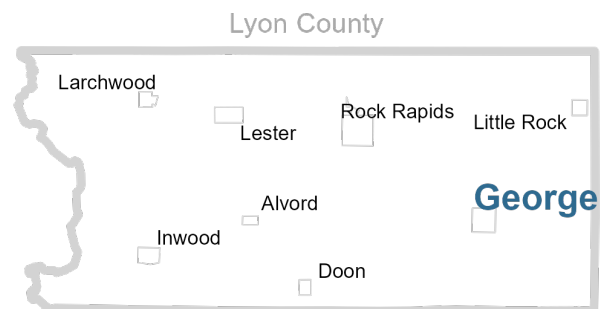


Recovery Readiness Assessment: George

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 Collaborative¹ (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 George, which is in Lyon County and is part of Iowa's Behavioral Health District 1 (see Figure 1). George has a population of 1,000.

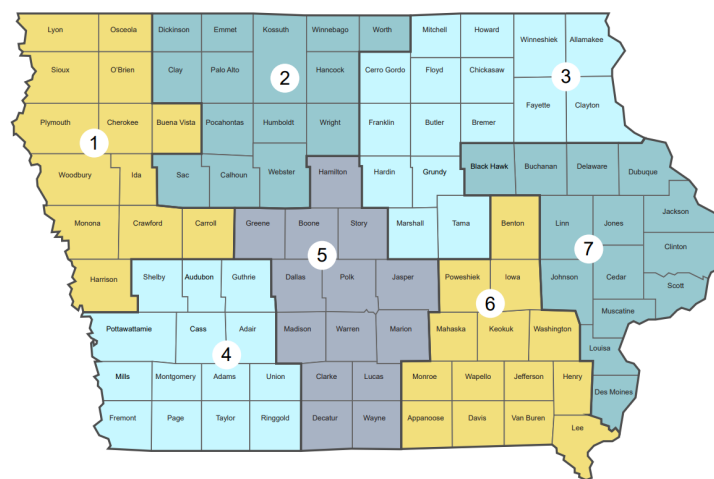


Figure 1: Iowa's Behavioral Health Districts (Source: Iowa HHS)

The following pages define recovery, recovery-oriented services, and recovery-ready communities. We evaluate George'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 Series² 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](https://iowapeersupport.sites.uiowa.edu/)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](https://recoverycafenetwork.org/)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 George compared to the two Iowa cities most similar in population, Preston and Fredericksburg, 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 George among all the communities with at least 1,000 people in behavioral health district 1.

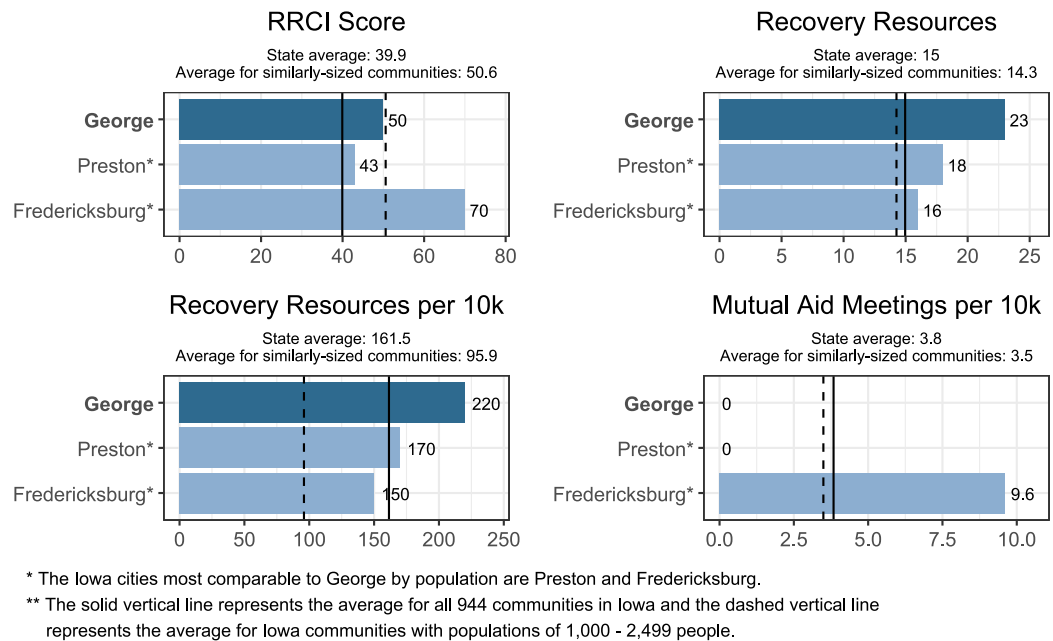


Figure 2: Recovery Resources in George

George ranks 70th of 145 on the RRCI in its population group (1,000 - 2,499). Among the same group, George ranks 64th in total resources, 15th in resources per 10,000 people, and 104th in mutual aid meetings per 10,000 people. In addition to the RRCI, a community might also consider resource diversity. That is, whether George has a wide range of types of resources to support multiple pathways to recovery. On this measure, George has 9 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, George has 0 mutual aid meetings and 23 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 George. 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 George

Meeting Type
There are no mutual aid meetings in George.

Table 2: Types of Recovery Resources in George

Resource Type	Total Resources
Place of Worship	10
Baseball/Softball Diamond	3
Childcare Provider	3
Trail	2
Lake	1
Library	1
Public Park	1
Rural Health Clinic	1
School	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 George 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)

