

**Finley Hospital
Community Health
Needs Assessment
Report
And
Health
Improvement Plan
2019-2021**



UnityPoint Health

**Finley Hospital
Community Health Needs Assessment (CHNA)
And Health Improvement Plan (HIP) Report**

2019-2021

Table of Contents

I.	Introduction and Purpose	Page 3
II.	Process, Methodology & Membership	Page 3-7
III.	Public Participation	Page 7-8
IV.	Dubuque County Community Profile	Page 8-9
V.	Health Risk Assessment	Page 10-19
VI.	Task Force Reports	Page 20-56
VII.	Dubuque County Community Input Survey	Page 57-61
VIII.	Draft Document Public Comments	Page 61
IX.	UnityPoint Finley Hospital Health Improvement Plan (HIP)	Page 62-66

This report is published online and available at <http://www.unitypoint.org/dubuque>



I. Introduction

Finley Hospital has been serving the Tri-State Community for well over 100 years. Throughout that time, Finley has become known as a “community hospital” dedicated to serving the residents of Dubuque and surrounding counties.

A function of serving as a community hospital is the participation in the process of assessing the health needs of the entire community and then using that assessment to drive strategic planning. The foundation of the Finley Strategic Plan is the premise that Finley, through collaboration with regional agencies, organizations and healthcare providers, will contribute to community partnerships to meet targeted community needs and to formulate improvement plans to enhance healthcare in the community.

Purpose

A Community Health Needs Assessment and Health Improvement Plan (CHNA&HIP) is required of local hospitals to obtain reimbursement under Medicare and Community Health Centers. The hospitals performed the CHNA in adherence with federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service.

This report is intended to inform the Tri-State community about the current status of healthcare and the services provided. When reading this report, community residents and stakeholders will understand the process and methodology used, the data reviewed, the needs identified, and recommendations for hospital leadership to be used for future planning

II. Process, Methodology & Membership

The development of a CHNA&HIP requires participation from a variety of community organizations, healthcare providers, local governments, and stakeholders. Over the course of a year, these groups conduct meetings and solicit public input on community health issues. A Steering Committee of local health professionals was

formed to lead the CHNA&HIP planning process, engage the public and report the findings to Iowa Department of Public Health.

Since public health encompasses such a wide range of topics and expertise, the CHNA&HIP steering committee divided the workload into four subcategories: Healthy Behaviors and Lifestyles, Disease Infection Control, Healthcare Access, and Environmental Health.

The Steering Committee utilized the following timeline to complete this project:

- October 2017:** Project launched
- January 2018:** Public survey to discover needs; additional research to identify needs **March 2018:** Task force committees met to review data for CHNA and formulate draft HIP
- May 2018:** Steering Committee finalized draft CHNA&HIP
- July 2018:** Steering Committee finalized reports
- August 2018:** Marketing, public input for CHNA&HIP draft completed
Dubuque County Board of Health presentation and approval
- December 2018:** Finley Tri-States Health Group, Inc. Board approval of the 2019-2021 hospital plan.



Each of the Steering Committee leaders convened community stakeholders to assess the assigned focus. Members of the Finley Hospital Management Team and the Dubuque VNA participated in each of the subcommittees.

Dubuque County CHNA-HIP Participants (Finley/VNA highlighted):

STEERING COMMITTEE MEMBERS

*Patrice Lambert – Dubuque County Health Department - Facilitator
Co-Chair of the Healthy Behaviors and Lifestyles Task Force
Co-Chair of the Disease Infection Control Task Force*

Jonathan Wilke – UnityPoint Finley Hospital
Co-Chair of the Healthy Behaviors and Lifestyles Task Force

Stacey Killian – Dubuque Visiting Nurses Association
Co-Chair of the Disease Infection Control Task Force

Angela Petsche – Crescent Community Health Center
Co-Chair Healthcare Access Task Force

Joe Norris – Mercy Medical Center
Co-Chair of Healthcare Access Task Force

Mary Rose Corrigan – City of Dubuque Health Services
Co-Chair of the Environmental Health Task Force

Travis Schrobilgen – City of Dubuque Planning Service
Co-Chair of the Environmental Health Task Force

Matt Daughenbaugh – Mercy Medical Center

DUBUQUE COUNTY BOARD OF HEALTH

*Chairman Tom Bechen
Rhonda Healey
Dr. Valerie Peckosh, DMD
Dr. Jill Powers, DO FACP
Todd Lange
Tim Daly
Dr. Ashley Klein, DVM
Diane Heiken, RPh
Patrice Lambert – Executive Director, Dubuque County Health Department
Bonnie Brimeyer – Assistant Health Administrator
Bailey Avenarius – Office Assistant*

HEALTHY BEHAVIORS AND LIFESTYLES

*Vicki Gassman – Hillcrest Family Services
Amy Cordingley – Hy-Vee
Gwen M. Hall Driscoll – Mercy Medical Center
Barb L. Barton – Mercy Medical Center
Casey Smith – YMCA/YWCA
Sue Greene – Helping Services for Youth & Families
Brittany Demezier – Iowa State County Extension
Danielle Day – Iowa State County Extension
Kimberly Gonzales – Visiting Nurse Association
Danielle Simpson – Visiting Nurse Association
Malissa Sprenger – Mercy Medical Center
Debra Prier – Substance Abuse Services Center*

DISEASE INFECTION CONTROL

***Patricia Lehmkuhl – UnityPoint Finley Hospital**
Gail Gates – Mercy Medical Center
Denise Lippens – Visiting Nurse Association
Cathy Tieskoetter – Visiting Nurse Association
Rhonda Ramler – Dubuque Community School District
Wendy Scholbrock – UnityPoint Finley Hospital
Wayne Dow – City of Dubuque
Meg Greenwood – Medical Associates Health Clinic
Gina Mallett – Iowa Department of Public Health*

HEALTHCARE ACCESS

*Brooke Gomez – Crescent Community Health Center
Kathy Kane – Medical Associates Health Clinic
Tom Berger – Dubuque County EMA*

HEALTHCARE ACCESS (Continued)

Todd Lange – National Alliance of Mental Illness

Sue Whitty – Hillcrest Family Services

Brittany Hubanks – Visiting Nurse Association

Jacquie Zwack – Visiting Nurse Association

Trish Kemp – Visiting Nurse Association

Sherri Edwards – Dubuque County Early Childhood

Tilly Frommelt – Mercy Medical Center

Angela Lauer – Mercy Medical Center

Karen Vaassen – UnityPoint Finley Hospital

Jennifer Cavanagh – Mercy Medical Center

Amy Phelps – Mercy Medical Center

Jane Wills – Mercy Medical Center

Ann Morris – Crescent Community Health Center

Becky Wunderlin – Crescent Community Health Center

ENVIRONMENTAL HEALTH

Tim Link – City of Dubuque

David Koch – University of Dubuque

Bonnie Brimeyer – Dubuque County Health Department

Cori Burbach – City of Dubuque

Dean Mattoon – City of Dubuque

Katie Kieffer – City of Dubuque

Michelle Zurcher – Visiting Nurse Association

III. Public Participation

Involving the public is essential in any community planning process. The Steering Committee provided the public engagement opportunities to share their ideas and experiences, provide input, and help develop the CHNA&HIP.

Stakeholder Task Forces

Four Task Forces were formed, each with an emphasis in one of the four topics (Healthy Behaviors and Lifestyles, Disease Infection Control, Healthcare Access, and Environmental Health) of the CHNA&HIP. These task forces were led by a member of the Steering Committee. Local stakeholders and experts were invited to participate in collaborative meetings over the course of two months. These meetings were designed to share information and data between organizations, identify strengths, weaknesses, opportunities and roadblocks within the community, and establish goals and priorities for inclusion in the CHNA&HIP.

Community Survey

An electronic survey was distributed to individuals, organizations, sectors and media release throughout the county to gather input on health needs and provide an opportunity for residents and business

owners to share their experiences and insight into community health issues. The survey was translated into Spanish language and two responses were received using the Spanish translation. In the next cycle, the steering committee will look to expand language availability based on the community. A paper survey was also available at the sites of the Steering Committee locations.

Questions in the survey focused on what health issues were most important, behaviors impacting community health and access to healthcare services. Respondents were able to provide suggestions on how to improve the health and quality of life for residents. The survey received 1,301 responses, providing a diverse representation of Dubuque County, and information from the survey helped guide the individual task forces in evaluating and prioritizing health needs and goals.

Community Input Sessions

The Steering Committee shared the draft goals and priorities of the CHNA&HIP through a Media Release and placed on multiple agencies' websites to give an opportunity for additional comments and revisions from the public on the goals and objectives of the CHNA&HIP document. A paper copy draft CHNA&HIP was also available at the sites of the Steering Committee locations. A total of 10 written public comments were received. Additionally, 9 public comments were received at the Board of Health meeting on August 22, 2018. Comments received will be considered when working toward the goals in the next three years.

IV. Dubuque County Community Profile

Dubuque County is located along the Mississippi River in northeast Iowa. Located within the Driftless Area - a region in Minnesota, Wisconsin, northwestern Illinois, and northeastern Iowa of the Midwest that was never glaciated - the geography of Dubuque County is one of stark contrasts; adjacent to the Mississippi River in the east, is generally rugged, steep, and wooded topography, however, the western portions of the county are made up of rolling farmland, forests, and prairies.

The most recent estimate from Census Bureau's Population Estimates Program (PEP) lists Dubuque County (2016) at about 97,000 people. DataUSA, using 5-year American Community Survey (ACS) data, says Dubuque County has a median age of 38.5 and a median household income of \$56,000. Dubuque County, IA is the 7th most populated county in Iowa and borders Jo Daviess County, IL; Clayton County, IA; Delaware County, IA; Jackson County, IA; Jones County, IA; and Grant County, WI. There are twenty-one municipalities within the county. The largest of which, the City of Dubuque, is also the county seat.

Historically, the regional economy was dominated by agriculture, meatpacking, and manufacturing but has recently become more diversified to include healthcare and social assistance services, retail, and technology.

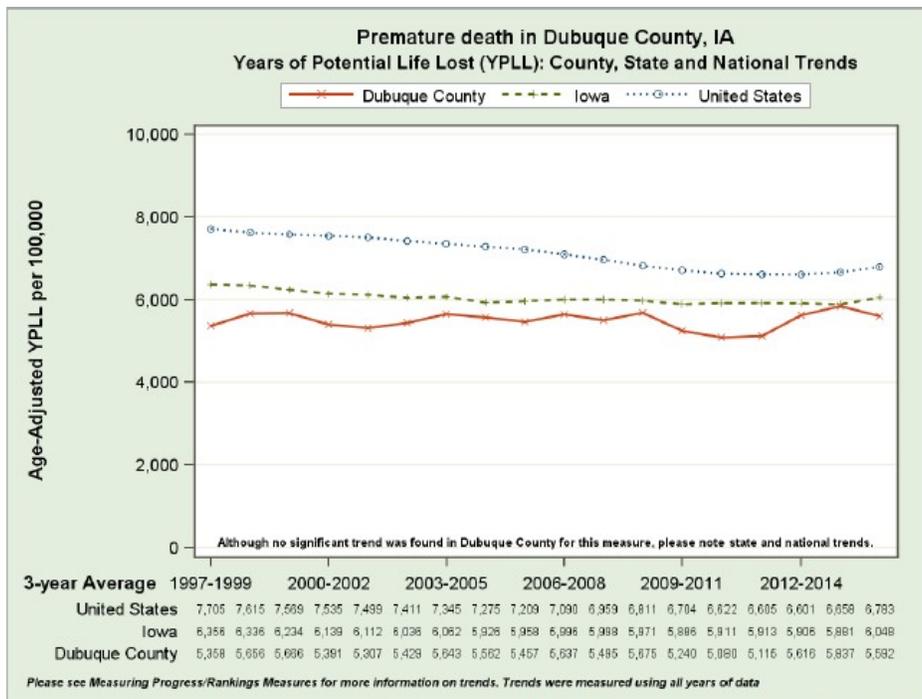
Dubuque County has three regional medical facilities: UnityPoint Health – Finley Hospital, Mercy Medical Center-Dubuque and Mercy Medical Center-Dyersville. Other healthcare providers include medical groups such as Medical Associates and Grand River Medical Group. Additionally, there are nonprofit community-based organizations providing health services such as the Dubuque Visiting Nurses Association (VNA), Crescent Community Health Center, and Hillcrest Family Services.

Dubuque County Health Rankings 2018 (countyhealthrankings.org) presented the following findings:

Health Outcomes:	41 of 99	Health Behaviors:	21 of 99
Length of Life:	42 of 99	Clinical Care:	4 of 99
Quality of Life:	46 of 99	Social & Economic Factors:	35 of 99
Health Factors:	27 of 99	Physical Environment:	95 of 99

Leading Causes of Death Under Age 75	Deaths	Age-Adjusted Rate per 100,000
Malignant neoplasms	286	81.8
Disease of heart	198	57.9
Accidents (unintentional injuries)	82	28.9
Chronic lower respiratory disease	48	13
Diabetes mellitus	35	10.3

Source: CDC WONDER. Premature Mortality includes all deaths among people under age 75 and the rates are age-adjusted to the US 2000 population. Since counties have different age make-ups, age-adjustment can help in comparing health measures between counties.



Community Profile statistics acquired from Census.gov, DataUSA.io, and countyhealthrankings.org.
 Source: Premature death in Dubuque County, IA. countyhealthrankings.org

V. Health Risk Assessment

The steering committee looked at several socio-economic indicators linked to poor health. Utilizing data collected from the American Community Survey (ACS) and the City of Dubuque Geographic Information System (GIS), areas with elevated health risk were found at the Census 'Block Group' level.

Health Risk Indicators

The following indicators were identified by the Steering Committee as contributing to higher health risk levels. The ACS data ID is included in parentheses.

Population Under 6 Years of Age	(B23008)
School Age Children Ages, 6-17	(B23008)
Population 65+ Years of Age	(B11007)
Minority % of Population	(B02001)
African American % of Population	(B02001)
Native Hawaiian/Pacific Islander	
American % of Population	(B02001)
Hispanic/Latino Origin % of Pop.	(B03002)
No Diploma Age 25 Plus	(B15003)
Local Unemployment	(B23025)
No Health Insurance	(B27010)
Overcrowded Housing Units	(B25014)
Median Household Income	(B19013)
Poverty Status by Age	(B17017)
SNAP Recipients	(B22010)
Households Persons with Disability	(B22010)
Households Without Vehicle Access	(B25044)

Information on these indicators was collected at the Block Group Level using 5-year ACS data found at American FactFinder, converted to excel, and imported into ArcMap. www.factfinder.census.gov.

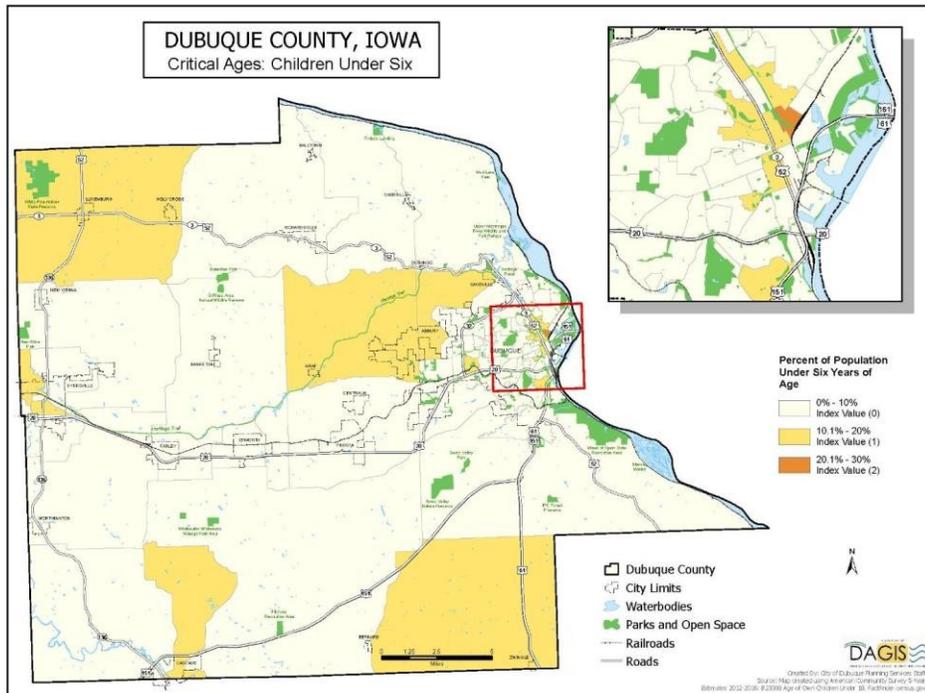
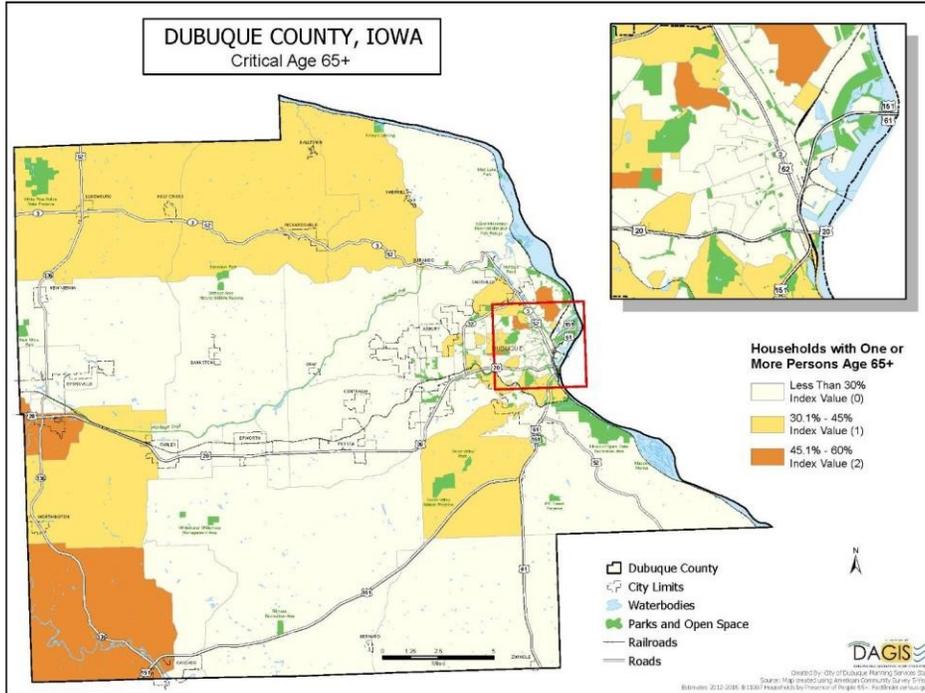
American Community Survey 2012-2016 5-Year Estimates

