



UnityPoint Health
Finley Hospital

Community Health Needs Assessment and Health Improvement Plan

2022 - 2024



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

2022-2024

Table of Contents

| | |
|--------------------------------------|----|
| Introduction | 3 |
| Vision, Mission and Values | 3 |
| Methodology & Membership | 4 |
| CHNA approval | 4 |
| Review of previous CHNA and Comments | 5 |
| COVID-19 Pandemic Response | 7 |
| Dubuque County Community Profile | 8 |
| Health Risk Assessment | 10 |
| Task Force Reports | 12 |
| Community Input | 13 |
| Conclusion | 14 |
| Health Improvement Plan (HIP) | 15 |
| Appendix A: CHNA Survey Questions | 16 |

Introduction

The Finley Hospital has provided exceptional healthcare services to the Tri-State area since inception in 1890. A primary 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.

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.

UPH- Finley Vision, Mission and Values

Vision

Best Outcome Every Patient, Every Time

Mission

Improve the health of the people and the communities of the Tri-State area

FOCUS Values

Fostering Unity - Promoting collaboration among departments, facilities, and regions while encouraging the skills and abilities of each person and team.

Owning the Moment - Holding ourselves accountable for our individual and team actions, while promoting the importance of problem-solving skills and taking action.

Championing Excellence - Committing to the best outcomes and high-quality care.

Seizing Opportunities - Embracing and promoting innovation and transformation.

Methodology & Membership

The development of a Community Health Needs Assessment (CHNA) and Health Improvement Plan (HIP) requires participation from a variety of community organizations, healthcare providers, local governments, and stakeholders. The forthcoming CHNA includes input from City of Dubuque, Dubuque County Health Department, Hillcrest Family Services, MercyOne, UnityPoint Health Finley Hospital and Visiting Nurse Association.

UnityPoint Health Finley Hospital is a community medical-surgical hospital serving the Tri-State area of eastern Iowa, southwest Wisconsin and northwest Illinois.

The CHNA process was initiated by bringing the steering committee together. The steering committee is comprised of representatives from organizations with an interest in health and wellness. The organizations included; UnityPoint Health, one of the three hospitals serving the tri-state area with the most comprehensive cancer center, a level III trauma unit and a level II neonatal intensive care unit, MercyOne – Dubuque & Dyersville, two of the three hospitals serving the tri-state area and Hillcrest Family Services, a non-profit organization that provides a continuum of brain health services to the tri-state area. The committee was advised by both the Dubuque County Health Department and the City of Dubuque.

Steering Committee Members

| | |
|--------------------|--|
| Carol Cross | UnityPoint Health – Finley Hospital |
| Stacey Killian | UnityPoint Health – Visiting Nurse Association |
| Malissa Sprenger | MercyOne – Dubuque & Dyersville |
| Michelle Arensdorf | MercyOne – Dubuque & Dyersville |
| Gwen Hall Driscoll | MercyOne – Dubuque & Dyersville |
| Janae Schmitt | Hillcrest Family Services |
| Mariah Schrack | Hillcrest Family Services |
| Patrice Lambert | Dubuque County Health Department |
| Mary Rose Corrigan | City of Dubuque |

Steering Committee Meetings

August 25, 2020; January 15, 25, 29, 2021; February 5, 2021; March 18, 2021; April 9, 12, 2021

CHNA Approval

The Finley Tri-States Board of Directors approved of the Community Health Needs Assessment and Health Improvement Plan at their regular meeting on December 2, 2021 after discussion and review.

Review of Previous CHNA

In 2018, UnityPoint Health-Finley Hospital identified several high priority health needs; opioid use and abuse, obesity and overweight, alcohol use and abuse, mental health access, influenza immunization, healthy homes, primary care access, emergency and disaster planning, drinking water protection, dental care access, specialty care access, elder care access, HIV and AIDS screening and prevalence and STD and STI screening and prevalence.

UnityPoint Health-Finley Hospital worked with MercyOne Dubuque & Dyersville, Crescent Community Health Center, the City of Dubuque and the Dubuque County Health Department to develop the 2018 Community Health Needs Assessment. The steering committee, made up of the forenamed organizations, collected information on the primary and secondary service area. Data was also collected from a community input survey in the primary area of Dubuque county. The survey was available in English and Spanish and ran from January 11 to 22 2018. Ultimately, 1,052 completed responses were collected from the community via Survey Monkey, an online platform. These two data sources were compared and validated both findings. It was determined that the significant health needs be divided into four unique categories: 1) Healthy behaviors and lifestyles, 2) Disease infection control, 3) Healthcare access and 4) Environmental health.