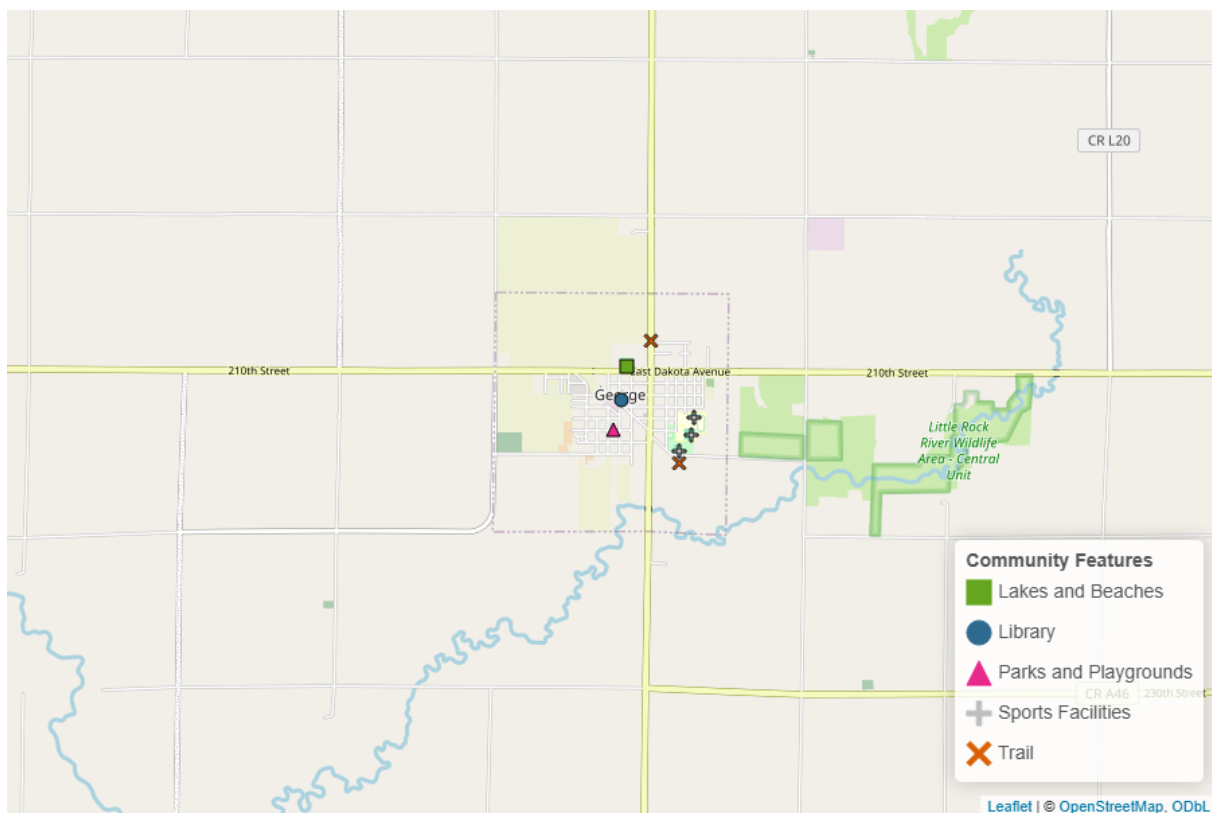


Figure 3: Community Resources in George

⁶<https://library.samhsa.gov/sites/default/files/pep12-recdef.pdf>

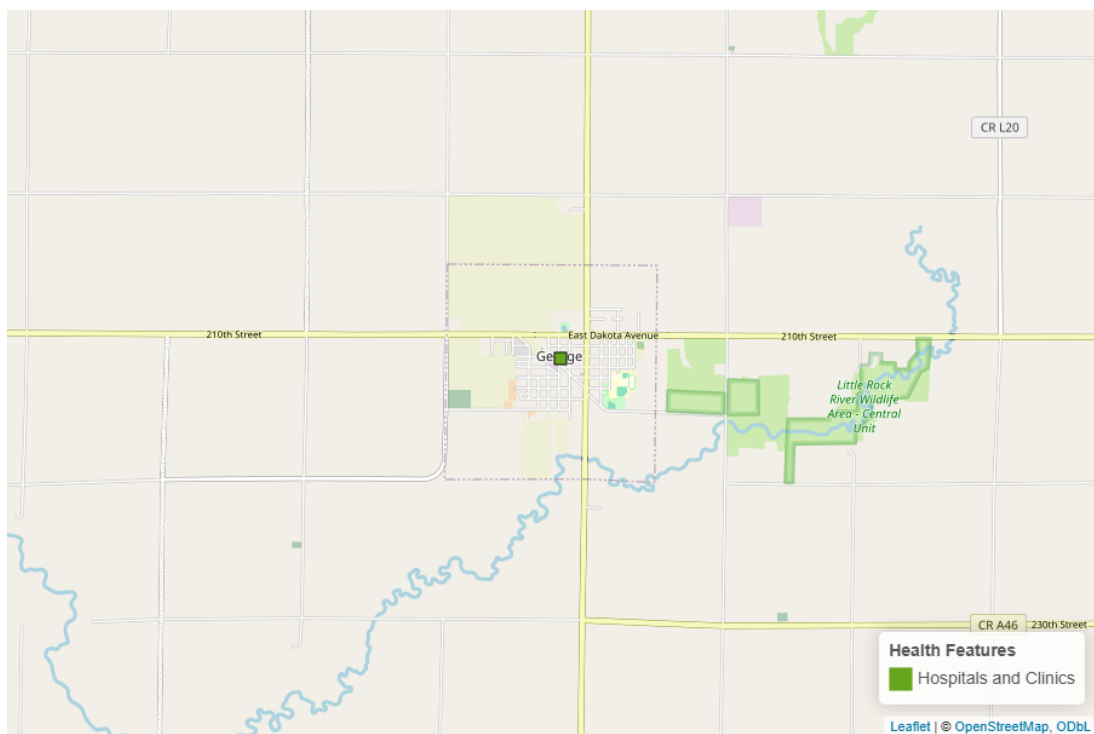


Figure 4: Health Resources in George

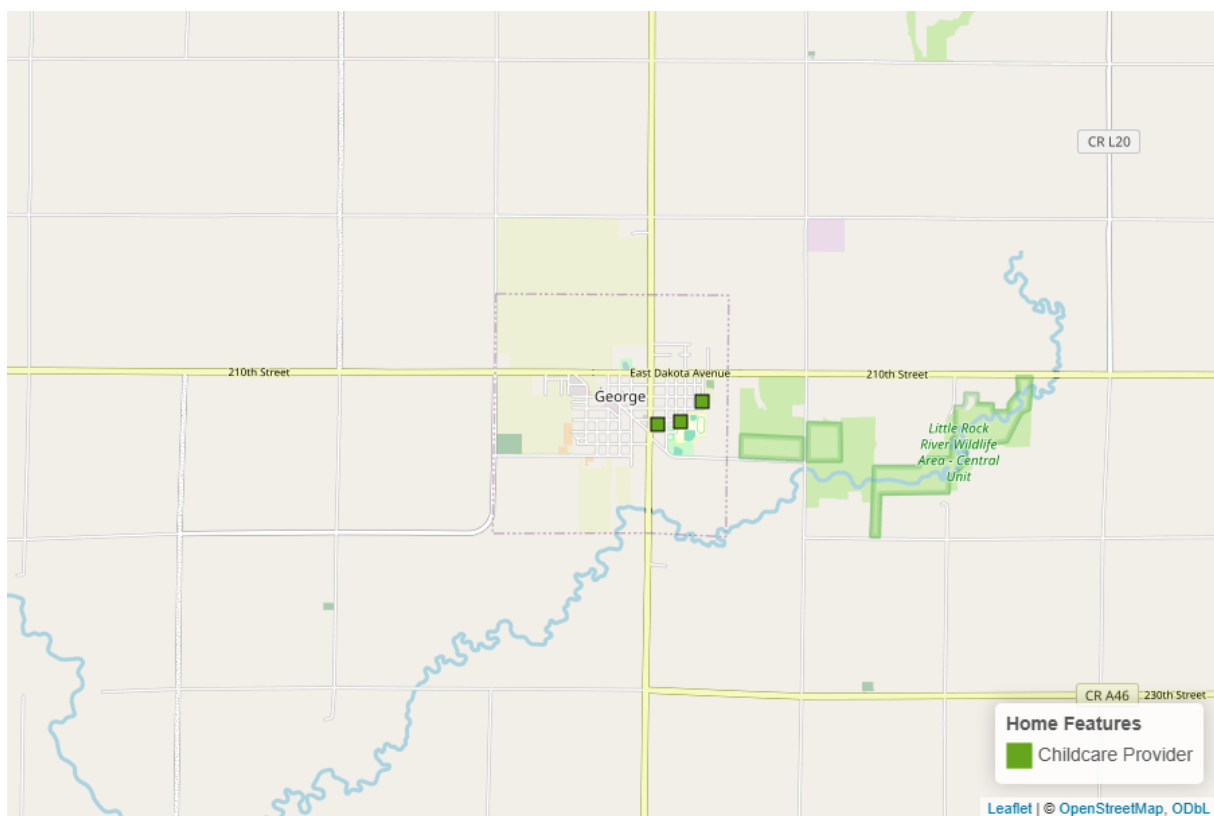


Figure 5: Home Resources in George

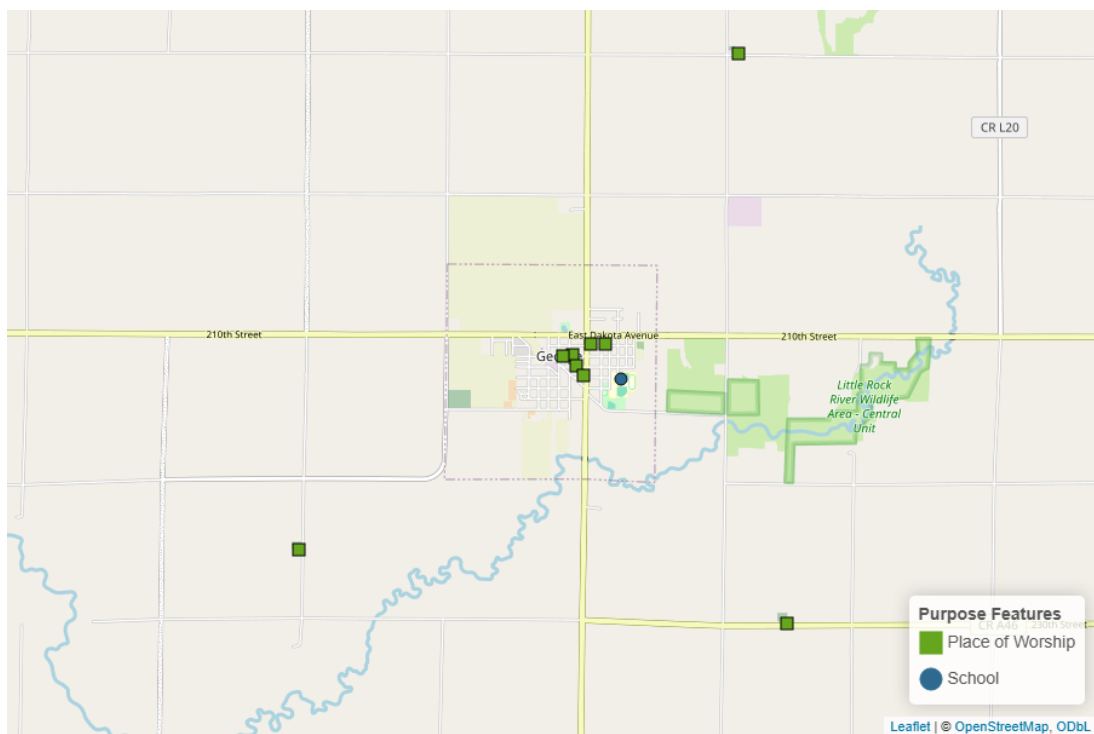


Figure 6: Purpose Resources in George

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)