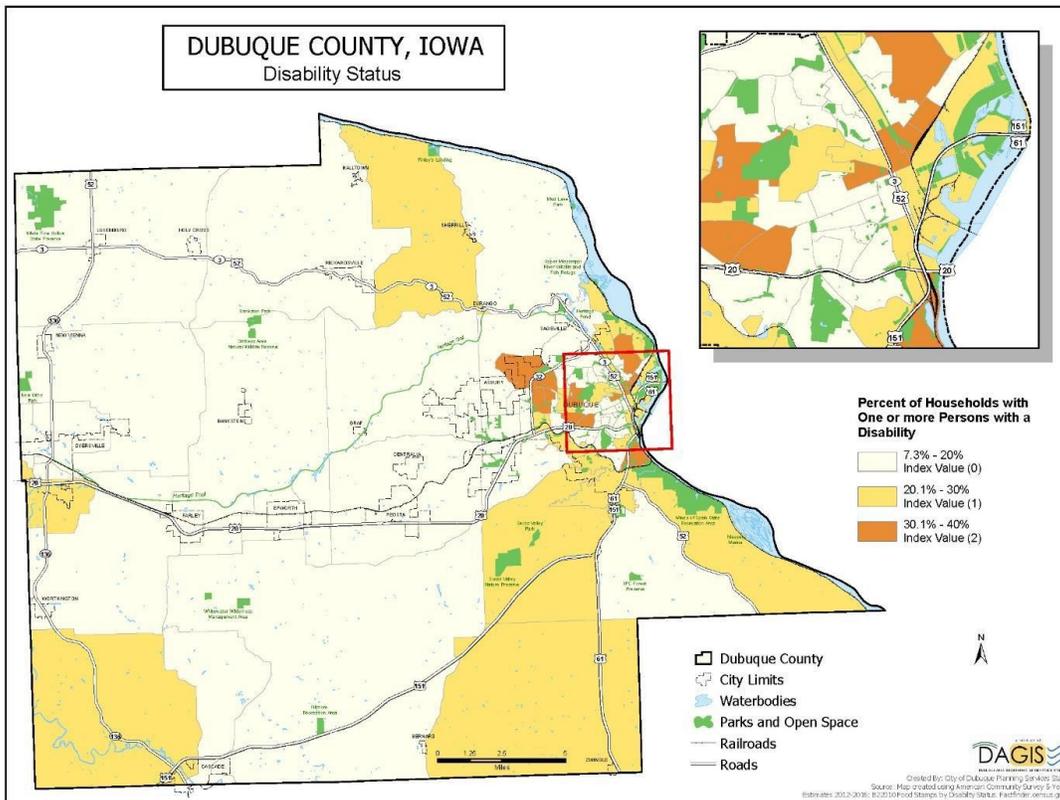
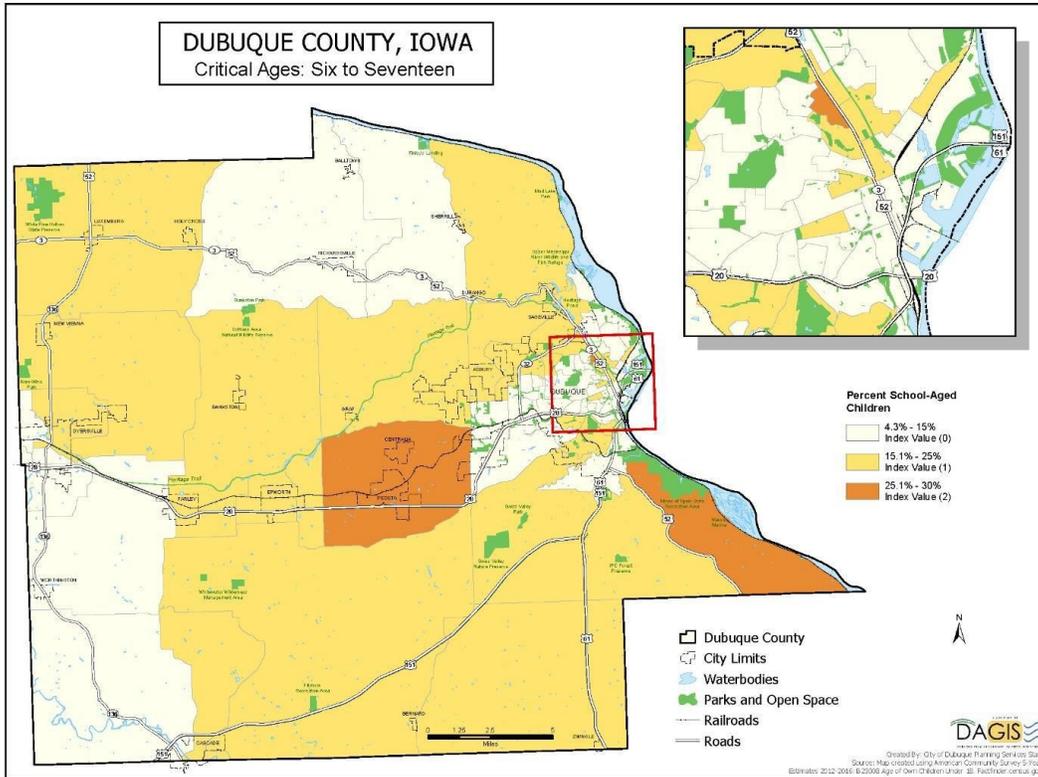
About the American Community Survey

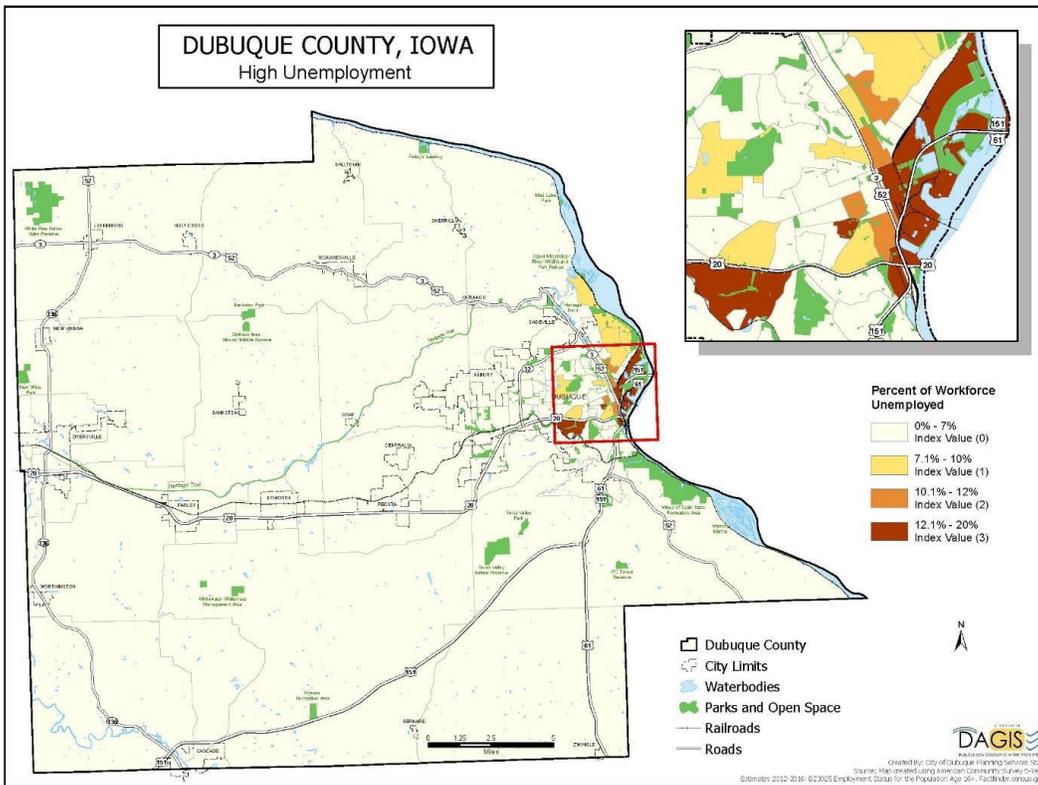
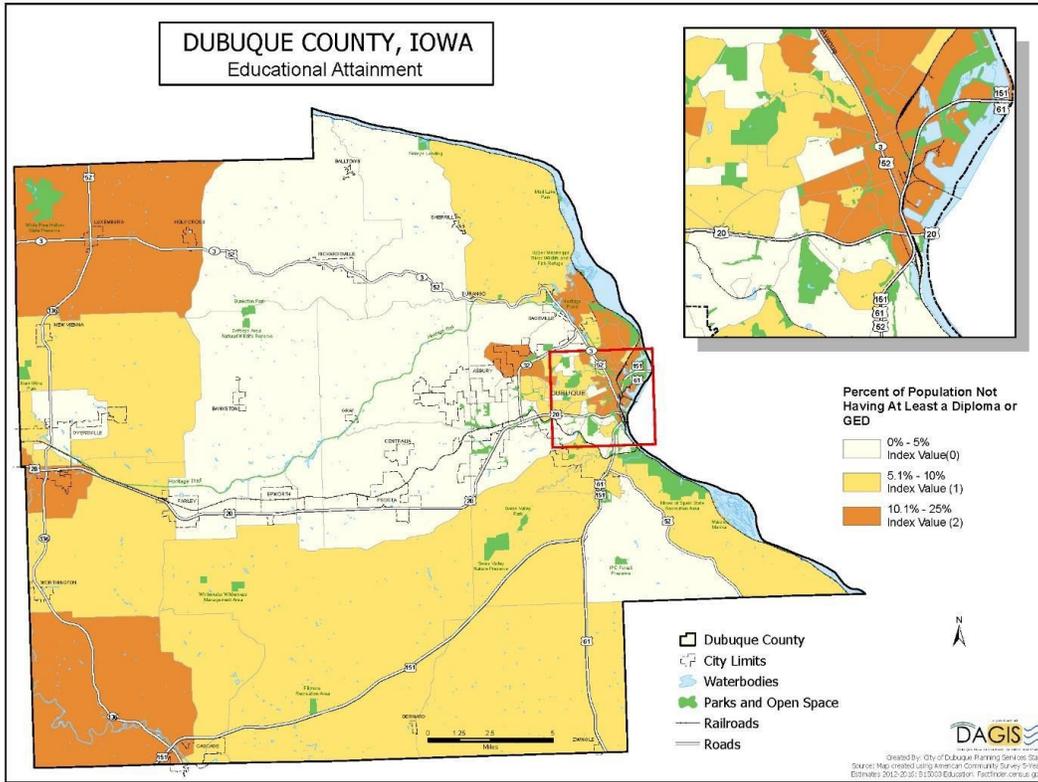
The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data every year. Like the Decennial Census, the ACS provides detailed data on demographic, social, economic, and housing characteristics throughout the US. The ACS differs from the Decennial Census by only surveying a sample of persons within a neighborhood or community, whereas the Decennial Census surveys every household in the country. www.census.gov/programs-surveys/acs/.

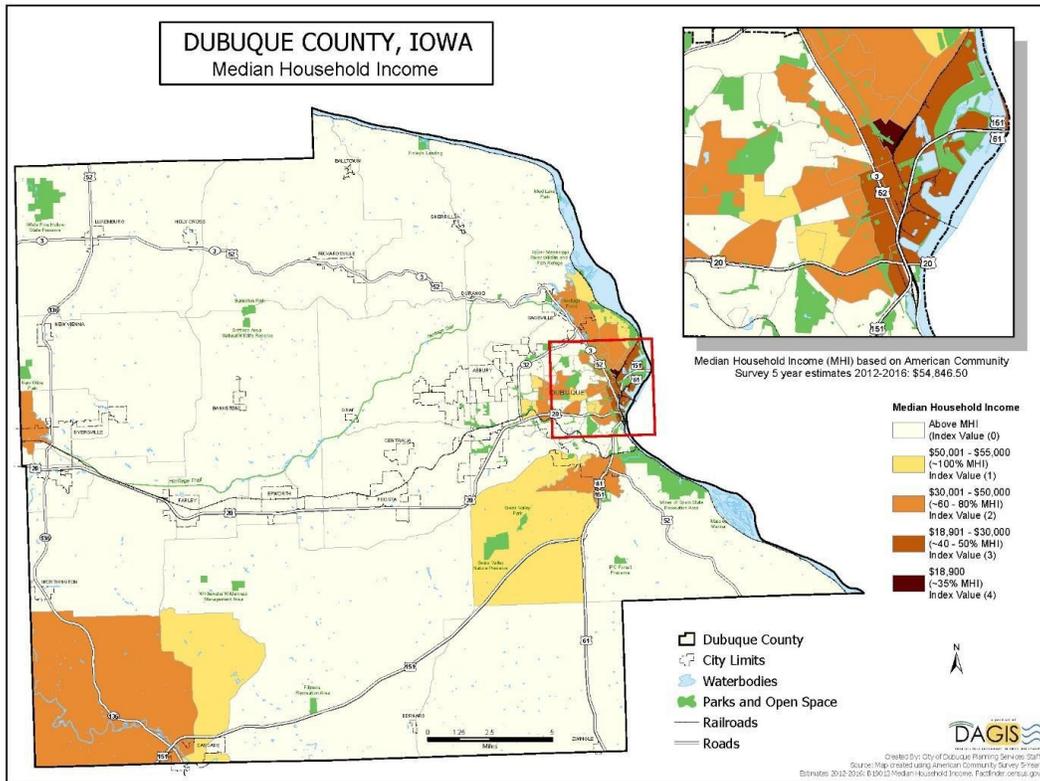
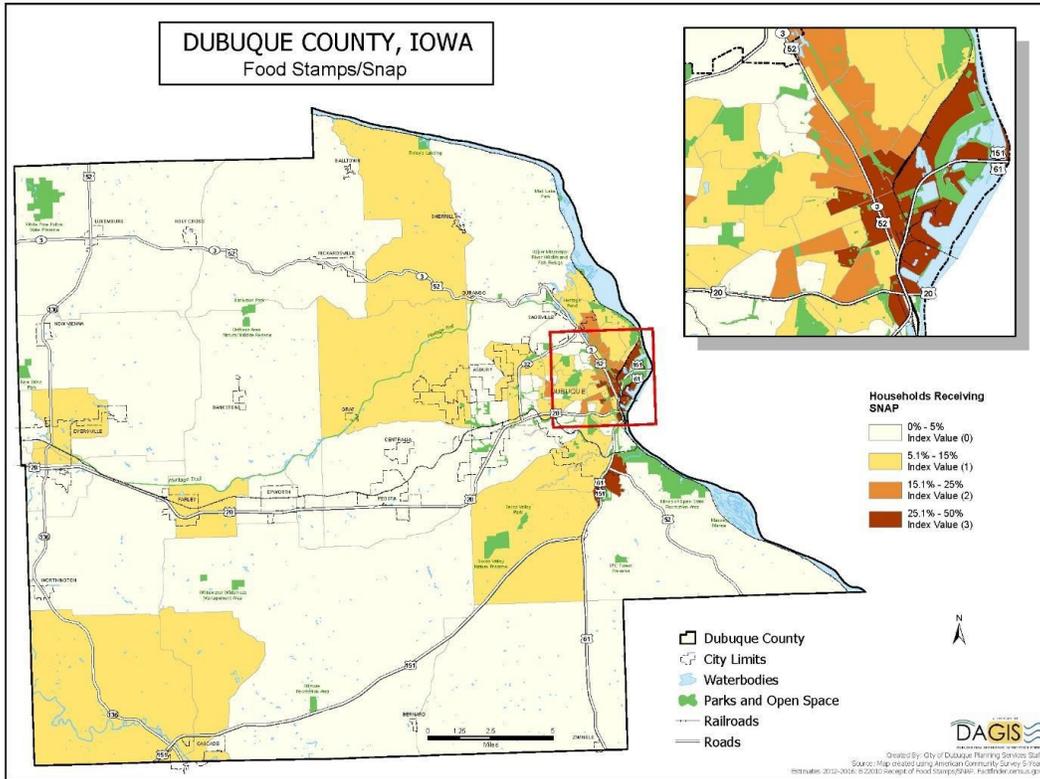
Indicator Maps