Each category developed a task force that included input from community organizations, including; the City of Dubuque Health Services, Dubuque County Health Department, Crescent Community Health Center, City of Dubuque Leisure Services, YMCA/YWCA, Holy Family School District, HyVee Dietitian Services, WIC, Hillcrest Family Services, Helping Services of NE Iowa, Dubuque Community Schools, Visiting Nurse Association, Medical Associates Clinic, City of Dubuque Human Rights Department, ISU Extension and Asbury City Parks. Each task force reviewed the data, conducted a SWOT analysis and made recommendations to the steering committee. The steering committee also took input from the underrepresented persons and populations throughout this process. The primary makeup of these populations are those that are medically underserved, in poverty and/or minority populations. The steering committee reviewed demographic information of those who completed the survey and found distribution by ethnicity, age, income and place of residence were consistent with the community demographic profile.

Healthy Behaviors and Lifestyles

UnityPoint Health-Finley Hospital's goal of reducing the overweight population in Dubuque county was addressed by being a member of the Dubuque County Wellness Coalition and speaking on the benefits of being a member. In addition, Finley participates in the annual bike rodeo to support adolescent physical activity and provides helmets to promote safety. Next, Finley Hospital has an extensive diabetes program that helps individuals with healthy diets and managing diabetes. This program has been known to support patients in managing their diabetes with diet instead of insulin. Finally, UnityPoint Health promotes local food initiatives such as Double-Up Food Bucks, Dubuque Farmer's Market and community gardening projects. UnityPoint Health provides meals to the mission on a monthly basis to support healthy eating for those that are dispossessed.

Disease Infection Control

UnityPoint Health Visiting Nurse Association (VNA) has served hundreds of people living with HIV by providing case management services, oral health management, medication access as well as financial support. This work resulted in a 78% viral load suppression rate for 2020. Next, UnityPoint Health provided flu vaccines for children and adults at no cost. Over the last few months, the VNA has been instrumental in providing the community COVID-19 vaccines and has open clinics throughout the community nearly every day. Additionally, the VNA provides vaccinations to children 0-18 enrolled in Medicaid, underinsured and uninsured. These efforts resulted in 2,089 children receiving vaccinations in 2020 alone. Finally, UnityPoint Health increased the number of HIV testing in all its clinic locations to decrease the number of undiagnosed individuals.

Healthcare Access

UnityPoint Health-Finley Hospital developed and initiated a Care Management Program in June 2020. This program serves patients in our Next Generation Accountable Care Organization (ACO) who are at a 30% or greater risk for readmission. Goals of the Care Management program include improved continuity of care, maximizing resources to serve the greatest number of high-risk patients, gain cost efficiencies, and utilization cost avoidance. Success metrics include a decrease in readmissions, decrease in avoidable admissions and decrease in unnecessary ED utilization. The Care Management Program is active in all Dubuque Region UPH clinics and in Grand River Medical Group. The program has 117 patients enrolled.

Next, patient communication with Nurse navigators continues to be a well utilized service throughout the hospital serving over 1,050 patients per year.

Another area of access that is provided to the community is the access for EMS, Nursing, Therapy and Radiology students that tour, shadow and complete clinicals in our organization. These programs are able to serve over 300 students per year and support our need for healthcare professionals.

Finally, the Visiting Nurse Association provides access to underinsured and uninsured individuals by providing dental screenings through iSmile, providing mental health services for early detection and providing Mom Baby services for mothers, newborns and pregnant women.

Environmental Health

UnityPoint Health-VNA provides lead testing, education, home assessments and case management to children 0-6 years of age. This program has increased the number of lead tests given by 12.5% since 2014. Additionally, the VNA works directly with the home advocacy program to support healthy homes. This work provides social work home visits, education, resource connections and assessment to families. Direct impact on drinking water protection is addressed by city and county resources and supported by the hospital if the need arises.

Written Comments

No written comments were received by the organization.

COVID-19 Pandemic Response

In March 2020, the COVID-19 pandemic became an emergent need for our community. UnityPoint Health-Finley Hospital, along with other members of the community, have addressed and continue to address this need throughout 2020 and 2021.

The Incident Command Team started meeting daily in March 2020 to facilitate and communicate the emergency preparedness towards the global pandemic. This included the Incident Commander, Liaison, Safety and Public Information officers along with section chiefs for Operations, Logistics, Planning and Finance. Other key members for infection prevention, information technology, spiritual care and business recovery were also included. Incident Command collaborated with other area healthcare organizations as well as system leaders to address the growing concerns for public health. The team created a COVID-19 resource page for community members and stood up a call center for the community to call with questions or where to get tested for COVID-19.