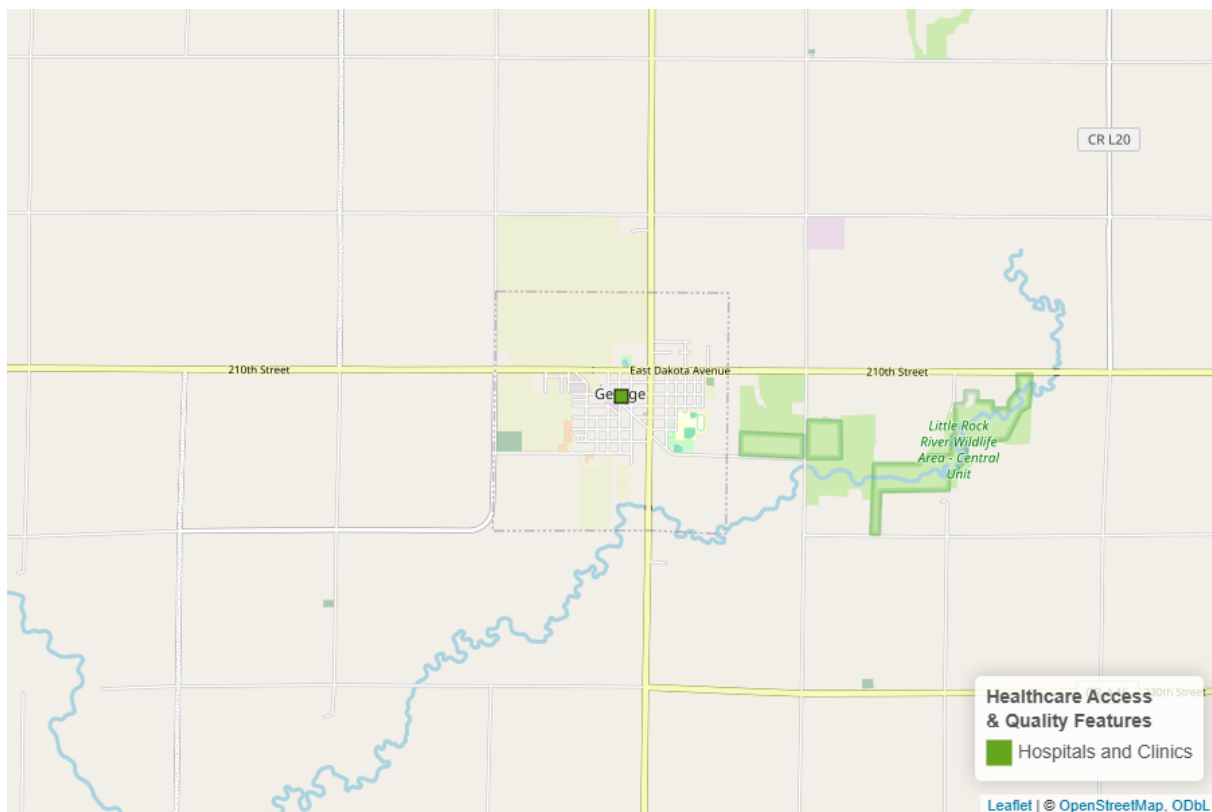


Figure 7: Heath Care Access and Quality Resources in George

⁷<https://health.gov/healthypeople/priority-areas/social-determinants-health>

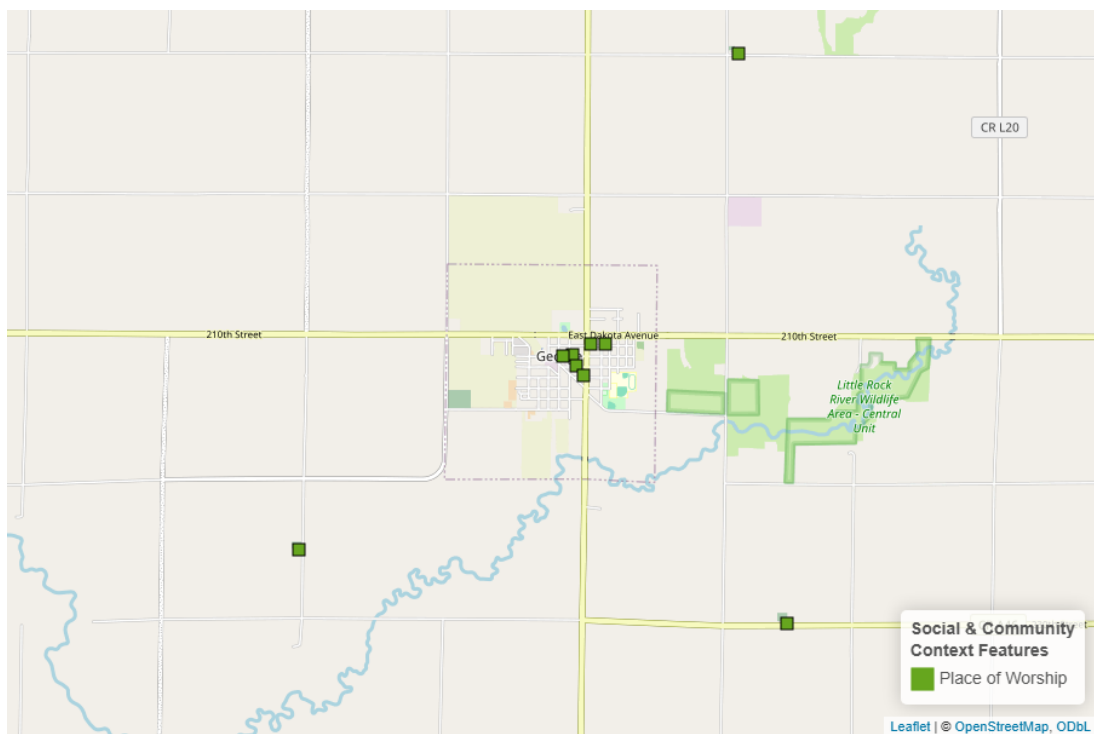


Figure 8: Social and Community Context Resources in George

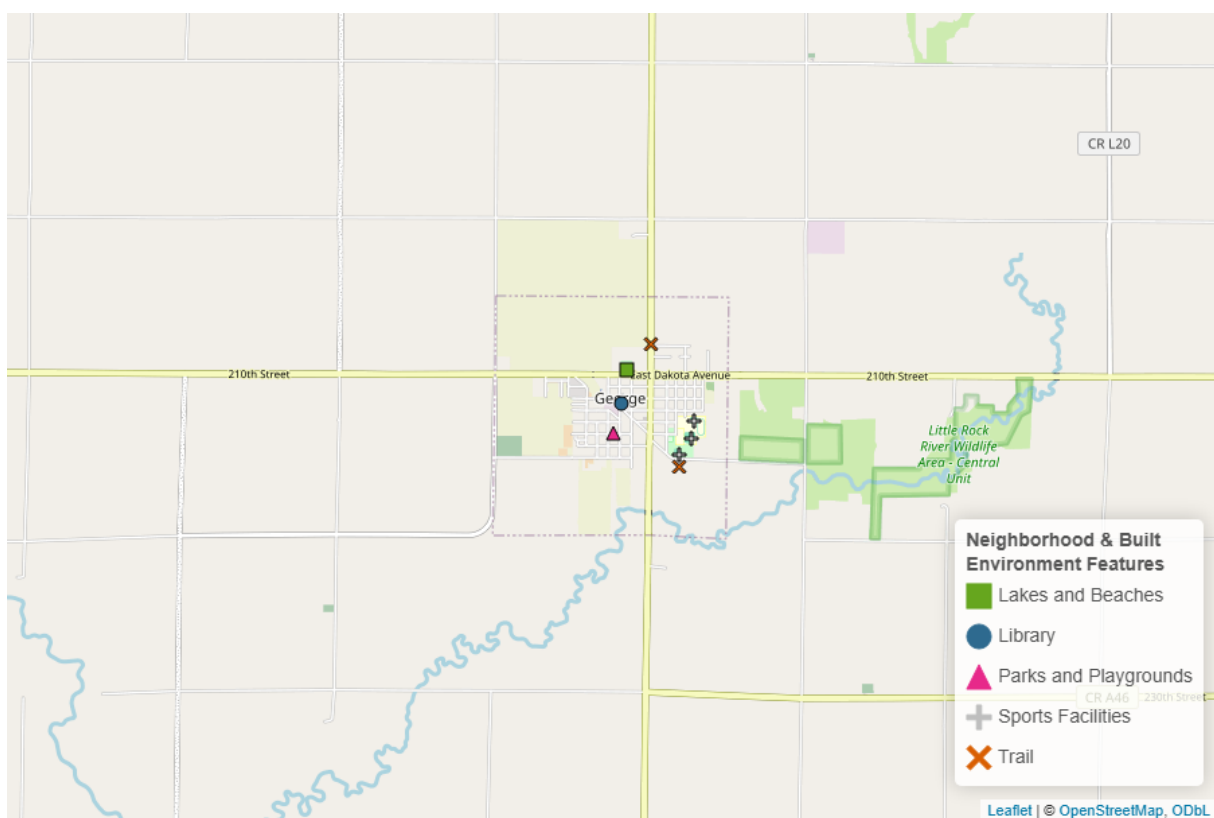


Figure 9: Neighborhood and Built Environment Resources in George

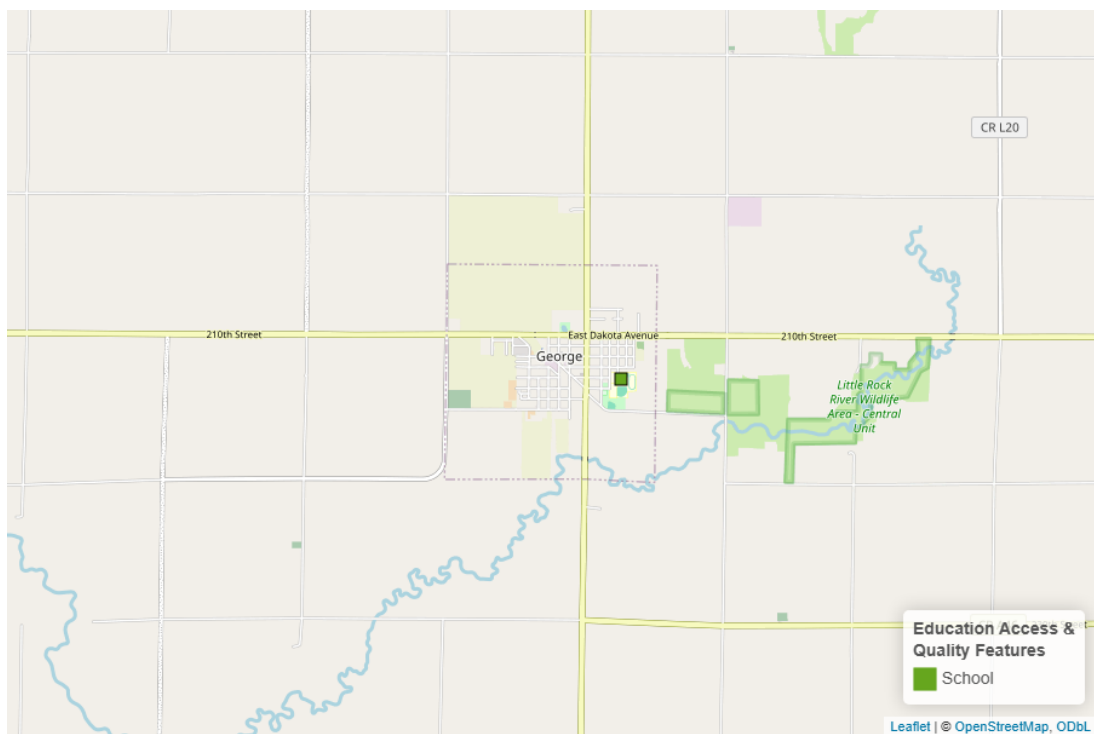


Figure 10: Education Access and Quality Resources in George

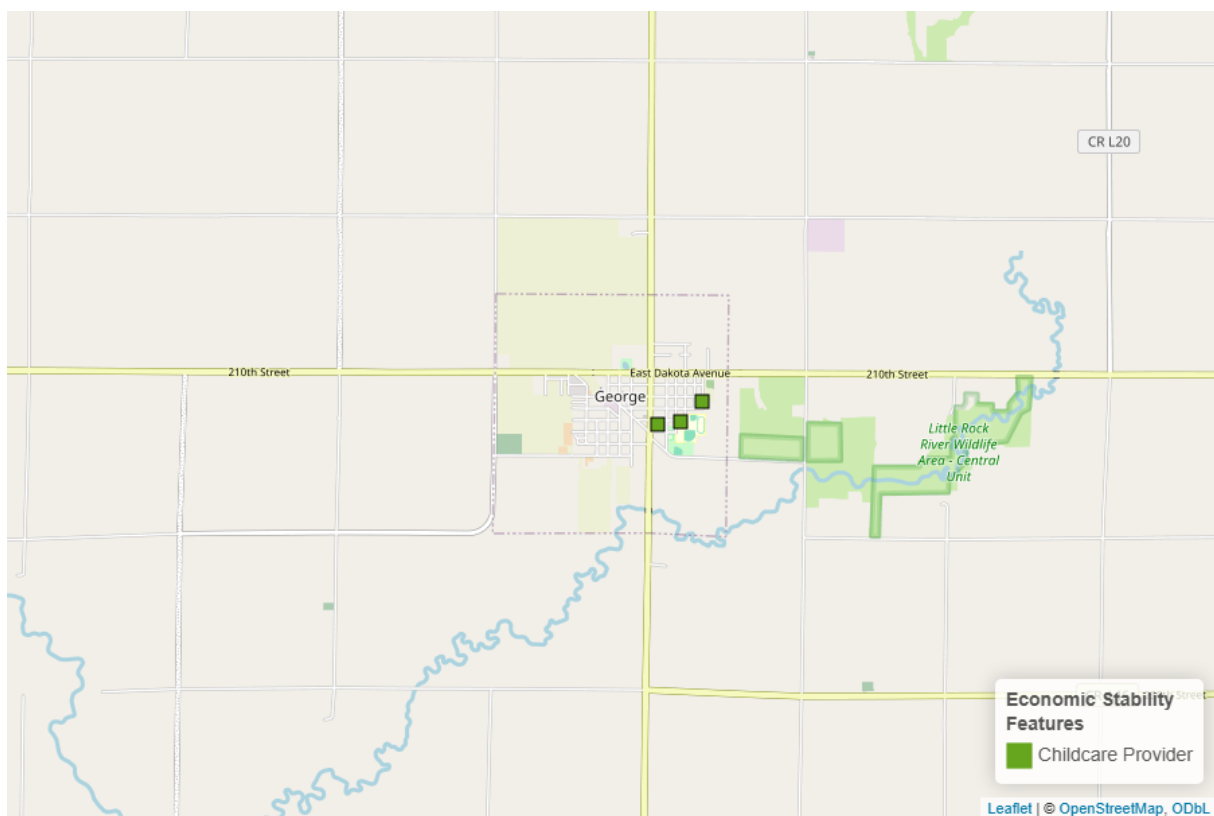


Figure 11: Economic Stability Resources in George

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 Collaborative⁸](https://iowapeersupport.sites.uiowa.edu/) 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 1. Organizations located in George are listed first and highlighted in bold.

Table 3: Peer Support Providers in Behavioral Health District 1

City	Organization	Family Peer Support Specialists	Peer Recovery Coaches	Peer Support Specialists	Other
Carroll	Child Health Specialty Clinics (CHSC)	1	0	0	0
Carroll	New Opportunities	0	0	1	0
Carroll	Plains Area Mental Health Center (PAMHC)	0	0	1	0
Cherokee	Plains Area Mental Health Center (PAMHC)	1	0	1	0
Denison	Plains Area Mental Health Center (PAMHC)	0	0	1	0
Le Mars	Plains Area Mental Health Center (PAMHC)	1	0	2	0
Rock Valley	Hope Haven - Faith, Community, Possibilities	0	0	2	0
Sheldon	Rosecrance - Jackson Recovery Centers	0	2	0	0
Sioux City	Child Health Specialty Clinics (CHSC)	1	0	0	0
Sioux City	Rosecrance - Jackson Recovery Centers	0	2	0	0
Sioux City	Siouxland Community Health Center	1	0	2	1
Sioux City	Skyranch Behavioral Services	0	1	1	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](https://publicsciencecollaborative.shinyapps.io/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.

