



Recovery Readiness Assessment: Dike

September, 2024



Report provided to the Iowa Department of Health and Human Services

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Overview

At the request of the Iowa Department of Health and Human Services, Bureau of Substance Use, the Public Science Collaborative (PSC) developed community-specific reports to support recovery efforts in Iowa. Recognizing the need to strengthen substance use recovery efforts throughout the state, we identified a large number of existing recovery-oriented resources in Dike, which we describe and map in the following pages. We developed additional maps to identify at-risk neighborhoods that will benefit from targeted health interventions and additional community resources. For additional questions or information about this report, the data tools described, or the Public Science Collaborative, please reach out to the principal investigators of this study, Dr. Shawn Dorius at sdorius@iastate.edu, or Dr. Cassandra Dorius at cdorius@iastate.edu.

In this report, we define recovery and recovery-ready communities and describe some of the recovery organizations that are emerging across Iowa. We then describe the recovery resources that we collected for your community, providing summary information about where your community has strength and where its resource base can look to grow in the future. We then show you how your community recovery services and resources align with the Substance Abuse and Mental Health Administration (SAMHSA) categories of recovery and where those resources are in your community. We also classified your community assets according to the Centers for Disease Control's social determinants of health framework, which can be useful as you think holistically about the health and well-being of people living there.

We have added two other sets of data and maps in this report that might be helpful in your recovery readiness planning. The first is a set of maps that identify substance use vulnerability for census tracts in your community. These can be helpful in knowing what kinds of substances people are most likely to be recovering from in your community, where to marshal resources and efforts to support at-risk neighborhoods, and where to plan events that meet people where they are. A second set of data and maps project neighborhood-level scores for a community health index that measures the social determinants of health problems. This index is designed to help practitioners and local community groups better understand neighborhoods that could use extra support, resources, and investments to improve the health and well-being of individuals and families.

What is a Recovery-Ready Community?

What is Recovery?

The Iowa Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA) use the following working definition:

"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

A second useful definition of recovery that has influenced the PSC approach to recovery community readiness was developed by Bill White:

"Recovery is the experience through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life."

Common to both definitions is that recovery is not a state or moment in life, but a process of moving toward better health in an actively managed and self-directed way. Recovery takes time and often involves not just the individual, but family and community. For this reason, the external resources noted in the White definition are what motivate our emphasis on recovery-ready communities. Resources outside of the individual, including housing, transportation, recreation, alcohol advertising, and schools, can lead to an early onset of recovery, longer recovery, and more stable recovery. One way these external resources contribute to recovery is through their impact on individual recovery capital. If we knew which resources were most helpful to long-run recovery, we could target towns and cities with large stocks of 'recovery resources' to grow Recovery Community Centers.

What is Recovery Readiness?

A recovery-ready community provides a comprehensive and supportive environment for individuals recovering from substance use disorders (SUD). This includes a continuum of care that spans prevention, treatment, and long-term recovery support. Key elements include accessible healthcare, peer support networks, educational and employment opportunities, harm reduction services, anti-stigma initiatives, and a sense of purpose. By fostering collaboration among community members, institutions, and policymakers, a recovery-ready community aims to create a nurturing ecosystem that promotes sustained recovery and overall well-being.

In Iowa, a recovery-ready community supports multiple recovery pathways, meets the needs of its recovery population, is integrated and coordinated across the formal and informal recovery-oriented system of care, and has a vibrant recovery culture.

What is a Recovery Community Organization?

Recovery organizations are groups or institutions that support individuals recovering from substance use disorders. While recovery organizations come in many forms, they share a common commitment to providing a range of services and resources to help people sustain their recovery, improve their health and well-being, and reintegrate into society. Most community-based recovery organizations will offer some form of peer support, either in the form of peer support specialists, recovery coaches, or mutual aid meetings, and a range of activities and services to grow community and connection among people in recovery. These organizations also offer a substance-free environment where all are welcome and people in recovery can receive guidance in daily living activities such as finding stable housing, a job, volunteer opportunities, recreation and social groups, and linkages to legal support, for example. A few of the most well-known recovery organizations include:

- **Recovery Houses:** These are safe, substance-free living environments that support people in recovery from substance use disorders. Most recovery houses provide a structured and supportive community where residents can focus on their recovery journey and live among other people in recovery. Oxford Houses are among the most well-known recovery residences.
- **Recovery Community Centers:** These centers are free, universal access physical spaces that offer a variety of services to support individuals in recovery. A typical recovery community center will host mutual aid meetings, maintain a network of local recovery coaches, engage in community advocacy for people in recovery, and coordinate life-skills training, social activities, employment assistance, housing assistance, and linkages to educational resources. They will also coordinate with first responders, parole officers, and emergency departments to support people with substance use disorders.
- **Recovery Cafes:** These community spaces bring people in recovery together, providing a space to socialize with other people in recovery, support one another, and engage in service. Cafés often provide free hot meals, beverages, and other basic needs to support people in recovery. They might also offer peer support and other activities in a welcoming, substance-free environment. The [Recovery Café Network](https://recoverycafenetwork.org/)¹ is a good starting place to learn more.
- **Recovery High Schools and Collegiate Recovery Programs:** These educational institutions provide a supportive environment for students in recovery, helping them achieve academic success while maintaining their sobriety. They do this in much the same way as community centers and cafes, by offering peer support, community, and recovery-focused activities. Iowa currently has three collegiate recovery programs.

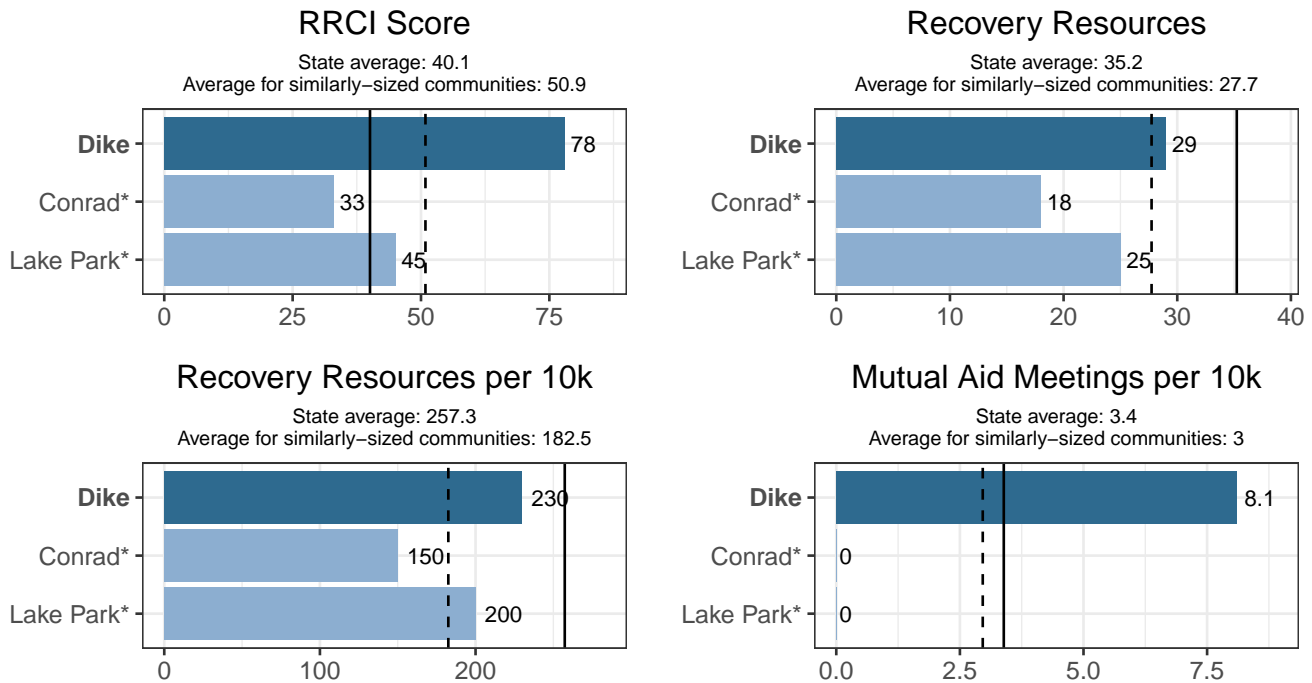
¹<https://recoverycafenetwork.org/>

Is Your Community Recovery Ready?

We consulted scientific literature on substance use recovery and engaged key stakeholders, including people in recovery and individuals from around the country and in Iowa who work directly with recoverees. From these efforts, we identify 24 categories of community-based recovery resources and services. Collecting all of that data for each of Iowa’s cities and towns yielded a total of nearly 40,000 community resources that support recovery. We mapped and analyzed these resources to identify a short list of ‘Recovery Ready’ communities across the state, culminating in the first-of-its-kind index: The Recovery Ready Community Index (RRCI).

The RRCI is comprised of three sub-indices: total number of resources, total resources per 10,000 population, and total mutual aid meetings per 10,000 population (the first two categories include all resources except mutual aid meetings). A community’s score is calculated by its percentile rank among all Iowa communities. For instance, the community with the most resources has a total resources percentile score of 99, while the one with the fewest has a score of 0. A community’s overall recovery readiness score is the average of its percentile ranking across each of the three sub-indices. The Public Science Collaborative designed and created a public-facing, [interactive dashboard](#)² that allows people to further explore the RRCI, compare recovery readiness scores, and evaluate communities.

Figure 1 below displays recovery resources in Dike compared to the two Iowa cities most similar in population, Conrad and Lake Park, as well as the state average and average for cities in a similar population group (1,000 - 2,499).



* The Iowa cities most comparable to Dike by population are Conrad and Lake Park.
 ** The solid vertical line represents the average for all 944 communities in Iowa and the dashed vertical line represents the average for Iowa communities with populations of 1,000 – 2,499 people.

Figure 1: Recovery Resources in Dike

Dike ranks 15th of 139 on the RRCI in its size category (1,000 - 2,499). In the same population group, Dike ranks 53rd in total resources, 31st in resources per 10,000 people, and 19th in mutual aid meetings per 10,000 people.