Screening stations were set up at each of our facilities to screen everyone entering for COVID-19 symptoms. Each person that entered was given a face mask. Throughout the pandemic visitor restrictions have been put in place to mitigate the spread of the virus. UnityPoint Health-Finley Hospital purchased several iPads to provide patients a way to video chat with their families, so they didn't feel alone while in our care. These iPads were also equipped with interpreter services to effectively communicate with our patients.

UnityPoint Health-Finley Hospital designated a wing of our medical floor for COVID-19 patients. Glass barriers were installed at locations throughout the organization to provide additional protection. Facilities staff also created a temporary wall in the PACU for a backup ICU should the need arise from a surge. Additionally, a pod was placed outside the Emergency Department door for additional patient screening and the ambulance bay was ready to be converted to additional beds if the need arose.

The Finley Health Foundation team was instrumental in securing face masks and shields from area partners. Over 2,800 masks were made and donated from our volunteers and over 57,000 PPE items were donated from our community partners.

UnityPoint Health-Finley Hospital collaborated with and was supported by 7G Distributing, Alliant Energy, Blaum Brothers Distilling Co. of Galena, Bodine Electric Company, Brazen Open Kitchen Bar, Camso, Caribou Coffee, Caseys, Community Foundation of Greater Dubuque, Cottingham & Butler Benefits Division, Clarke University, Crescent Community Health Center, Czipar's Orchard, Delta Dental of Iowa, Designworks Wellness Salon and Spa, Dubuque Area Chamber of Commerce, Dubuque Community School District, Dubuque County Emergency Management, Edenbrook of Platteville, Environmental Management Services of Iowa (EMSI), Fareway Grocery, Fidelity Charitable Gift Fund, Fraternal Order of Eagles No. 4458, FUELlowa, Great Dragon Express Xue Inc, Hands of Hope, Herrig Family Charitable Foundation, Higley Industries, Inc., Hy-Vee, Imperia Foods, Iowa Corn Growers, Iowa Department of Public Health, Iowa Hospital Association, John Deere Dubuque Works, Journey Church, Kentucky Fried Chicken, Keurig Dr. Pepper, Key City Creative, Koppes Kreation, Kunkel & Associates, Inc., Lime Rock Springs Co., Live Like Jack, Loras College, Lord of Life Lutheran Church, Lowes, Magoo's Pizza, Malone Chiropractic and Massage, March of Dimes, Mary's Inn Maternity Home, McCullough Creative Group, Inc., McIntyre Realty Key Apartment, Metrix Company, MercyOne Medical Center, Natural Touch Massage, Northeast Iowa Community College, Nuts.com, Premier Bank, Rite-Hite

Foundation, Sherwin Williams, St. Stephens Food Bank, Steele Capital Management, Inc., Sunshine Circle, Texas Roadhouse, The OtherSide, Theisens, Tri-State Independent Blind Society, Inc., Tucker Freight Lines, U.S. Bank, University of Dubuque, West End Nutrition, Whisps and Wisconsin Whey and Protein. Navigating this pandemic would not be possible without all these wonderful partners!

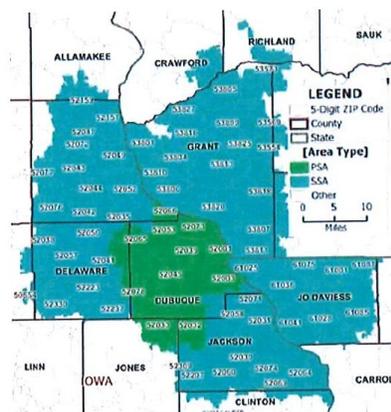
UnityPoint Health – Finley Hospital President and CEO Chad Wolbers, in addition to various Finley Hospital staff, put out a message encouraging the community to wear masks, as a way to prevent the spread of COVID-19. Our facilities team joined the #LightItBlue movement by turning on blue lights around the facility. UnityPoint Health – Finley Hospital was one of the long-standing healthcare providers that helped vaccinate community members against COVID-19 at the county’s point of distribution (POD) site.

