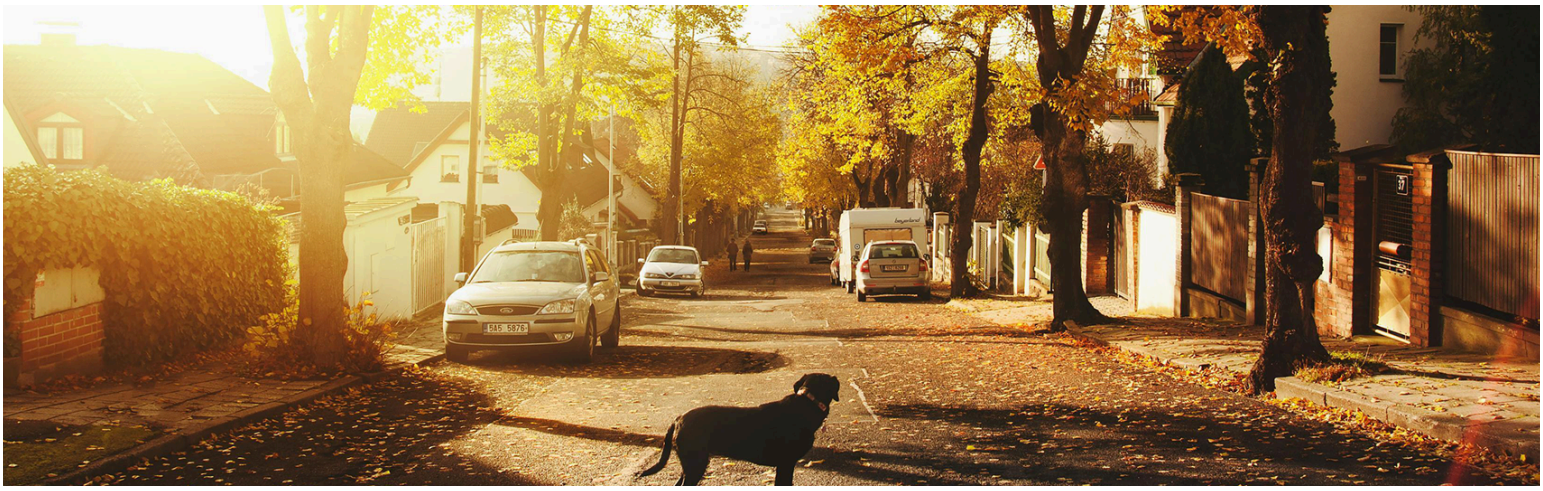
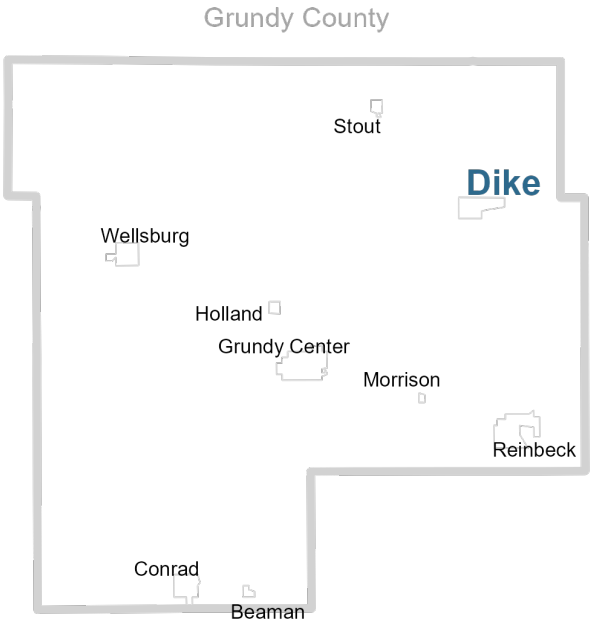
Recovery Readiness Assessment: Dike

June, 2025





Report provided to the Iowa Department of Health and Human Services

This project is supported by State Opioid Response funds through the Iowa Department of Health and Human Services, Bureau of Substance Use (IowaHHS) via a subaward from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, IowaHHS, SAMHSA/HHS, or the U.S. Government.

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Executive Summary

Iowa State University's Public Science Collaborative[1] (PSC) created Recovery Readiness Assessments for 300 communities, 99 counties, and Iowa's seven new behavioral health districts in Iowa (2025). The community, county and district Recovery Readiness Assessments are updated annually. The reports are commissioned by the Iowa Department of Health and Human Services to support the expansion of substance use recovery services across the state. Use this report:

1. To learn about Iowa's recovery movement and resource options
2. As a reference guide for recovery resources by community, county, and behavioral health district
3. To strengthen networks and build coalitions among communities high and low in recovery resources, organizing around community assets and services
4. As a tool to allocate funding to your at-risk neighborhoods and develop recovery-oriented services

This report examines recovery resources in Dike, which is in Grundy County and is part of Iowa's Behavioral Health District 3 (see Figure 1). Dike has a population of 1,300.

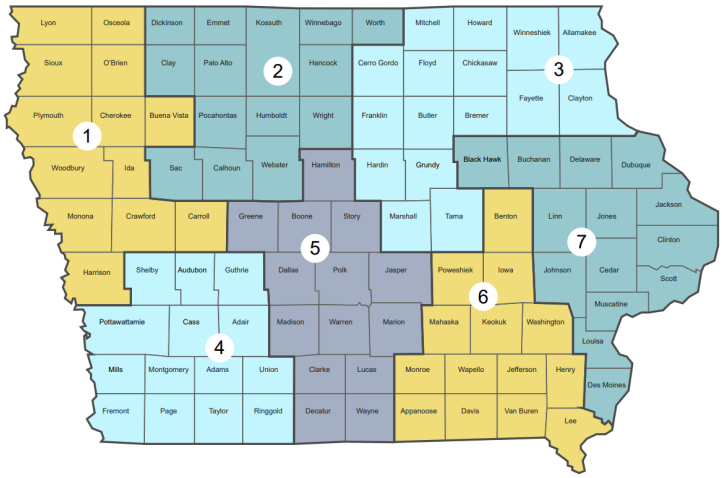


Figure 1: Iowa's Behavioral Health Districts (Source: Iowa HHS)

The following pages define recovery, recovery-oriented services, and recovery-ready communities. We evaluate Dike's recovery resources to identify both strong recovery neighborhoods and areas with growth potential, using SAMHSA's recovery categories and the CDC's social determinants of health framework.

Our report also includes:

- **Substance use vulnerability maps** by drug type—such as opioids, methamphetamine, heroin, alcohol, cannabis, cocaine, and benzodiazepines—help identify prevalent recovery needs, guide resource allocation, and inform event planning in at-risk neighborhoods.
- **Social determinants of health maps** to explore overall health vulnerabilities and help local stakeholders understand neighborhoods that could use extra support, resources, and investments to improve the health and well-being of community members.

These reports can be combined with PSC's Health Snapshot Series[2] to give an overall view of health and recovery in Iowa counties and communities.

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. Kelsey Van Selous, MSW, LCSW at kvansel@iastate.edu.

[1] https://publicsciencecollaborative.org/
[2] https://publicsciencecollaborative.org/research-project/iowas-health-snapshot-series/

What is Recovery?

The Iowa Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA) define recovery as follows:

> *"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, which shaped the PSC approach to recovery community readiness, was created 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, and schools, can promote early recovery, as well as longer and more stable recovery. Identifying resources that support long-term recovery can help identify towns and cities rich in these recovery tools. This, in turn, enables more effective development of new community-based recovery organizations.

Peer Support

Peer support can take different forms, but it is often vital for supporting recovery in a community. Simply, peer support consists of people in recovery using their own experiences to support others in recovery who might have similar experiences. Peer support may include referring people in recovery to resources, being a model for how to recover, and being a general resource for helping someone reach and maintain their own recovery. A common form of peer support is mutual aid meetings, such as Alcoholics Anonymous or Narcotics Anonymous, where people in recovery meet in groups and have a safe setting to discuss their own recovery and support others.

There are also one-on-one opportunities for peer support. In these settings, trained specialists and coaches who have lived experience can give customized support to individuals with a similar substance use or recovery experience. These kinds of peer support include:

- **Peer Support Specialists (PSS)**: people currently living well in recovery from a serious mental illness or substance use. They provide support and hope through their own recovery experiences and provide other useful information for the people they work with.
- **Family Peer Support Specialists (FSS)**: specialists trained to specifically work with families and have their own experiences caring for children with behavioral health needs. FSS can give feedback that is designed and intended for parents and children, including helping families navigate support systems for children.
- **Recovery Coaches (RC)**: people in recovery from a substance use disorder, or are a family member of a person in recovery from a substance use disorder. They are able to offer their own perspectives and experiences with recovery that can help a peer to stay engaged in their recovery.

Take a look at the "Peer Support Providers" section of this report to learn more about what resources your community already has, and where there is opportunity to expand resources. To learn more about types of peer support and training opportunities, you can also go to the University of Iowa Peer Workforce Collaborative[3].

Community-Based Recovery Organizations

Recovery organizations help people who are recovering from substance use disorders. They take various shapes, but they all aim to support individuals. They offer services and resources to help people stay in recovery, enhance their health, and reintegrate into society.

[3] https://iowapeersupport.sites.uiowa.edu/

Most community-based recovery organizations will offer some form of peer support. This may include 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 provide a substance-free environment where all are welcome. People in recovery can receive guidance in daily activities such as finding stable housing, a job, or volunteer opportunities. They might also offer recreation and social groups, or linkages to legal support.

A few of the most well-known recovery organizations include:

- **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 connections to general resources for recoverees. 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. Cafes 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[4] is a good starting place to learn more.
- **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 High Schools and Collegiate Recovery Programs:** These educational institutions provide a supportive environment for students in recovery, helping them succeed academically while maintaining their sobriety. They do this in a similar way as community centers and cafes, by offering peer support, community, and recovery-focused activities, but focused on student needs.

Recovery Readiness

Resources such as peer support and community-based recovery organizations help promote recovery readiness in a community. However, a recovery-ready community also has other recovery and community resources that provide supports across prevention, treatment, and long-term recovery.