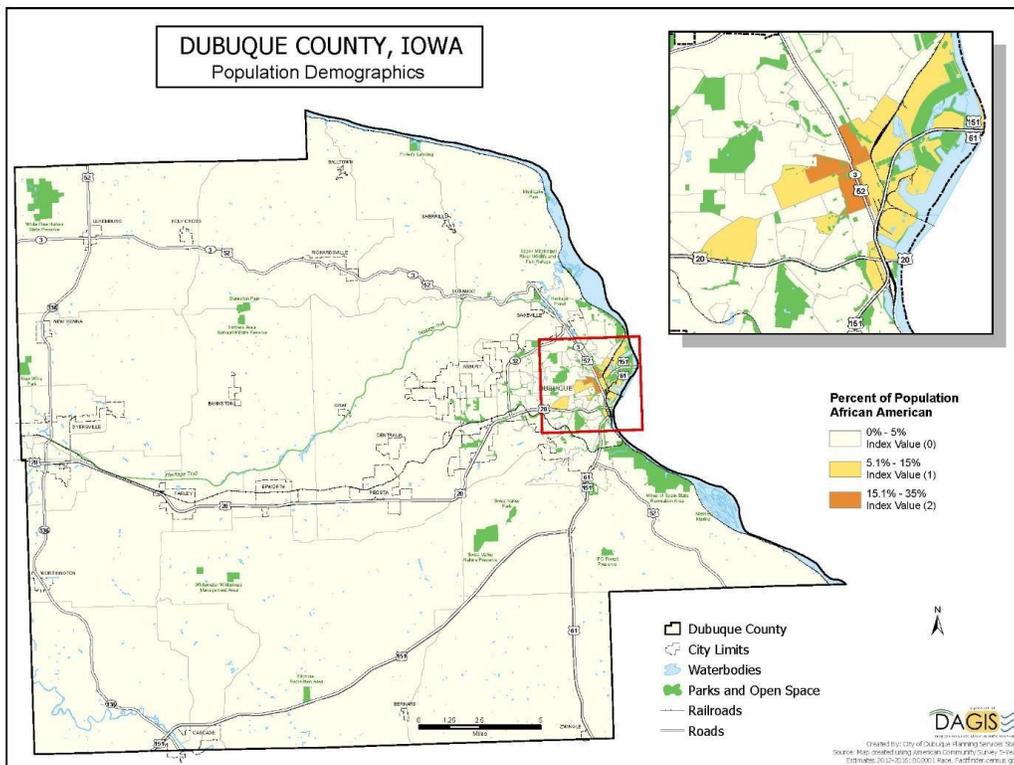
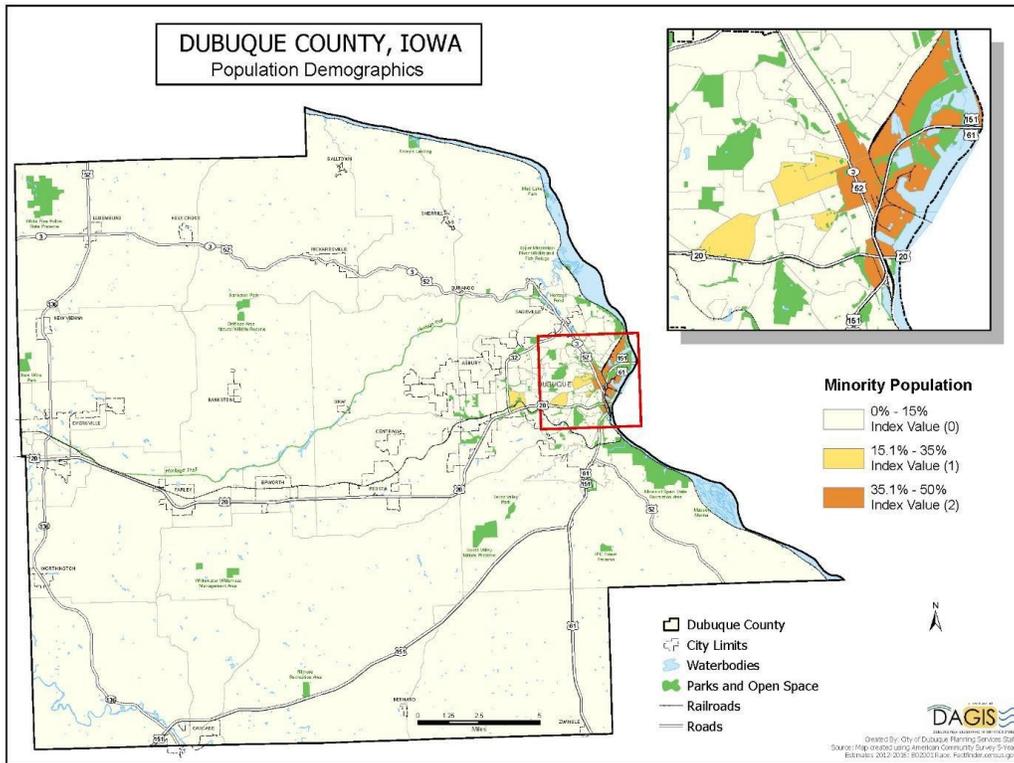
The following map series shows each indicator by block group. The last map, titled “Combined Indicator Map”, shows the indicators to the left, layered for each block group. Darker areas depict block groups with overall elevated health risk.

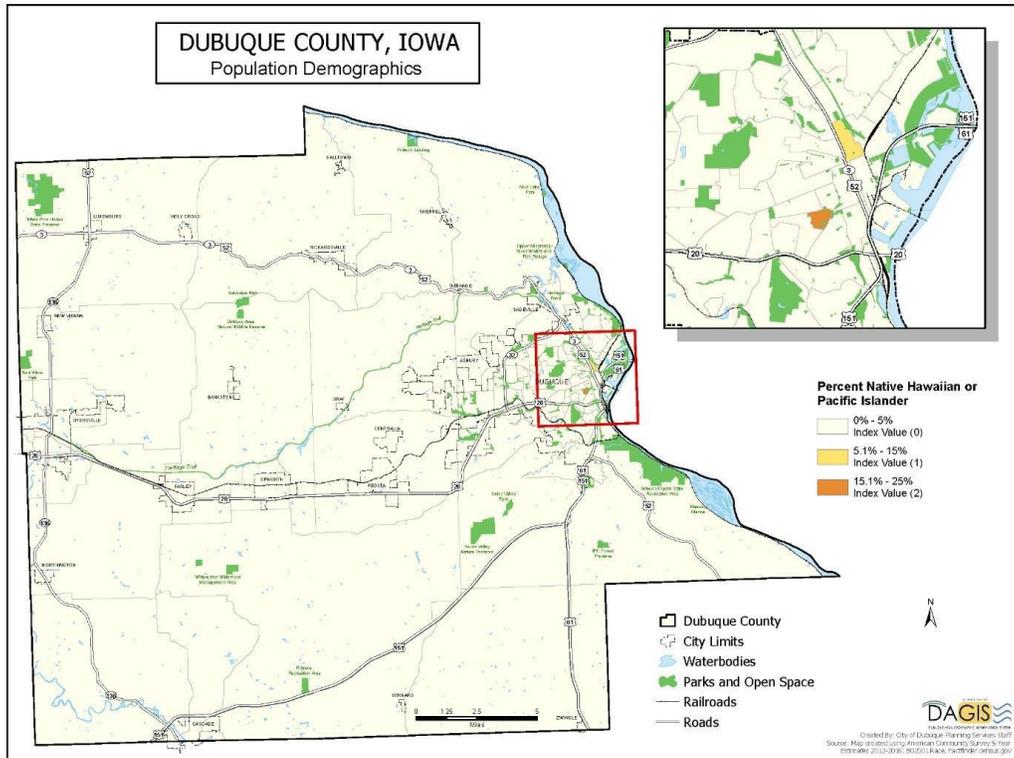
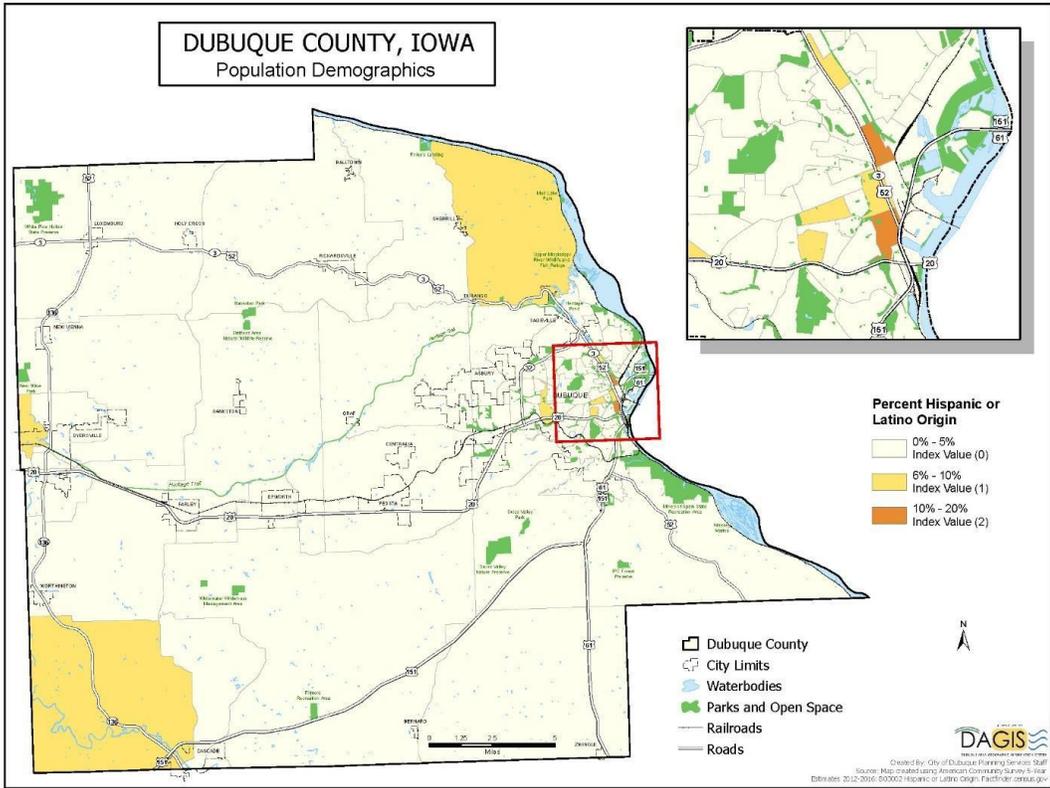


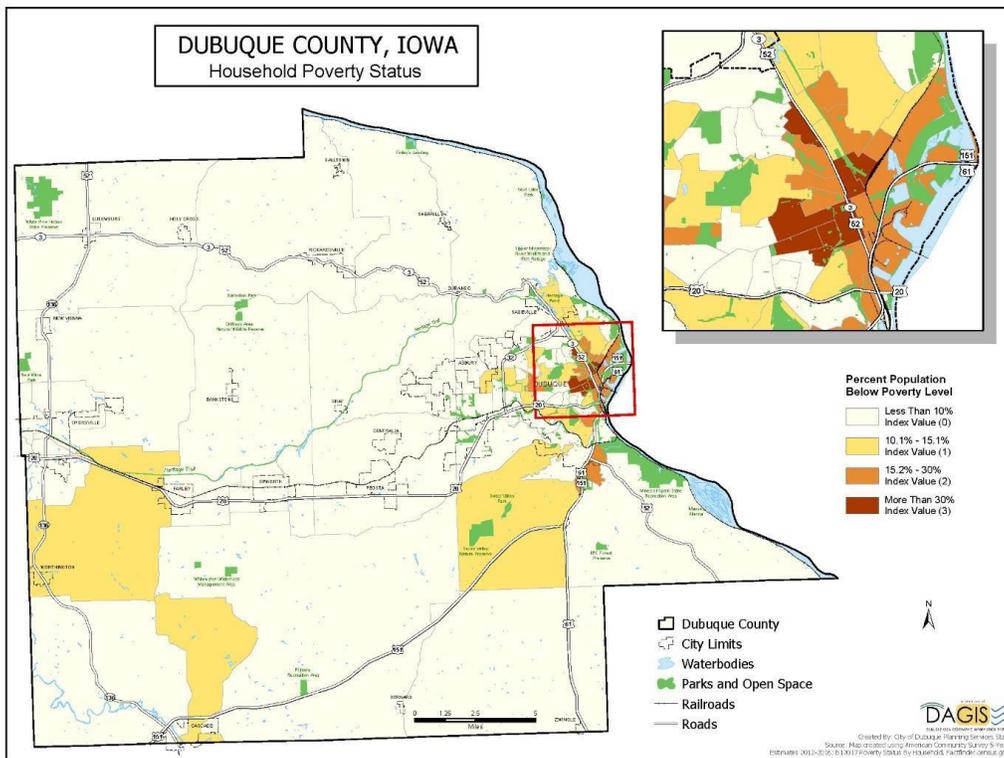
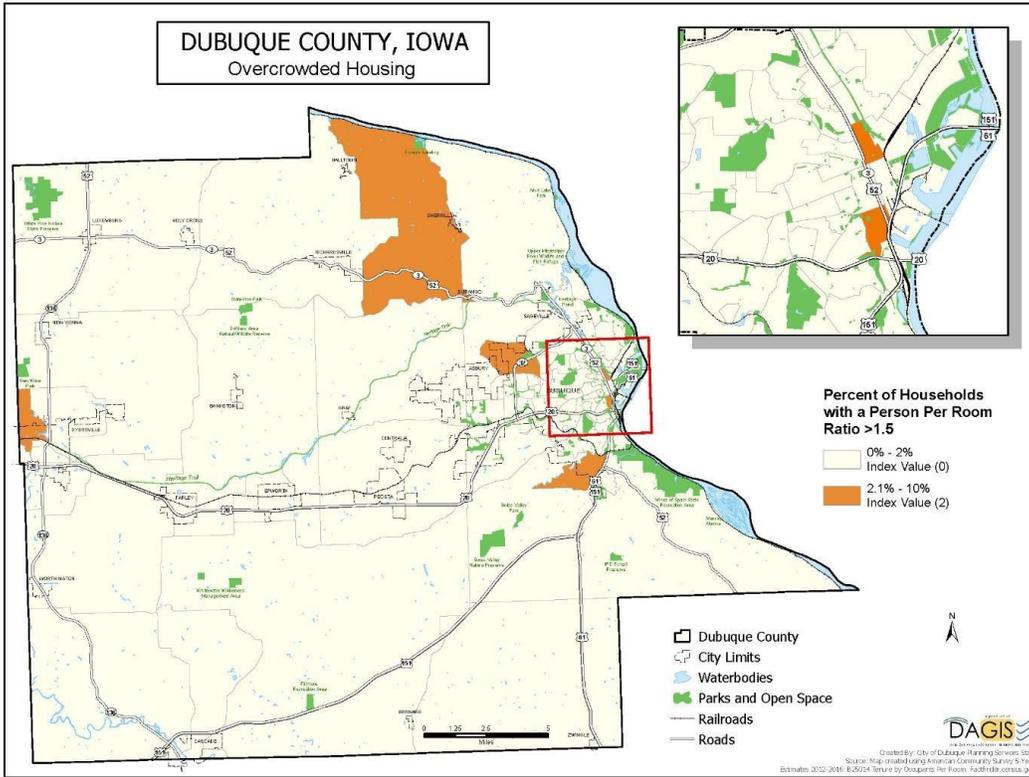