UnityPoint Health - Visiting Nurse Association (VNA) serves the City of Dubuque as well as Dubuque County for public health. In 2020 alone, VNA has done 10,457 contact tracing cases, given out 1,103 thermometers to residents, has taken 31,422 calls from the community, given 774 COVID tests, taken 952 plasma donation calls and has dedicated 5,571 hours to COVID-19. The VNA hired a Marshallese interpreter to assist these families navigate their health care journey. This team member became a great connection for the community to access the care they need. COVID-19 continues to dominate the healthcare industry and is ongoing in 2021, especially with vaccinations of children and boosters for adults for COVID-19.

Dubuque County Community Profile

Dubuque County is located along the Mississippi River in northeast Iowa. The most recent estimate from Census Bureau's Population Estimates Program (PEP) lists Dubuque County at about 99,000 people. DataUSA, using 5-year American Community Survey (ACS) data, says Dubuque County has a median age of 39.1 and a median household income of \$62,178. 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.

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 UnityPoint Health - Visiting Nurse Association (VNA), Crescent Community Health Center, and Hillcrest Family Services



| US Census Bureau Quick Facts | Dubuque County, Iowa | Iowa | United States |
|--|----------------------|-------------|---------------|
| Population estimates, July 1, 2019, (V2019) | 97,311 | 3,155,070 | 328,239,523 |
| Population estimates base, April 1, 2010, (V2019) | 93,643 | 3,046,871 | 308,758,105 |
| Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019) | 3.90% | 3.60% | 6.30% |
| Population, Census, April 1, 2020 | 99,266 | 3,190,369 | 331,449,281 |
| Population, Census, April 1, 2010 | 93,653 | 3,046,355 | 308,745,538 |
| Persons under 5 years, percent | 6.20% | 6.20% | 6.00% |
| Persons under 18 years, percent | 22.70% | 23.00% | 22.30% |
| Persons 65 years and over, percent | 18.30% | 17.50% | 16.50% |
| Female persons, percent | 50.70% | 50.20% | 50.80% |
| White alone, percent | 92.50% | 90.60% | 76.30% |
| Black or African American alone, percent | 3.60% | 4.10% | 13.40% |
| American Indian and Alaska Native alone, percent | 0.30% | 0.50% | 1.30% |
| Asian alone, percent | 1.30% | 2.70% | 5.90% |
| Native Hawaiian and Other Pacific Islander alone, percent | 0.60% | 0.20% | 0.20% |
| Two or More Races, percent | 1.70% | 2.00% | 2.80% |
| Hispanic or Latino, percent | 2.60% | 6.30% | 18.50% |
| White alone, not Hispanic or Latino, percent | 90.30% | 85.00% | 60.10% |
| Veterans, 2015-2019 | 5,465 | 185,671 | 18,230,322 |
| Foreign born persons, percent, 2015-2019 | 2.80% | 5.30% | 13.60% |
| Housing units, July 1, 2019, (V2019) | 41,760 | 1,418,626 | 139,684,244 |
| Owner-occupied housing unit rate, 2015-2019 | 73.30% | 71.10% | 64.00% |
| Median value of owner-occupied housing units, 2015-2019 | \$166,800 | \$147,800 | \$217,500 |
| Median selected monthly owner costs -with a mortgage, 2015-2019 | \$1,314 | \$1,260 | \$1,595 |
| Median selected monthly owner costs -without a mortgage, 2015-2019 | \$502 | \$485 | \$500 |
| Median gross rent, 2015-2019 | \$783 | \$789 | \$1,062 |
| Building permits, 2020 | 277 | 12,623 | 1,471,141 |
| Households, 2015-2019 | 38,210 | 1,265,473 | 120,756,048 |
| Persons per household, 2015-2019 | 2.43 | 2.4 | 2.62 |
| Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019 | 84.90% | 85.20% | 85.80% |
| Language other than English spoken at home, percent of persons age 5 years+, 2015-2019 | 4.30% | 8.30% | 21.60% |
| Households with a computer, percent, 2015-2019 | 89.80% | 89.00% | 90.30% |
| Households with a broadband Internet subscription, percent, 2015-2019 | 82.50% | 80.80% | 82.70% |
| High school graduate or higher, percent of persons age 25 years+, 2015-2019 | 92.70% | 92.10% | 88.00% |
| Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019 | 30.80% | 28.60% | 32.10% |
| With a disability, under age 65 years, percent, 2015-2019 | 7.30% | 7.90% | 8.60% |
| Persons without health insurance, under age 65 years, percent | 4.90% | 6.00% | 10.20% |
| In civilian labor force, total, percent of population age 16 years+, 2015-2019 | 67.90% | 67.30% | 63.00% |
| In civilian labor force, female, percent of population age 16 years+, 2015-2019 | 64.20% | 62.90% | 58.30% |
| Total accommodation and food services sales, 2012 (\$1,000) | 169,532 | 5,468,687 | 708,138,598 |
| Total health care and social assistance receipts/revenue, 2012 (\$1,000) | 702,024 | 18,583,828 | 2,040,441,203 |
| Total manufacturers shipments, 2012 (\$1,000) | 6,036,353 | 116,668,830 | 5,696,729,632 |
| Total retail sales, 2012 (\$1,000) | 1,659,142 | 44,905,624 | 4,219,821,871 |
| Total retail sales per capita, 2012 | \$17,447 | \$14,607 | \$13,443 |
| Mean travel time to work (minutes), workers age 16 years+, 2015-2019 | 16.7 | 19.3 | 26.9 |
| Median household income (in 2019 dollars), 2015-2019 | \$63,031 | \$60,523 | \$62,843 |
| Per capita income in past 12 months (in 2019 dollars), 2015-2019 | \$32,905 | \$32,176 | \$34,103 |
| Persons in poverty, percent | 10.70% | 11.20% | 11.40% |