Key elements are:

- Accessible healthcare
- Peer support networks
- Educational and job opportunities
- Harm reduction services
- Anti-stigma initiatives
- A sense of purpose

A recovery-ready community unites members, institutions, and policymakers, working together towards a common goal. This approach helps promote lasting recovery and overall well-being.

In Iowa, a recovery-ready community provides multiple recovery pathways. It meets the needs of those in recovery through a vibrant recovery culture and it is well-coordinated across both formal and informal systems of care.

How can this guide improve recovery readiness?

This report is intended to help communities, recovery organizations, treatment providers, and other local organizations and coalitions evaluate their own recovery readiness. It helps identify the resources that communities already have, resource areas that are lacking, and where are populations with a high risk of substance use or poor general health. We hope that readers will use this information to learn about their communities and develop strategies for increasing access to recovery resources and ensuring that people in recovery are connected to those resources to best support their own paths to recovery.

[4] https://recoverycafenetwork.org/

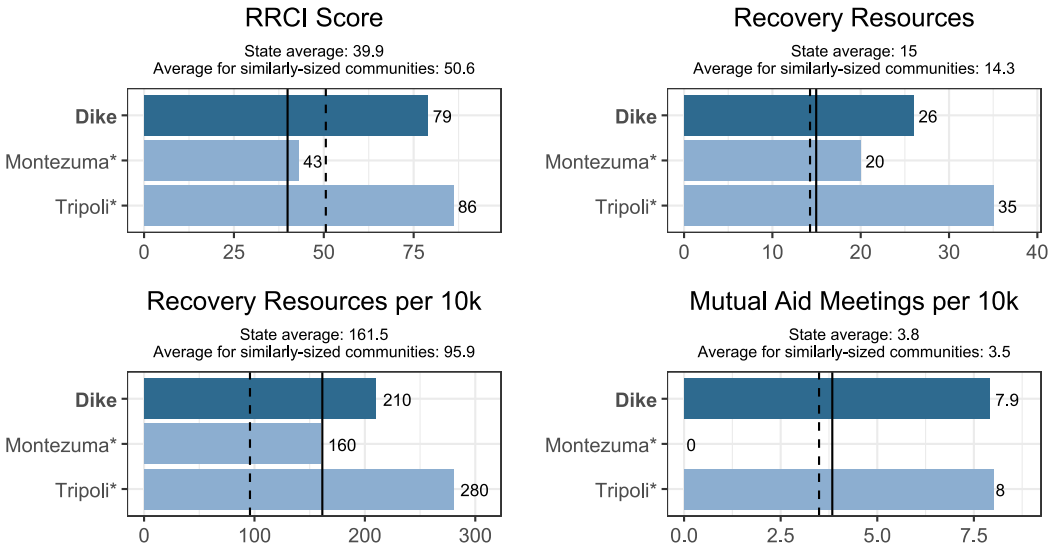
Is Your Community Recovery Ready?

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 components: 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 overall RRCI score is calculated by taking the average of the components' percentile ranks among all Iowa communities. For instance, the community with the most resources has a total resources percentile score of 100 (meaning the community has more resources than 100% of counties), while the one with the fewest has a score of 0.

The Public Science Collaborative designed and created a public-facing, interactive dashboard[5] that allows people to further explore the RRCI, compare recovery readiness scores, and evaluate communities.

Figure 2 below displays recovery resources in Dike compared to the two Iowa cities most similar in population, Montezuma and Tripoli, as well as the state average and average for cities in a similar population group (1,000 - 2,499). Appendix 2 gives additional context, showing Dike among all the communities with at least 1,000 people in behavioral health district 3.



* The Iowa cities most comparable to Dike by population are Montezuma and Tripoli.

** 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 2: Recovery Resources in Dike

Dike ranks 18th of 145 on the RRCI in its population group (1,000 - 2,499). Among the same group, Dike ranks 42nd in total resources, 24th in resources per 10,000 people, and 33rd 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 5.8 for cities with a population of 1,000 - 2,499.

[5] https://publicsciencecollaborative.shinyapps.io/RRCI/

What Are the Resources in Your Community?

Overall, Dike has 1 mutual aid meeting and 26 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 3 and 4 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
Lake	2
School	2
Football Field	1
Library	1
Playground	1
Trail	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 aspects of life that impact recovery 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[6]):

- **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)