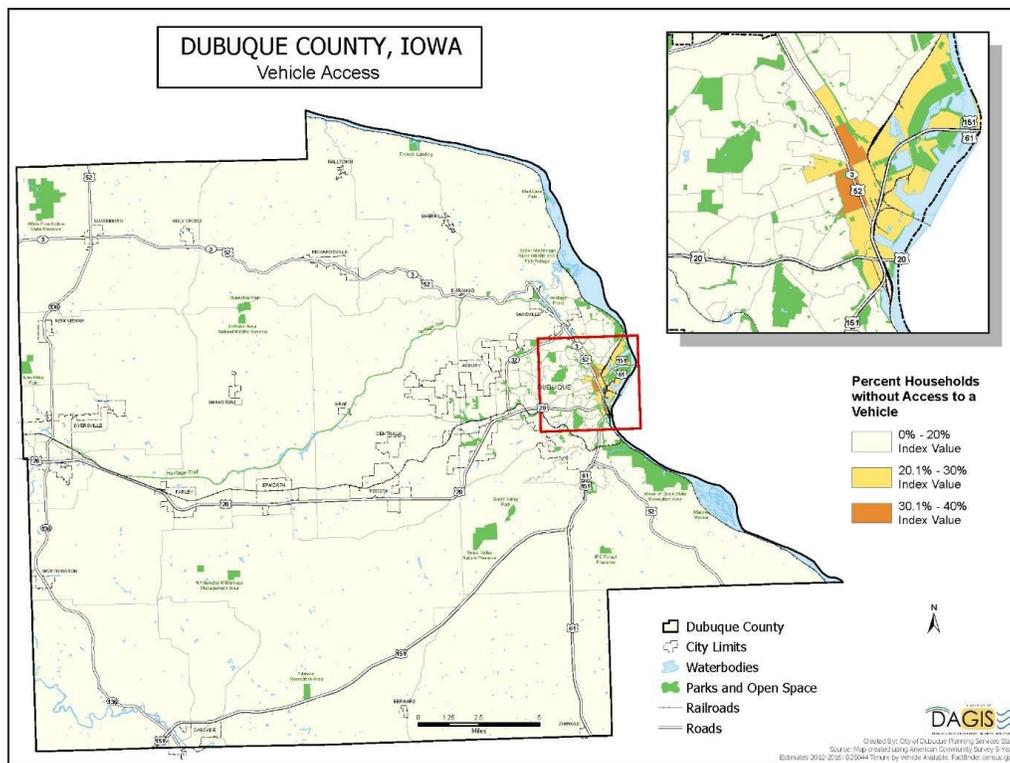
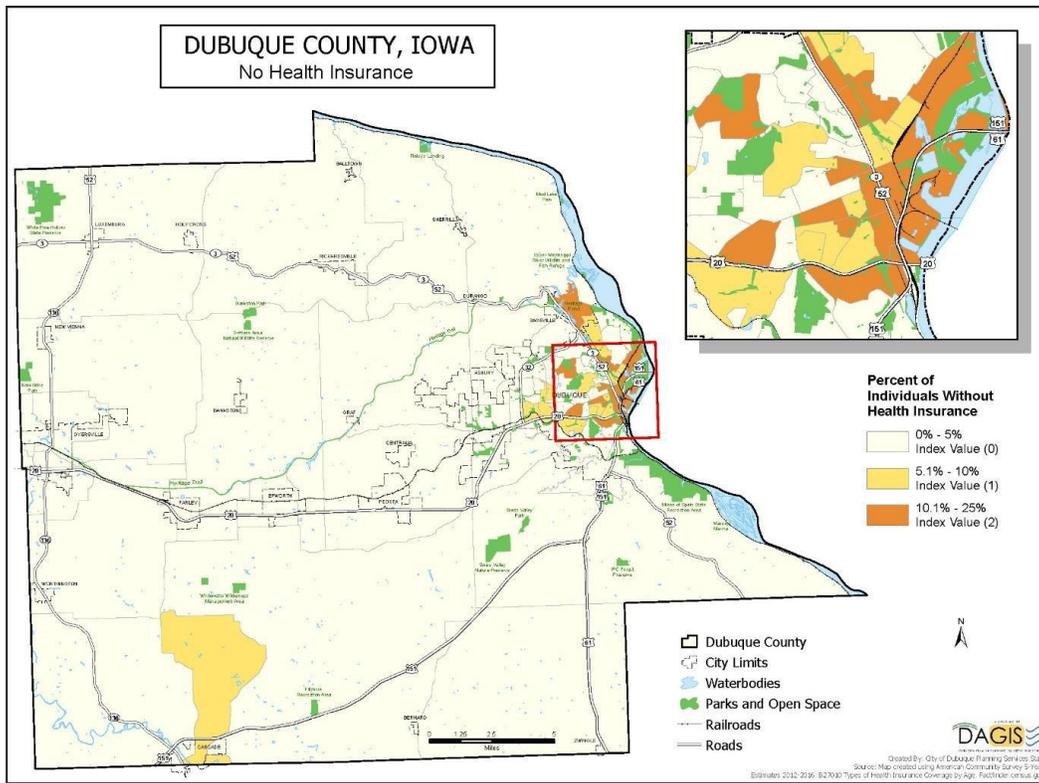






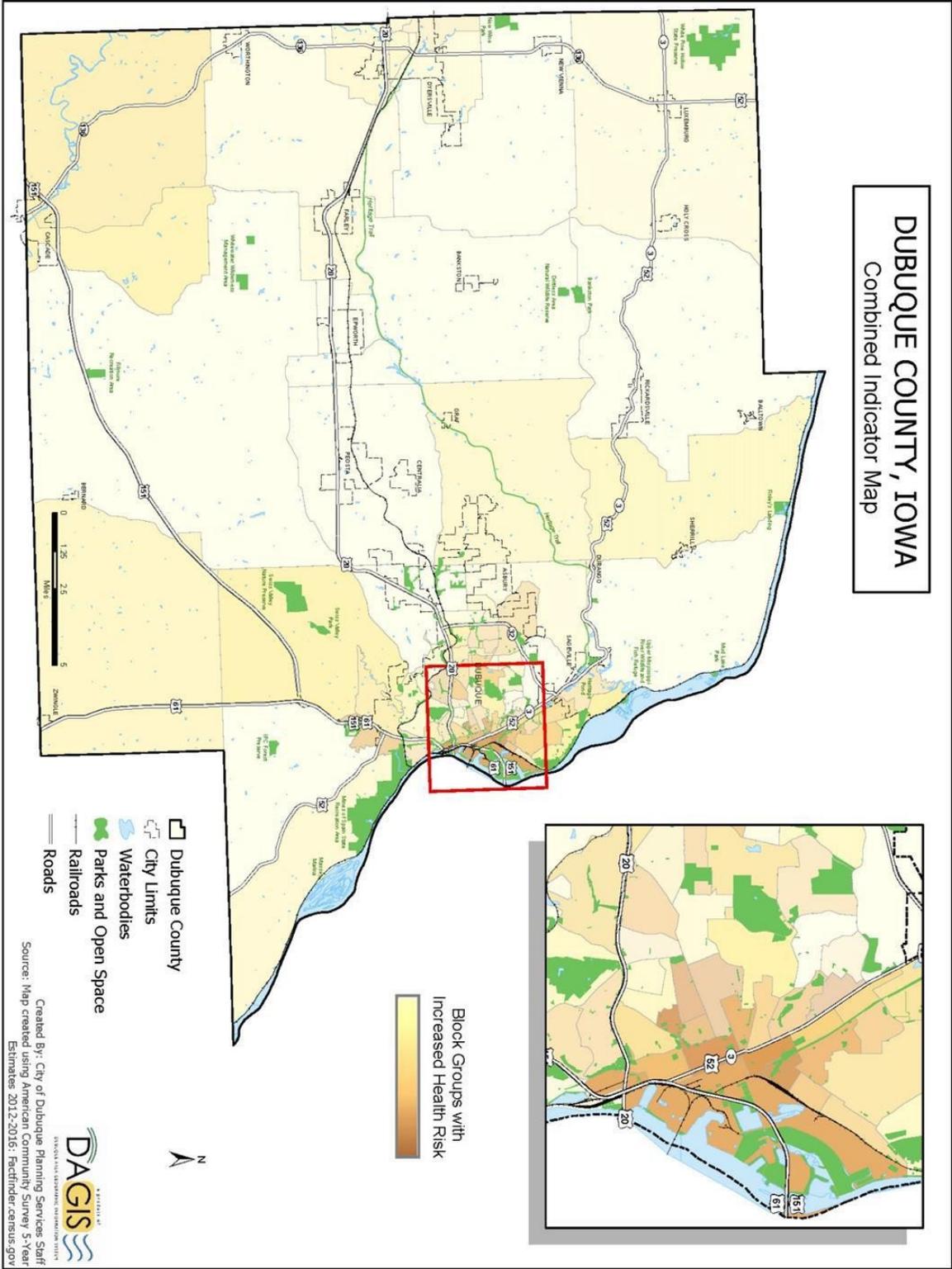


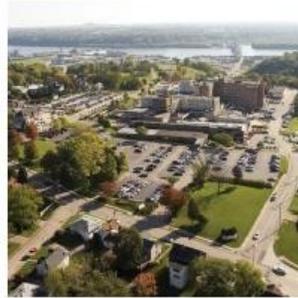




DUBUQUE COUNTY, IOWA

Combined Indicator Map





VI. TASK FORCE REPORTS

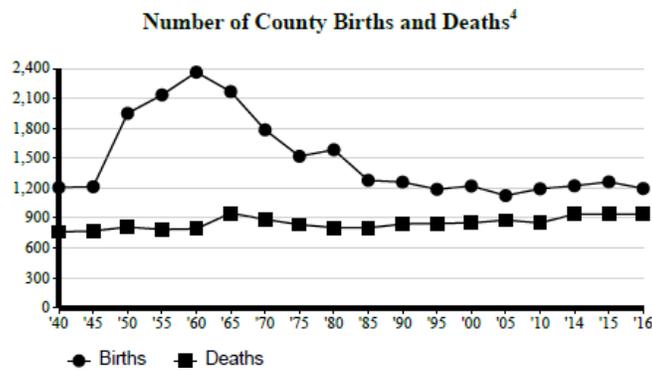
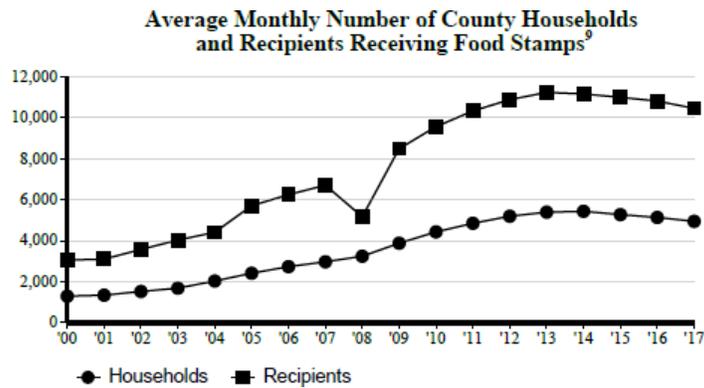
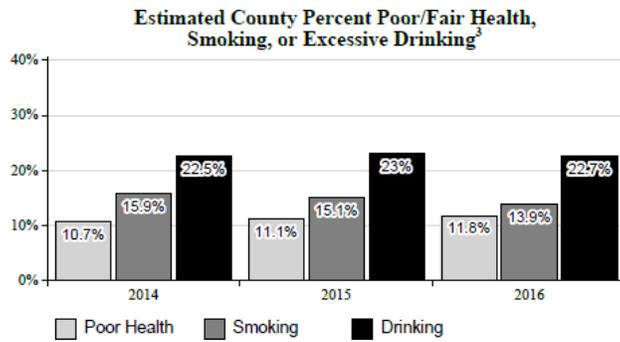


HEALTHY BEHAVIORS AND LIFESTYLES

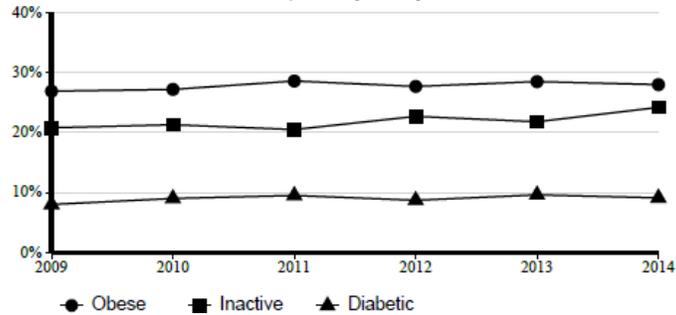
Data and other information used in the assessment

**Dubuque County and Iowa Health Data - County Health Rankings (<https://research.hs.iastate.edu/uturn/>)

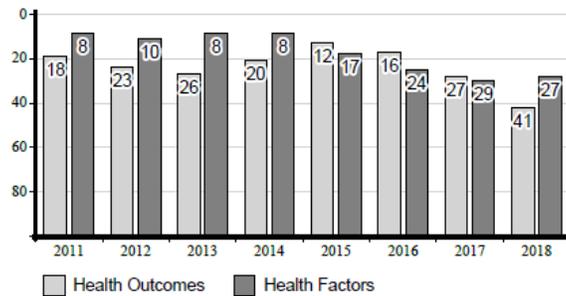
Major Findings



Estimated County Percent Obese, Diabetic, or Physically Inactive¹

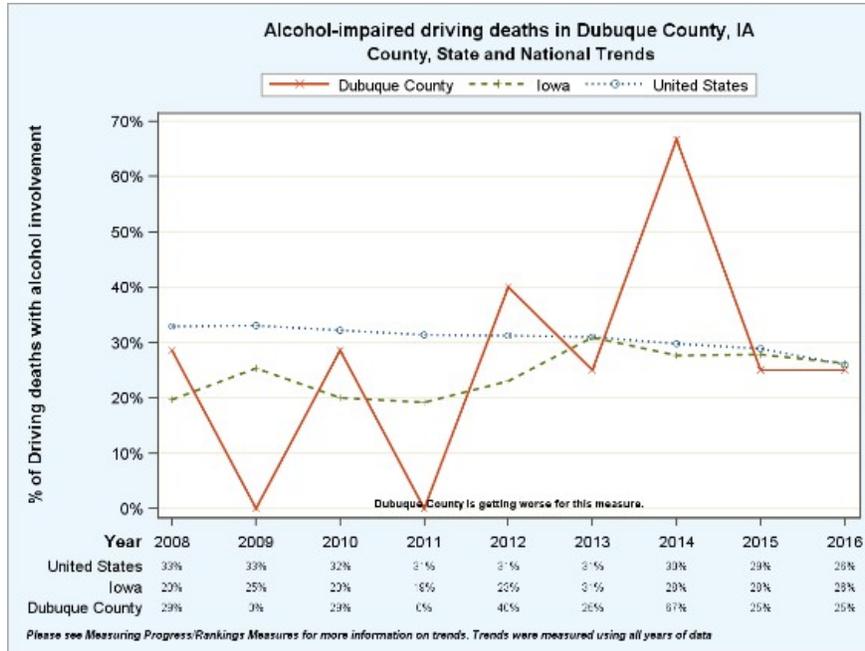


**County Health Rankings by Report Year
Health Outcomes and Health Factors¹**



Counties are ranked against each other. Higher rankings (small numbers) are better than lower rankings (higher numbers).

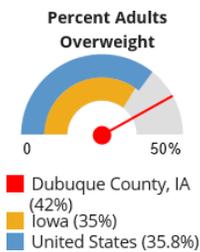
Health Data ^{1,2,3}	County	State
Health Outcomes Rank (2018)	41/99	NA
Health Factors Rank (2018)	27/99	NA
Obesity (2014)	28.0%	31.8%
Diabetic (2014)	9.1%	9.5%
Inactivity (2014)	24.2%	24.7%
Poor Health (2016)	11.8%	13.1%
Smoking (2016)	13.9%	16.7%
Excessive Drinking (2016)	22.7%	22.1%



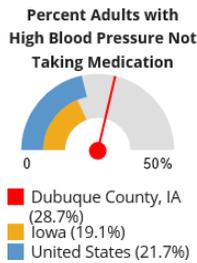
**Dubuque County Health Portrait 2017, from Community Commons (communitycommons.org/chna)

Major Findings

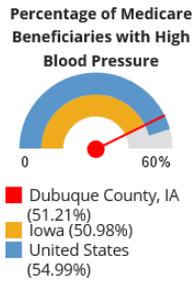
- 42% of Dubuque County Adults are reported overweight compared to 35% for Iowa.



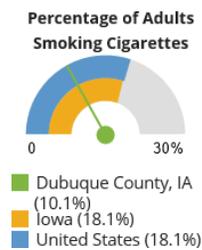
- 28.7% of Dubuque County adults are not taking blood pressure medication when needed compared to 19.1% in Iowa.



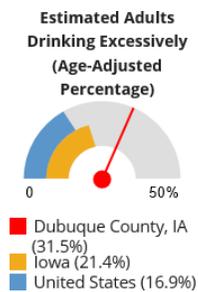
- Dubuque County (51.21%) has a higher percentage of Medicare Beneficiaries with high blood pressure than the Iowa average (50.98%).



- 77.4% Dubuque County female Medicare enrollees with mammogram in past 2 years compared to 68.5% for the statewide average.
- 82.6% Dubuque County adult females, age 18+, with regular pap test (age-adjusted) compared to 79.5% for the statewide average.
- 69.4% Dubuque County adults, age adjusted screened for colon cancer compared to the statewide average of 60%.
- 10.1% of adults in Dubuque County smoke cigarettes, compared to 18.1% for Iowa.



- Dubuque County has 31.5% age-adjusted estimated adult excessive drinking compared to the Iowa average of 21.4%.



****Iowa Community Partnerships for Tobacco Prevention**

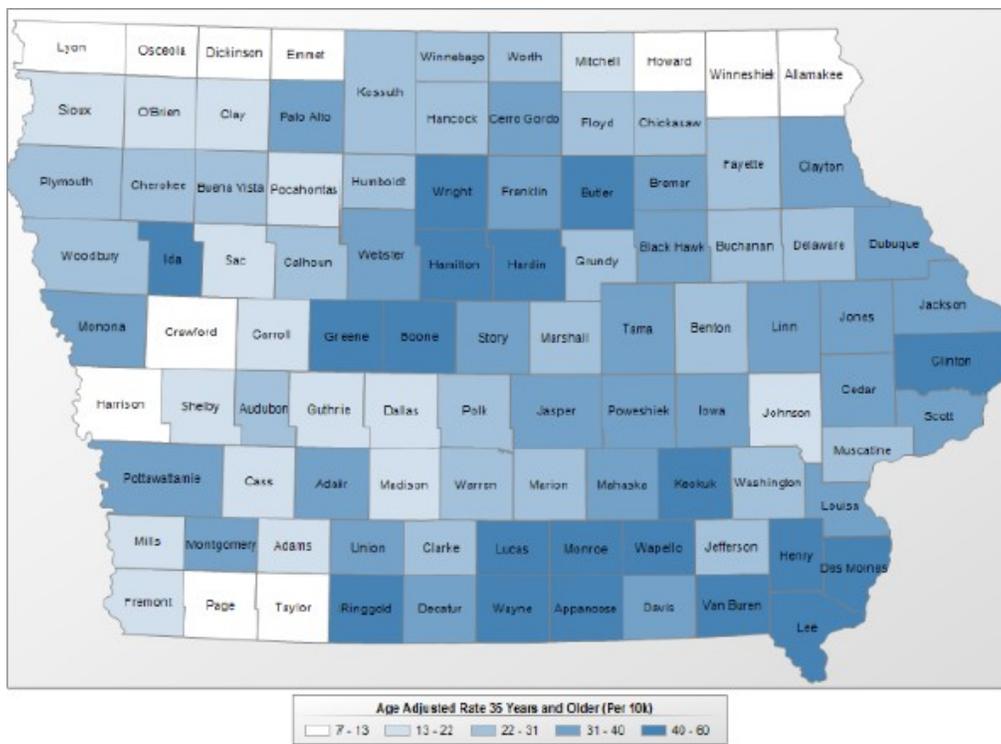
(https://idph.iowa.gov/Portals/1/userfiles/115/surveillance%2C%20evaluation%20and%20statistics/fy%2018%20county%20snapshots/IowaCP_1HillCrestFS_v3.pdf)

- 7.8% of Dubuque youth have reported to smoking a cigarette in the past 30 days compared to 7.1% statewide.