In addition to the RRCI, a community might also consider resource diversity. That is, whether Dike has a wide range of types of resources to support multiple pathways to recovery. On this measure, Dike has 8 types of non-meeting resources, compared to the average of 7.8 for cities with a population of 1,000 - 2,499.

²<https://publicsciencecollaborative.shinyapps.io/RRCI/>

What Are the Resources in Your Community?

Overall, Dike has 1 mutual aid meeting and 28 non-meeting recovery resources non-meeting recovery resources. The tables below include data about the specific kinds of mutual aid meetings and other recovery resources available in your community. Appendices 2 and 3 have a full list of these resources. Following the tables, we have prepared maps that break up the data into categories of similar types of resources and show where resources are located in Dike. These maps can be used to help identify areas that already have plentiful recovery resources and those that have limited resources and may need additional support.

Table 1: Types of Mutual Aid Meetings in Dike

Meeting Type	Total Meeting Locations	Total Meetings
Alcoholics Anonymous	1	1

Table 2: Types of Recovery Resources in Dike

Resource Type	Total Resources
Baseball/Softball Diamond	7
Place of Worship	4
Tennis Court	4
Childcare Provider	3
Playground	3
Public Park	2
School	2
Football Field	1
Lake	1
Library	1

SAMHSA Dimensions of Recovery Resources

As defined by SAMHSA, recovery is "A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential." Because recovery is holistic and can look different for everybody, the SAMHSA Dimensions of Recovery listed below help identify the different parts of life and the different resources that are useful in supporting recovery. The following maps identify resources in Dike that fit into each of those dimensions of recovery.

The SAMHSA Dimensions of Recovery include ([Click here for more information](#)³):

- **Community** (Peer Support–Specialists and Coaches, Recovery Organizations–Community and Collegiate, Mutual Aid Meetings, Libraries, Parks and Playgrounds, Lakes and Beaches, Trails, Sports Facilities)
- **Health** (Access Centers, Drug Drop Off Sites, Hospitals and Clinics, MAT Sites, Mental & Behavioral Health Centers, SUD and Gambling Treatment Centers, YMCA Gyms)
- **Home** (Childcare Providers, Recovery Housing, Section Eight Housing, Shelters, Intimate Partner Violence Programs)
- **Purpose** (Workforce Development Offices, Colleges and Universities, K-12 Schools, Places of Worship)