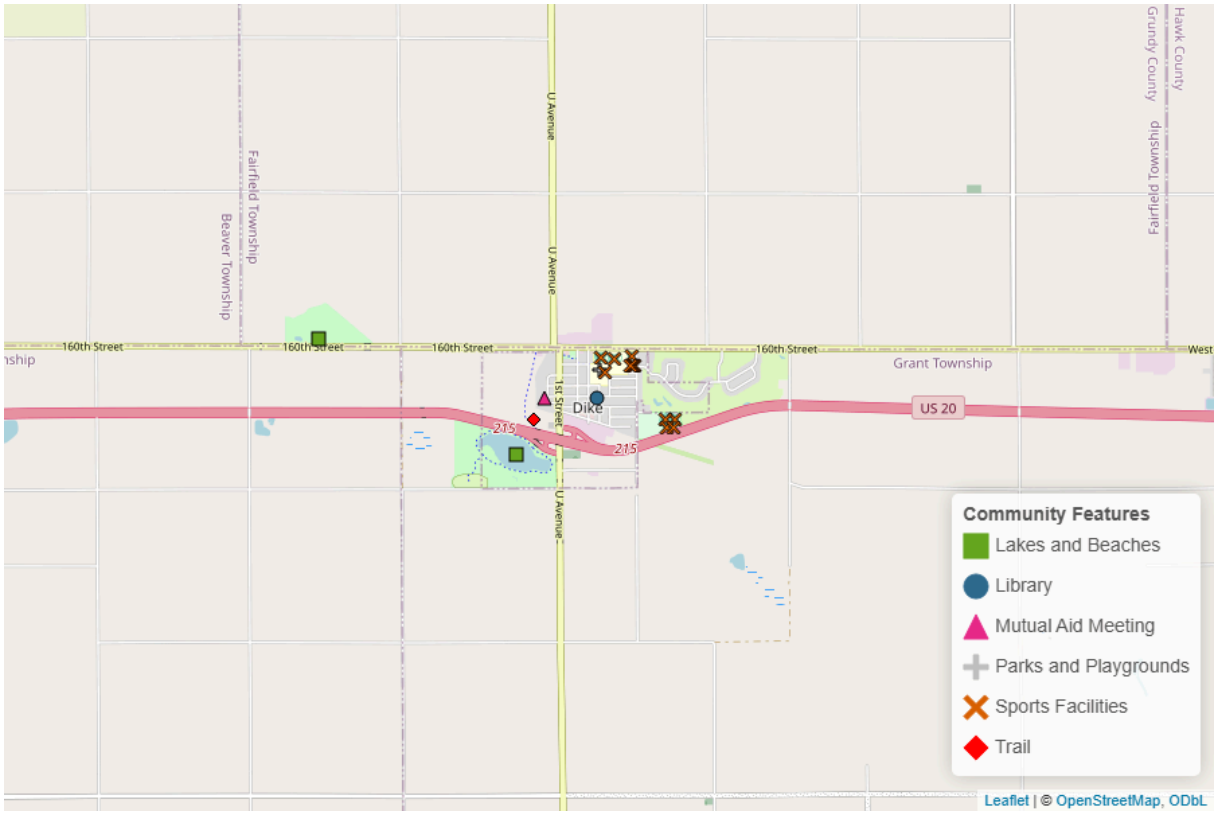


Figure 3: Community Resources in Dike

[6] https://library.samhsa.gov/sites/default/files/pep12-recdef.pdf

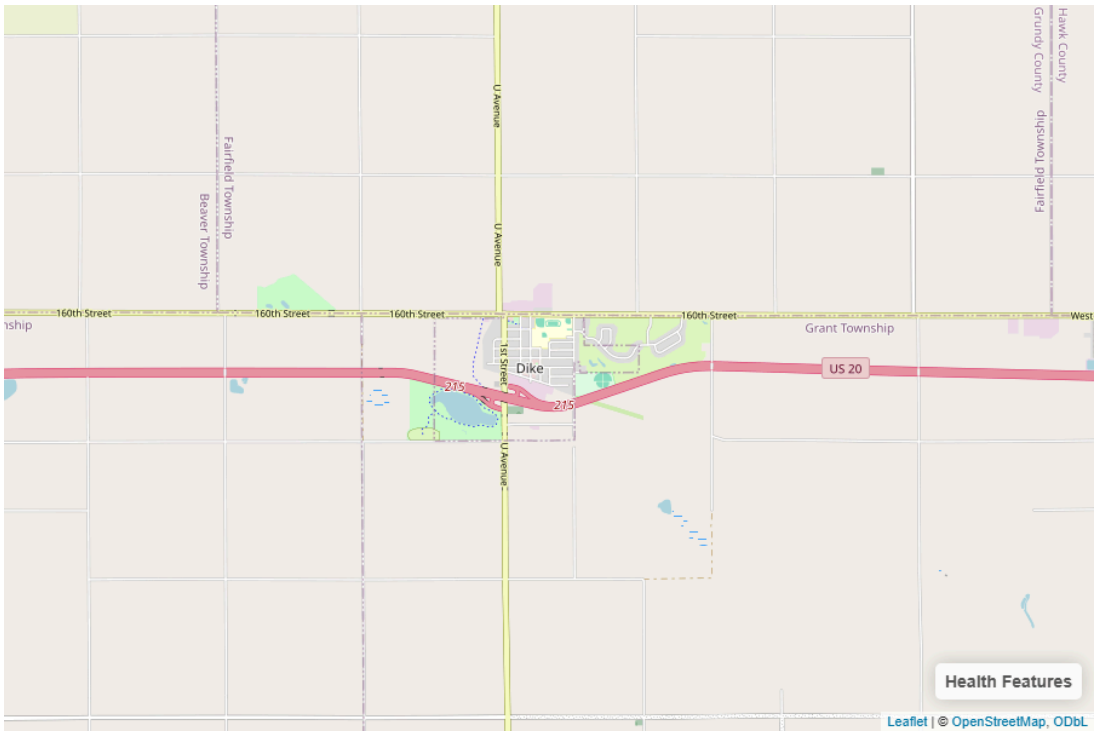


Figure 4: Health Resources in Dike

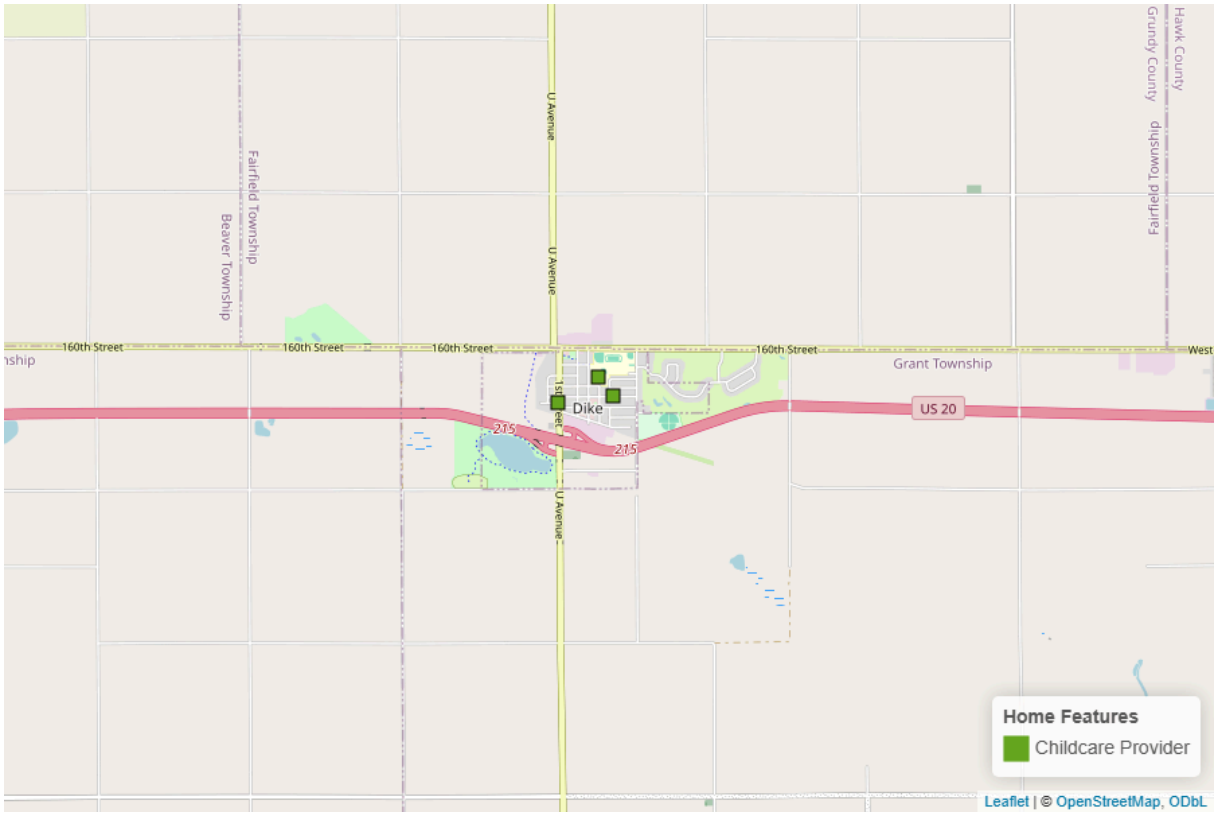


Figure 5: Home Resources in Dike

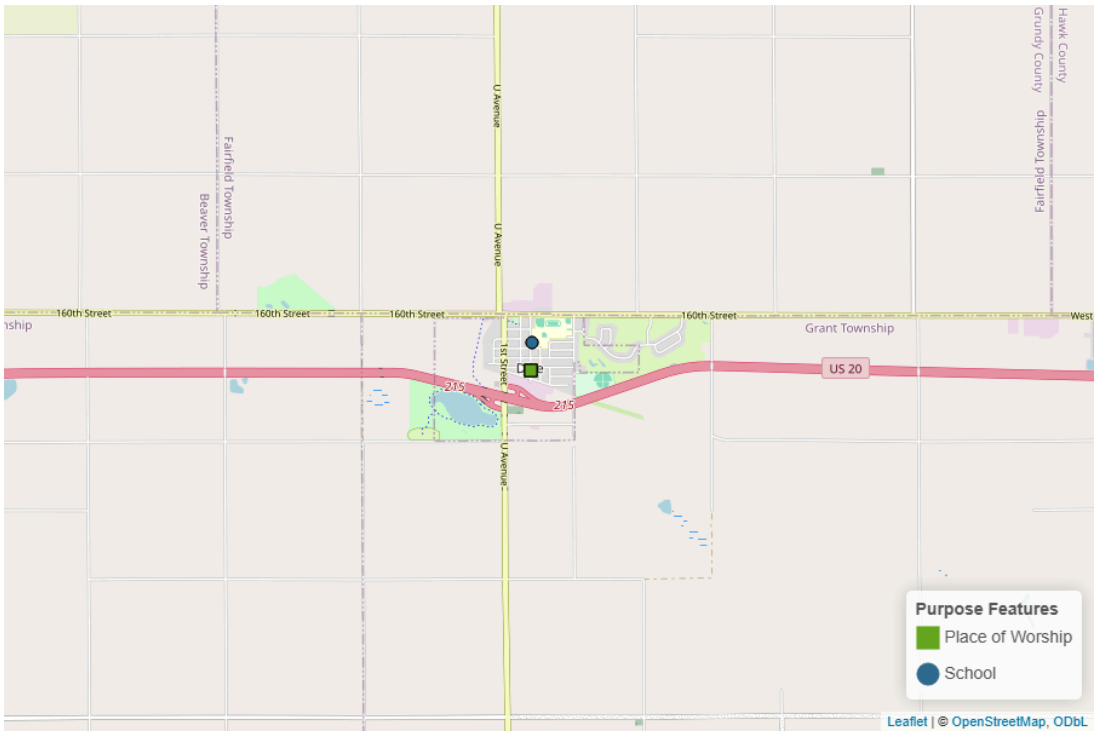


Figure 6: Purpose Resources in Dike

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[7]):

- **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, Work-force Development Offices)