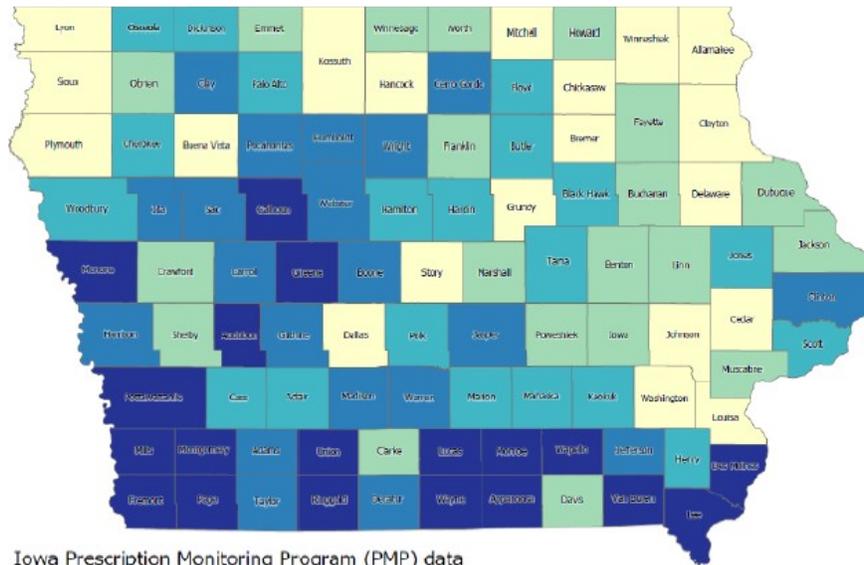
****Iowa Department of Public Health core measures** (<https://www.pht.idph.state.ia.us>)

Major Findings

Age adjusted heart attacks per 10,000 population.



	Heart Attack Hospitalizations		
	# of Hospitalizations	Crude Rate per 10K	Age Adj Rate 35 and Older per 10k
Dubuque	207 ↑ 19.0%	21.34 ↑ 19.1%	35.50 ↑ 16.4%



Iowa Prescription Monitoring Program (PMP) data for opioid prescriptions per 100 people in 2016
Iowa Department of Public Health, Bureau of Substance Abuse

Opioid Prescriptions Per 100 Persons
 34.1 - 61.1(20)
 61.2 - 65.2(20)
 69.3 - 76.9(20)
 77.0 - 91.2(20)
 91.3 - 111.9(19)

Table 3: Percentage of Students Who Reported Misusing Prescriptions

[Source IYS](#)

Indicators	Area	Grade	2012	2014	2016
Students Who Used Prescriptions Not Prescribed by a Doctor in the past 30 Days – 2012-B43, 2014-B44, 2016-B45	Dubuque County Iowa	11th	8%	5%	5%
		11th	6%	5%	5%

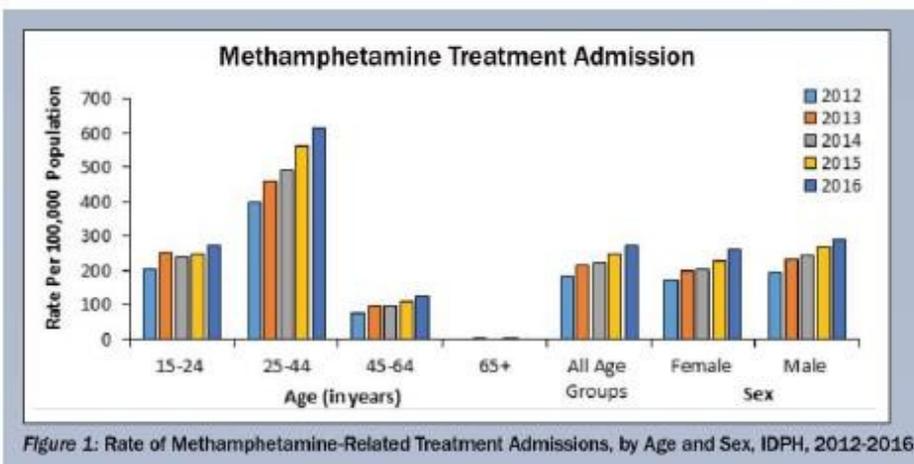


Figure 1: Rate of Methamphetamine-Related Treatment Admissions, by Age and Sex, IDPH, 2012-2016



Figure 2: Average Annual Rate of Methamphetamine-Related Treatment Admissions, Iowa, IDPH, 2012-2016

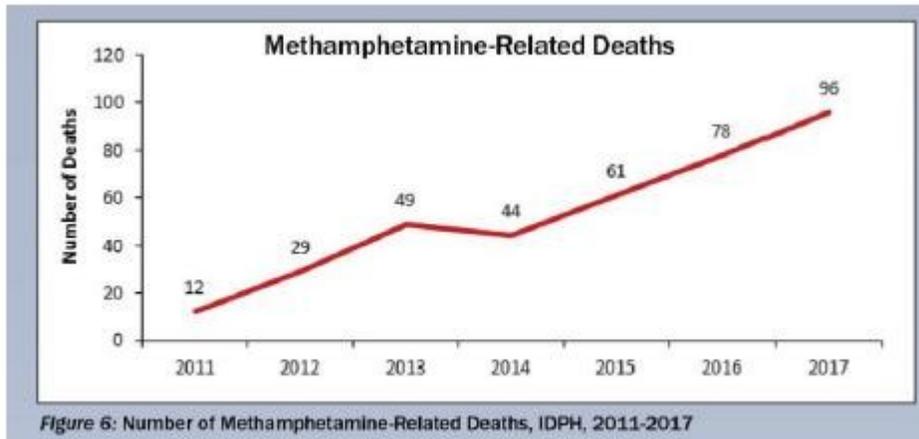


Figure 6: Number of Methamphetamine-Related Deaths, IDPH, 2011-2017

Dubuque Community Survey Top Results:

- Community survey respondents indicated that the top three barriers impacting community health include drug abuse, obesity and poor diet.

HEALTHY BEHAVIORS AND LIFESTYLES - SWOT ANALYSIS

Definition: SWOT analysis is a process that identifies strengths, weaknesses, opportunities and threats. Specifically, SWOT is a basic, analytical framework that assesses what an entity (usually a business, though it can be used for a place, industry or product) can and cannot do, for factors both internal (the strengths and weaknesses) as well as external (the potential opportunities and threats).

Strengths: *Characteristics of the business or project that give it an advantage over others*

- Dubuque County Food Coalition Board formation
- Double-Up Food Bucks (Dubuque Farmers' Market)
- Care For Yourself - WISEWOMAN Program (cancer screenings)
- Opportunities for activities through YMCA/YWCA
- Walking/running trails (Bee Branch)
- Corporate wellness programs
- Exercise facilities
- Adult smoking rates
- St. Stephen's Food Bank
- Coordination between health facilities and agencies
- Opioid Response Team
- Community youth programs
- Dubuque Wellness Coalition
- Real Recovery Sober Living

Weaknesses: *Characteristics of the business that place the business or project at a disadvantage relative to others*

- Substance abuse resources (facilities/transportation)
- High electronic smoking device
- Spike in the percentage of driving deaths with drinking involvement
- Higher percentage of excessive drinking
- Higher percentage of overweight population

Opportunities: *Elements in the environment that the business or project could exploit to its advantage*

- 5210 Grants
- Live Healthy Iowa participation
- Increase blood pressure screenings
- Expand Wellness Coalition membership
- Expand substance abuse resources
- Opioid prescription, education and awareness
- Harm Reduction – including needle exchange

Threats: *Elements in the environment that could cause trouble for the business or project*

- Higher percentage of adults not taking blood pressure meds when needed
- Percentage of alcohol consumption
- Alcohol related driving deaths

- Physical inactivity
- Opioid and methamphetamine use and abuse
- Stigma

HEALTHY BEHAVIORS AND LIFESTYLES – DUBUQUE COUNTY HIP 2019-2021

BRIEF DESCRIPTION OF NEED:

42% of Dubuque County adults are overweight and 24% of Dubuque County adults are physically inactive. Both are of major contributors to chronic disease. Obesity negatively affects body systems and increases the risk of many health diseases including heart disease, cancer and diabetes.

GOAL:

Reduce the current level of overweight population in Dubuque County through improved food and physical activity opportunities/environments.

OBJECTIVE:

Expand coordination and collaboration among agencies, organizations and entities that have expertise in food and physical activity environments and maximize resources of existing programs and partnerships.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

- Increase Dubuque County Wellness Coalition membership
- Explore and share available grants focusing on the food and/or physical activity environment with appropriate agencies and wellness providers
- Promote and support local food initiatives – e.g., Double-Up Food Bucks, Dubuque Farmer’s Market and community gardening projects
- Promote corporate wellness programs and activities
- Promote and increase participation in community health promotion programs, e.g. Live Health Iowa

ANTICIPATED IMPACT OF THESE ACTIONS:

- Measurable decline in overweight population and chronic disease incidence

PLAN TO EVALUATE THE IMPACT:

- Overweight population as measured by Countyhealthrankings.org
- Participation data for Double-Up Food Bucks
- Participation data for community health promotion programs
- Physical inactivity as measured by the County Health Rankings

HEALTHY BEHAVIORS AND LIFESTYLES- DUBUQUE COUNTY HIP 2019-2021

BRIEF DESCRIPTION OF NEED:

28% of driving deaths involved alcohol impairment.

31.5% age-adjusted estimated adult excessive drinking compared to the Iowa average of 21.4%.

16 total opioid overdose and opioid related deaths in 2016 in Dubuque County.

15% increase in methamphetamine treatment admissions in Dubuque from 2013-2017. (SASC)

38% increase in methamphetamine treatment admissions over the past four years in Iowa.

GOAL:

Expand and coordinate substance use preventative and interventional activities and resources.

OBJECTIVE:

Establish substance use treatments and resources through multi-disciplinary agency coordination.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

- Support current and future strategies for substance usage and opioid prescription, education and patient management practices to reduce the development of substance use and opioid use disorders
- Coordinate continuing medical education credits on substance abuse/use for area physicians
- Dubuque Area Substance Abuse Coalition and Dubuque County Wellness Coalition collaboration

ANTICIPATED IMPACT OF THESE ACTIONS:

- Improved collaboration and coordination between agencies and healthcare providers to address substance use needs
- Facilitate dissemination and implementation of evidence-based prevention and interventions

PLAN TO EVALUATE THE IMPACT:

- Percentage of substance usage, alcohol impairment, methamphetamine and opioid deaths will trend favorable
- Increase participation in the Prescription Monitoring Program

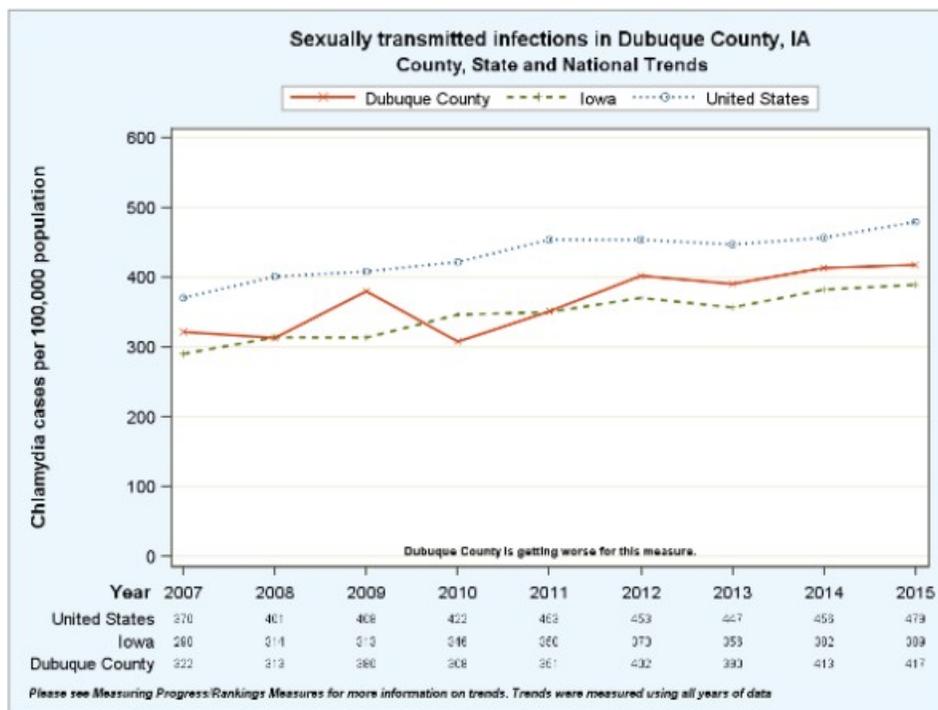
DISEASE INFECTION CONTROL

Data and other information used in the assessment

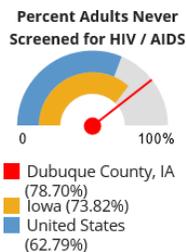
**Dubuque County and Iowa Health Data from County Health Rankings (www.countyhealthrankings.org)

Major Findings

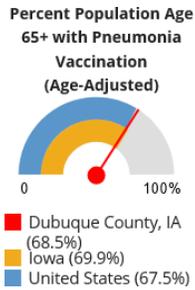
- The sexually transmitted infection rate (417.1) is higher than the statewide rate (388.9).



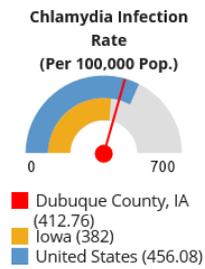
- Percent of adults never screened for HIV/AIDS is higher (78.7%) than the Iowa average (73.82%).



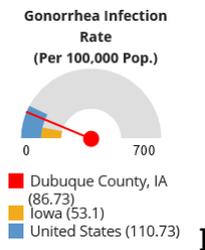
- Dubuque County age-adjusted percent of population age 65+ with pneumonia vaccination (68.5%) is slightly below the Iowa average (69.9%).



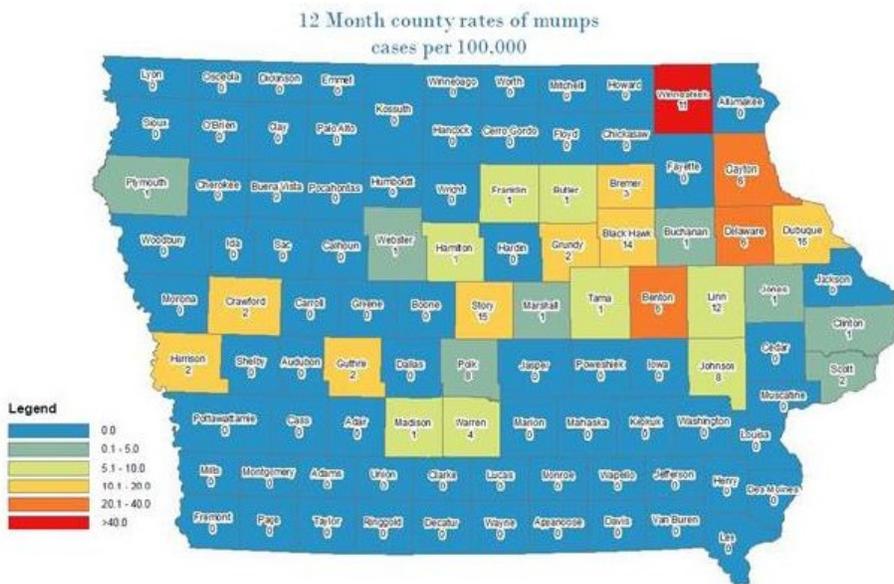
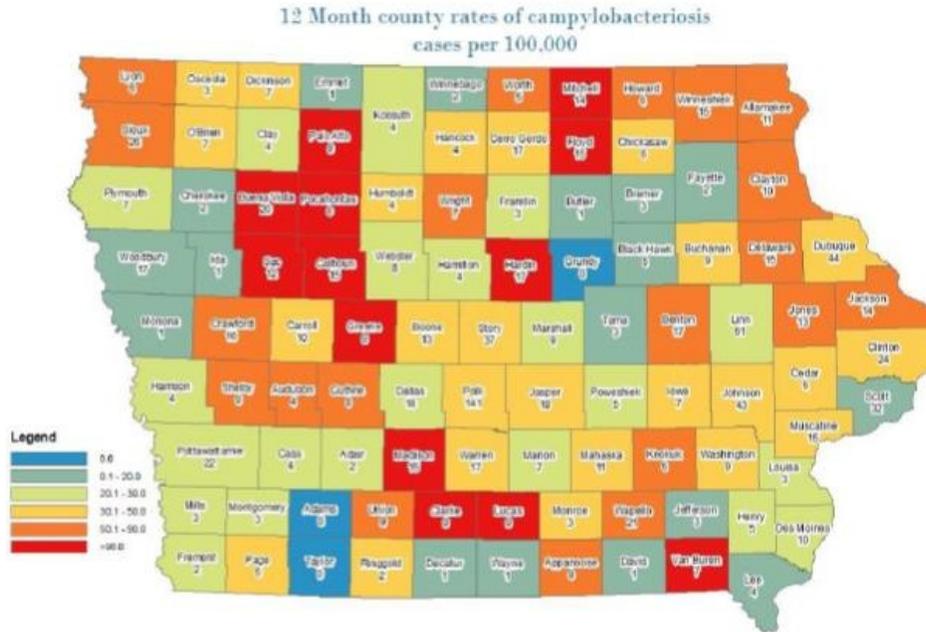
- Chlamydia infection rate per 100,000 pop. in Dubuque County (412.76) is higher than the statewide average (382).