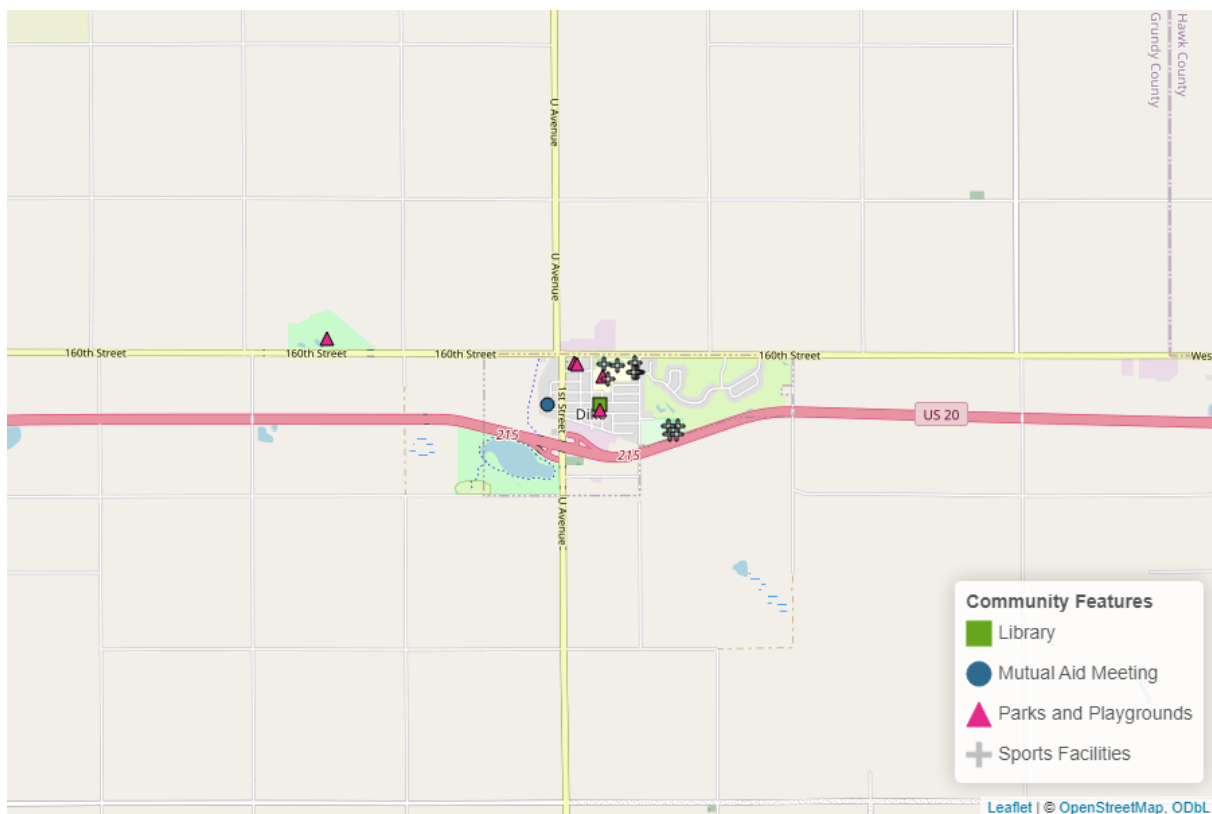


Figure 2: Community Resources in Dike

³<https://www.samhsa.gov/find-help/recovery>

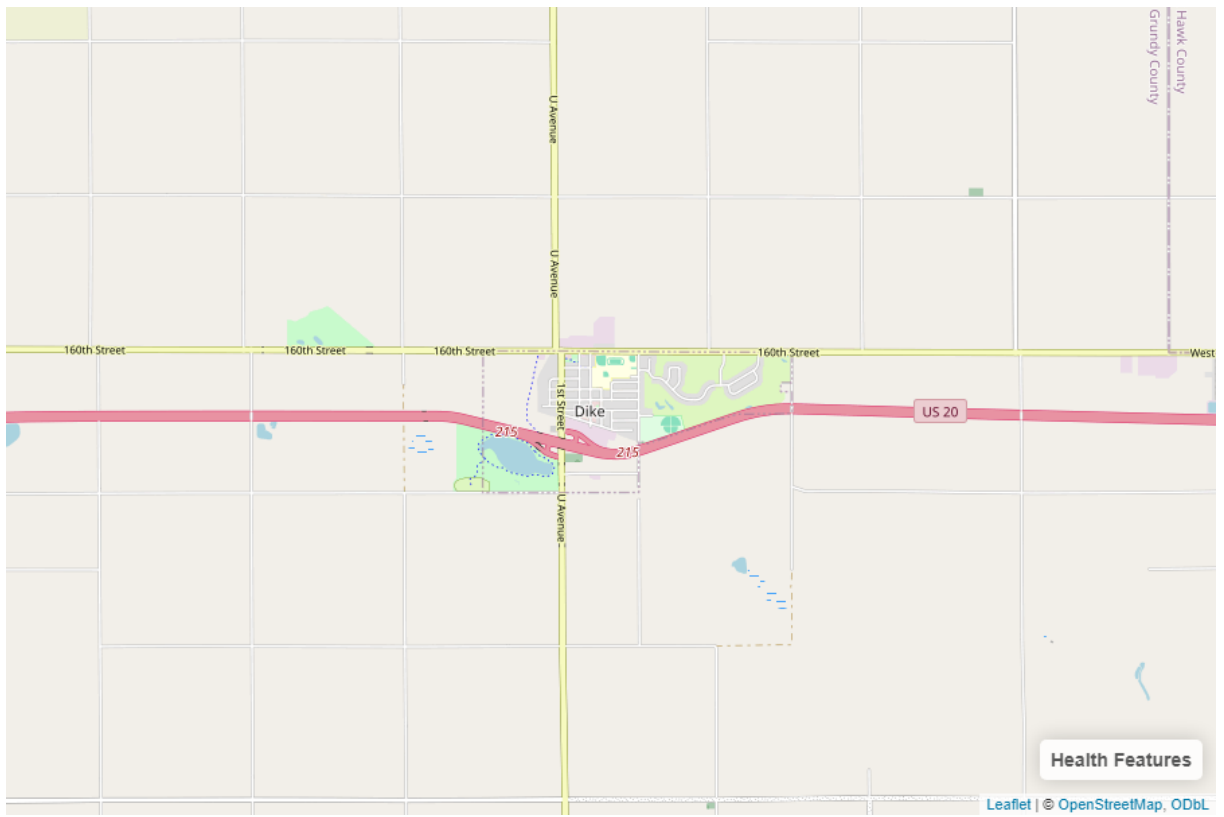


Figure 3: Health Resources in Dike

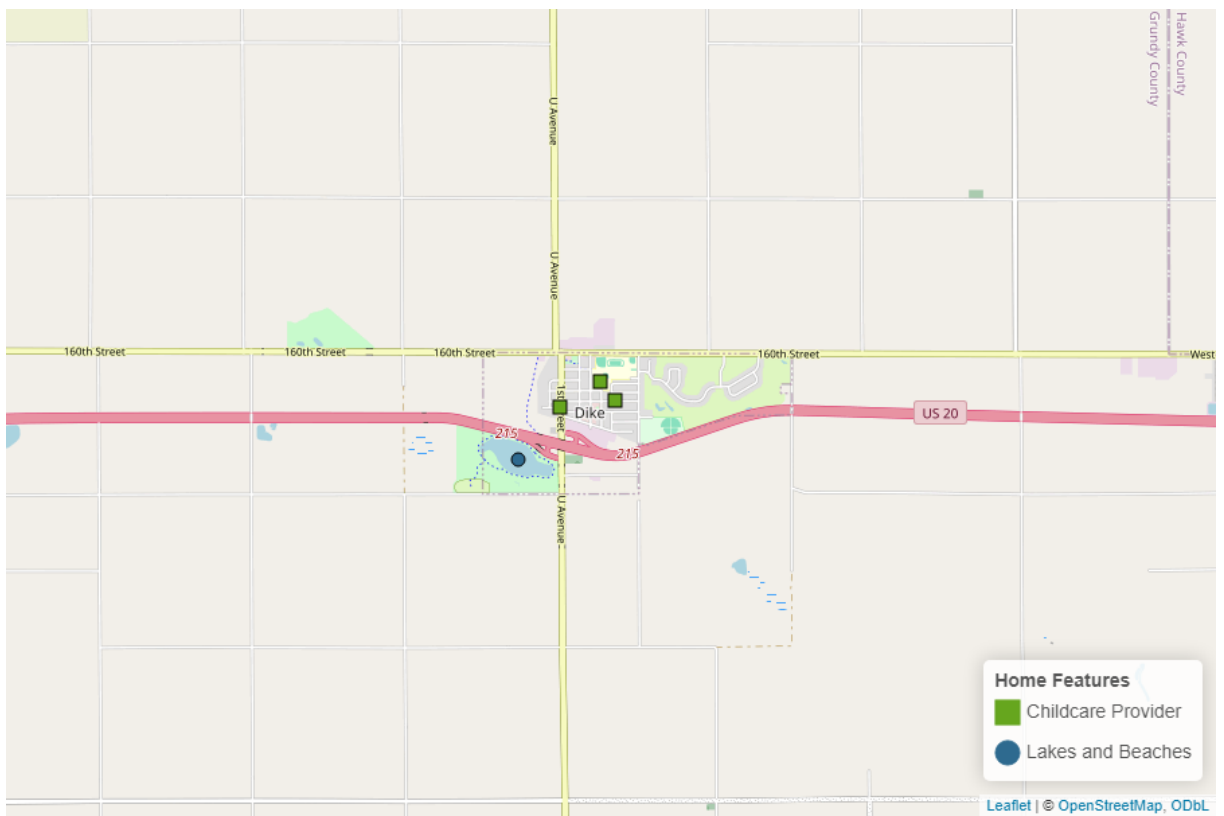


Figure 4: Home Resources in Dike

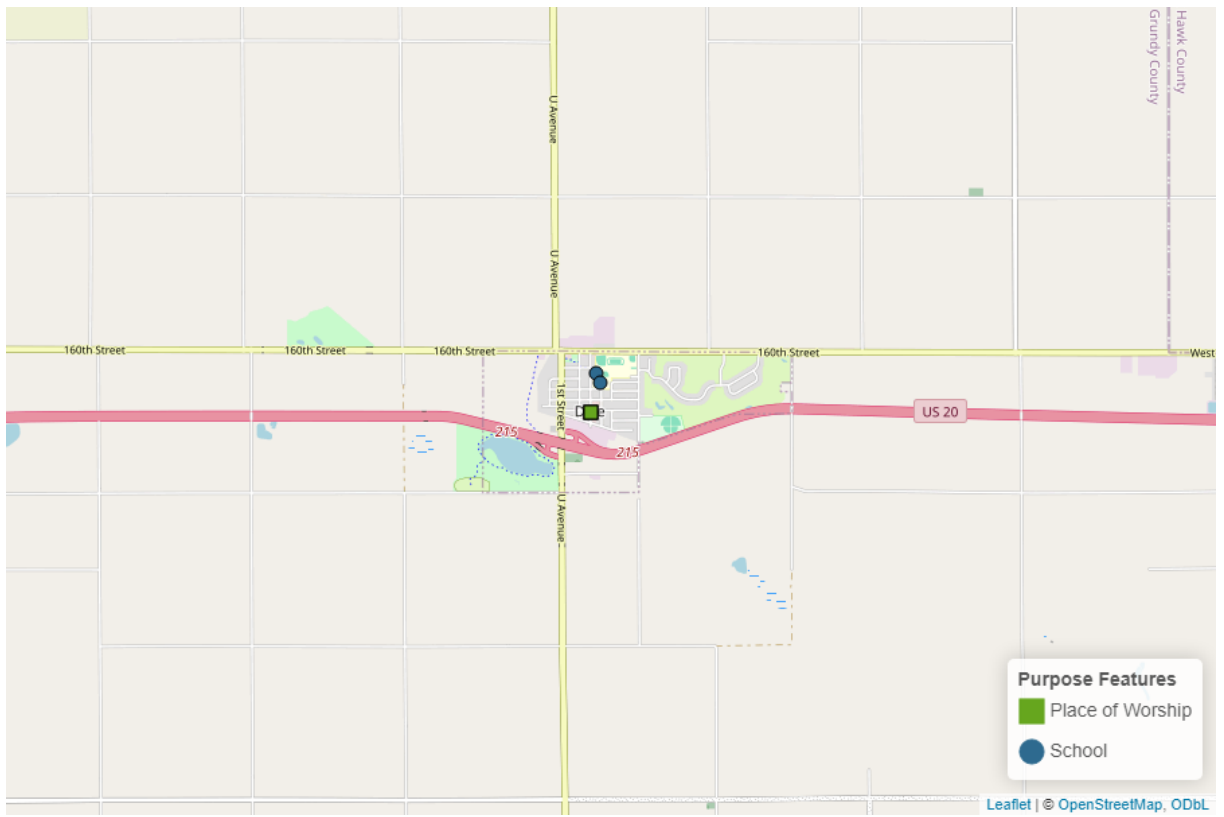


Figure 5: Purpose Resources in Dike

Social Determinants of Health Recovery Resources

The Social Determinants of Health is an established framework for thinking about the conditions of a person's life that contribute to their overall well-being. For example, a family that living in an area with limited resources supporting families and children (such as childcare providers and parks or playgrounds) may experience other struggles as a result, like increased transportation costs that place stressors on a family's finances. These maps can also be used in conjunction with the population data in the next section to help identify vulnerable populations and neighborhoods. Neighborhoods with health and substance use vulnerabilities may need greater access to specific supporting resources.

The SDOH categories include ([Click here for more information](#)⁴):

- **Health Care Access and Quality** (Access Centers, Drug Drop Off Sites, Hospitals and Clinics, MAT Sites, Mental & Behavioral Health Centers, SUD and Gambling Treatment Centers)
- **Social and Community Context** (Peer Support–Specialists and Coaches, Recovery Organizations–Community and Collegiate, Intimate Partner Violence Programs, Mutual Aid Meetings, Places of Worship)
- **Neighborhood and Built Environment** (Libraries, Parks and Playgrounds, YMCA Gyms, Lakes and Beaches, Trails, Sports Facilities)
- **Education Access and Quality** (Colleges and Universities, K-12 Schools)
- **Economic Stability** (Childcare Providers, Recovery Housing, Section Eight Housing, Shelters, Workforce Development Offices)