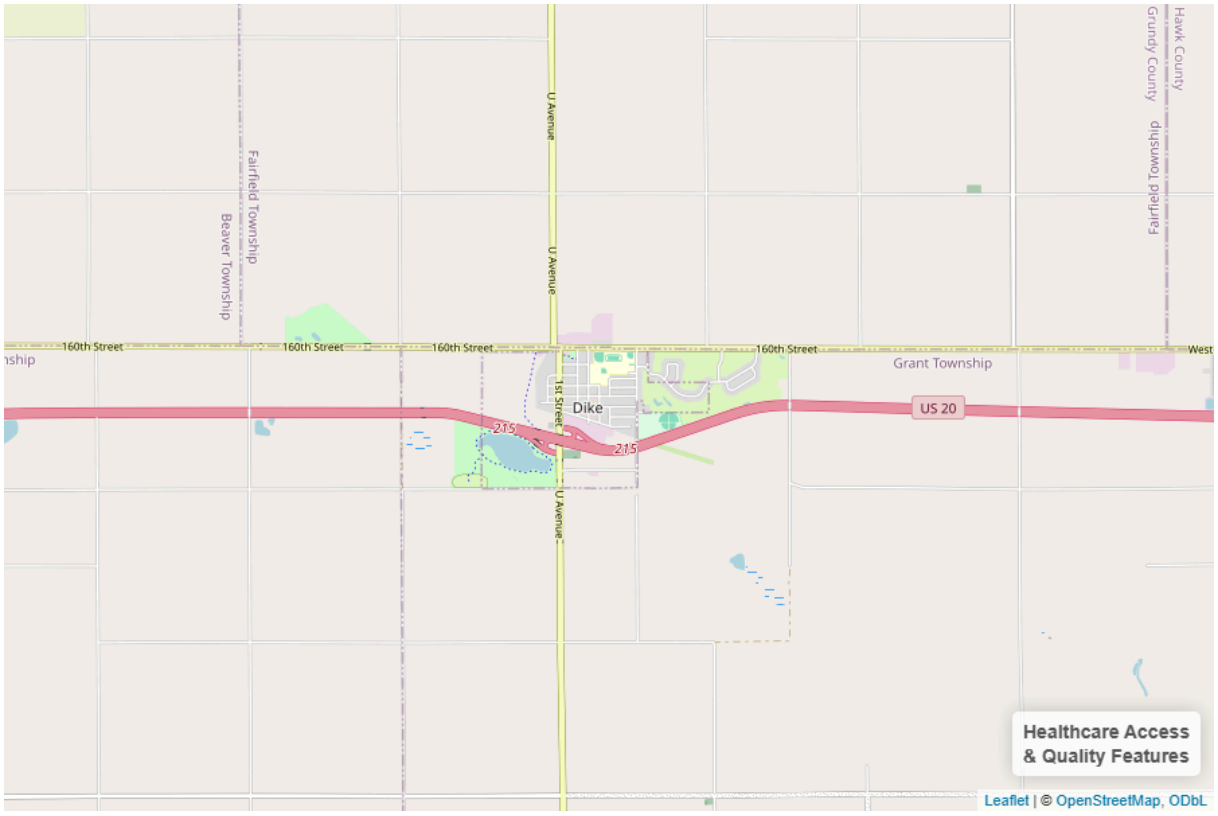


Figure 7: Heath Care Access and Quality Resources in Dike

[7] https://health.gov/healthypeople/priority-areas/social-determinants-health

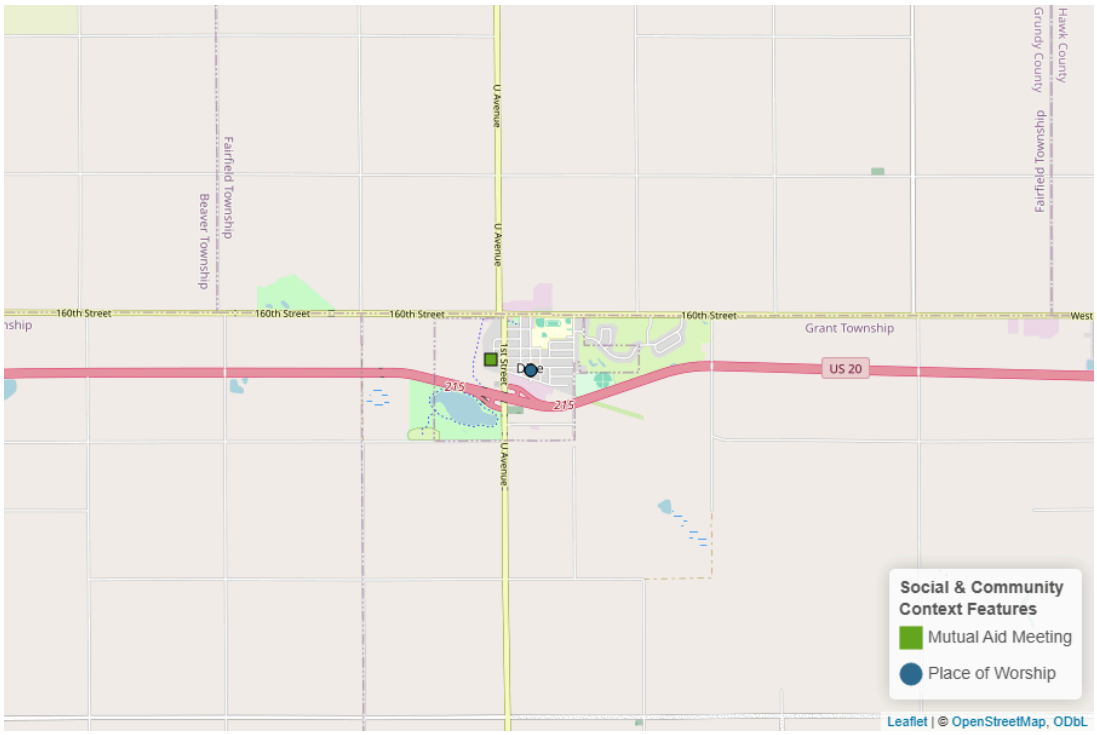


Figure 8: Social and Community Context Resources in Dike

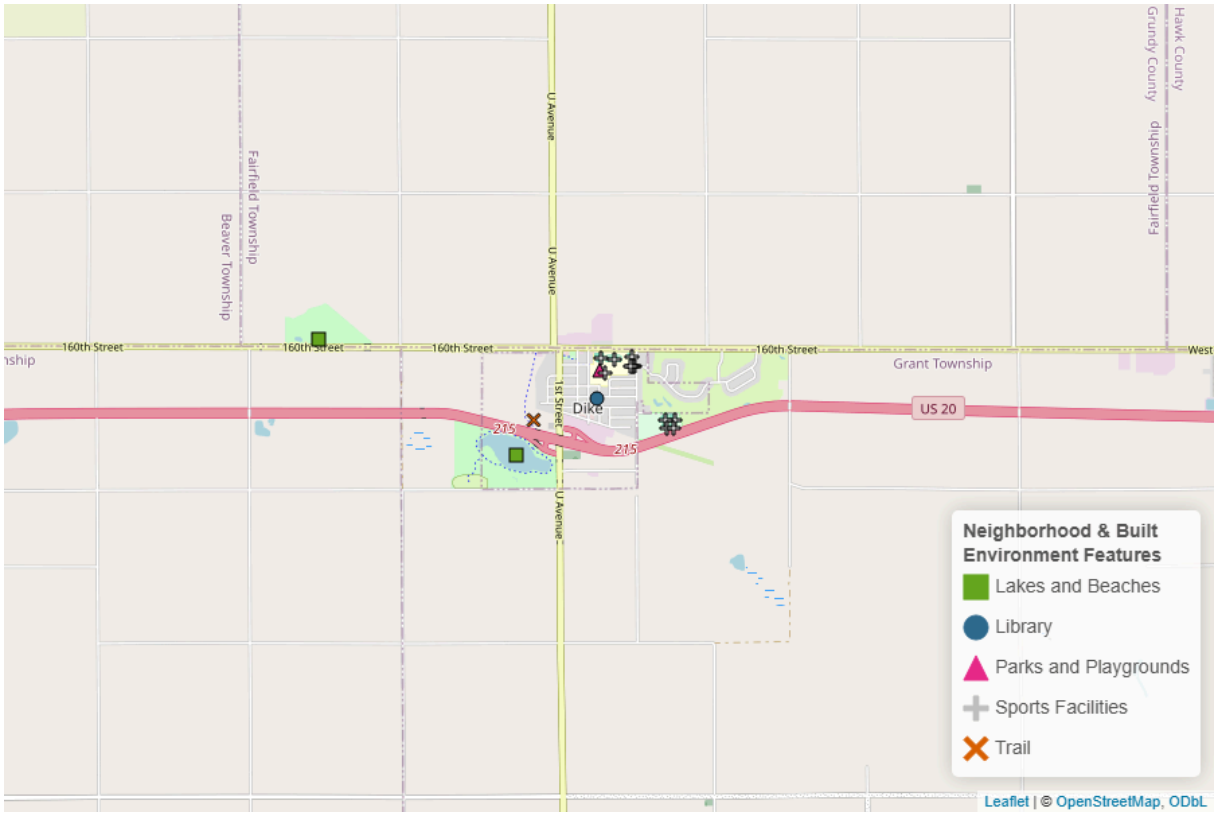


Figure 9: Neighborhood and Built Environment Resources in Dike

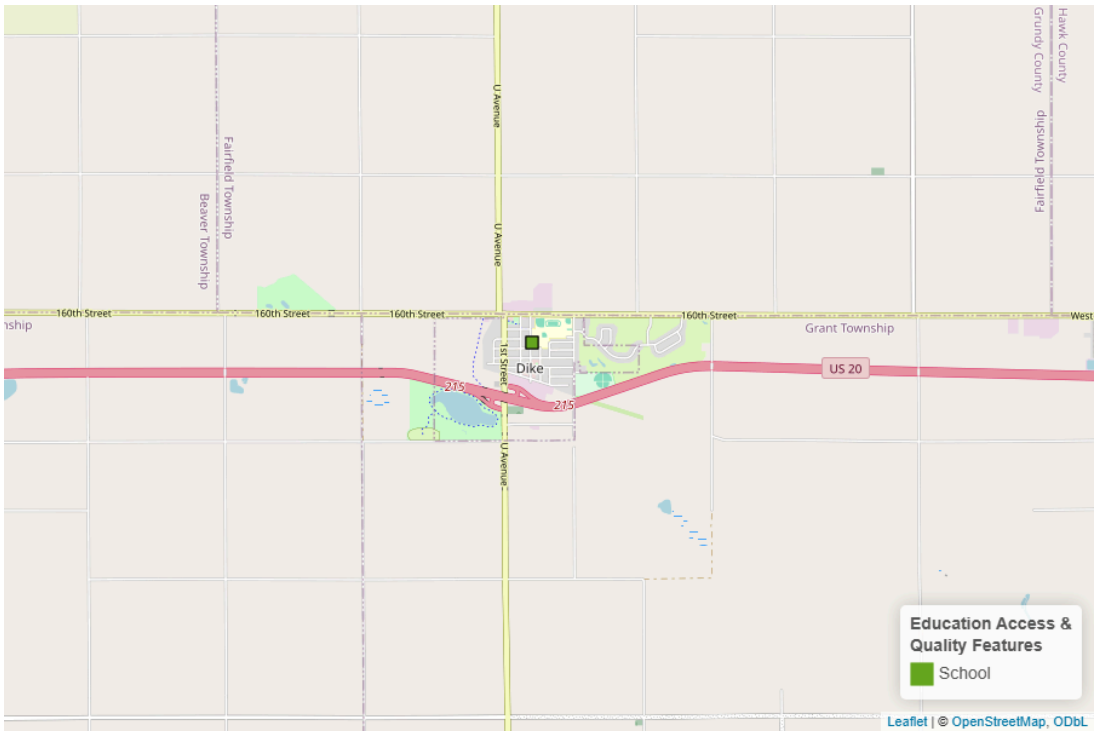


Figure 10: Education Access and Quality Resources in Dike

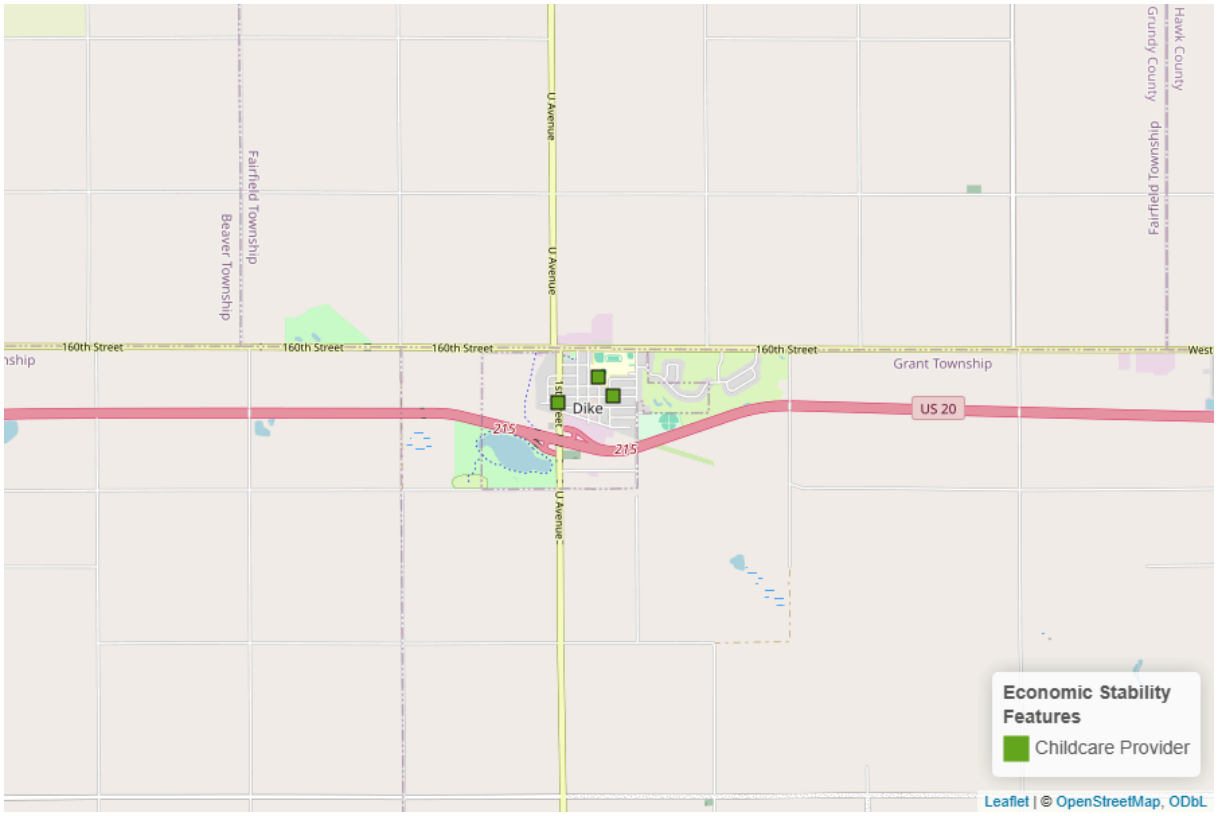


Figure 11: Economic Stability Resources in Dike

Peer Support Providers

Peer support is an important kind of specialized support for people in recovery. Peer Support Providers include organizations that have trained staff members to provide specialized peer support. Some of these trained positions include peer support specialists, peer recovery coaches, and family peer support specialists. The "What is Recovery?" section at the beginning of this report has more information about each. All types of peer support are intended to provide individualized support through one-on-one meetings with people who have similar lived experience and are in recovery themselves. The University of Iowa's Peer Workforce Collaborative[8] has more information about different types of peer support specialists and how people in recovery can themselves become peer support specialists.

Table 3 shows peer support provider organizations in behavioral health district 3. Organizations located in Dike are listed first and highlighted in bold.

Table 3: Peer Support Providers in Behavioral Health District 3