- Gonorrhea infection rate per 100,000 pop. in Dubuque County (86.73) is higher than the statewide average (53.1).



Major Findings



Survey Top Results:

- Responses from the community survey indicated that not getting flu shots/vaccinations, unprotected sex and food safety are notable behaviors impacting infectious disease.

DISEASE INFECTION CONTROL - SWOT ANALYSIS

Strengths: *Characteristics of the business or project that give it an advantage over others*

- Bi-Hospital Infection Control Committee
- County/IDPH grants for preventative services for underinsured
- Resources for free Sexually Transmitted Diseases (STDs) testing and education

Weaknesses: *Characteristics of the business that place the business or project at a disadvantage relative to others*

- Not reaching targeted high-risk population for specific diseases
- Transportation to infectious disease care outside of county
- Lack of routine laboratory testing in physician offices
- Consistent county wide messages
- Community efficiency when working with disease outbreaks

Opportunities: *Elements in the environment that the business or project could exploit to its advantage*

- Increase infectious disease education to local providers
- Testing through Accountable Care Organizations (ACOs)
- Broaden participation on weekly Epidemiology update from Iowa Department of Public Health
- Increase testing sites for human immunodeficiency virus (HIV) and STDs
- Virtual, telehealth, computer screening, mobile clinics opportunities
- Infectious disease and contracted transportation
- Regional utilization of Infectious Disease care through contractual agreements
- School clinics for immunizations
- Dual reporting
- Increase physician enrollment in Vaccines For Children
- Increase promotion of programs

Threats: *Elements in the environment that could cause trouble for the business or project*

- Stigma
- Transportation to other cities as well as to the Westside of Dubuque
- Aging healthcare provider population
- Lack of Pandemic Influenza and plans
- Availability of influenza test kits during outbreak

DISEASE INFECTION CONTROL – DUBUQUE COUNTY HIP 2019-2021

BRIEF DESCRIPTION OF NEED:

Dubuque County currently has 70 known positive diagnoses for HIV with an estimated 14% still undiagnosed making the need to increase testing vital to decreasing the number of undiagnosed. Individuals diagnosed and enrolled in case management average an 85% suppression rate also decreasing the number of transmissions. Sexually Transmitted Diseases continue to rise in Iowa. Chlamydia rates statewide rose from 416 in 2016 to 443.3 in 2017. Gonorrhea rates have also rose from 83 in 2016 to 119.9 in 2017.

GOAL:

Increase the number of HIV tests to county residents.

OBJECTIVE:

The number of HIV tests given in Dubuque County will increase by 20%.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

- Grantees will increase partnerships with social organizations to offer prevention strategies/additional testing
- Promote CDC “Know Your Status” and “Undetectable=Untransmittable”
- Information will be given to private physician offices to offer opt out testing to all patients receiving preventative exams

ANTICIPATED IMPACT OF THESE ACTIONS:

- Increase community awareness
- Find those who are undiagnosed
- Decrease transmission rates
- Increase incidence of prevention and safe practices
- Increased physician office testing

PLAN TO EVALUATE THE IMPACT:

- Actual annual percentage of undiagnosed will decrease per Iowa Department of Public Health
- Number of tests given through HIV Prevention Grant will increase
- Number of physician offices routinely offering HIV testing

OBJECTIVE:

- Decrease the rates of Gonorrhea and Chlamydia in Dubuque County by 2%

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

- Promote STD testing in community and with private physician offices.
- CDC promotional awareness materials distributed throughout the community.
- Prevention promotion within community

- Increase access to condoms in community

ANTICIPATED IMPACT OF THESE ACTIONS:

- Increased physician office testing
- Increased testing in Dubuque Community
- Increased community awareness on STD

PLAN TO EVALUATE THE IMPACT:

- Actual annual state rate of Gonorrhea and Chlamydia will decrease per Iowa Department of Public Health.
- Number of tests given through HIV Prevention Grant will increase.
- Number of physician offices routinely offering STD testing

DISEASE INFECTION CONTROL – DUBUQUE COUNTY HIP 2019-2021

BRIEF DESCRIPTION OF NEED:

State of Iowa reports 2015-2016:

- 46 Influenza-associated mortalities all ages
- 353 Influenza-associated hospitalizations
- 7 Influenza-associated Long-Term Care Outbreaks Investigated
- 3,688 positive results for non-influenza respiratory virus

State of Iowa reports 2016-2017:

- 135 Influenza-associated mortalities all ages
- 1,078 Influenza-associated hospitalizations
- 57 Influenza-associated Long-Term Care Outbreaks Investigated
- 5,773 positive results for non-influenza respiratory virus

State of Iowa reports October 2017 to March 2018:

- 244 Influenza-associated mortalities all ages
- 5,293 Influenza-associated hospitalizations
- 83 Influenza-associated Long-Term Care Outbreaks Investigated
- 8,299 positive results for non-influenza respiratory virus

GOAL:

Increase the availability of influenza vaccination sites to county residents.

OBJECTIVE:

The number of flu vaccination at convenient sites such as worksites will increase by 3 sites each year.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

- Promote influenza vaccination within the county through social media sites
- Increase partnerships with pharmacies and community vaccinators to host influenza vaccination clinics at worksites for reasonable cost

ANTICIPATED IMPACT OF THESE ACTIONS:

- With increased partnerships for influenza vaccination sites throughout the community, diagnosed cases of influenza will decrease

PLAN TO EVALUATE THE IMPACT:

- Actual annual percentage of influenza in the State of Iowa will decrease

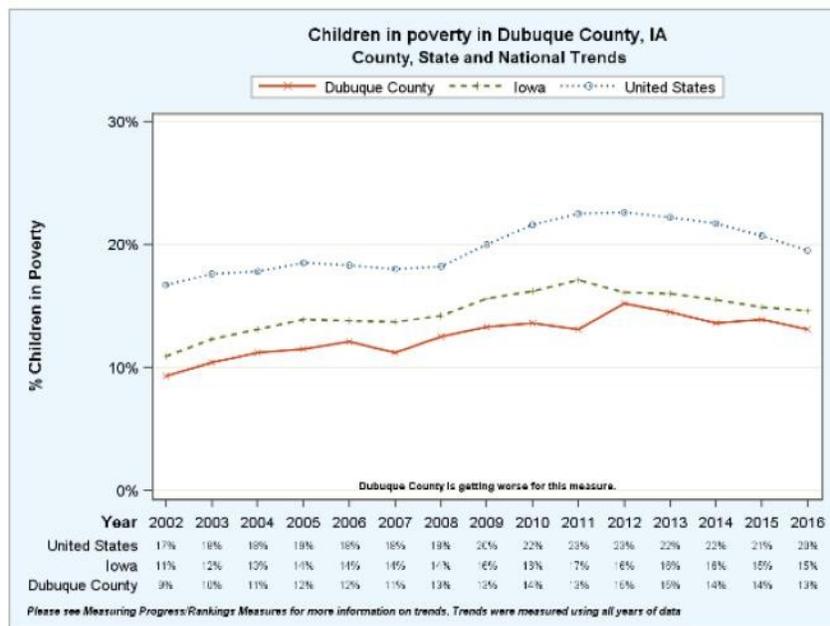
HEALTHCARE ACCESS

Data and other information used in the assessment

**Dubuque County and Iowa Health Data from County Health Rankings (www.countyhealthrankings.org)

Major Findings

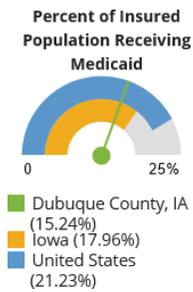
- 5% of adults in Dubuque County are uninsured compared to a statewide average of 6%.
- Dubuque County is ranked eighth best of Iowa's 99 counties in Clinical Care.



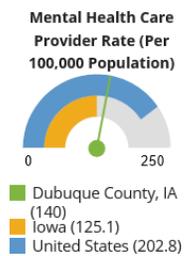
**Dubuque County Health Portrait 2017, from Community Commons (www.communitycommons.org/chna).

Major Findings

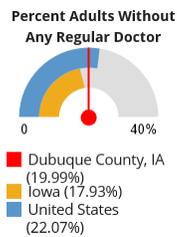
- Dubuque County has a lower percentage of the insured population receiving Medicaid (15.24%) than the Iowa average (17.96%).



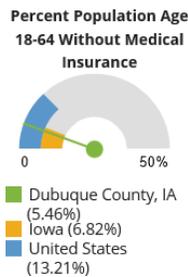
- Dubuque County (140) has more mental health providers per 100,000 than the Iowa rate (125.1) but well below the national average rate of 202.8.



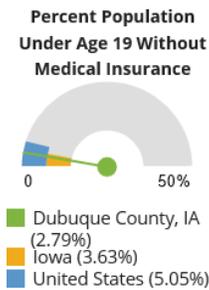
- 19.99% of Dubuque County adults are without a regular doctor compared to 17.93% in Iowa.



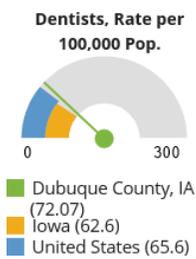
- Dubuque County has a lower percentage of uninsured population (5.46%) than the Iowa average (6.82%).



- Dubuque County has a lower percentage of uninsured population under 19 years old (2.79%) than the Iowa average (3.63%).



- Dubuque County has 72.07 dentists per 100,000 population compared to the state rate of 62.6.



****Dubuque Emergency Department Volumes**

	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18
Jul	3,808	3,859	3,982	3,996	4,015	4,142	4,237	4,494	4,074
Aug	3,719	3,971	4,135	3,986	3,858	4,353	4,341	4,428	4,068
Sep	3,678	3,720	3,897	3,993	4,114	4,594	4,406	4,465	4,016
Oct	4,033	3,936	3,931	3,834	3,932	4,350	4,310	4,449	3,969
Nov	3,917	3,570	3,619	3,674	3,602	3,800	3,962	4,047	3,829
Dec	3,366	3,503	3,551	4,120	3,727	4,642	4,223	4,159	3,991
Jan	3,445	3,624	3,713	3,894	3,894	4,217	4,149	4,423	4,435
Feb	3,276	3,657	3,643	3,310	3,337	3,544	3,938	4,077	
Mar	3,654	3,980	3,973	3,742	3,692	4,595	4,378	4,294	
Apr	3,637	3,746	3,782	3,747	4,003	4,329	4,216	4,071	
May	3,936	3,910	4,081	3,499	4,204	4,137	5,094	4,101	
Jun	3,709	3,646	3,838	4,009	4,038	4,248	4,413	4,084	

Survey Top Results:

- Survey respondents indicated that the top three barriers to keeping community from accessing health services include out of pocket expenses/lack of insurance, lack of providers/difficulty of getting an appointment, navigating the healthcare system.

HEALTHCARE ACCESS - SWOT ANALYSIS

Strengths: *Characteristics of the business or project that give it an advantage over others*

- Crescent Community Health Center – dental and medical clinic
- Care coordination and communication across agencies (Visiting Nurse Association, Crescent, hospitals, schools, public and county health departments)
- Transportation- awareness, accessibility and availability
- Strong networking among providers
- Community based funding for special projects (Community Foundation, County, Grants)
- Integrated Home Health program at Hillcrest and the Pacific Island project at Crescent
- School oral health screenings
- High quality hospital and clinical care
- VNA working with families to identify gaps and improve access in the child care setting

Weaknesses: *Characteristics of the business that place the business or project at a disadvantage relative to others*

- Lack of adequate funding for needed programs and services
- Crisis services are underutilized (mental health and substance use)
- Lack of transportation to/for out of county for specialty services
- Access to Medicaid managed care providers - persons have to continually switch insurance companies to be seen locally, not enough providers who take one or both of the insurance companies, lack of medical and dental providers

Opportunities: *Elements in the environment that the business or project could exploit to its advantage*

- Telehealth
- Contracted transportation to infectious disease specialty clinics and hospitals
- Specialty care outreach clinics
- Healthcare and health insurance literacy
- Sharing information among health and social organizations
- Outreach to business and faith-based partners

Threats: *Elements in the environment that could cause trouble for the business or project*

- Aging population of healthcare providers
- Medicaid program at the local, state and national level
- Equitable funding for medical and dental providers
- Nursing and allied health provider shortage
- Difficulty in recruiting specialty care providers

HEALTHCARE ACCESS – DUBUQUE COUNTY HIP 2019-2021

BRIEF DESCRIPTION OF NEED:

Lack of primary and specialty providers, access to care, access to primary care, elder care resources, and access to dental and mental health services are continually a basis for concern in our community. Lack of information and data prevents us from evaluating services that we have in place and services needed.

GOAL:

Develop and/or sustain mental health services in that are accessible, creative and evaluated.

OBJECTIVE:

Identify and employ strategies to assess mental health services and resources for all ages across Dubuque County in order to improve awareness and accessibility for those in need.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

- Collect information across the County to develop a database that shows resources and services available, providers, access to care to be used now and in the future
- Development and implementation of effective mental health pre-screening and screening tools
- Use of telehealth services for counseling
- Increase the number of mental health patient beds available locally across all ages
- Increase the number of mental health providers working in the mental health system

ANTICIPATED IMPACT OF THESE ACTIONS:

- Number of increased providers
- Crisis service utilization
- New services developed
- Established and active communication between providers, community agencies and businesses
- Data collected with a baseline and year to year data to show improvement and barriers
- Increased advocacy for mental health services

PLAN TO EVALUATE THE IMPACT:

- Number of crisis services utilized by multiple agencies
- Track number and type of mental health pre-screening and screening tools used
- Number of current and new patient mental health patient beds available across all ages
- Number of mental health providers

HEALTHCARE ACCESS – DUBUQUE COUNTY HIP 2019-2021

BRIEF DESCRIPTION OF NEED:

Lack of primary and specialty providers, access to care, access to primary care, elder care resources, and access to dental and mental health services are continually a basis for concern in our community.

GOAL:

Establish the Dubuque County Healthcare Access Coalition to provide on-going monitoring of healthcare access challenges and to identify and employ strategies to improve healthcare access, navigation and health literacy in Dubuque County.

OBJECTIVE:

Increase navigation in care coordination, health literacy, appropriate services and healthcare professionals. Provide education and resources for all community members on how to utilize and access the healthcare system, especially in the presence of a serious diagnosis.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

- Collect information across the County to develop a database that shows resources and services available, providers, access to care to be used now and in the future
- Encourage expansion of care coordinators/navigators, health literacy and education programs, and development of resources and services for healthcare professionals and consumers
- Build/develop trusting relationships between providers, patients and family members to create advanced care planning, good use of physician time and access appropriate services and education regarding the diagnosis and needs of the patient
- Create and expand palliative care resources in the community

ANTICIPATED IMPACT OF THESE ACTIONS:

- Established an active communication between providers, community agencies and businesses
- Data collected with a baseline and year to year data to show improvement and barriers
- Increased access to healthcare services and providers

PLAN TO EVALUATE THE IMPACT:

- Increased expansion of care coordinators/navigators, health literacy and education programs and development of resources and services for healthcare professionals and consumers
- Build/develop trusting relationships between providers, patient and family members to create advanced care planning, proper use of physician time and access to appropriate services and education regarding the diagnosis and needs of the patient
- Increased number of palliative care resources in the community

HEALTHCARE ACCESS – DUBUQUE COUNTY HIP 2019-2021

BRIEF DESCRIPTION OF NEED:

Lack of primary and specialty providers, access to care, access to primary care, elder care resources, and access to dental and mental health services are continually a basis for concern in our community. Lack of information and data prevents us from evaluating services that we have in place and services needed.

GOAL:

To educate and increase awareness of regular preventive oral healthcare and the importance of accessing and establishing a dental home.

OBJECTIVE:

Increase oral healthcare utilization.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

- Promote regular oral care across lifespan
- Educate the community regarding the oral health link to general health
- Promote care coordination for dental services
- Assist and educate persons about obtaining dental insurance and accessing service providers

ANTICIPATED IMPACT OF THESE ACTIONS:

- Greater utilization of oral health services
- Lower the incidence of decay
- Reduced number of emergency department visits for oral conditions
- Increased early childhood oral health screenings

PLAN TO EVALUATE THE IMPACT:

- Reduction in emergency room visits for dental treatment
- Increased number of oral health screenings

ENVIRONMENTAL HEALTH

Data and other information used in the assessment

**Dubuque County and Iowa Health Data from County Health Rankings (www.countyhealthrankings.org)

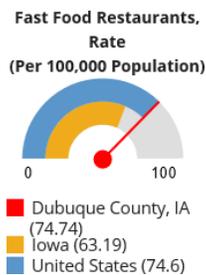
Major Findings

- Dubuque County (10.2) reported a higher rate of air pollution – air particulate matter than the state (9.6).
- Dubuque County (11%) had a lower percentage of the population driving longer commutes alone than the statewide percentage (20%).
- Dubuque County reported drinking water violations.