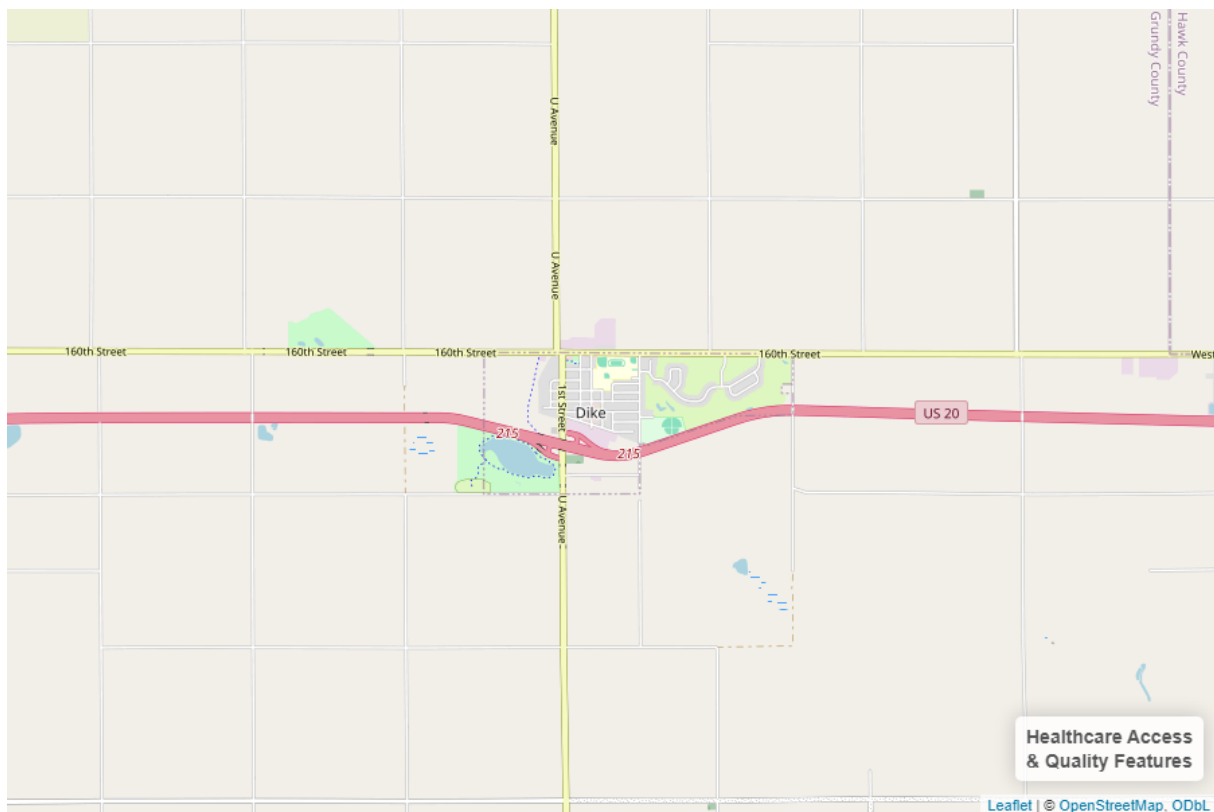


Figure 6: Health Care Access and Quality Resources in Dike

⁴<https://health.gov/healthypeople/priority-areas/social-determinants-health>

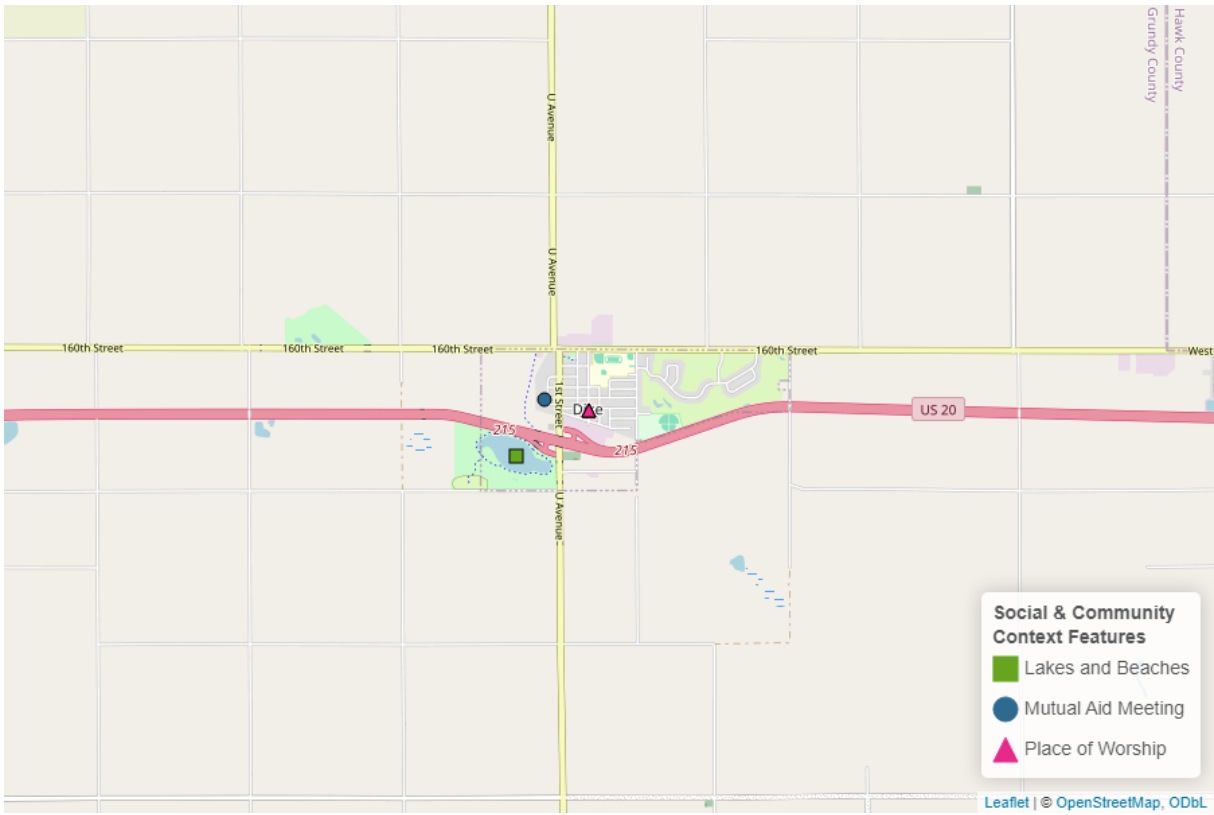


Figure 7: Social and Community Context Resources in Dike

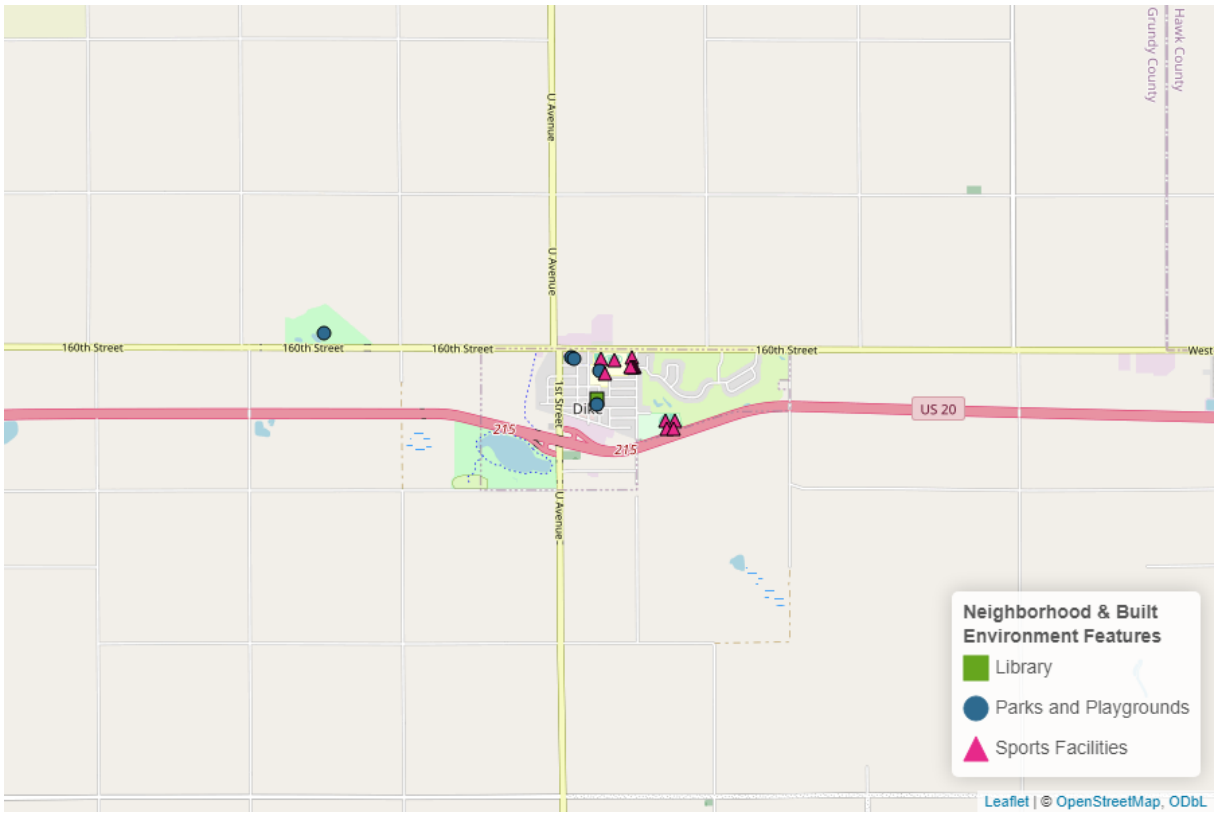


Figure 8: Neighborhood and Built Environment Resources in Dike

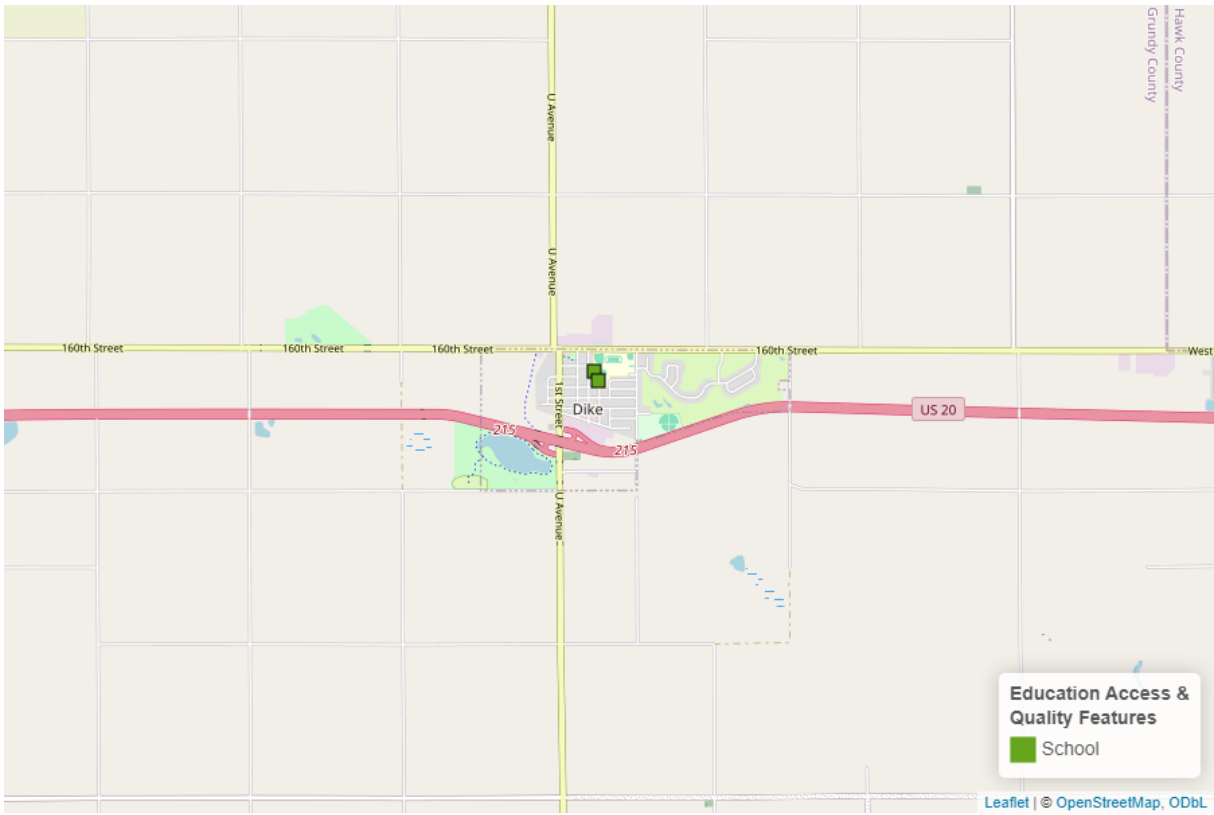


Figure 9: Education Access and Quality Resources in Dike

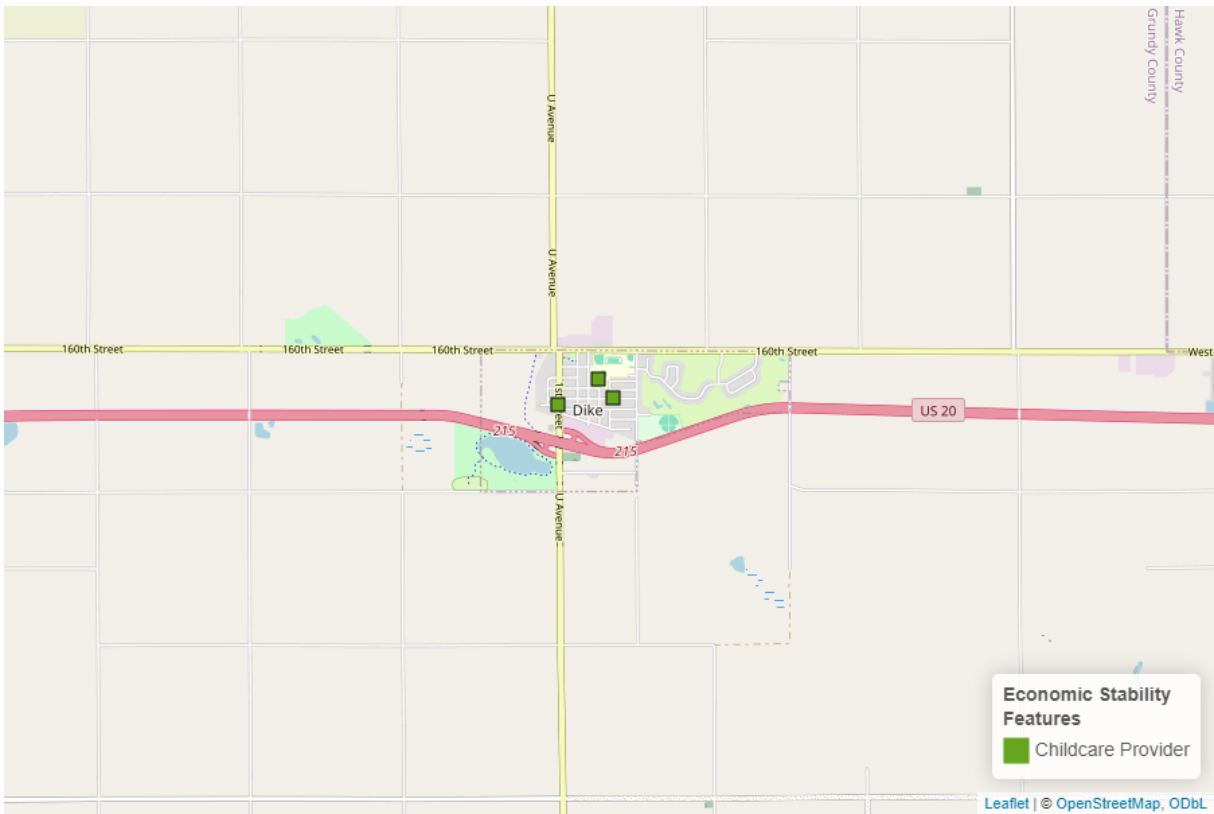


Figure 10: Economic Stability Resources in Dike

Which Neighborhoods in Your Community Need Additional Health Resources and Support?

Substance Use Vulnerability

The Public Science Collaborative has developed data resources to help community organizations, local governments, and public health practitioners resources more effectively target substance use prevention, treatment, and recovery interventions to the places in greatest need. Geographic ‘hot spots’ identify places where local residents are at exceptionally high risk for substance use disorder. We estimated statistical models using administrative data from the Treatment Episode Admissions Dataset (TEDS-A) and the National Survey of Drug Use and Health (NSDUH) to measure significant relationships between substances of misuse and socio-demographic characteristics known to affect health equity and substance use vulnerability. These maps use Census Bureau