City	Organization	Family Peer Support Specialists	Peer Recovery Coaches	Peer Support Specialists	Other
Charles City	Plugged-In Iowa	0	0	1	0
Decorah	Child Health Specialty Clinics (CHSC)	1	0	0	0
Decorah	Northeast Iowa Behavioral Health	0	1	1	0
Decorah	Plugged-In Iowa	0	0	1	0
Hampton	Prairie Ridge Behavioral Health	0	0	1	0
Marshalltown	Center Associates	1	0	1	0
Marshalltown	Mid-Iowa Triumph Recovery Center	0	0	1	0
Marshalltown	Together We Can, Inc.	0	0	1	0
Mason City	Child Health Specialty Clinics (CHSC)	1	0	0	0
Mason City	Four Oaks	0	0	1	0
Mason City	Prairie Ridge Behavioral Health	0	1	1	1
Oelwein	Child Health Specialty Clinics (CHSC)	1	0	0	0
Toledo	Plugged-In Iowa	0	0	1	0
Waverly	Pathways Behavioral Services	0	0	2	0

[8] https://iowapeersupport.sites.uiowa.edu/

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 used data from two sources, the Treatment Episode Admissions Datasets (TEDS-A) and the National Survey of Drug Use and Health (NSDUH) to uncover links between substance misuse and socio-demographic factors. The maps below use Census Bureau estimates of those same neighborhood characteristics by census tract. They display indexes for each substance, identifying areas that have the characteristics of vulnerable populations. These spots need focused 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.[9]

Identifying towns and neighborhoods with high or low risk of substance use can aid public health efforts. This knowledge helps us take targeted actions based on specific risks in those areas. To aid in this work, the following pages include substance use vulnerability maps for overall substance use, opioids, methamphetamine, heroin, alcohol, cannabis, cocaine, and benzodiazepines.

