence health such as navigating systems.

Mental Health

Description of the issue

Mental health is part of overall health and refers generally to emotional, psychological and social well-being (mentalhealth.gov). Challenges related to mental health can occur at any age and can be transient or long-standing. Healthcare related to mental health is provided by a variety of providers including those who specialize in diagnosis, medical treatment, therapy, and rehabilitation.

Statistical Data (Secondary data): Sioux County adults reported an average of 3.9 days of poor mental health over the past 30 days. This is slightly lower than the Iowa overall, where 4.5 days were reported. The suicide death rate (per 100K) is 9.1 compared to the state of Iowa rate of 16.3. Among youth in grades 6, 8, and 11 participating in the Iowa Youth Survey, 19% seriously thought about killing themselves in the past 12 months compared to 20% in the state of Iowa.

Related data indicators: The ratio of mental health providers to the population in Sioux County is 640:1, lower than the state ratio 500:1.

Community Input (Primary data): Survey respondents identified mental health as one of the top issues. Stigma and the need for additional providers were noted as important aspects of this need, indicating that there are needs along the continuum from prevention to treatment.

Potential resources to address the issue:

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

Providers, a regional hospital, capable local agencies with experience providing a spectrum of ongoing support, churches, concerned community members and teachers, school counselors, and county coordination. Elderbridge, Love, Inc, Parent Partners, Mental Health First Aid training, engaged school nurses, trauma informed care trainings, a 24/7 text or chat line www.yourlifeiowa.org and outreach through radio, newspapers and social media are also related available resources.

A full listing of mental health resources in Sioux County can be found on the county resource guide: <https://siouxcountychp.org/resource-category/mental-health-counseling-support-groups/>

Obesity / Overweight

Description of the issue

Obesity is connected to many health outcomes, raising risk for Type 2 diabetes, stroke, poor pregnancy outcomes, and high blood pressure. Because of these chronic conditions, obesity can result in high healthcare costs and increases the burden on healthcare systems. The risk for developing obesity is multi-faceted including developmental factors, environmental factors and individual and behavioral factors. Thus, effective interventions will also be multi-faceted.

Statistical Data (Secondary Data): In Sioux County, 38% of adults are obese, compared to 37% of adults in the whole of Iowa. This rate has continued to increase in Sioux County.

Related Data Indicators: Behaviors related to obesity include diet and physical activity. A healthy diet and adequate physical activity are also associated with greater health and reduced cancer risk. In Sioux County, 22% of adults report no leisure time physical activity compared to 24% for the State of Iowa.

Community Input (Primary Data): Of community members responding to a county-wide survey, 50% indicated that obesity/overweight was one of the top three health problems, diseases or conditions in Sioux County.

Potential resources to address the issue

Programs that exist in Sioux County to address healthy behaviors related to obesity and overweight include the following:

- The Sioux County Trails Council and many local communities have developed trail systems to increase access for biking, walking, and running.
- Community Health Partners and health care systems collaborate to offer Choose Health NW Iowa, a lifestyle change program to address the risk of chronic diseases including type 2 diabetes. The education program addresses nutrition, physical activity, and stress management.

Navigating Systems

Description of the issue

Health care systems are complex and many people can benefit from assistance navigating these systems including insurance systems, appointment systems, referral systems, and financial and payment systems.

Statistical Data (Secondary data):

There are four critical access hospitals and one federally qualified community health center in Sioux County. Total number of available inpatient beds 96, which is 20th in rank in Iowa. There are 4 nursing facilities in the county with 288 facility beds. There is one physician for every 1240 people in Sioux County, which is a slightly better ratio than the state as a whole, where there is one physician for every 1390 people.

Community Input (Primary data):

Other areas noted were specialty care, challenges with understanding the financial and referral systems, and improving responsiveness to cultural differences in care and system expectations.

Potential resources to address this issue:

Resources include bilingual staff within the health care systems, existing programs for enrollment into insurance programs, care coordination programs, and recruiting incentives.

Many community partners began using Unite Us platform for referrals including Promise, SCH, Mid Sioux, Hope Food Pantry, Hands Up Communication, All Kids Can, Family Crisis Center, and CCR&R.

CHP partners with the Early Childhood Center in Sioux Center, using their classroom to provide weekly classes to help equip low literacy Spanish speaking parents to work with their children to enhance literacy and language acquisition and prepare them for pre-school and kindergarten. Each week's themed session includes a story, an activity, health education, and a backpack filled with learning activities to take home for the week.

Libraries are also an important source of information, especially for new community residents. Local libraries often serve as a key resource for answering questions and are a hub for English language classes.

Evaluation of Prior CHNA/Implementation Plan

Since the previous CHNA, the participating health care organizations have worked jointly to address the priority issues of 1) mental health, 2) assessing and addressing social determinants of health, 3) health care access, and 4) heart disease. No written feedback was received related to the previous CHNA.

Specific efforts undertaken throughout the county are below:

Mental Health

Healthy Sioux County - This county coalition is a multidisciplinary group (librarians, school nurses, health care professionals, social services, behavioral health, veteran's affairs, area agency on aging, public health) that has worked on planning special events during Mental Health Month in May including disseminating a calendar with mental health activities for each day and a Chalk the Walk event.

Several school districts, including private schools, have added mental health counseling services in schools.

OCAHS continues to provide integrated behavioral health via 2 behavioral health nurse practitioners as well as a behavioral health therapist in our family medicine and Mill Creek and Hospers clinics, and through telemedicine psychiatry consults in our emergency room. Collaboration with and referrals to community mental health agencies occurs as needed in the hospital, clinics and emergency department.

The Healthy Families America (HFA) program supports infant mental health and postpartum depression screening for more than 40 families in Sioux County.

Heart Disease

CHP partnered with Sioux County health care systems to develop and implement a pilot diabetes prevention/healthy living class - ***Choose Health NW Iowa***.

- Fall 2023 - Class in Orange City (at CHP) - 8 participants
- Spring 2024 - attempted class in Hull, cancelled due to low response
- Fall 2024 - Class in Sioux Center (at Promise CHC) -13 participants
- Spring 2025 - Class in Hawarden (Hawarden Regional) - 6 participants

Health Care Access

Interpretation services are available in each healthcare facility. Schools have also increased services specifically aimed at newcomers including a newcomer class in Sioux Center that is a partnership with Community Health Partners.

CHP partnered with Sioux Center Dental, I-SMILE, and Sioux Center Community School to facilitate the Give Kids A Smile day of free dental care for uninsured children in Sioux Center. CHP provided Spanish-speaking oral health education/activities for students throughout the day and lined up interpreters to help the dental staff.

Community Care Coordination - Community Health Partners continues to provide community care coordination services, following a grant funded project that wrapped up in 2020. Care coordinators help to connect Sioux County community members to a variety of services including health care, social services, and other needs related to social determinants of health.

OCAHS opened a walk in clinic in Dec 2019 with expanded evening and weekend hours. Additional senior living options were added in October 2024 with the opening of Kanaal Huis at the Canals for adults over 55 years old. Interpreter staff participate in the county wide translation and interpreter work group. OCAHS offers a financial assistance program. Outpatient infusion including chemotherapy continues to be offered at OCAHS. A wide variety of specialists continue to have clinics on-site to reduce need for travel.