estimates of these same neighborhood characteristics, by census tract, to create indexes for each substance. Once mapped, these data help us to identify places with especially high concentrations of at-risk characteristics that need targeted resources to reduce health inequities. You can explore the maps interactively and learn more about the underlying models on PSC’s [dashboard for substance use vulnerability](https://publicsciencecollaborative.shinyapps.io/substance_use_vulnerability/).⁵

Identification of towns and neighborhoods with exceptionally high (or low) risk of harmful use of a specific substance can guide public health outreach efforts and enable more targeted, substance-specific interventions based on known neighborhood risk factors. To assist in this work, the following pages include substance use vulnerability maps for overall substance use, opioids, methamphetamine, heroin, alcohol, cannabis, cocaine, and benzodiazepines.

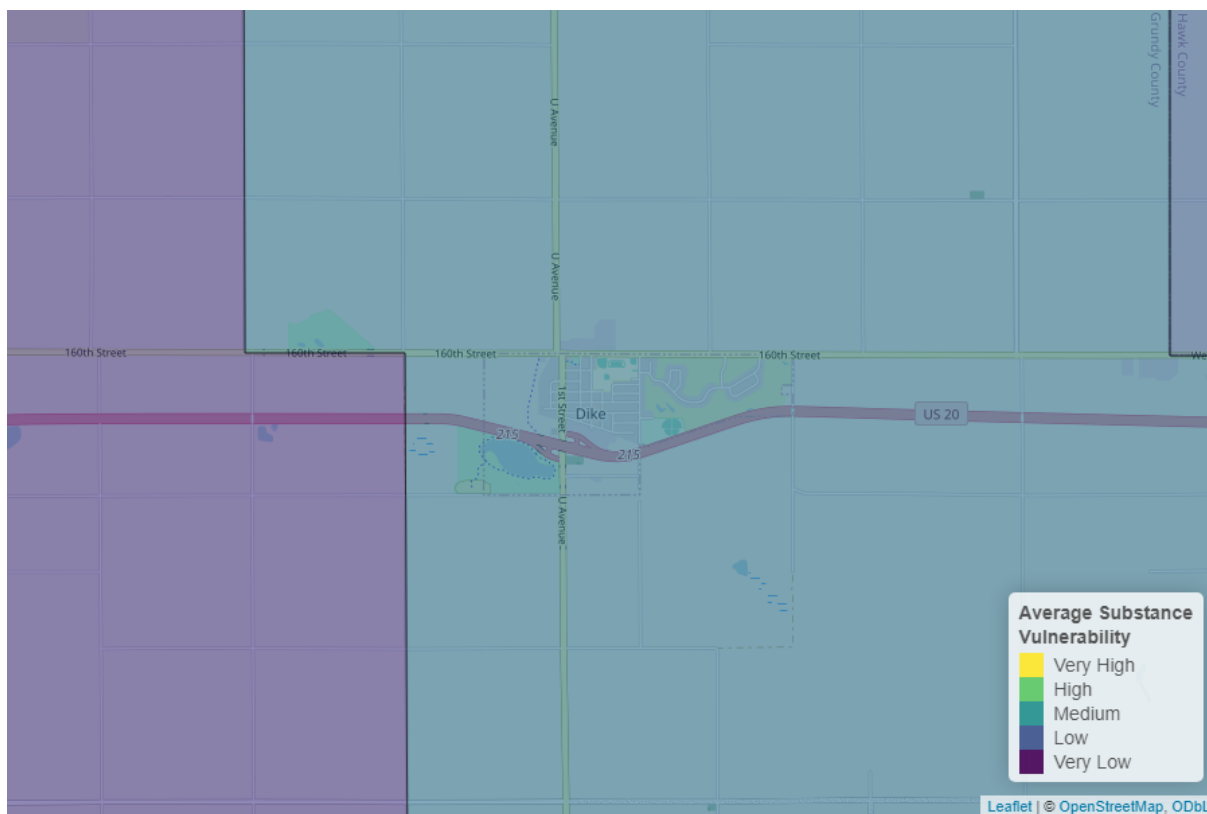


Figure 11: Overall Substance Use Vulnerability in Dike

Overall substance use vulnerability varies by neighborhood in Dike, but is generally about equal to other communities in Iowa. Due to neighborhood vulnerability, specific neighborhoods may benefit from a targeted approach rather than community-wide efforts. Community-wide vulnerability was highest for benzodiazepines and opioids, and a breakdown for each substance is shown in the figures below.