[U.S. Census Bureau QuickFacts: Dubuque County, Iowa; Iowa; United States](#)

Health Risk Assessment

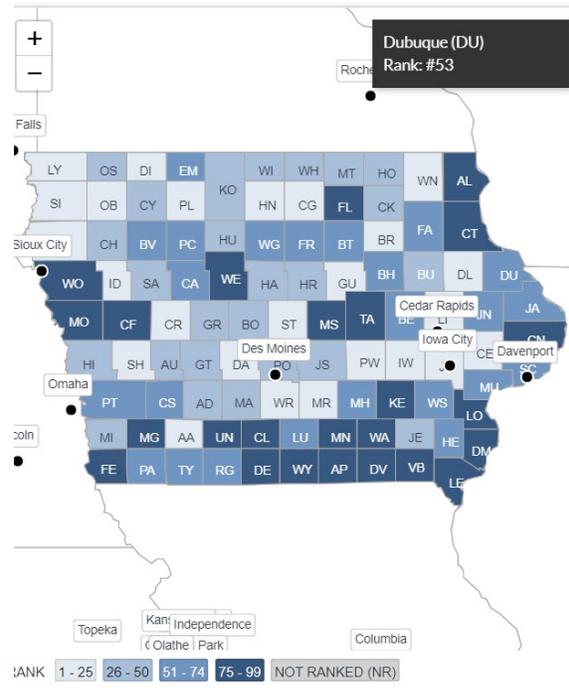
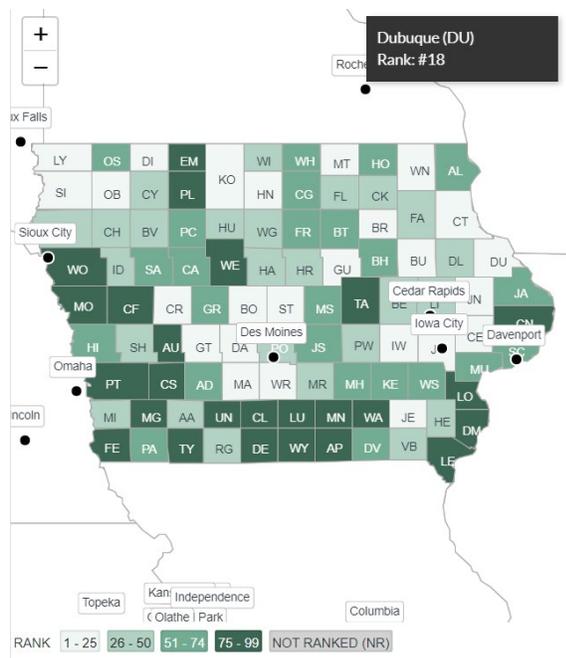
The steering committee looked at several socio-economic indicators linked to poor health. Utilizing data collected from the American Community Survey (ACS) and the City of Dubuque Geographic Information System (GIS), areas with elevated health risk were found at the Census 'Block Group' level.

Health Risk Indicators

County Health Rankings (<https://www.countyhealthrankings.org/app/iowa/2021/overview>) provides comparative rankings by county and data for both health outcomes, how long people live and how healthy people feel while alive and health factors, what influences the health of the county. Below are the maps for Iowa for 2021.