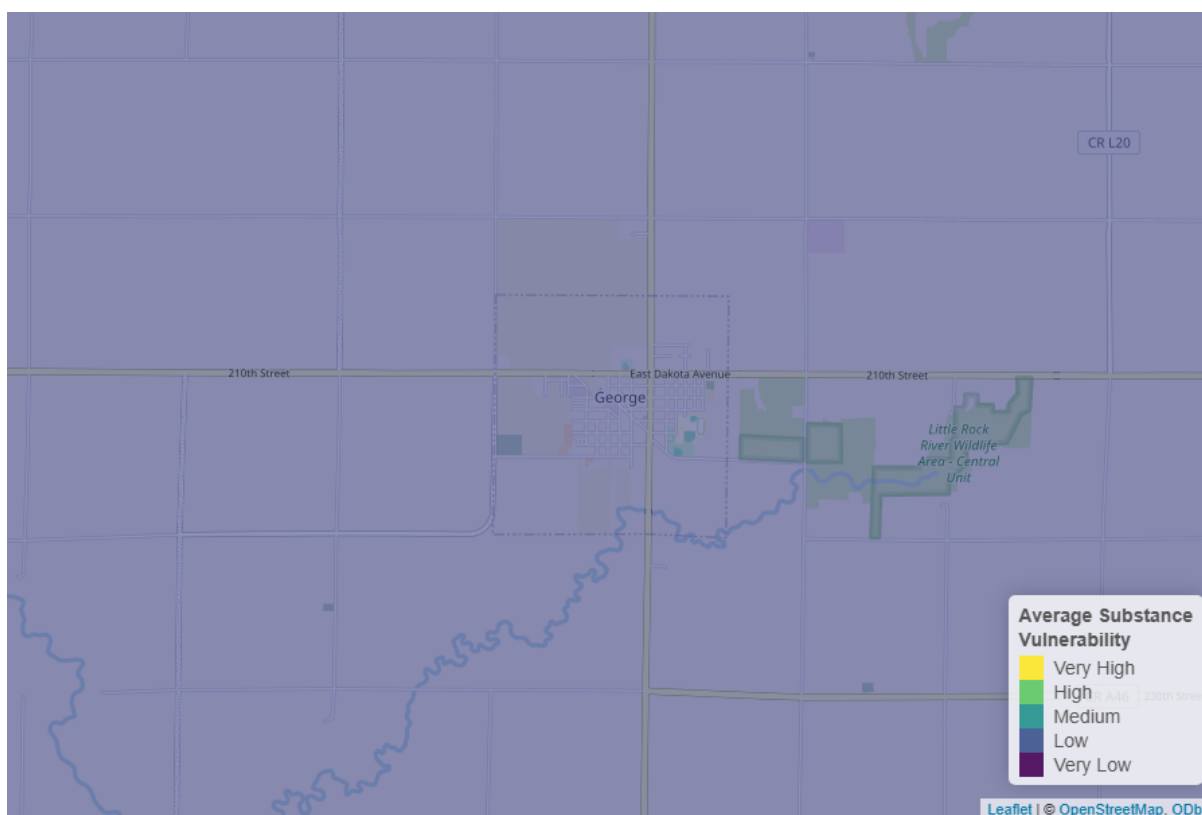


Figure 12: Overall Substance Use Vulnerability in George

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

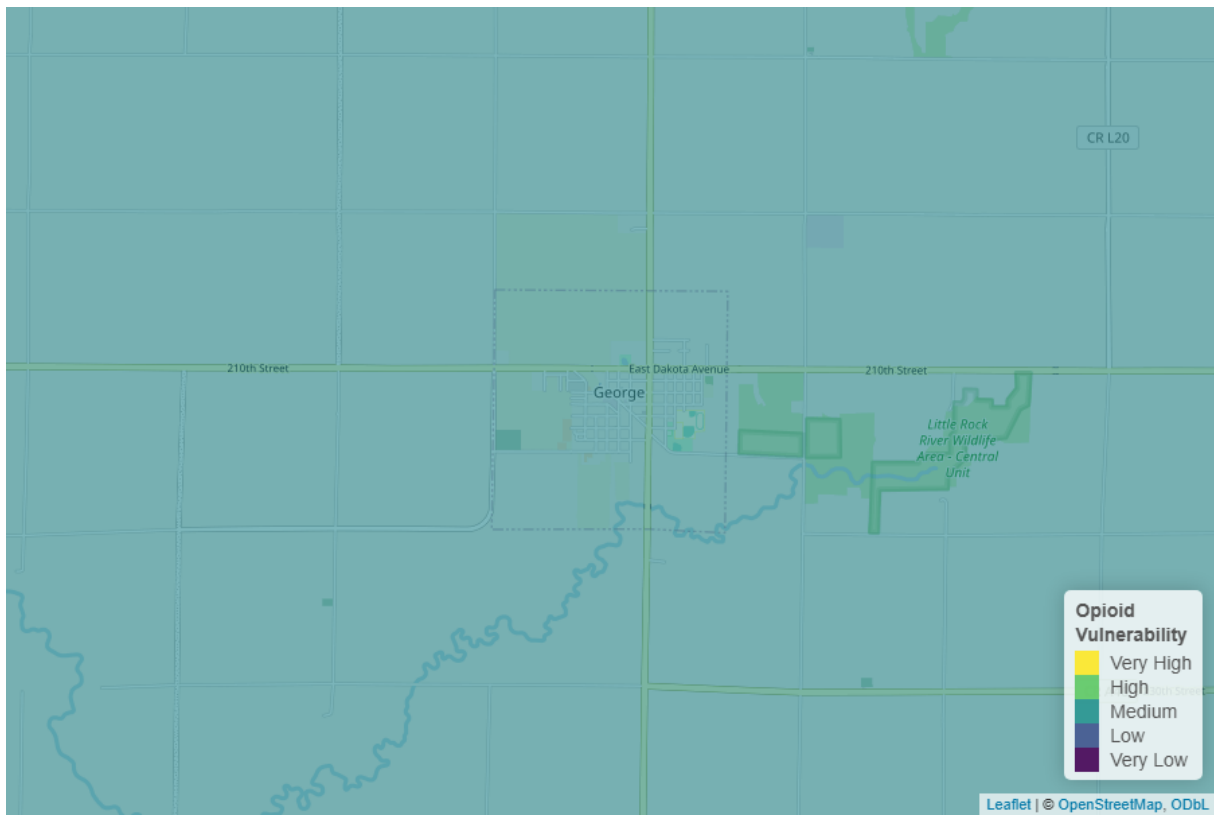


Figure 13: Opioid Vulnerability in George

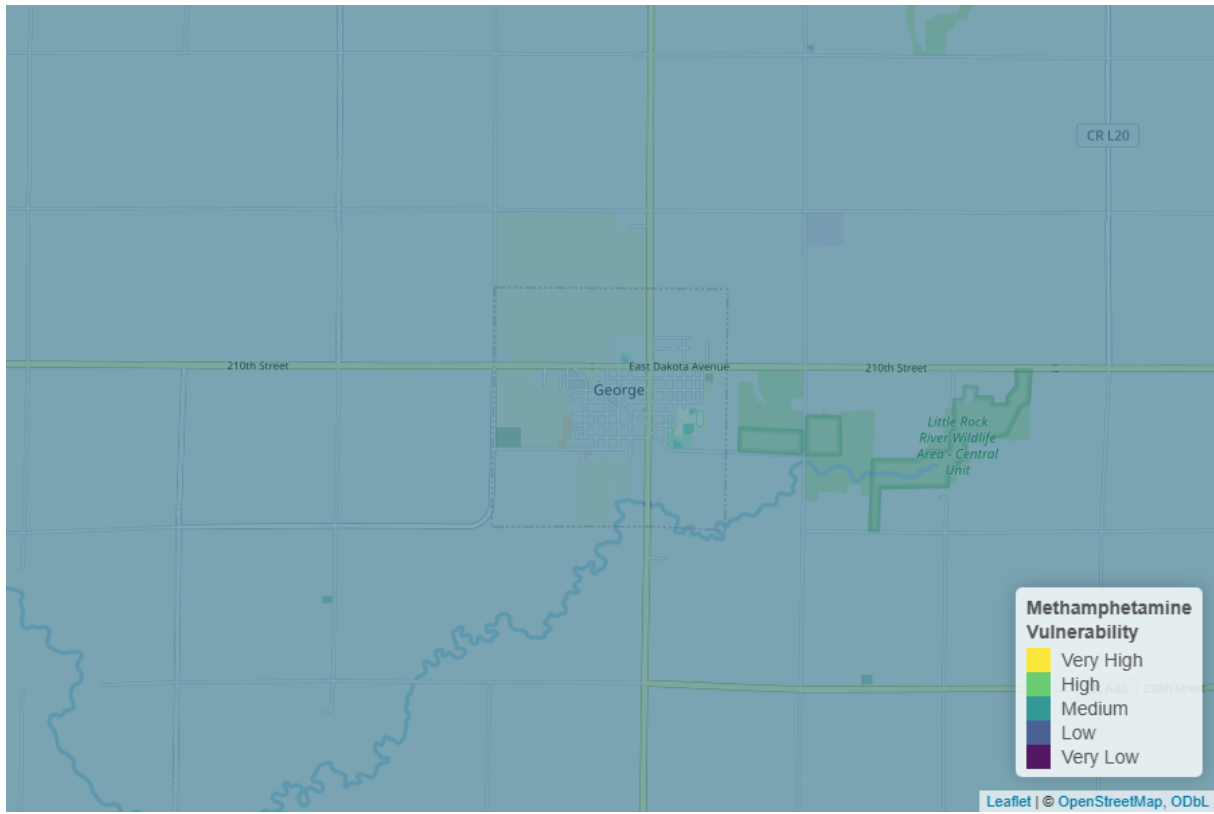


Figure 14: Methamphetamine Vulnerability in George