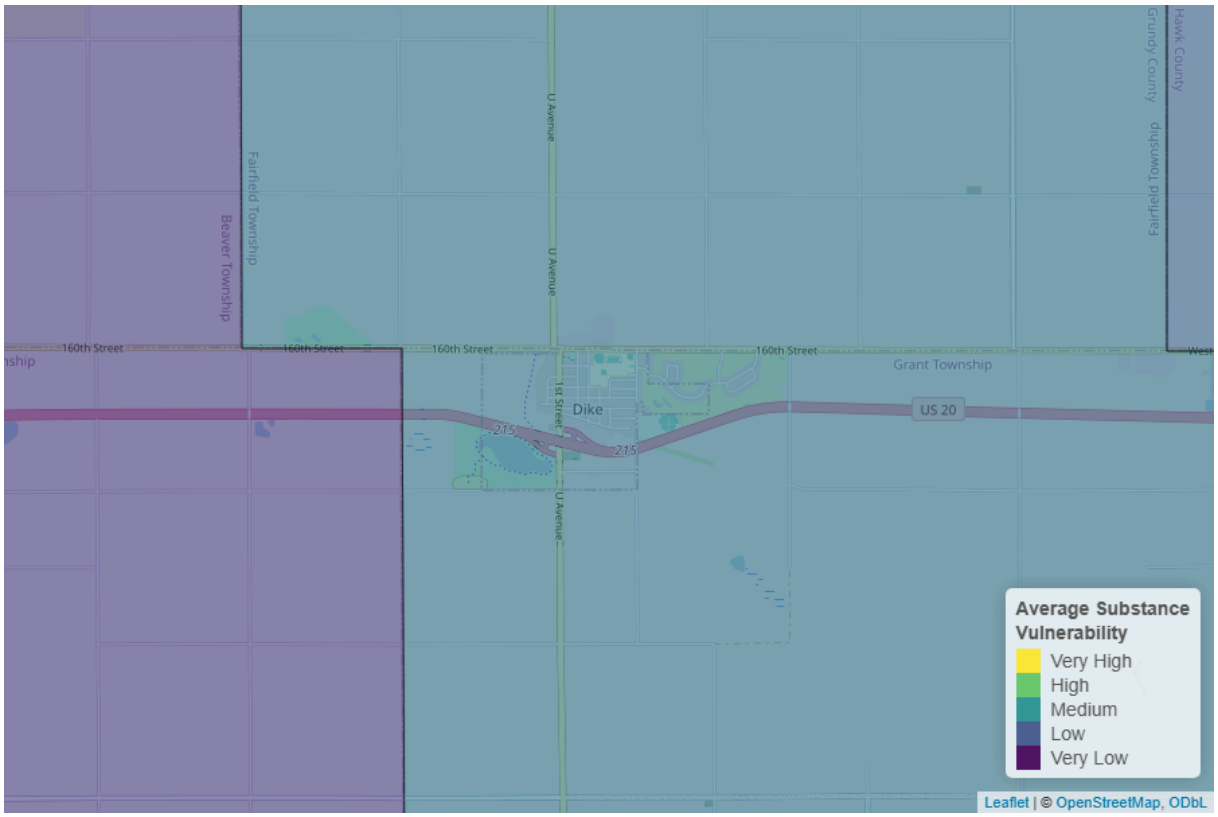


Figure 12: Overall Substance Use Vulnerability in Dike

[9] https://publicsciencecollaborative.shinyapps.io/substance_use_vulnerability/

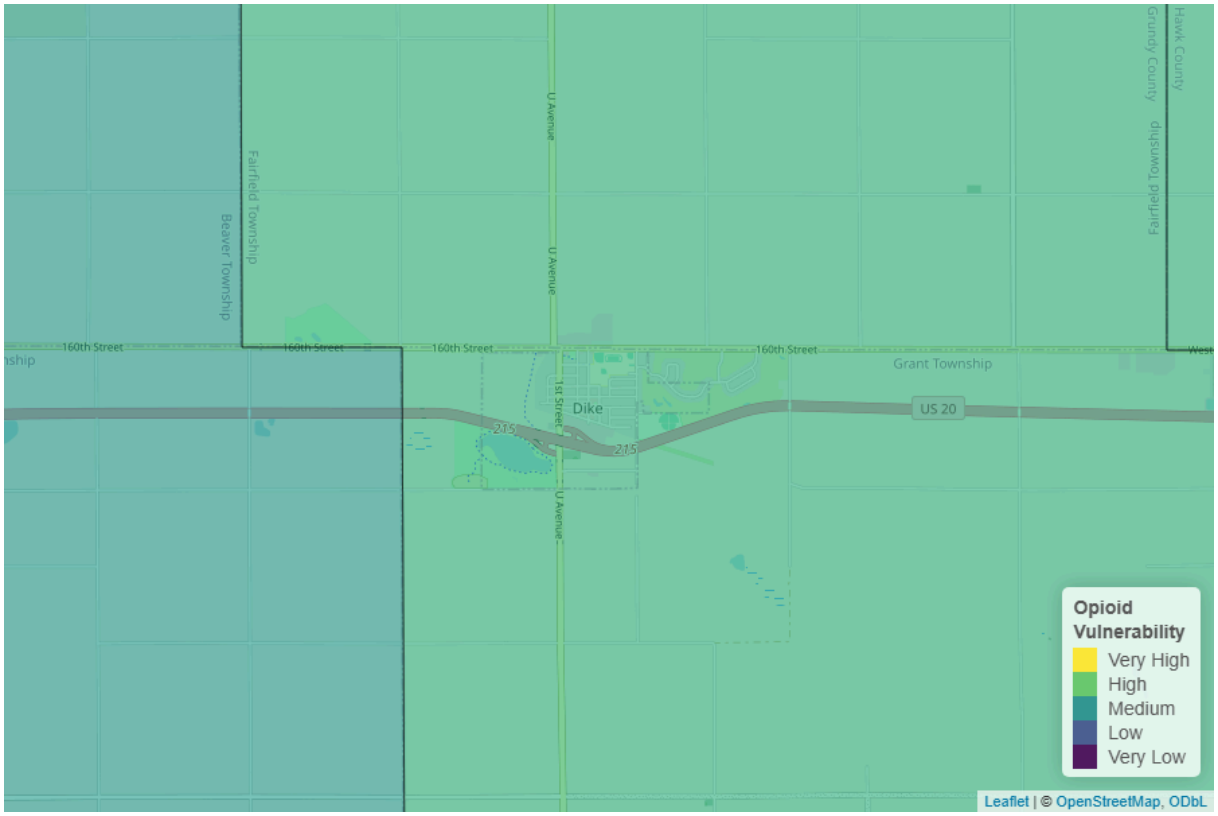


Figure 13: Opioid Vulnerability in Dike

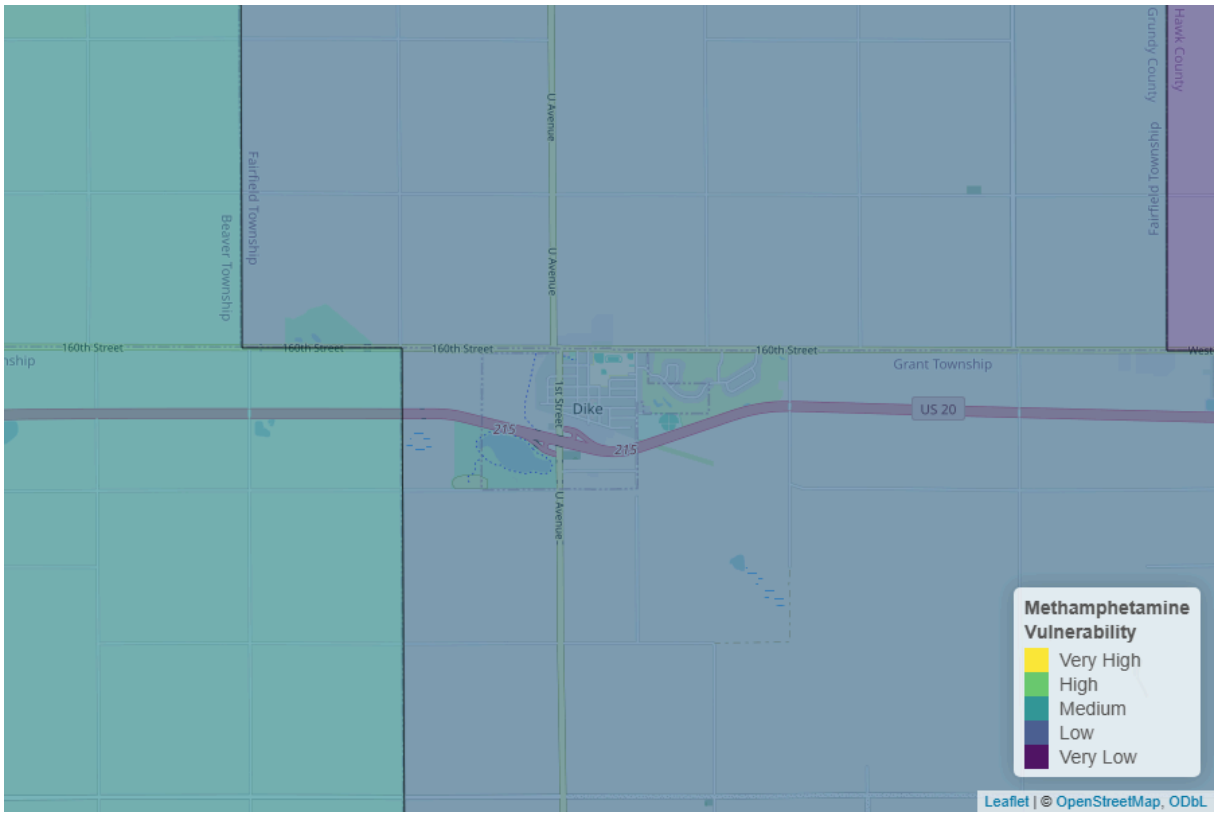


Figure 14: Methamphetamine Vulnerability in Dike

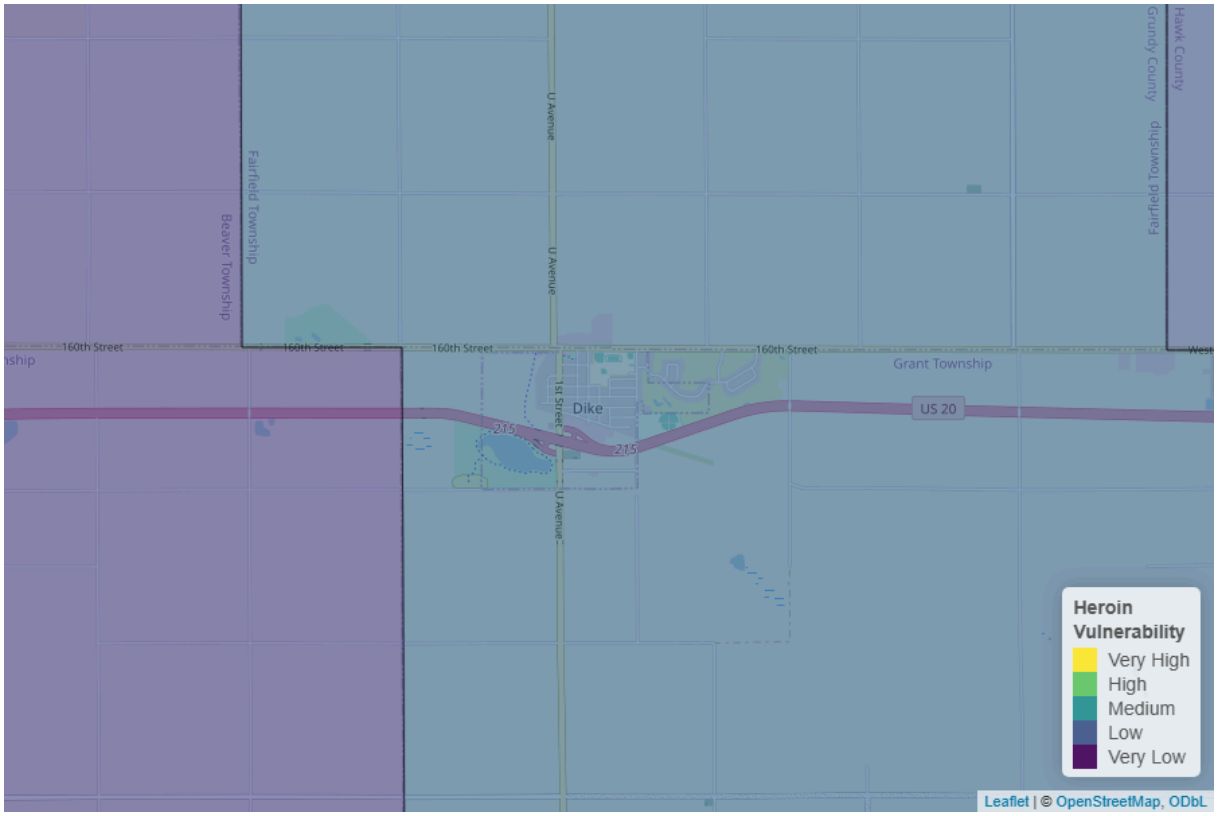


Figure 15: Heroin Vulnerability in Dike

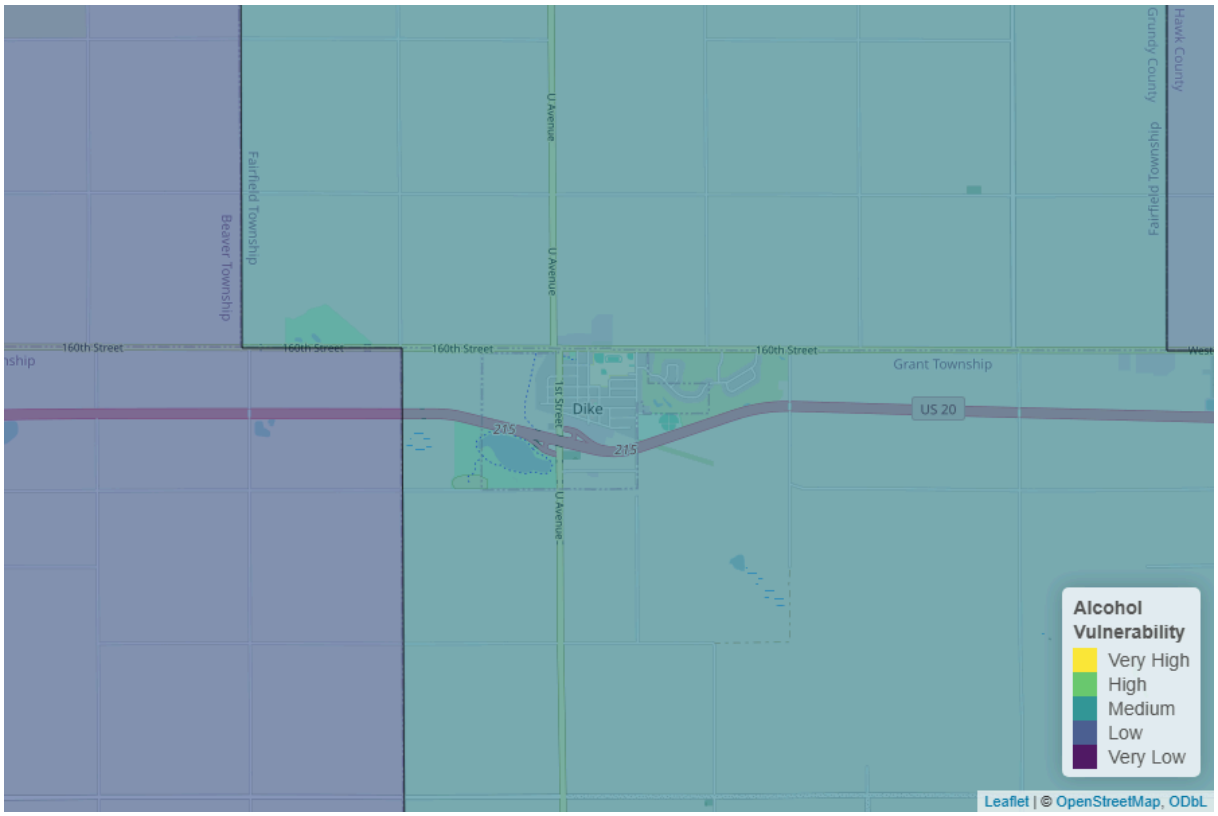


Figure 16: Alcohol Vulnerability in Dike

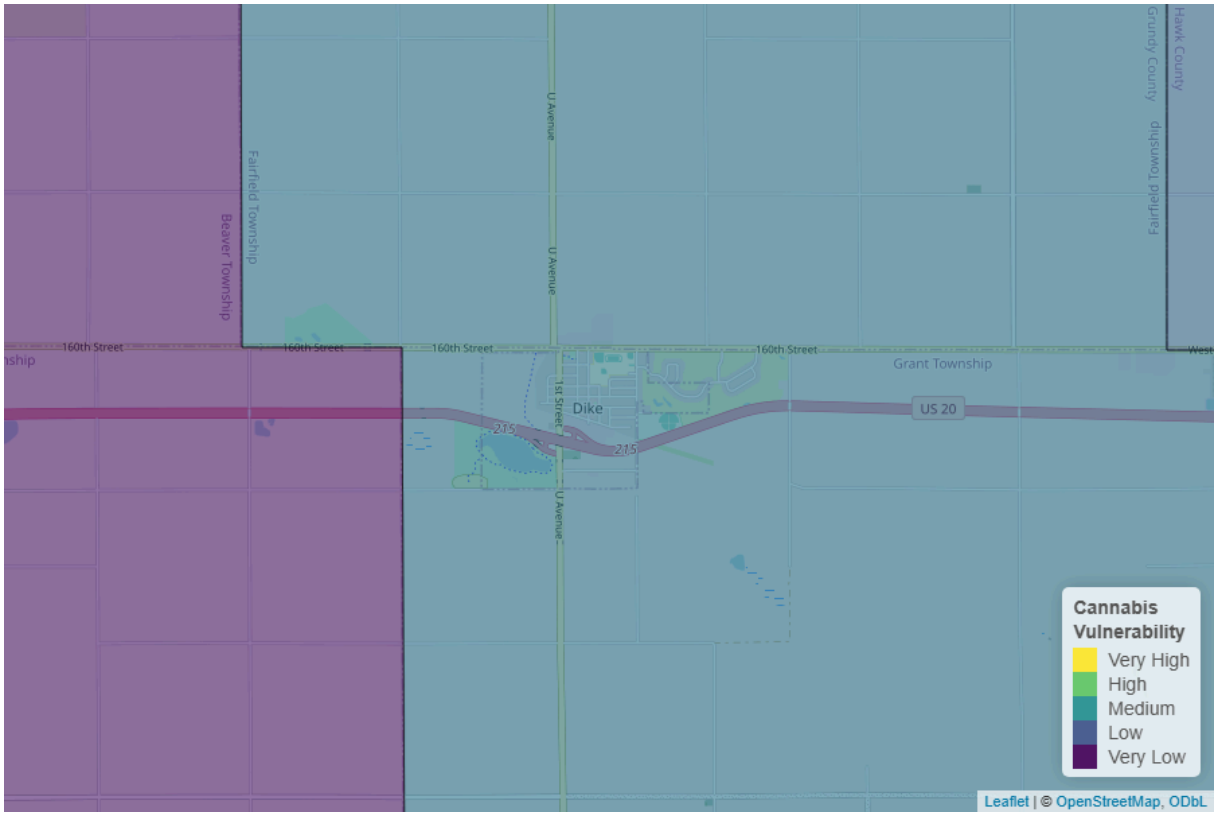


Figure 17: Cannabis Vulnerability in Dike

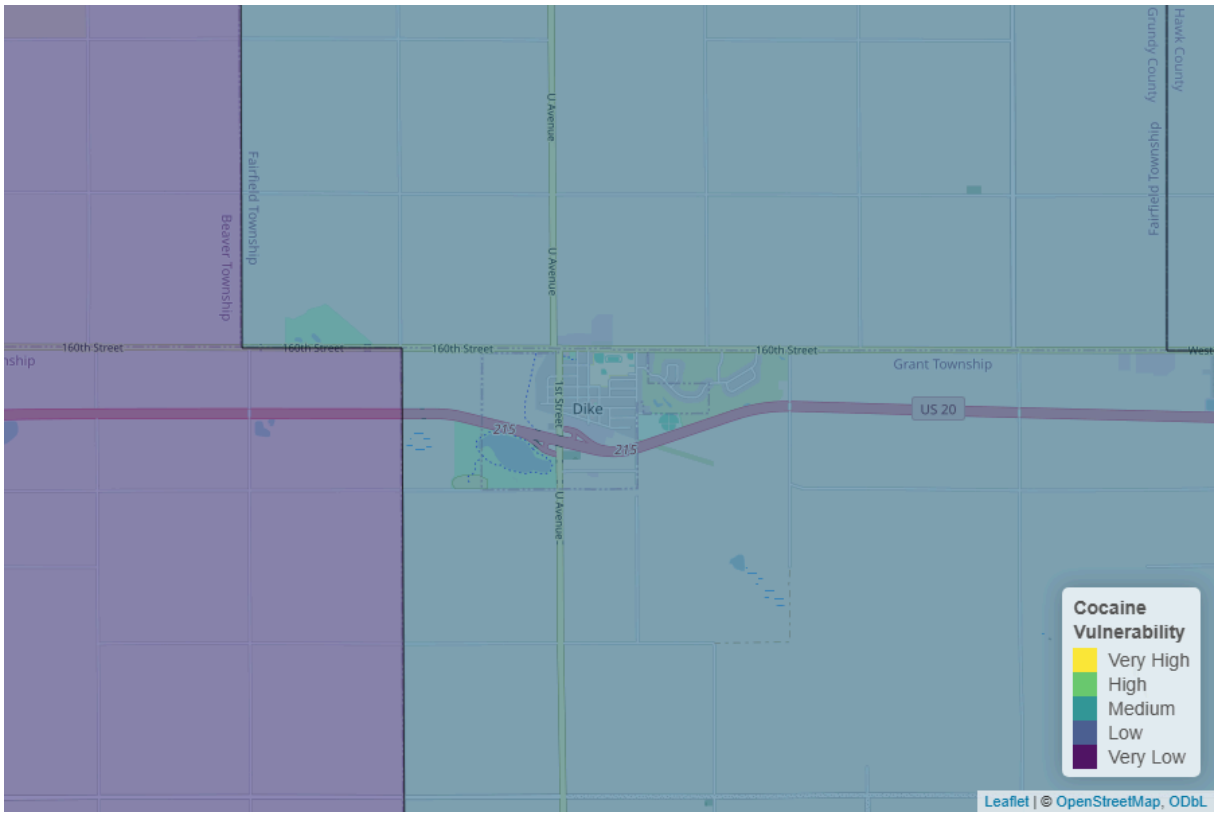


Figure 18: Cocaine Vulnerability in Dike

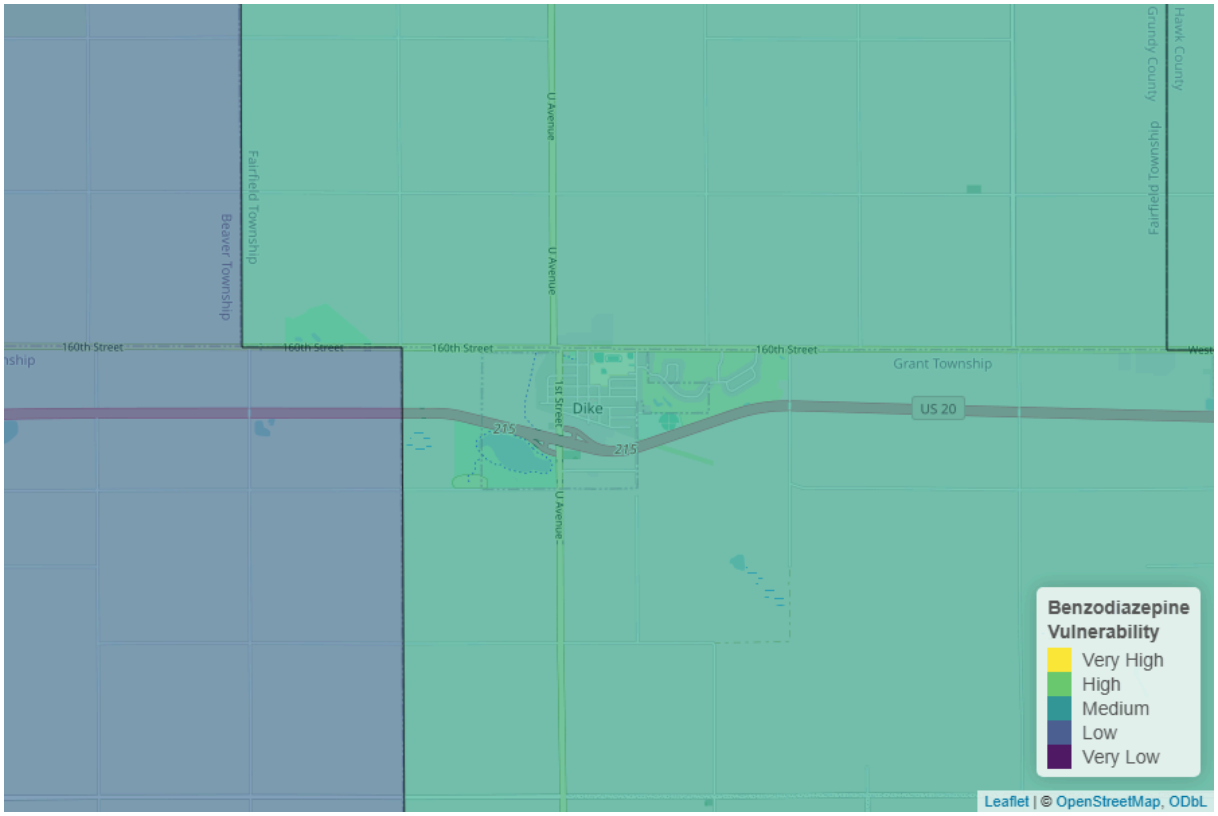


Figure 19: Benzodiazepine Vulnerability in Dike

Social Determinants of Health

In addition to the substance use vulnerability maps above, the Public Science Collaborative also explored overall health vulnerabilities and disparities in Dike, using the social determinants of health. By social determinants, we refer to social and environmental risks that impact a person's overall health and well-being. For example, in places with high average levels of education and low unemployment rates, people usually enjoy better health. In areas with low average incomes and high single parenting rates, health often suffers. Understanding social determinants of health can help community organizations and governments. It shows where there are neighborhoods that can benefit most from targeted investment to reduce health disparities. You can interactively explore social determinants of health across the state and look at individual components on PSC's SDOH Dashboard.[10]