Health Outcomes – Dubuque 18 out of 99 improved from 30 in 2019

Health Factors – Dubuque 53 out of 99 declined from 41 in 2019



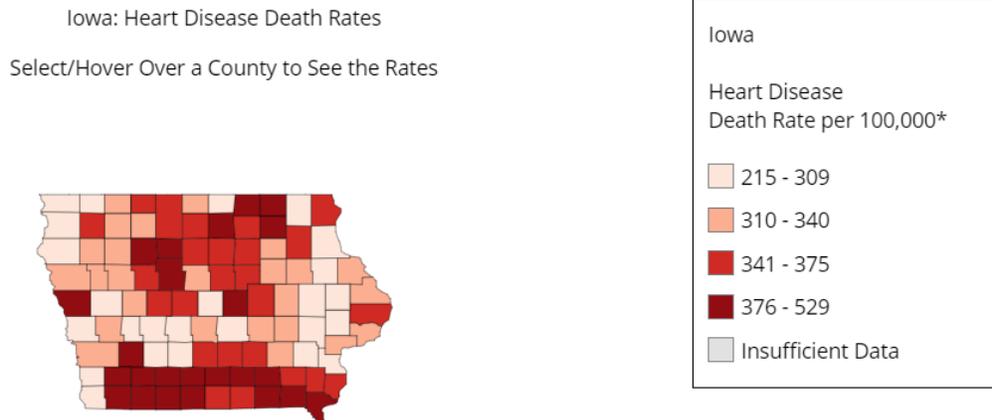
Key Findings from Data Review

County Health Rankings listed Dubuque County as having a higher trend in adult obesity at 37% compared to 34% in the state. Additionally, physical inactivity is on the rise. Dubuque county continues to have a higher rate of excessive drinking and food environment index. Clinical care is improving with only 4% of the population being uninsured compared to 6% for the state. The county is also improving with dentist per capita as well as having more primary care than the state average. Areas of concern are the growing rate of mental health providers per capita as well as the percent of preventable hospital stays. [Dubuque County, Iowa | County Health Rankings & Roadmaps](#)

Community Commons City Health Dashboard lists Dubuque at 35.4% of adults report being obese, compared to an average of 30.4% across the Dashboard's cities. Dubuque's adults are also listed as having 10.7% frequent physical distress, compared to an average of 12.7% across the Dashboard's cities. Next, 75.9% of Dubuque's residents had limited access to healthy food, compared to an average of 64.2% across the Dashboard's cities. In addition, 11.8% of Dubuque's adults reported frequent mental distress, compared to an average of 14% across the Dashboard's cities. Finally, 33.4% of Dubuque's adults aged 65+ reported receiving preventive services, compared to an average of 29.9% across the Dashboard's cities. To view the entire report, visit their website [Dubuque, IA - Metric Detail | City Health Dashboard](#)

The Iowa Department of Public Health listed Dubuque county's death rate from a heart attack at 316 per 100,000. The map below shows the state comparison.

[Heart Disease & Stroke Prevention - Data/Reports \(iowa.gov\)](#)



9. Health care staffing shortages
10. Transportation
11. Limited family medicine in rural areas
12. Computer access

Obesity

1. Higher percentage of overweight population
2. No official organization to lead change or follow up
3. Duplication of efforts by different organizations
4. Two food deserts
5. High percentage of fast-food restaurants-state average 63/100,000 population (Dubuque 75)
6. Low number of community gardens
7. Weight loss programs have been discontinued due to lack of participation
8. Lack of funding for programming, community gardens, etc.
9. Population's tendency towards physical inactivity
10. Community influencers own fast food restaurants
11. Pandemic

Brain Health

1. The process in how the community accesses help
2. Timelines to access to care-what happens to patients while waiting
3. Follow up from referral, did the patient arrive to appointment? Did they receive care?
4. Transportation
5. Patients falling through cracks
6. Smoother transitions needed between levels of care
7. Lack of residential placement/treatment opportunities
8. Lack of number of beds across State of Iowa
9. Coverage of telehealth options
10. Reimbursement rates, no change in reimbursement rates for years
11. Cultural norms within the greater Dubuque Area
12. Community readiness to address cultural norms is low
13. Lack of education regarding use of substances
14. Accessibility to alcohol, gambling due to legislature changes
15. Staffing, workforce shortages

Community Input

The primary methods for community wide input included: steering committee involvement, task forces, and the community-wide survey, attached as Appendix A of this report. In addition to soliciting community wide input, the steering committee also invited broad representation for the task forces and welcomed community 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 obtained input from multiple departments of health throughout this process, including the Dubuque County Health Department Director and the City of Dubuque Public Health Specialist as well as reviewing the Community Health Needs Assessment and Community Health Improvement Plans for Grant County, Wisconsin and Jo Daviess County, Illinois. The steering committee found the priority needs listed in these two assessments overlap and align well with the priority needs identified.