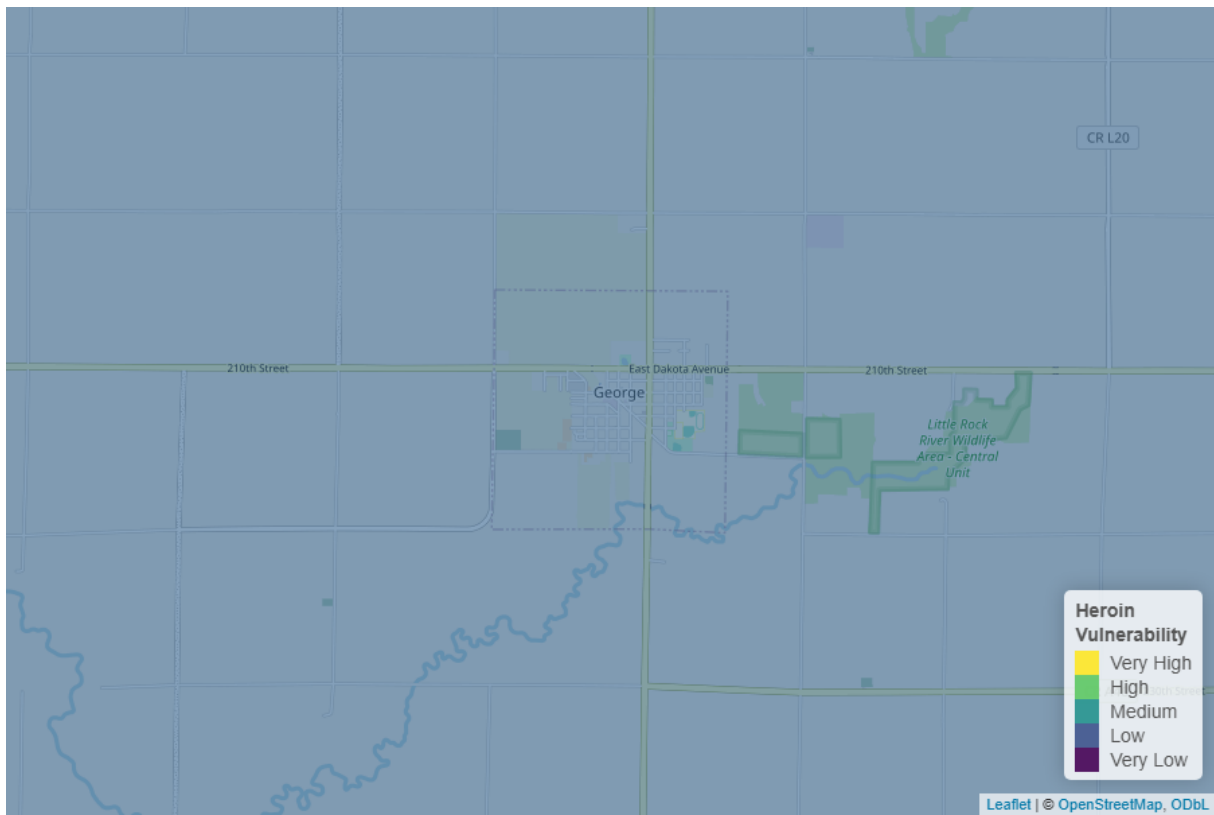


Figure 15: Heroin Vulnerability in George

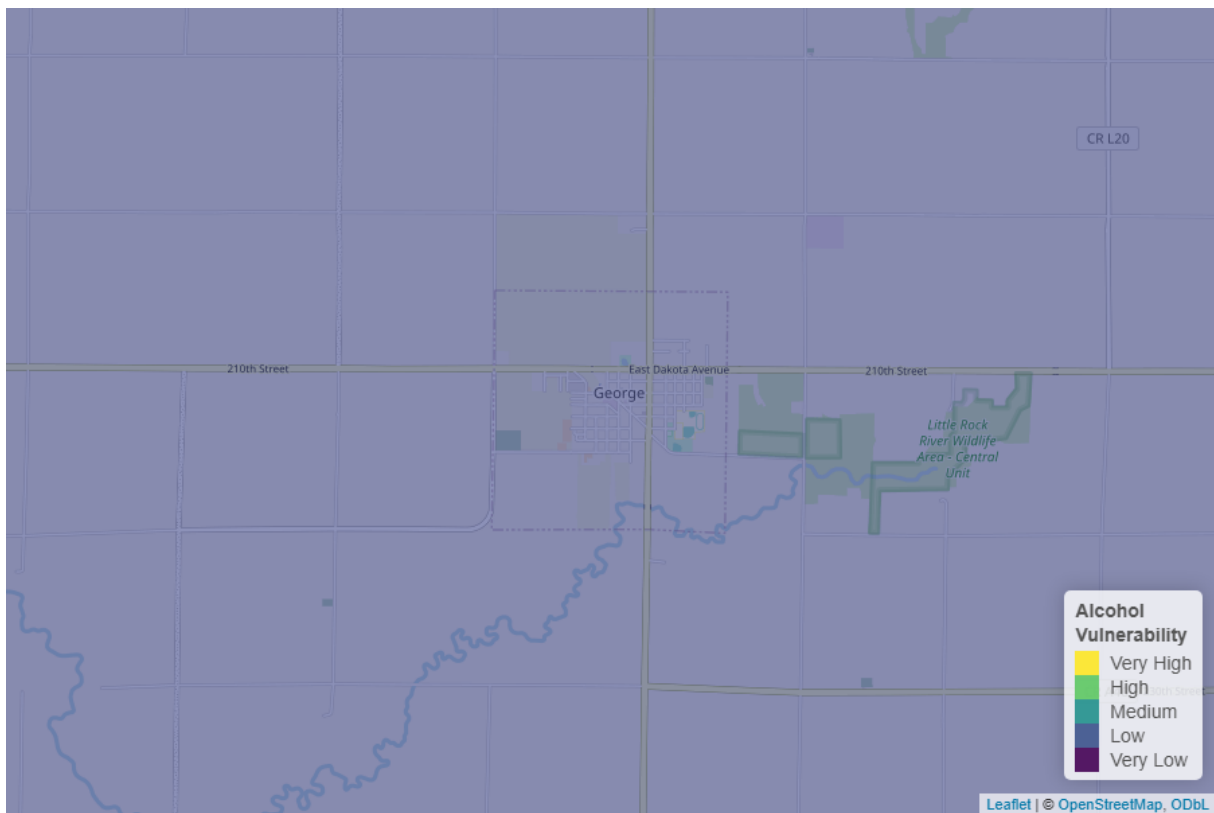


Figure 16: Alcohol Vulnerability in George

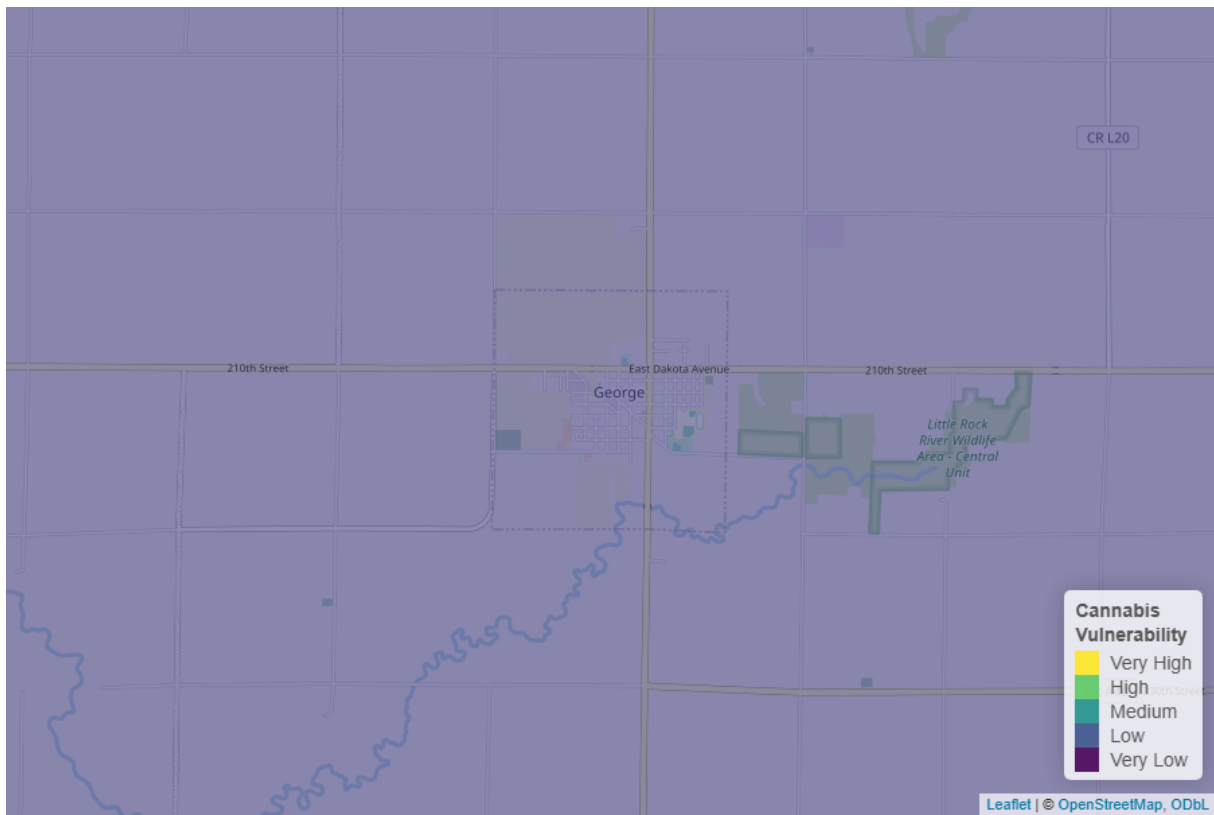


Figure 17: Cannabis Vulnerability in George

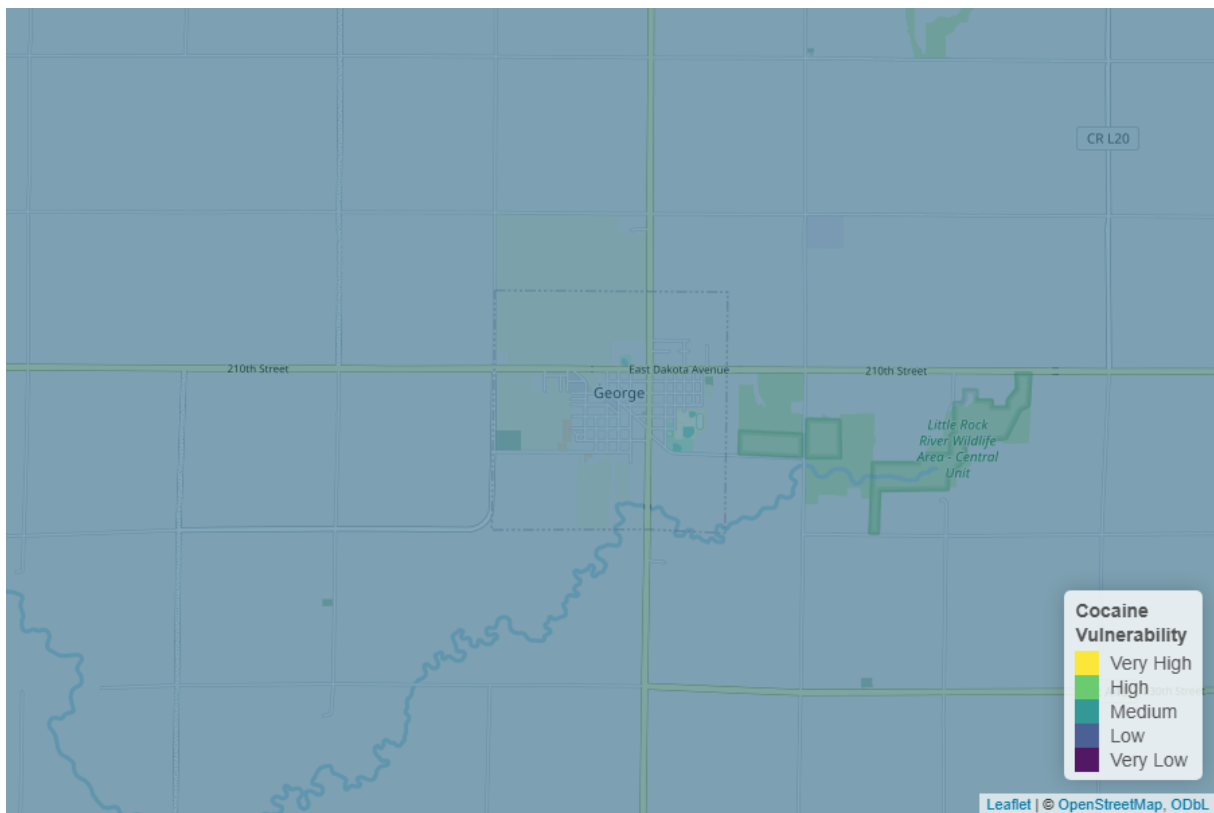