⁵https://publicsciencecollaborative.shinyapps.io/substance_use_vulnerability/

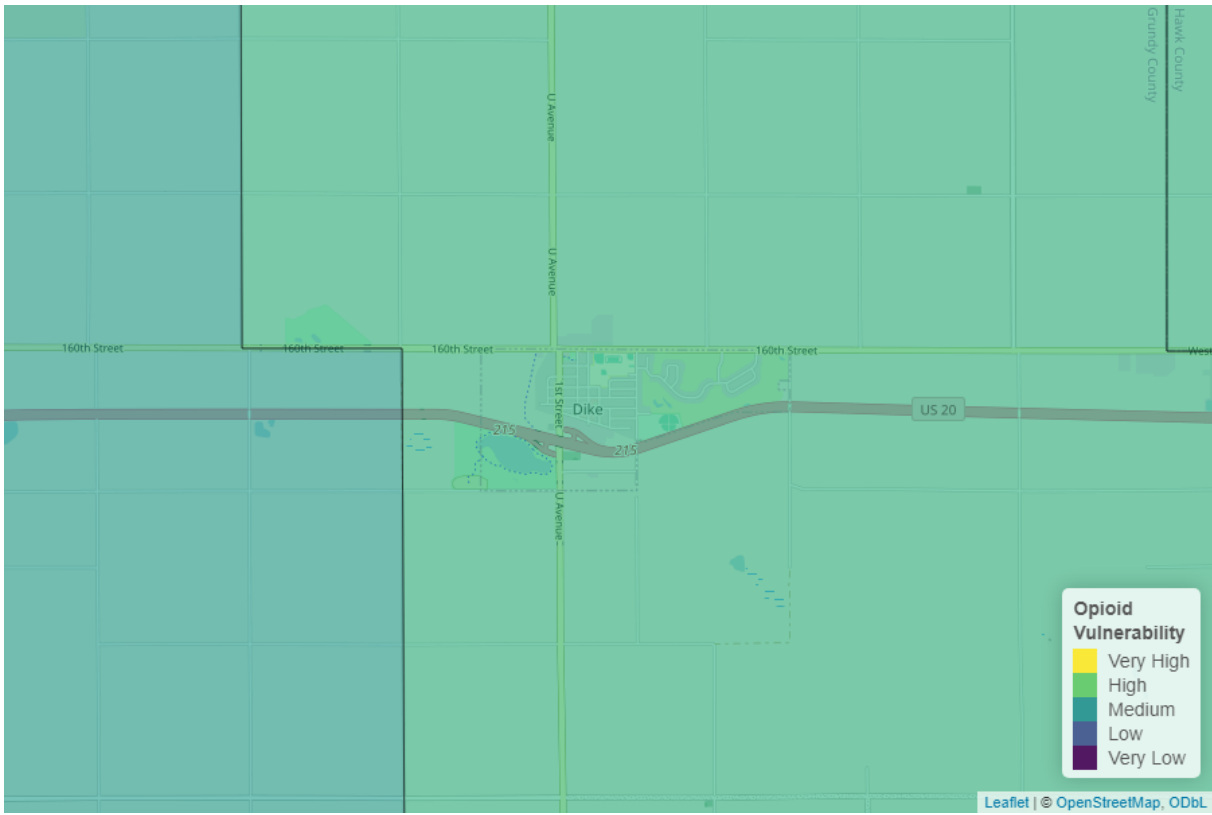


Figure 12: Opioid Vulnerability in Dike

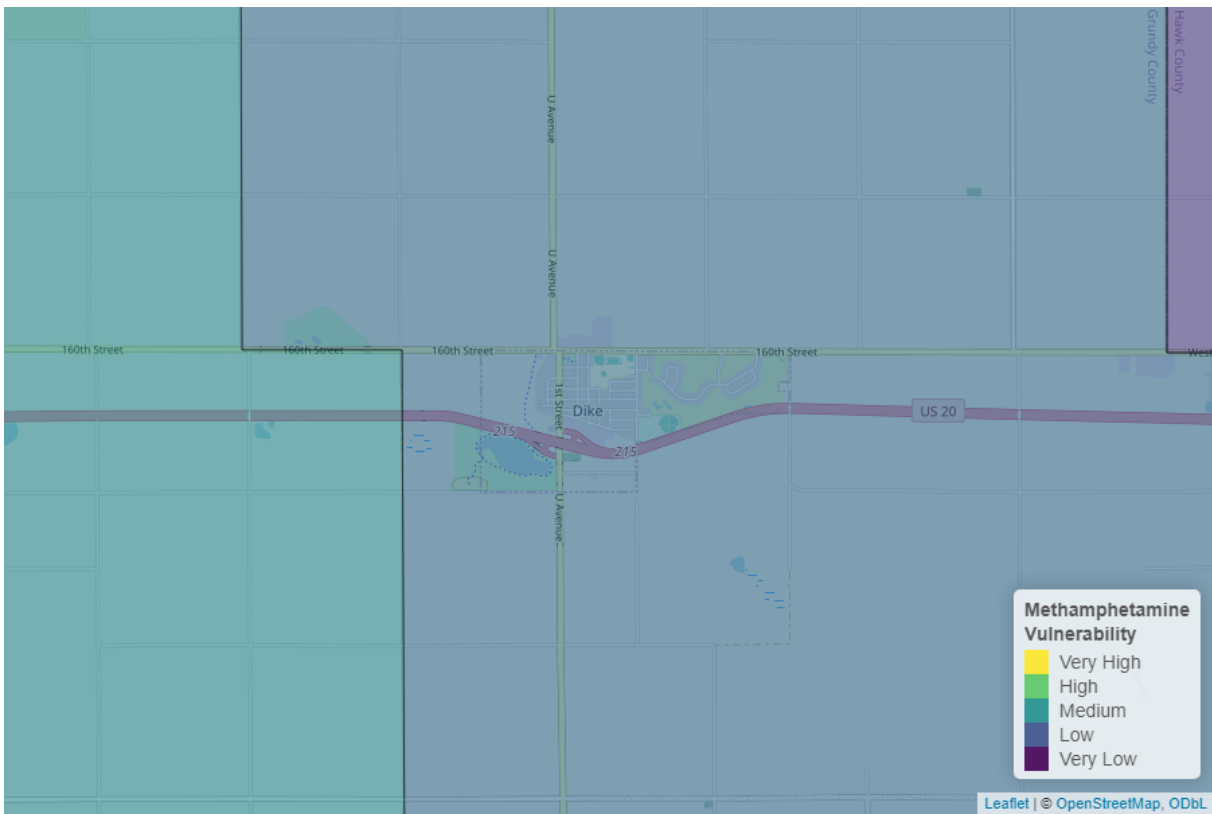


Figure 13: Methamphetamine Vulnerability in Dike

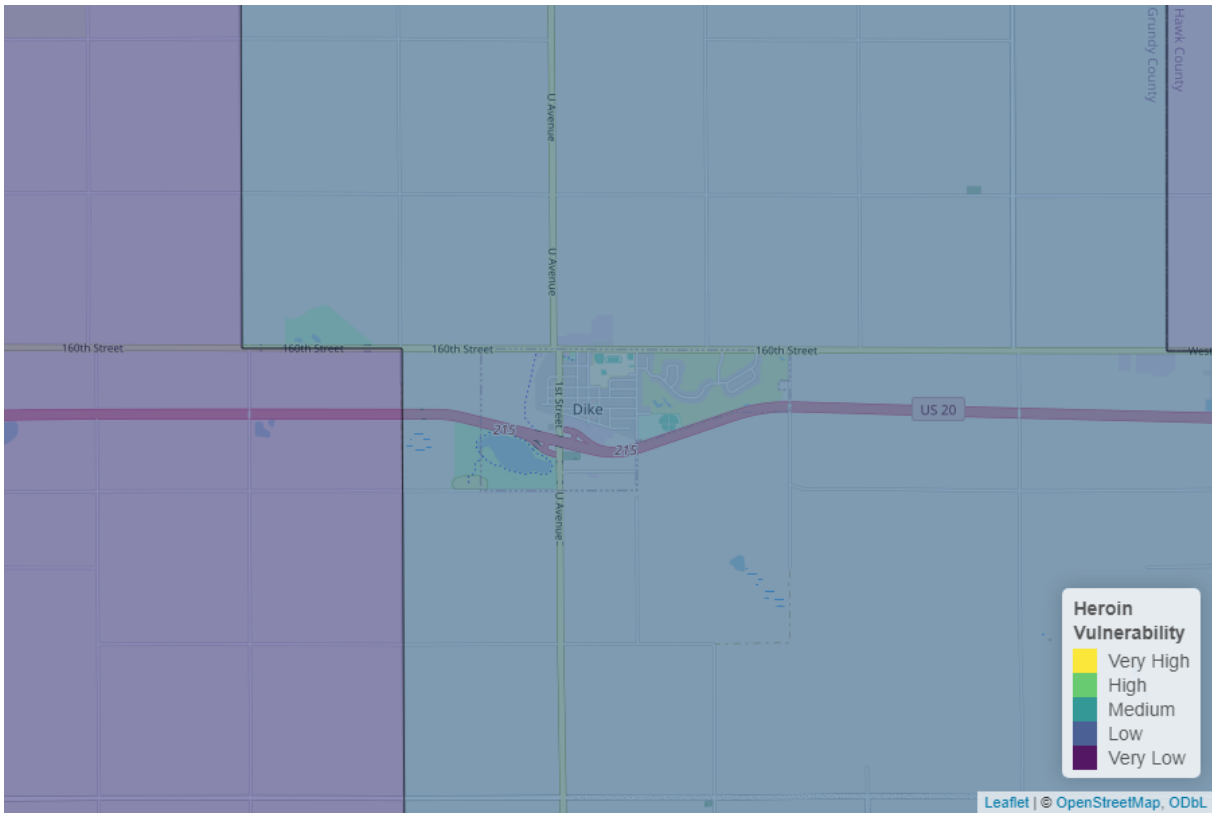


Figure 14: Heroin Vulnerability in Dike

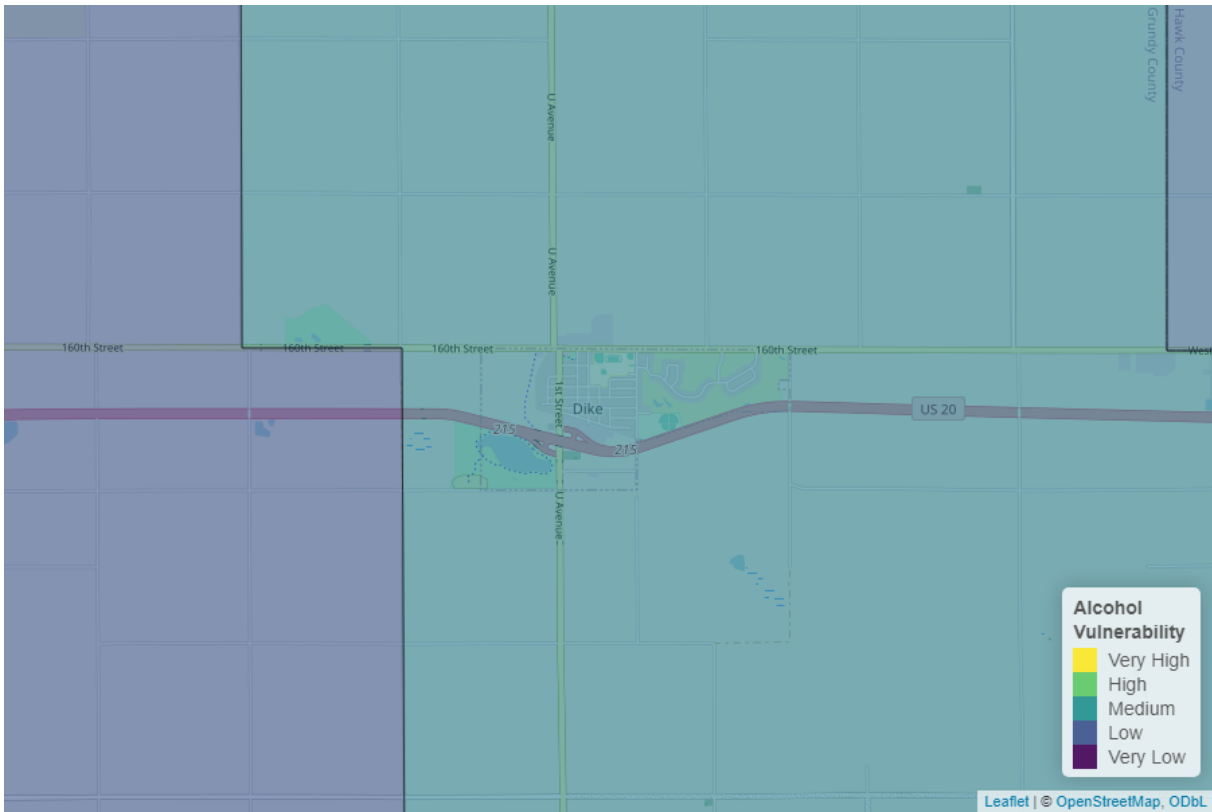


Figure 15: Alcohol Vulnerability in Dike

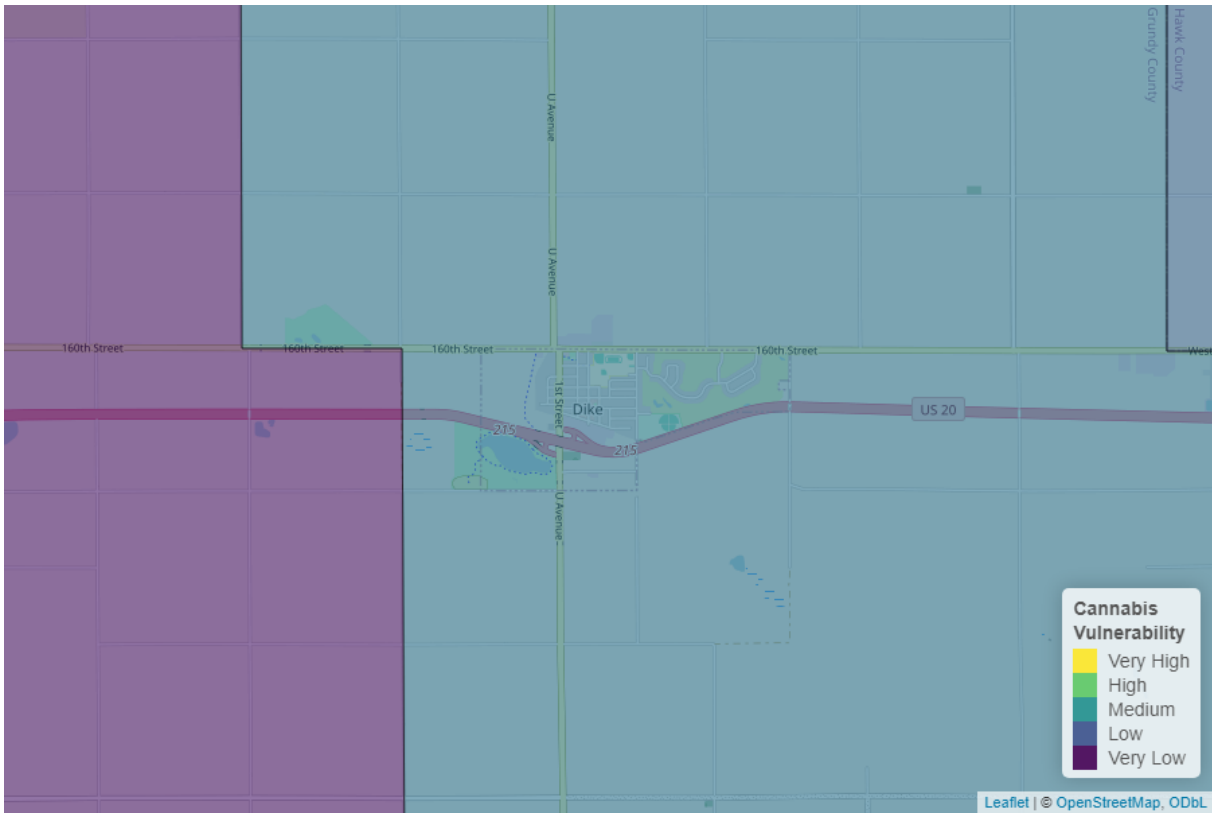


Figure 16: Cannabis Vulnerability in Dike

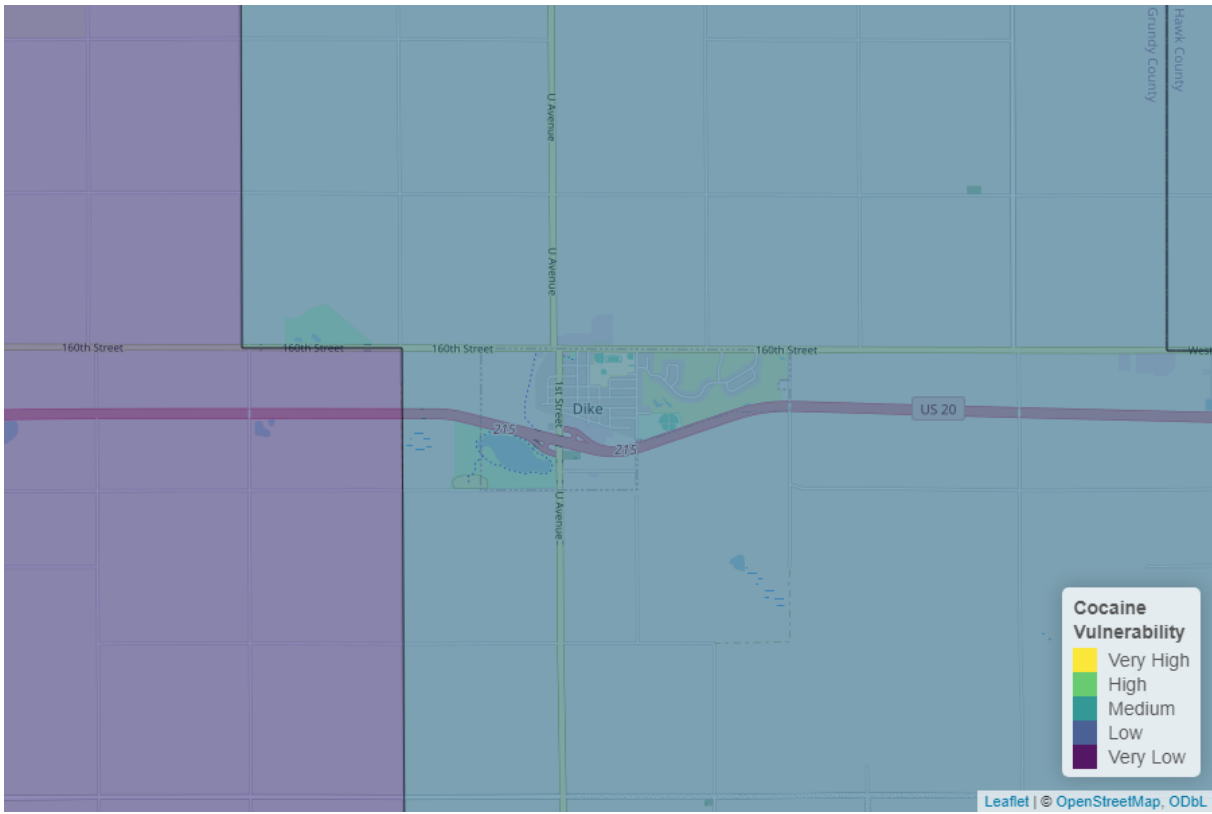


Figure 17: Cocaine Vulnerability in Dike

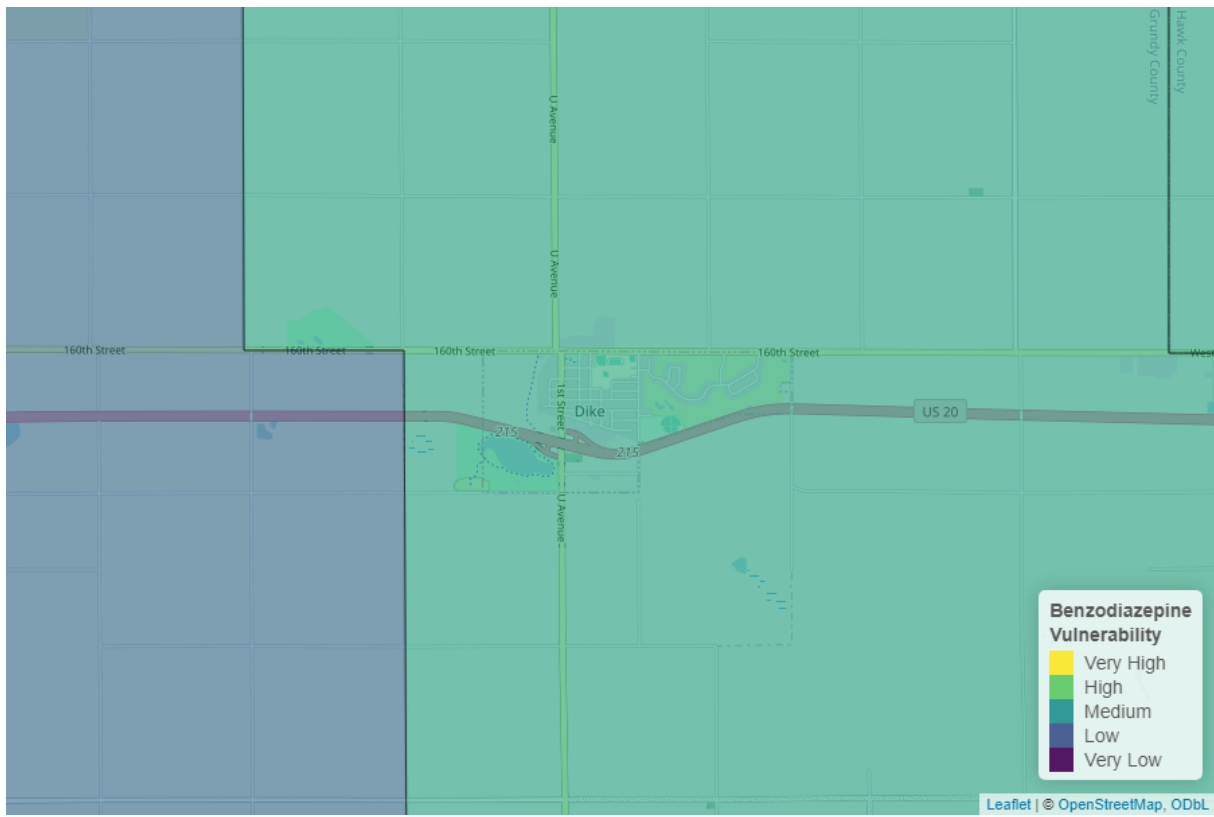


Figure 18: Benzodiazepine Vulnerability in Dike

Social Determinants of Health

In addition to the neighborhood vulnerability maps above, the Public Science Collaborative created a neighborhood map to understand health disparities in Dike that draws on well-established social determinants of health. By social determinants, we refer to social and environmental risks that can affect someone's overall health and well-being. For example, in places with high average levels of education and low unemployment rates, residents tend also to have better overall health (e.g. longer life span and more healthy years of living). In places where average incomes are low and the rates of single parenting are high, people often have worse health, including higher death rates due to overdose and fewer healthy days. Knowing something about where the social determinants of health support well-being and where their scarcity decreases well-being can help local community organizations and governments to target better investments to reduce health disparities between neighborhoods. You can interactively explore social determinants of health across the state and look at individual components on [PSC's SDOH Dashboard](#).⁶

Our index of social determinants of health looks at overall health vulnerability, education, health insurance coverage, English proficiency, unemployment, and poverty. According to the social determinants we considered, lack of education is the biggest risk factor for poor health in Dike. Overall, health risks in Dike are about equal to the average for communities in Iowa.