The steering committee sought and considered the needs, input, and concerns of underrepresented persons and populations throughout this process, including, those who are medically underserved, in poverty; and/or from minority populations. Community Input Survey results were taken into consideration when prioritizing which needs to focus on for the term of this CHNA-HIP.

The survey tool was originally designed for the previous CHNA-HIP process. The steering committee reviewed various community input surveys when revising the survey tool for this report. 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 in 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. Paper copies of the survey were also available for those without computer access. In the next cycle, the steering committee will look to expand language availability to meet the evolving needs of the community, including Marshallese.

Conclusion

UnityPoint Health-Finley Hospital is committed to improving the health of our community. This report assesses the current state of the health of the community. As further data is collected at the local level, community needs may change.

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

The next Community Health Needs Assessment will be published on January 1, 2025.

UnityPoint Health-Finley Hospital Health Improvement Plan (HIP)

The Community Health Needs Assessment for Dubuque County identified three key areas of focus. The below addresses the implementation strategy for each of these efforts.

Strategic Priority #1 – Access to Healthcare

- 1.1 Increase the number of primary care providers at UnityPoint Health clinic sites to decrease the number of people per physician
- 1.2 Expand UnityPoint Health care management program for at risk patients to reduce the avoidable patient hospitalizations.
- 1.3 Improve UnityPoint Health Telehealth options for patients
- 1.4 Increase services to vulnerable populations by expanding UnityPoint Health/VNA public health reach in vaccine clinics
- 1.5 UnityPoint Health to increase our involvement within the schools at all levels to teach children the importance of preventative medicine and annual physicals.

Strategic Priority #2 – Obesity

- 2.1 Expanded UnityPoint Health employee health and wellness programs have yielded positive results in BMI and blood pressure. Continue to support these programs.
- 2.2 UnityPoint Health will continue to participate in the Dubuque Wellness Coalition and expand its membership to provide a central resource for community members. In addition, UnityPoint Health will have educational meetings to inform community members of their options.
- 2.3 Community rich in exercise facilities as well as walking and running trails
- 2.4 UnityPoint Health will work to increase SNAP benefit enrollment as well as support local efforts to create community gardens available to all consumers.

Strategic Priority #3 – Brain Health

- 3.1 UnityPoint Health will work with other members of the community to create a central location for information of resources available from area healthcare resources so community members understand their options.
- 3.2 UnityPoint Health will continue to provide support groups at the hospital or over virtual meetings for grief and loss as well as managing stress and the pressures caused by COVID-19
- 3.3 Provide education to community on programs available, especially UnityPoint Health's Intensive Outpatient program
- 3.4 UnityPoint Health will have focus groups to support the community effort of brain health instead of mental illness and end the stigma for treatment

Appendix A: CHNA Survey Questions

**Question: What do you feel are the top three (3) most important factors in a healthy community?
(Check exactly 3 below)**

| Answer Choices | Responses | |
|---|-----------------|--------------|
| Access to Health Care | 77.20% | 1,046 |
| Affordable Housing | 13.80% | 187 |
| Access to Transportation | 3.62% | 49 |
| Arts and Cultural Events | 0.66% | 9 |
| Clean Environment | 12.92% | 175 |
| Race Relations | 2.95% | 40 |
| Jobs and Healthy Economy | 40.81% | 553 |
| Safe Place to Raise Children | 16.31% | 221 |
| Schools | 12.32% | 167 |
| Access to Nutritional Foods | 20.59% | 279 |
| Access to Physical Activity or Exercise | 17.20% | 233 |
| Low Crime/ Safe Neighborhoods | 15.87% | 215 |
| Child Abuse Prevention | 2.21% | 30 |
| Domestic Abuse Prevention | 1.40% | 19 |
| Access to Brain Health Services | 17.49% | 237 |
| Access to Substance Use Disorder Services | 7.16% | 97 |
| Parks and Recreation | 4.72% | 64 |
| Religious and Spiritual Values | 10.63% | 144 |
| Family Life | 18.97% | 257 |
| Other (please specify) | 3.17% | 43 |
| | Answered | 1,355 |