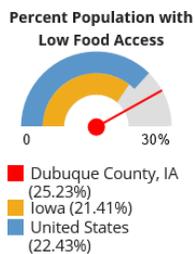
**Dubuque County Health Portrait 2017, from Community Commons (www.communitycommons.org/chna)

Major Findings

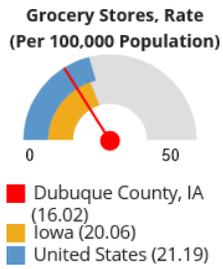
Dubuque County (74.74) has a higher percentage of fast food establishments per 100,000 population than the state average (63.19).



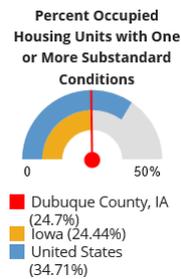
- Dubuque County (25.23) has a higher percentage of population with low food access than the statewide average (21.41%).



- Dubuque County (16.02) has a lower rate of grocery stores per 100,000 population than Iowa (20.06).



- Dubuque County (24.7%) has a comparable percentage of substandard housing units to the Iowa average (24.44%).



**** Dubuque Farmers' Market (DFM):**

In 2016, DFM attracted the Double Up Food Buck (DUFB) program for SNAP recipients by providing \$1:1 match to purchase fresh fruits and vegetables at the market.

2015

SNAP: \$3,784

2016

SNAP: \$7,120

DUFB: \$4,100

Total: \$11,220

2017

SNAP: \$7,121

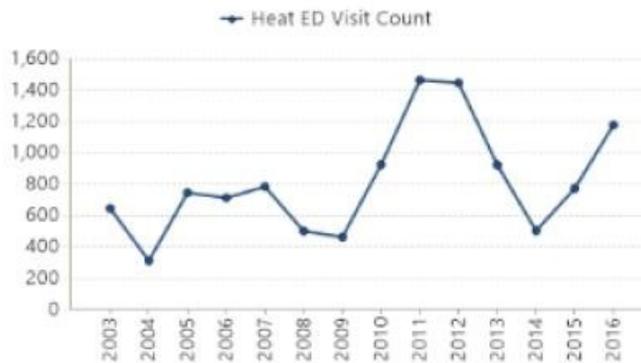
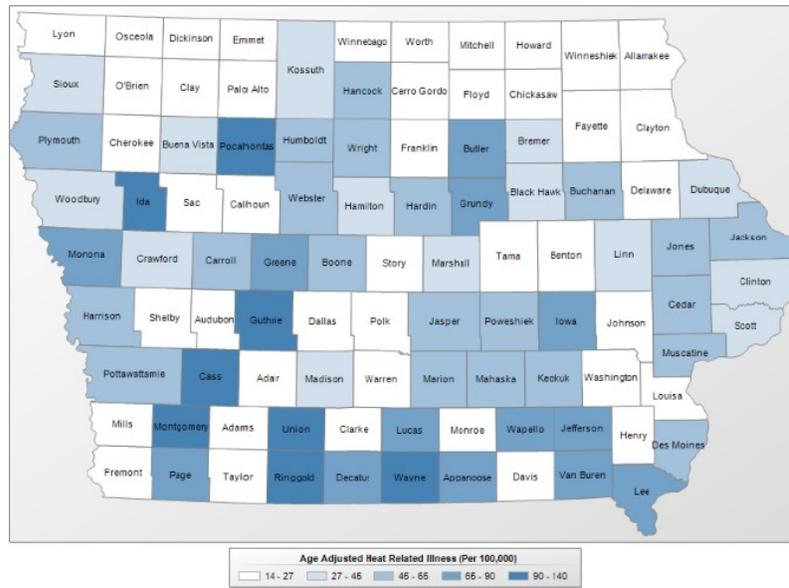
DUFB: \$5,407

Total: \$12,528

**Iowa Department of Public Health core measures: (<https://pht.idph.state.ia.us>)

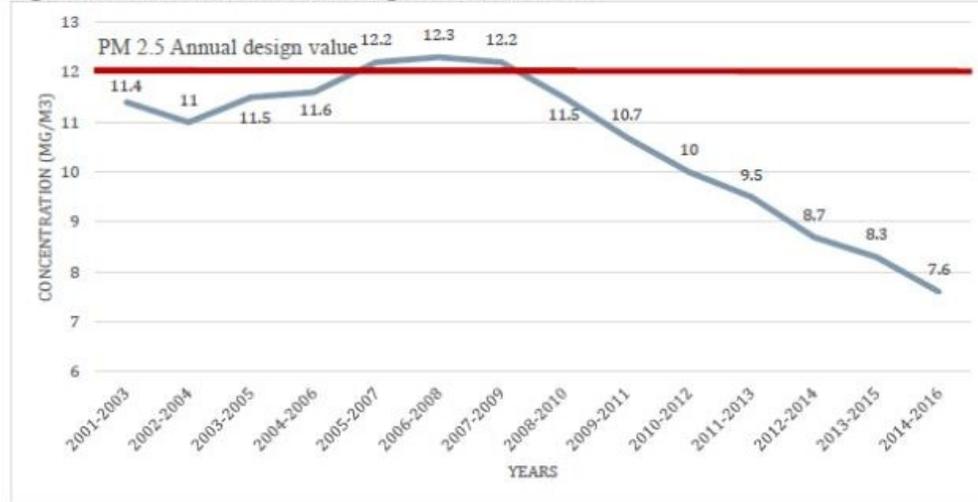
Major Findings

Emergency visits due to heat related illness per 10,000 population.



**Air Quality – Potosi Monitor

Figure 10. Potosi Monitor Annual Design Value 2008 to 2016

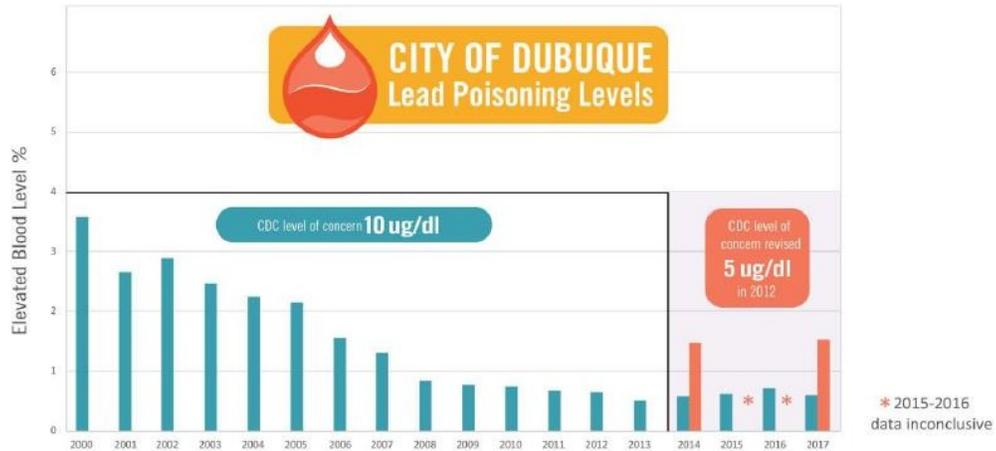


Source: Wisconsin DNR

Figure 11. Potosi Hourly Design Value 2008 to 2016



Source: Wisconsin DNR



Dubuque County - 2017
Number of Children Tested by Blood Lead Level Category
 Selected Age Group: **All**

Blood Lead Level	Confirmed	Unconfirmed
0 to < 5	462	1,742
5 to < 10	16	46
>= 10	10	7

State of Iowa - 2017
Number of Children Tested by Blood Lead Level Category
 Selected Age Group: **All**

Blood Lead Level	Confirmed	Unconfirmed
0 to < 5	8,536	53,661
5 to < 10	541	1,399
>= 10	349	187

Dubuque County - 2017
Percent of Children Tested by Blood Lead Level Category
 Selected Age Group: **All**

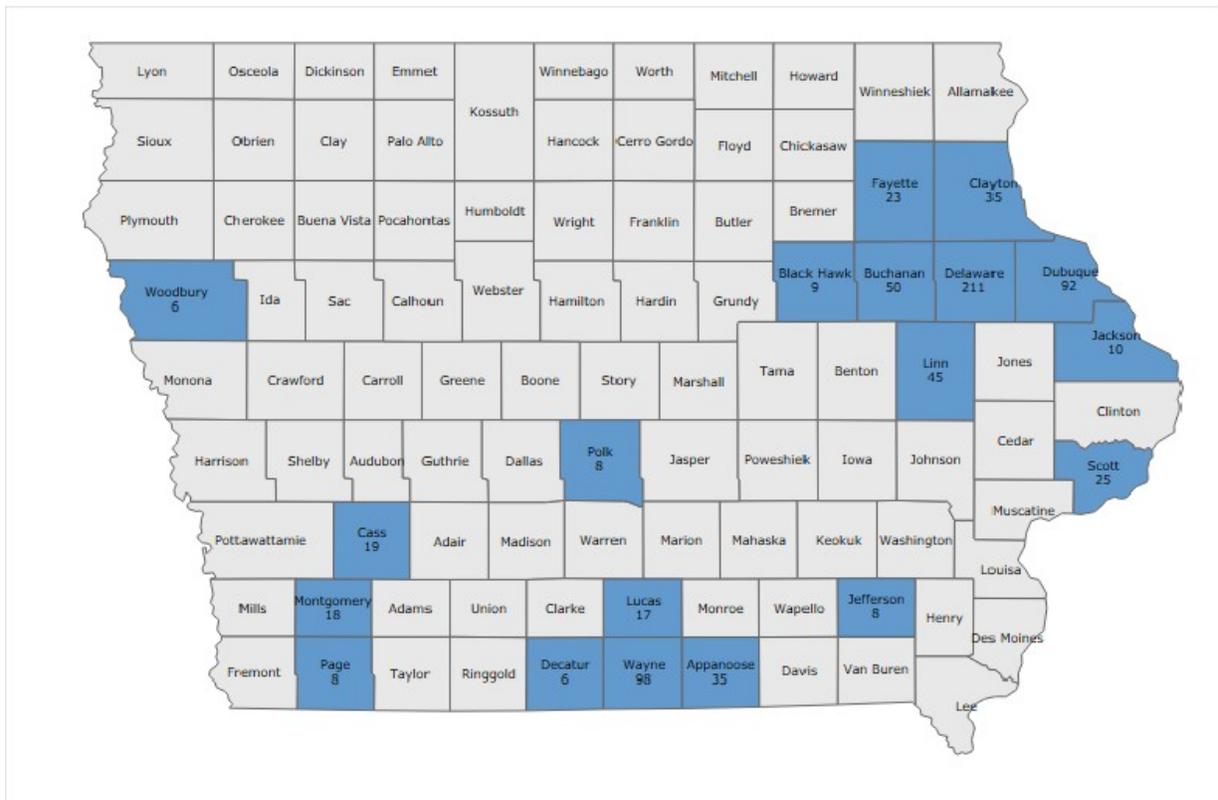
Blood Lead Level	Confirmed	Unconfirmed
0 to < 5	20.24%	76.30%
5 to < 10	0.70%	2.01%
>= 10	0.44%	0.31%

State of Iowa - 2017
Percent of Children Tested by Blood Lead Level Category
 Selected Age Group: **All**

Blood Lead Level	Confirmed	Unconfirmed
0 to < 5	13.20%	82.97%
5 to < 10	0.84%	2.16%
>= 10	0.54%	0.29%

Annual Blood Lead Testing: Persons with a Confirmed Elevated BLL Adult (16 and Older) - 2017

Hover over a County to see the County Name and values for that County.



Survey Top Results:

- Survey respondents indicated that the top three environmental factors impacting community health include healthy homes, drinking water and disaster preparedness.

ENVIRONMENTAL HEALTH - SWOT ANALYSIS

Strengths: *Characteristics of the business or project that give it an advantage over others*

- Surface water- lower nitrate levels than state (Catfish Creek)
- Reduction of PM 2.5 levels
- Farmer's Market- Local food access (also Supplemental Nutrition Assistance Program (SNAP), Double Up Food Bucks (DUFB))
- U.S. Department of Housing and Urban Development (HUD) funding for lead and healthy homes and Resiliency/flood mitigation
- Replaced 30+ private sewage systems since July 2009 in Dubuque County through Time of Transfer process
- Free H2O samples/tests for bacteria and nitrates through Dubuque County Health Department (grants to counties)
- Green Alleys
- Bee Branch – Exercise, socialization, water quality
- Less visits to Emergency Rooms for asthma
- Use of native plants for landscaping throughout community
- Ongoing improvements to Jule (Transit) routes, times of day/evening
- Emerald Ash Borer plan for the City
- Some county parks are smoke free
- City annual water quality report <http://www.cityofdubuque.org/DocumentCenter/View/33406/2017-Water-Quality-Report>
- Dubuque Metropolitan Area Solid Waste Agency (DMSWA) Household hazardous waste collection site
- Permanent pharmaceutical drop-off collection sites (including drop off for opioids)
- SNAP (Food Stamps) use is increasing in getting fresh produce: Mandatory for vendors to accept SNAP at Farmer's Market 2018

Weaknesses: *Characteristics of the business that place the business or project at a disadvantage relative to others*

- Surface water- higher phosphorus levels than state
- Iowa not lowering blood lead level standard to 5 mg/dL
- Different standards (hard to enforce, confusing) for HUD, IDPH, and CDC
- Smoking in public spaces- Casinos and outdoor events/spaces in the City of Dubuque
- 4,000+ lead water service lines (City of Dubuque Water Plant adjusts H2O chemistry to prevent corrosion)
- What to do with glass? (Not recycling locally)
- Lack of staff at Dubuque County Health Department for water testing/grants to counties leaving money unspent
- Pediculosis increasing
- Bankston and Graf Water and waste water Infrastructure
- Opportunities
- HUD Resiliency funds and creating healthy, resilient homes
- Cost Share Program for Catfish Creek (water quality)
- ☑ Time of Transfer Law for private sewage disposal systems
- Well rehabilitation/ Grants to counties for well/water testing
- Integrated Pest Management (IPM) System in City and 9 pesticide-free parks
- Garbage/recycling bins in public areas (parks in county) drop off sites in county
- County-wide soil health policy (City grant through Catfish Creek Watershed Authority Board)
- Connecting trails
- Bee Branch Trail connection (upon completion of railroad culvert portion)
- Harvest-able stream buffers and nut trees promotion (Catfish Creek WMA)

- Public/private spaces for more gardening/orchards
- Well water data from SHL
- Promoting and utilizing Complete Streets concepts according to the City of Dubuque's new comprehensive plan Imagine Dubuque 2037: A call to Action.
- Utilizing complete street principles for all road redesign and development
- CO monitoring – State requirements for landlords
- Grants for traffic signals, roundabout, Public Works vehicles (to address air quality PM 2.5 levels)

Opportunities: *Elements in the environment that the business or project could exploit to its advantage*

- HUD Resiliency funds and creating healthy, resilient homes
- Cost Share Program for Catfish Creek (water quality)
- Time of Transfer Law for private sewage disposal systems
- Well rehabilitation/ Grants to counties for well/water testing
- Integrated Pest Management (IPM) System in City and 9 pesticide-free parks
- Garbage/recycling bins in public areas (parks in county) drop off sites in county
- County-wide soil health policy (City grant through Catfish Creek Watershed Authority Board)
- Connecting trails
- Bee Branch Trail connection (upon completion of railroad culvert portion)
- Harvest-able stream buffers and nut trees promotion (Catfish Creek WMA)
- Public/private spaces for more gardening/orchards
- Well water data from SHL
- Promoting and utilizing Complete Streets concepts according to the City of Dubuque's new comprehensive plan Imagine Dubuque 2037: A call to Action.
- Utilizing complete street principles for all road redesign and development
- CO monitoring – State requirements for landlords
- Grants for traffic signals, roundabout, Public Works vehicles (to address air quality PM 2.5 levels)

Threats: *Elements in the environment that could cause trouble for the business or project*

- Illegal dumping (support DATFOID) promote reporting of illegal dumping?
- High percentage of fast food establishments
- CDC Blood Acceptance Level now at a lower level with no increased funding to remove lead hazards
- Fluoride in drinking water- opposition
- Bed bugs (Increase large Item pick up waste infested with bedbugs being set out curbside - risk of being taken/used by someone before pick-up)
- Challenge of Bottle Bill in state legislature
- Invasive plant species – Wild Parsnip, Garlic Mustard, Buck Thorne, etc.
- Unsewered communities/subdivisions (not participating in IRIS)

ENVIRONMENTAL HEALTH -DUBUQUE COUNTY HIP 2019-2021

BRIEF DESCRIPTION OF NEED:

Water quality refers to drinking water and ground water, the effects of substandard sewage systems, testing of rural sewage systems, and utilization of public sewage systems along with meeting or exceeding and maintaining drinking water quality based on federal guidelines and requirements.

GOAL:

Assure water quality that meets or exceeds state and federal guidelines and requirements.