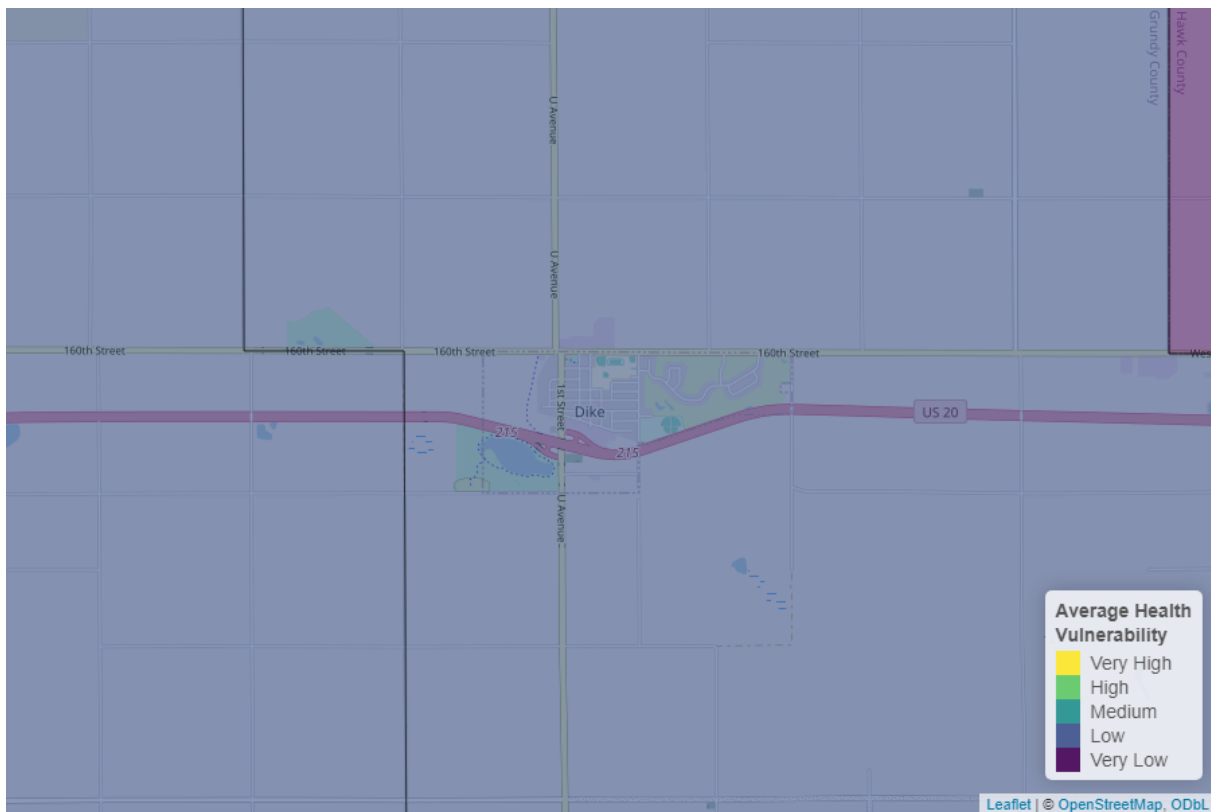


Figure 19: Overall Health Vulnerability in Dike

⁶<https://publicsciencecollaborative.shinyapps.io/sdoh/>

Appendix 1: Data Used in this Report

The data used in this report is a variety of recovery, community, and well-being resources that can be useful to individuals in recovery. To collect this data, we used various public resources, including government agencies and recovery websites. The data sources can be found in the table below. Our collection of data may not cover every single resource in Iowa, but it represents the primarily publicly available data found through our research and following the advice of substance use experts and researchers. This data was acquired through several means, including simple downloads, manual data entry, computer reading of PDF files, scraping websites, and utilization of APIs. There are also several resource finder tools to help find a specific resource in an area, including the [Recovery Resource Finder](#),⁷ [Well-Being Resource Finder](#),⁸ and [Physical Activity Resource Finder](#).⁹

Table 3: Recovery Data Sources

Resource Type	Source
Beach	Iowa DNR
Library	Institute of Museum and Library Services
Playground	OpenStreetMap
Public Park	OpenStreetMap
Trail	OpenStreetMap
Outdoor Basketball Court	OpenStreetMap
Football Field	OpenStreetMap
Soccer Field	OpenStreetMap
Baseball/Softball Diamond	OpenStreetMap
Tennis Court	OpenStreetMap
Pickleball Court	OpenStreetMap
Outdoor Volleyball Court	OpenStreetMap
Other Sports Facilities	OpenStreetMap
Family Support Specialist	Wellpoint Peer Support Inventory
Mutual Aid Meeting	Various Websites
Peer Support Provider	Wellpoint Peer Support Inventory
Recovery Organizations (Community and Collegiate)	Manual Addition
SUD Recovery Coach	Wellpoint Peer Support Inventory
Lake	Iowa DNR
Access Center	Manual Addition
Drug Drop-off Site	Iowa Geodata
Hospital	Iowa Medicaid Provider Search
MAT Site	SAMHSA
Mental & Behavioral Health Center	Iowa DHHS