Figure 18: Cocaine Vulnerability in George

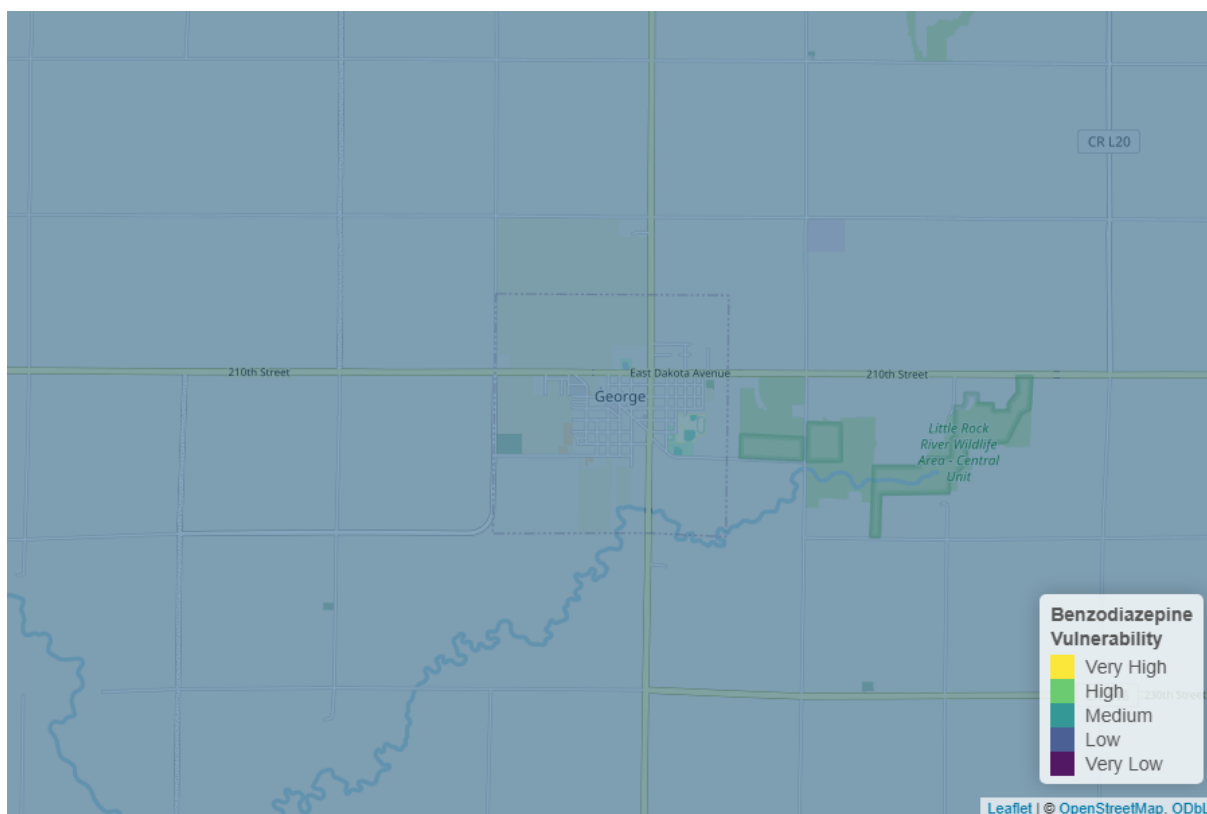


Figure 19: Benzodiazepine Vulnerability in George

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 George, 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](https://publicsciencecollaborative.shinyapps.io/sdoh/).¹⁰