OBJECTIVE:

Provide compliant sewage treatment to unsewered communities.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

- Develop Survey Tool to assess the condition of Dubuque County Resident's sewage systems and infrastructure
- Begin tracking communities installing compliant sewer systems as part of the Survey Tool
- Educate citizens on the adverse health effects and the environmental impacts of improperly treated wastewater and the importance of proper wastewater treatment
- Identify and promote funding sources for repair of individual residences and community sewage treatment systems. Follow the recommendations, support, and promote the Catfish Creek Watershed Management Plan. Open link below to see plan for objectives and action steps.
<http://www.cityofdubuque.org/DocumentCenter/View/25109>

OBJECTIVE:

Provide safe drinking water through private water supplies for those not served by public water systems.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

- Educate on health and environmental impacts of unsafe drinking water through social-media, multi-media, community events and organizations
- Promote well water testing through Grants to Counties Program
- Explore funding sources to provide community sewage systems
- Promote the availability of the State Hygienic Lab, Dubuque County Health Department, and City of Dubuq certified water testing labs

ANTICIPATED IMPACT OF THESE ACTIONS:

- Increased use of Grants to Counties Program
- Increased number of well water tests performed by city and county labs
- Increased requests for improved public and private sewage systems

- Ongoing education and awareness of personal and environmental health ramifications of unsafe drinking water
- Ongoing education and awareness on the importance of water testing in rural areas
- Ongoing education and awareness on the role ground water and

PLAN TO EVALUATE THE IMPACT:

- Compare to baseline of well water tests at Dubuque County Health Department and City of Dubuque lab
- Compare to baseline of private sewage system permits for new construction and repairs/upgrades
- Compare to baseline utilization of Grants to Counties funding within Dubuque County

VII. Dubuque County Community Input Survey:

Methods Used to Solicit Input

The primary methods for community wide input included: steering committee, taskforces, and the community-wide survey. In addition to soliciting community-wide input, the steering committee also invited broad representation for the taskforces and welcomed involvement throughout the process.

The steering committee reviewed the survey responses and overall felt the community input supported and validated the collected data. The steering committee presented these results and the collected data to the taskforces. The taskforces used the compiled data to further assess and prioritize our community needs.

Health Department Input

The steering committee obtained input from multiple departments of health throughout this process. First, Patrice Lambert of the Dubuque County Health Department and Mary Rose Corrigan from City of Dubuque Public Health were members of the steering committee. Second, the hospitals reviewed the Community Health Needs Assessment and Community Health Improvement Plans for Grant County, Wisconsin and Jo Daviess County, Illinois to assure we were taking into consideration other priority needs in our region though they are beyond the hospitals' primary service area for the purposes of our needs assessment process. We found the priority needs identified in this CHNA overlap and align well with the priority needs of the secondary service area.

Medically Underserved, Low-Income, and Minority Populations Representation

The steering committee sought and considered the needs, input, and concerns of underrepresented persons and populations throughout this process. Serving on the steering committee, Angela Petsche from Crescent Community Health Center and Stacey Killian from Unity Point Finley Hospital – Dubuque Visiting Nurse Association represented the populations their organizations serve. The primary makeup of those populations are those who are underrepresented in the community: those who are medically underserved, in poverty; and/or from minority populations. In addition, representatives from Dubuque School District, Western Dubuque School District, and Dubuque Early Childhood participated on the taskforces and represented the needs and best interests of the youth population that comprises 23% of our community. The steering committee reviewed reported demographic information of those who completed the survey and found that distribution by ethnicity, age, income and zip code were consistent with the community's demographic profile.

Community Input Survey Results

Community Input Survey results were taken into consideration when prioritizing which needs to focus on for the term of this CHNA&HIP. Summary responses are included below; please contact us if you would like to review the full results.

The survey tool was originally designed for the previous CHNA&HIP process. The steering committee consulted various community input surveys when revising the survey tool for this cycle. Most questions were revised, though to varying degrees.

The steering committee had two primary goals for the community input survey. First, to identify which community health needs, identified through the data collection process, were of highest priorities to the community to

address. Second, we aimed to solicit community input regarding any needs that we had missed that community members believed needed to be addressed in the coming 3-5 years.

The steering committee also had the survey translated into Spanish language to make the survey more accessible. Only two responses were received using the Spanish translation. In the next cycle, the steering committee will look to expand language availability to meet the needs of the community.

Question: From the list below, please check THREE items that you think are the most important health concerns for our community to address in the next 3-5 years. (Check exactly 3 below)		
Answer Choices	Responses	
Mental health/mental illness/suicide	73.21%	787
Obesity/overweight	47.91%	515
Illegal drug use	41.30%	444
Cancer	28.65%	308
Prescription drug abuse	25.95%	279
Heart disease and stroke	17.67%	190
Alcohol abuse	16.28%	175
Diabetes	14.14%	152
Chronic pain	9.21%	99
Pregnancy/infant health	8.19%	88
Dental health	5.12%	55
Respiratory and lung problems	4.28%	46
Sexually transmitted diseases	4.00%	43
High blood pressure	3.07%	33
Unintentional injuries	1.02%	11
	Answered	1075

Question: From the list below, please check THREE behaviors that you think have the greatest impact on overall community health. (Check exactly 3 below)		
Answer Choices	Responses	
Drug abuse	63.63%	684
Being overweight	50.05%	538
Poor diet	42.14%	453
Lack of exercise	41.12%	442
Alcohol Abuse	40.09%	431
Tobacco use	20.19%	217
Dropping out of school	16.09%	173
Unprotected sex	11.72%	126
Not getting flu shots or other vaccinations	11.26%	121
Not wearing a helmet	2.33%	25
Not using seat belts	1.40%	15
	Answered	1075

Question: From the list below, please check THREE environmental hazards that you feel are needs that should be addressed in our community in the next 3-5 years. (Check exactly 3 below)

Answer Choices	Responses	
Healthy homes	44.19%	475
Drinking water protection	40.00%	430
Disaster preparedness	32.37%	348
Water pollution	30.79%	331
Food safety	27.53%	296
Food waste	21.30%	229
Air Pollution	19.44%	209
Hazardous waste	17.12%	184
Hazardous materials	15.63%	168
Radon	15.35%	165
Lead poisoning	11.26%	121
Vector (disease-carrying animals and insects) control	11.07%	119
Soil Erosion	9.49%	102
Radiological health	4.47%	48
	Answered	1075

Question: Using a scale from Strongly Disagree to Strongly Agree, please rate these statements about Health Care Access in our community:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Most residents in my community are able to access a primary care provider (family doctor, pediatrician, general practitioner) when needed.	2.60%	17.30%	12.84%	57.86%	9.40%
Most residents in my community are able to access a medical specialist (cardiologist, dermatologist, neurologist, etc.) when needed.	7.63%	27.35%	20.28%	39.53%	5.21%
Most residents in my community are able to access a dentist when needed.	5.86%	19.81%	17.21%	46.14%	10.98%
Most residents in my community are able to obtain prescription medications when needed.	2.88%	16.93%	20.37%	51.07%	8.74%
People new to my community know how to get health care.	3.63%	19.81%	38.60%	33.58%	4.37%
There are enough health care providers who accept Medicaid or other forms of medical assistance in my community.	19.72%	27.72%	31.44%	16.74%	4.37%
There are enough bilingual health care providers in my community.	15.16%	30.79%	44.56%	6.98%	2.51%

Question: Please select up to THREE of the most important barriers that you believe keep people in our community from accessing health care. (You may check 1-3 options below)

Answer Choices	Responses	
	Percentage	Count
Not able to pay out-of-pocket expenses (co-pays, prescriptions, etc.)	80.09%	861
Lack of health insurance	64.47%	693
Not able to navigate the health care system	39.16%	421
Not enough providers; hard to get an appointment	35.35%	380
Lack of transportation	18.88%	203
Language or cultural barriers	16.74%	180
Time limitations	10.88%	117
Lack of trust	6.88%	74
Lack of child care	6.79%	73
Other (please describe)	5.95%	64

Question: Please describe any other health needs that were not mentioned in the previous questions that you feel should be addressed in the next 3-5 years in our community. 698 responses were received and categorized:

Category	Count of Response	Category	Count of Response
Mental Health	99	Dental	8
N/A	74	Sexual Health	7
Specialty Care	68	Crescent	7
Access	58	Transportation	6
Substance Abuse	53	Childcare	5
Provider Shortage	36	Obesity	3
Affordability	30	Dyersville	3
Environment	28	Mercy	3
Insurance	26	Pharmacy	2
Cancer	18	Cultural	2
Aging	17	Marijuana	2
Public Safety	17	Individual Responsibility	2
Nutrition	16	Language	2
Political	15	Provider Shortage	1
General	14	Veterans	1
Health Education	13	Pain	1
Children	13	Men's Health	1
Education	13	Pediatrics	1
Exercise	11	Finley	1
Public Health	10	Communication	1
Women's Health	9	Marshall Islands	1
Total: 698			

Question: What do you see as barriers that prevent our community from becoming healthier?
830 responses were received and categorized:

Category	Count of Response	Category	Count of Response
Money	153	Access - General	17
Individual Responsibility	92	Obesity	15
Access - Insurance	76	Access - Transportation	13
Political	57	Pharmacy	11
Access - Nutrition	52	Dental	8
Substance Abuse	44	Environment - Chemicals	8
Education	42	Children	6
Education - Health Literacy	32	Access - Housing	4
Access - Exercise	30	Aging	4
N/A	28	Access - Affordability	3
Culture	28	Jobs	3
Access - Providers	26	Marshall Islands	2
Access - Mental	26	Quality Care	2
Access - Care	25	Cancer	2
Education - Nutrition/Cooking	20	Crime	1
Total: 830			

VIII. DRAFT DOCUMENT PUBLIC COMMENTS:

Community Input Sessions

The Steering Committee shared the draft goals and priorities of the CHNA&HIP through a Media Release and placed on multiple agencies' websites to give an opportunity for additional comments and revisions from the public on the goals and objectives of the CHNA&HIP document. A paper copy draft CHNA&HIP was also available at the sites of the Steering Committee locations. A total of ten (10) written public comments were received. Additionally, nine (9) public comments were received and summarized at the BOH meeting on August 22, 2018. Comments received will be considered when working toward the goals in the next three years.

**UnityPoint-Dubuque
Finley Hospital
HIP 2019-2021**

Priorities

1. **DISEASE INFECTION CONTROL** – Dubuque County currently has 70 known positive diagnoses for HIV with an estimated 14% still undiagnosed making the need to increase testing vital to decreasing the number of undiagnosed. Individuals diagnosed and enrolled in case management average an 85% suppression rate also decreasing the number of transmissions. State of Iowa reports 2015-2016: 46 Influenza-associated mortalities all ages, 353 Influenza-associated hospitalizations, 7 Influenza-associated Long-Term Care Outbreaks Investigated, 3,688 positive results for non-influenza respiratory virus. State of Iowa reports 2016-2017: 135 Influenza-associated mortalities all ages, 1,078 Influenza-associated hospitalizations, 57 Influenza-associated Long-Term Care Outbreaks Investigated, 5,773 positive results for non-influenza respiratory virus. State of Iowa reports October 2017 to March 2018: 244 Influenza-associated mortalities all ages, 5,293 Influenza-associated hospitalizations, 83 Influenza-associated Long-Term Care Outbreaks Investigated, 8,299 positive results for non-influenza respiratory virus.
2. **HEALTHY BEHAVIORS AND LIFESTYLES**-42% of Dubuque County adults are overweight and 24% of Dubuque County adults are physically inactive. Both are of major contributors to chronic disease. Obesity negatively affects body systems and increases the risk of many health diseases including heart disease, cancer and diabetes. 28% of driving deaths involved alcohol impairment. 31.5% age-adjusted estimated adult excessive drinking compared to the Iowa average of 21.4%. 16 total opioid overdose and opioid related deaths in 2016 in Dubuque County. 15% increase in methamphetamine treatment admissions in Dubuque from 2013-2017. (SASC) 38% increase in methamphetamine treatment admissions over the past four years in Iowa.
3. **HEALTH ACCESS** -Lack of primary and specialty providers, access to care, access to primary care, elder care resources, and access to dental and mental health services are continually a basis for concern in our community.

DISEASE INFECTION CONTROL:

GOAL: Finley Hospital to increase the number of HIV tests to county residents.

OBJECTIVE: The number of HIV tests given in Dubuque County will increase by 20%.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Finley Hospital will refer all individuals accessing HIV care and tests to local Ryan White Part B office
2. Finley Hospital will offer testing as needed and refer all individuals to their PCP.

ANTICIPATED IMPACT OF THESE ACTIONS:

- Increase community awareness
- Find those who are undiagnosed
- Decrease transmission rates
- Increase incidence of prevention and safe practices
- Increased physician office testing

PLAN TO EVALUATE THE IMPACT:

- Actual annual percentage of undiagnosed will decrease per Iowa Department of Public Health
- Number of tests given through HIV Prevention Grant will increase
- Number of physician offices routinely offering HIV tests

GOAL: Increase the availability of influenza vaccination sites to county residents.

OBJECTIVE: The number of flu vaccination at convenient sites such as worksites will increase by 3 sites each year.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Finley Hospital to promote influenza vaccination within the county through social media sites
2. Finley Hospital to increase partnerships with pharmacies and community vaccinators to host influenza vaccination clinics at worksites for reasonable cost

ANTICIPATED IMPACT OF THESE ACTIONS:

- With increased partnerships for influenza vaccination sites throughout the community, diagnosed cases of influenza will decrease

PLAN TO EVALUATE THE IMPACT: Actual annual percentage of influenza in the State of Iowa will decrease.

HEALTHY LIFESTYLES

GOAL: Reduce the current level of overweight population in Dubuque County through improved food and physical activity opportunities/environments.

OBJECTIVE: Expand coordination and collaboration among agencies, organizations and entities that have expertise in food and physical activity environments and maximize resources of existing programs and partnerships.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Finley Hospital to increase Dubuque County Wellness Coalition membership
2. Finley Hospital to explore and share available grants focusing on the food and/or physical activity environment with appropriate agencies and wellness providers
3. Finley Hospital to promote and support local food initiatives – e.g., Double-Up Food Bucks, Dubuque Farmer’s Market and community gardening projects

1. Finley Hospital to promote corporate wellness programs and activities
2. Finley Hospital to promote and increase participation in community health promotion programs, e.g. Live Health Iowa

ANTICIPATED IMPACT OF THESE ACTIONS: Measurable decline in overweight population and chronic disease incidence

PLAN TO EVALUATE THE IMPACT:

- Overweight population as measured by Countyhealthrankings.org
- Participation data for Double-Up Food Bucks
- Participation data for community health promotion programs
- Physical inactivity as measured by the County Health Rankings

GOAL: Expand and coordinate substance use preventative and interventional activities and resources.

OBJECTIVE: Establish substance use treatments and resources through multi-disciplinary agency coordination.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Finley Hospital to support Dubuque community current and future strategies for substance usage and opioid prescription, education and patient management practices to reduce the development of substance use and opioid use disorders
2. Finley Hospital to participate continuing medical education credits on substance abuse/use for area physicians
3. Finley Hospital to participate in Dubuque Area Substance Abuse Coalition and Dubuque County Wellness Coalition collaboration

ANTICIPATED IMPACT OF THESE ACTIONS:

- Improved collaboration and coordination between agencies and healthcare providers to address substance use needs
- Facilitate dissemination and implementation of evidence-based prevention and interventions

PLAN TO EVALUATE THE IMPACT:

- Percentage of substance usage, alcohol impairment, methamphetamine and opioid deaths will trend favorable
- Increase participation in the Prescription Monitoring Program

HEALTHCARE ACCESS

GOAL: Develop and/or sustain mental health services in that are accessible, creative and evaluated.

OBJECTIVE: Identify and employ strategies to assess mental health services and resources for all ages across Dubuque County in order to improve awareness and accessibility for those in need.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Finley Hospital to participate in collecting information across the County to develop a database that shows resources and services available, providers, access to care to be used now and in the future
2. Finley Hospital to work with the community on development and implementation of effective mental health pre-screening and screening tools.
3. Finley Hospital to investigate use of telehealth services for counseling

ANTICIPATED IMPACT OF THESE ACTIONS:

- Number of increased providers
- Crisis service utilization
- New services developed
- Established and active communication between providers, community agencies and businesses
- Data collected with a baseline and year to year data to show improvement and barriers
- Increased advocacy for mental health services

PLAN TO EVALUATE THE IMPACT:

- Number of crisis services utilized by multiple agencies
- Track number and type of mental health pre-screening and screening tools used
- Number of current and new patient mental health patient beds available across all ages
- Number of mental health providers

GOAL: Establish the Dubuque County Healthcare Access Coalition to provide on-going monitoring of healthcare access challenges and to identify and employ strategies to improve healthcare access, navigation and health literacy in Dubuque County.

OBJECTIVE: Increase navigation in care coordination, health literacy, appropriate services and healthcare professionals. Provide education and resources for all community members on how to utilize and access the healthcare system, especially in the presence of a serious diagnosis.

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Finley Hospital to participate in collecting information across the County to develop a database that shows resources and services available, providers, access to care to be used now and in the future
2. Finley Hospital to encourage expansion of care coordinators/navigators, health literacy and education programs, and development of resources and services for healthcare professionals and consumers

1. Finley Hospital to build/develop trusting relationships between providers, patients and family members to create advanced care planning, good use of physician time and access appropriate services and education regarding the diagnosis and needs of the patient
2. Finley Hospital to participate in creating and expanding palliative care resources in the community

ANTICIPATED IMPACT OF THESE ACTIONS:

- Established an active communication between providers, community agencies and businesses
- Data collected with a baseline and year to year data to show improvement and barriers
- Increased access to healthcare services and providers

PLAN TO EVALUATE THE IMPACT:

- Increased expansion of care coordinators/navigators, health literacy and education programs and development of resources and services for healthcare professionals and consumers
- Build/develop trusting relationships between providers, patient and family members to create advanced care planning, proper use of physician time and access to appropriate services and education regarding the diagnosis and needs of the patient
- Increased number of palliative care resources in the community