**Question: What do you feel are the top three (3) health problems in the community?
(Check exactly 3 below)**

| Answer Choices | Responses | |
|--|-----------------|--------------|
| Aging (arthritis, hearing/vision loss, dementia, etc.) | 41.48% | 562 |
| Asthma | 1.03% | 14 |
| Cancer | 39.85% | 540 |
| Diabetes | 27.60% | 374 |
| Heart Disease/Stroke | 34.76% | 471 |
| High Blood Pressure | 17.05% | 231 |
| Infectious Disease | 14.24% | 193 |
| Injuries (falls, car accidents, drowning) | 2.88% | 39 |
| Obesity | 55.13% | 747 |
| Sexually Transmitted Disease | 1.03% | 14 |
| Premature Birth | 0.30% | 4 |
| Brain Heath | 26.79% | 363 |
| Substance Misuse | 31.00% | 420 |
| Other (please specify) | 6.86% | 93 |
| | Answered | 1,355 |

**Question: What are three (3) risky behaviors relative to adult behavior in your community?
(Check exactly 3 below)**

| Answer Choices | Responses | |
|---|-----------------|--------------|
| Alcohol Misuse | 58.37% | 739 |
| Driving While Under the Influence of Alcohol and/or Other Drugs | 35.07% | 444 |
| Dropping Out of School | 3.40% | 43 |
| Illegal Drug Misuse | 39.10% | 495 |
| Not Getting Shots to Prevent Disease | 13.27% | 168 |
| Not Wearing a Hat on a Bike or Motorcycle | 6.71% | 85 |
| Not Wearing a Seatbelt | 1.90% | 24 |
| Physical Inactivity | 52.76% | 668 |
| Prescription Drug Misuse | 12.56% | 159 |
| Texting or Using a Cell Phone While Driving | 47.24% | 598 |
| Unprotected Sex | 2.84% | 36 |
| Use of Tobacco, Vaping | 21.41% | 271 |
| Other (please specify) | 5.37% | 68 |
| | Answered | 1,355 |

**Question: What are the top three (3) health concerns relative to children’s health?
(Check exactly 3 below)**

| Answer Choices | Responses | |
|---|-----------------|--------------|
| Access to Health Care | 18.17% | 230 |
| Access to Brain Health Services | 16.27% | 206 |
| Access to Shots that Prevent Disease | 5.61% | 71 |
| Affordable Fresh Foods | 15.17% | 192 |
| Affordable Health Insurance | 28.04% | 355 |
| Bullying | 29.54% | 374 |
| Child Care/Day Care Availability | 21.80% | 276 |
| Healthy Diets | 27.65% | 350 |
| Nutritious School Lunch | 4.98% | 63 |
| Physical Activity Opportunities | 14.06% | 178 |
| Sexual Behavior | 3.55% | 45 |
| Screen Time | 36.89% | 467 |
| Structured, Safe, or Supported Living Environment | 22.51% | 285 |
| Substance Misuse | 7.82% | 99 |
| Not Using Child Safety Seats in Vehicle | 1.26% | 16 |
| Access to Dental Care | 2.29% | 29 |
| Poor Parenting Skills | 32.94% | 417 |
| Access to Maternal Health Care | 1.90% | 24 |
| Access to Family Planning | 1.82% | 23 |
| Access to Well Child Care | 2.21% | 28 |
| School Absences | 3.79% | 48 |
| Other (please specify) | 1.74% | 22 |
| | Answered | 1,355 |

**Question: What are the top three (3) public health services you would like to see in your community?
(Check exactly 3 below)**

| Answer Choices | Responses | |
|---|-----------------|--------------------------------|
| Visiting Nurses for New Patients | 15.91% | 176 |
| More Citywide Preparedness for Natural Disasters | 15.55% | 172 |
| Free Confidential STD/STI Screening | 6.96% | 77 |
| Health Promotion Programs (Chronic Disease Self-Management) | 36.44% | 403 |
| Preventive Services (Vaccinations, Cancer Screenings, Cardiovascular/Stroke Screenings) | 43.67% | 483 |
| Health Coaches for Hypertension Control | 11.48% | 127 |
| Access to Fresh Fruits and Vegetables | 20.25% | 224 |
| Influenza Shot Clinics | 7.78% | 86 |
| Health Education (Healthy Eating, Chronic Diseases, Asthma) | 33.18% | 367 |
| Neighborhood Wellness Programs | 24.95% | 276 |
| Help with Access to Medical Care | 13.74% | 152 |
| Help with Access to Brain Health Services | 31.92% | 353 |
| Help with Access to Substance Use Disorder Care | 15.64% | 173 |
| Immunization Information | 4.88% | 54 |
| Oral Health Education | 3.07% | 34 |
| Help with Access to Dental Care | 8.32% | 92 |
| Other (please specify) | 6.24% | 69 |
| | Answered | 1,106 (249 skipped) |