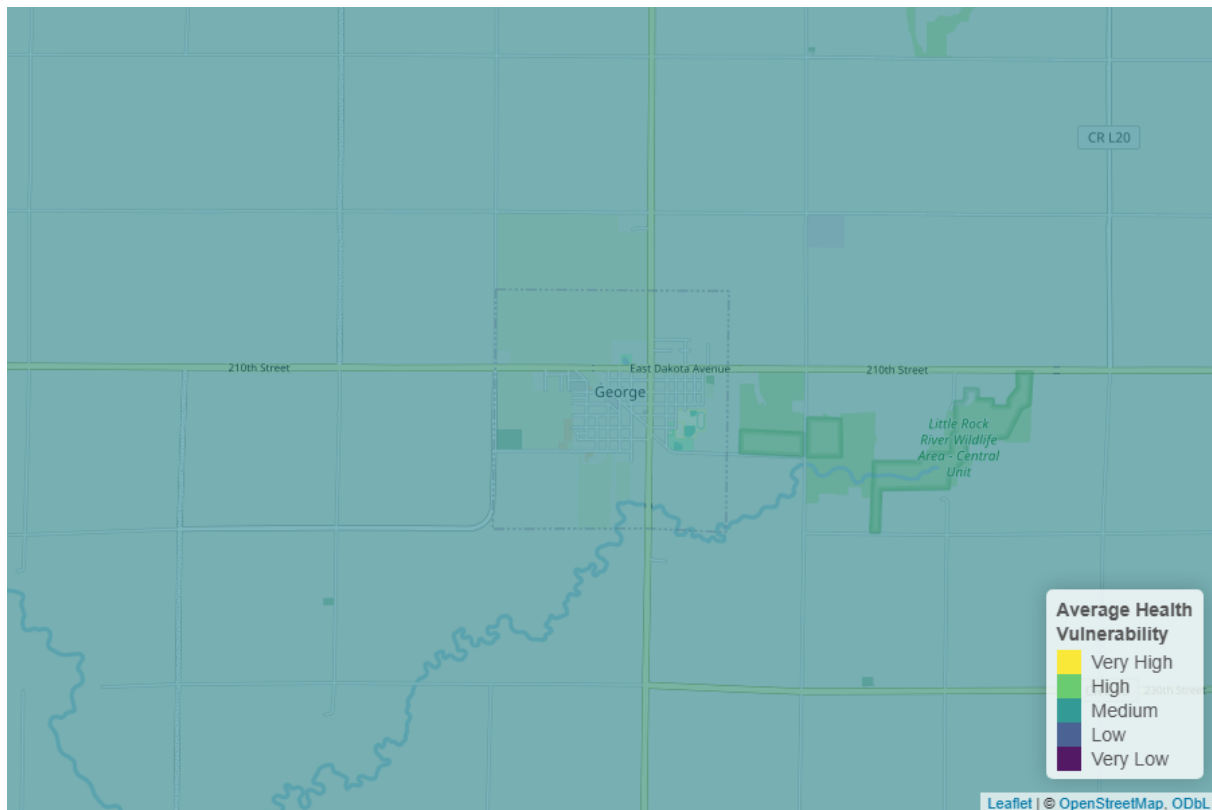


Figure 20: Overall Health Vulnerability in George

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	<u>Iowa DHHS</u>
VA Hospital or Clinic	<u>U.S. Department of Veterans Affairs</u>
YMCA	<u>Heartland YMCA Alliance</u>
Childcare Provider	<u>Iowa DHHS</u>
Recovery Housing	<u>Iowa DHHS</u>
Section 8 Housing	<u>U.S. Department of Housing and Urban Development</u>
Shelter	<u>Homeless Shelters Directory</u>
Intimate Partner Violence Program	<u>Iowa Coalition Against Domestic Violence</u>
Workforce Development Office	<u>Iowa Workforce Development</u>
College or University	<u>Wikipedia</u>
School	<u>Iowa Department of Education</u>
Place of Worship	<u>ExpertGPS.com</u>
State Park	<u>Iowa DNR</u>

Appendix 2: RRCI Rankings for Cities in Behavioral Health District 1

Table 5 adds on to the Recovery Ready Community Index data found earlier in the report. This table includes all 36 cities in behavioral health district 1 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 Lyon County, including George, are bolded.

Table 5: RRCI in Behavioral Health District 1 Cities

City	Population	Pop. Group Rank	RRCI	Resource Abundance-Absolute	Resource Abundance-Relative	Recovery Culture
Sioux City	85,651	2 (out of 11)	67.1	631	73.7	9.8
Storm Lake	11,275	20 (out of 31)	63.2	96	85.1	3.5
Le Mars	10,597	9 (out of 31)	68.0	117	110.4	3.8
Carroll	10,261	8 (out of 31)	68.2	95	92.6	9.7
Sioux Center	8,335	76 (out of 103)	62.7	71	85.2	3.6
Denison	8,247	48 (out of 103)	67.0	85	103.1	4.9
Orange City	6,312	71 (out of 103)	63.1	64	101.4	1.6
Sheldon	5,386	26 (out of 103)	70.0	69	128.1	3.7
Cherokee	5,157	22 (out of 103)	70.9	62	120.2	7.8
Sergeant Bluff	5,090	80 (out of 103)	61.2	42	82.5	3.9
Rock Valley	4,061	35 (out of 103)	68.5	53	130.5	2.5
Onawa	2,862	9 (out of 103)	75.3	40	139.8	14.0
Sibley	2,821	60 (out of 103)	64.2	32	113.4	3.5
Missouri Valley	2,685	29 (out of 103)	69.7	32	119.2	11.2
Hawarden	2,674	32 (out of 103)	69.2	36	134.6	3.7
Rock Rapids	2,653	62 (out of 103)	64.2	30	113.1	3.8
Alta	2,344	58 (out of 145)	58.3	21	89.6	4.3
Hull	2,248	43 (out of 145)	65.8	25	111.2	8.9
Ida Grove	1,904	4 (out of 145)	84.6	40	210.1	15.8
Remsen	1,897	114 (out of 145)	35.9	22	116.0	0.0
Moville	1,840	86 (out of 145)	45.1	29	157.6	0.0
Akron	1,660	47 (out of 145)	64.4	20	120.5	6.0
Hartley	1,588	48 (out of 145)	63.9	19	119.6	6.3
Holstein	1,552	57 (out of 145)	59.2	16	103.1	6.4
Sanborn	1,510	49 (out of 145)	63.2	18	119.2	6.6
Manning	1,474	17 (out of 145)	79.8	26	176.4	33.9
Kingsley	1,427	70.5 (out of 145)	50.2	29	203.2	0.0
Woodbine	1,418	78 (out of 145)	47.7	26	183.4	0.0
Coon Rapids	1,403	89 (out of 145)	44.5	23	163.9	0.0

City	Population	Pop. Group Rank	RRCI	Resource Abundance-Absolute	Resource Abundance-Relative	Recovery Culture
Logan	1,362	16 (out of 145)	80.2	26	190.9	14.7
Alton	1,350	54 (out of 145)	60.5	15	111.1	7.4
Dunlap	1,318	60 (out of 145)	56.4	37	280.7	0.0
Marcus	1,236	117 (out of 145)	35.3	16	129.4	0.0
Glidden	1,153	101 (out of 145)	41.0	18	156.1	0.0
Larchwood	1,076	10 (out of 145)	82.5	26	241.6	9.3
George	1,049	70.5 (out of 145)	50.2	23	219.3	0.0

Appendix 3: Mutual Aid Meetings In George

Table 6: Mutual Aid Meeting Directory in George

Meeting Type

There are no mutual aid meetings in George.

Appendix 4: Resources In George

Table 7: Recovery Resource Directory in George

Resource Type	Name	Address
Baseball/Softball Diamond	3 Baseball/Softball Diamonds	George, Lyon County, Iowa, 51237, United States
Childcare Provider	Kari Matuska	307 E Indiana AVE, George, IA, 51237
Childcare Provider	Kelsey Mulder	106 S Williams ST, George, IA, 51237
Childcare Provider	Lil' Mustangs Child Care Center	309 S Lincoln ST Ste 2, George, IA, 51237
Lake	Locker Park Pond	300 Baldwin N, George, IA 51237
Library	George Public Library	119 S Main St, Lyon, George, IA, 51237
Public Park	1 Public Park	112 Ohio W, George, IA 51237
Place of Worship	Central Baptist Church	208 Minnesota Ave, George, IA 51237, USA
Place of Worship	Ebenezer Presbyterian Church	211 N Virginia St, George, IA 51237, USA
Place of Worship	Evangelical United Methodist Church	200 E Michigan Ave, George, IA 51237, USA
Place of Worship	First Baptist Church	4102 190th St, George, IA 51237, USA
Place of Worship	First Presbyterian Church	4142 230th St, George, IA 51237, USA
Place of Worship	Hope Church	8XF6+G6 George, IA, USA
Place of Worship	Immanuel Lutheran Church	400 E Iowa Ave, George, IA 51237, USA
Place of Worship	Saint John Lutheran Church	103 N Main St, George, IA 51237, USA
Place of Worship	Tabernacle Baptist Church	206 E Indiana Ave, George, IA 51237, USA
Place of Worship	Zoar Church	2002 Log Ave, George, IA 51237, USA
Rural Health Clinic	Avera Medical Group George	101 N Main Street, George, IA, 51237
School	George-Little Rock Senior High School	500 E Indiana Ave, George, IA
Trail	2 Trails	No Address in Data