Rural Health Clinic	Iowa Association of Rural Health Clinics
SUD or Gambling Treatment Center	Iowa DHHS
VA Hospital or Clinic	U.S. Department of Veterans Affairs
YMCA	Heartland YMCA Alliance
Childcare Provider	Iowa DHHS
Recovery Housing	Iowa DHHS
Section 8 Housing	U.S. Department of Housing and Urban Development
Shelter	Homeless Shelters Directory
Intimate Partner Violence Program	Iowa Coalition Against Domestic Violence
Workforce Development Office	Iowa Workforce Development
College or University	Wikipedia
School	Iowa Department of Education
Place of Worship	ExpertGPS.com
State Park	Iowa DNR

⁷<http://public-science.org/recoveryresources>

⁸<http://public-science.org/communityresources>

⁹<http://public-science.org/physicalactivity>

Appendix 2: Mutual Aid Meetings Near Dike

Table 4: Mutual Aid Meetings in Dike

Meeting Type	Group	Address	Weekly Meeting #
Alcoholics Anonymous	Dike	439 Church St, Dike, IA 50624, USA	1

Appendix 3: Resources Near Dike

Table 5: Recovery Resources in Dike

Resource Type	Name	Address
Baseball/Softball Diamond	7 Baseball/Softball Diamonds	Dike, Grundy County, Iowa, 50624, United States
Childcare Provider	Jean Bixby	519 1st ST, Dike, IA, 50624
Childcare Provider	Timothy Kirkpatrick	430 5th ST, Dike, IA, 50624
Childcare Provider	YMCA School Age Care at Dike Elem	330 Main St, Dike, IA, 50624
Football Field	1 Football Field	Dike, Grundy County, Iowa, 50624, United States
Lake	Grundy County Lake	No Address in Data
Library	Dike Public Library	133 E Elder, Dike, IA,
Public Park	Dike Park	No Address in Data
Public Park	Roadman Memorial Park	No Address in Data
Place of Worship	Liberty Baptist Church	No Address in Data
Place of Worship	Saint Mary's Catholic Church	No Address in Data
Place of Worship	Saint Marys Church	No Address in Data
Place of Worship	United Methodist Church	No Address in Data
Playground	3 Playgrounds	No Address in Data
School	Dike Elementary School	330 Main St, Dike, IA, 50624
School	Dike-New Hartford High School	330 Main St, Dike, IA, 50624
Tennis Court	4 Tennis Courts	Dike, Grundy County, Iowa, 50624, United States