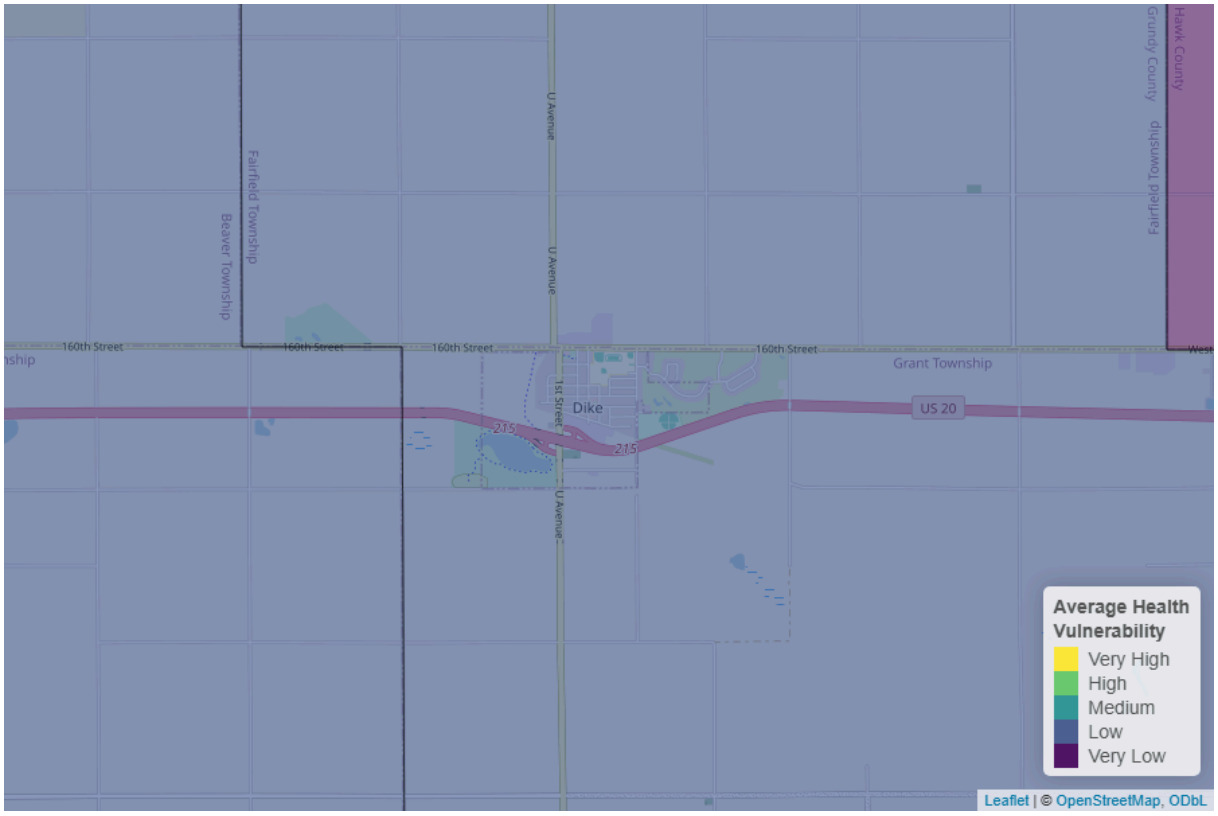


Figure 20: Overall Health Vulnerability in Dike

[10] 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 for individuals in recovery. To collect this data, we used 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 ways: 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,[11] Well-Being Resource Finder,[12] and Physical Activity Resource Finder.[13]

Table 4: Recovery Resource 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

[11] http://public-science.org/recoveryresources
[12] http://public-science.org/communityresources
[13] http://public-science.org/physicalactivity

Resource Type	Source
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

Appendix 2: RRCI Rankings for Cities in Behavioral Health District 3

Table 5 adds on to the Recovery Ready Community Index data found earlier in the report. This table includes all 47 cities in behavioral health district 3 that have more than 1,000 people. The table is sorted by population, to help enable comparisons between cities in the district of similar sizes. You can use the information to see the relative strengths and weaknesses of communities across the district. Cities located in Grundy County, including Dike, are bolded.

Table 5: RRCI in Behavioral Health District 3 Cities

City	Population	Pop. Group Rank	RRCI	Resource Abundance-Absolute	Resource Abundance-Relative	Recovery Culture
Marshalltown	27,491	31 (out of 31)	60.4	178	64.7	2.5
Mason City	27,135	13 (out of 31)	65.2	229	84.4	4.8
Waverly	10,446	2 (out of 31)	76.4	153	146.5	5.7
Clear Lake	7,603	79 (out of 103)	61.4	65	85.5	2.6
Decorah	7,597	4 (out of 103)	77.5	116	152.7	6.6
Charles City	7,321	11 (out of 103)	74.3	92	125.7	10.9
Oelwein	5,878	54 (out of 103)	66.1	60	102.1	5.1
Iowa Falls	5,062	67.5 (out of 103)	63.4	53	104.7	2.0
Hampton	4,311	51 (out of 103)	66.5	52	120.6	2.3
Cresco	3,901	7 (out of 103)	76.2	59	151.2	7.7
Waukon	3,796	38.5 (out of 103)	68.0	49	129.1	2.6
Osage	3,578	30 (out of 103)	69.5	42	117.4	8.4
New Hampton	3,462	33 (out of 103)	69.0	46	132.9	2.9
Tama	3,079	28 (out of 103)	69.9	39	126.7	6.5
Grundy Center	2,794	46.5 (out of 103)	67.1	32	114.5	7.2
Postville	2,787	100 (out of 103)	29.9	22	78.9	0.0
Eldora	2,622	37 (out of 103)	68.1	34	129.7	3.8
West Union	2,393	8 (out of 145)	83.3	47	196.4	12.5
Denver	2,216	34 (out of 145)	72.8	34	153.4	4.5
Sumner	2,159	36 (out of 145)	71.3	29	134.3	9.3
Toledo	2,079	81 (out of 145)	47.0	34	163.5	0.0
Reinbeck	1,805	119 (out of 145)	34.2	20	110.8	0.0
Parkersburg	1,747	25 (out of 145)	77.3	32	183.2	5.7
Guttenberg	1,675	72 (out of 145)	50.0	32	191.0	0.0
Nashua	1,634	55 (out of 145)	59.7	17	104.0	6.1
Shell Rock	1,634	125 (out of 145)	32.9	18	110.2	0.0
Monona	1,618	112 (out of 145)	36.5	20	123.6	0.0
Dysart	1,575	41 (out of 145)	67.5	21	133.3	6.3
Ackley	1,554	88 (out of 145)	44.6	25	160.9	0.0

City	Population	Pop. Group Rank	RRCI	Resource Abundance-Absolute	Resource Abundance-Relative	Recovery Culture
State Center	1,548	113 (out of 145)	36.0	19	122.7	0.0
Traer	1,464	64 (out of 145)	53.5	12	82.0	6.8
Strawberry Point	1,415	52 (out of 145)	61.3	16	113.1	7.1
Nora Springs	1,394	107 (out of 145)	38.5	19	136.3	0.0
Greene	1,390	127 (out of 145)	32.6	16	115.1	0.0
Dike	1,258	18 (out of 145)	79.4	26	206.7	7.9
Tripoli	1,256	3 (out of 145)	85.6	35	278.7	8.0
Elkader	1,249	2 (out of 145)	86.9	38	304.2	8.0
Clarksville	1,248	28.5 (out of 145)	75.3	22	176.3	8.0
Fayette	1,242	59 (out of 145)	56.9	37	297.9	0.0
Sheffield	1,204	95 (out of 145)	42.2	19	157.8	0.0
Conrad	1,170	102 (out of 145)	40.6	18	153.8	0.0
St. Ansgar	1,156	19 (out of 145)	79.3	24	207.6	8.7
Lansing	1,111	22 (out of 145)	79.0	23	207.0	9.0
Fredericksburg	1,040	38 (out of 145)	69.7	16	153.8	9.6
Allison	1,028	9 (out of 145)	82.6	25	243.2	9.7
Aplington	1,012	109 (out of 145)	38.0	15	148.2	0.0
Janesville	1,012	73 (out of 145)	49.7	22	217.4	0.0

Appendix 3: Mutual Aid Meetings In Dike

Table 6: Mutual Aid Meeting Directory in Dike

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

Appendix 4: Resources In Dike

Table 7: Recovery Resource Directory 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	US-20, Dike, IA 50624
Lake	Rodman Park Ponds	28598 E Univ St, Dike, IA 50624
Library	Dike Public Library	133 E Elder, Grundy, Dike, IA, 50624
Place of Worship	Liberty Baptist Church	603 Main St, Dike, IA 50624, USA
Place of Worship	Saint Mary's Catholic Church	603 Main St, Dike, IA 50624, USA
Place of Worship	Saint Marys Church	19304 W Ave, Dike, IA 50624, USA
Place of Worship	United Methodist Church	603 Main St, Dike, IA 50624, USA
Playground	1 Playground	221 Main St, Dike, IA 50624
School	Dike Elementary School	330 Main St, Dike, IA
School	Dike-New Hartford High School	330 Main St, Dike, IA
Tennis Court	4 Tennis Courts	Dike, Grundy County, Iowa, 50624, United States
Trail	1 Trail	No Address in Data