

**Finley Hospital
Community
Health
Needs Assessment
Report
And
Health
Improvement Plan
2016-2019**



UnityPoint Health

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

2016-2019

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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.

Part of being a community hospital is participation in the process of assessing the health needs of the entire community and then using that assessment to drive strategic planning. The Finley Strategic Plan then is grounded in the premise that Finley, through collaboration, will contribute to community partnerships to meet targeted community needs and formulate plans to impact future healthcare in the community.

Purpose

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. Evaluation of Impact 2012-2015 Plan

UnityPoint Finley Hospital 2012-2015 Community Health Improvement Plan, in partnership with Dubuque County Community Health Improvement Plan focused on reducing the rate of binge drinking, obesity, healthy behaviors, and access to care. Through collaboration and partnerships Finley accomplished the following:

- Consistent membership within Dubuque Wellness Coalition
- Collaboration with Dubuque Pediatrics, PC for a Finley dietitian visit prescribed by pediatrician for overweight or obese children.
- Finley Babka Wellness/Kehl Diabetes Center partnered with HyVee Food Stores to offer diabetes education and support group meetings at no cost
- Promoted community wellness activities such as Let’s Move, Go the Distance Day, Fall Fitness Day for students, Live Healthy Iowa, Iowa’s Healthiest State Initiative, Grandview Gallop, and Reinventing the Family Meal
- Offered Diabetes Express; a two hour summary outlining the importance of healthy blood sugar control.
- Offered pre-diabetes 2-part classes for those at risk of developing diabetes.
- Offered incentive rewards for employee health and wellness activities
- Offered an 8 week mindful eating program – *Am I Hungry?*[®]
- Offered calcium scoring as a community screening tool for health disease
- Developed Better Choices/Better Health and My Healthy Pathway programs
- Completed application to CMS to become a Certified Assistant Counselor (CAC) Organization
- Partnered with community leaders to review and ensure adequate mental health providers

References

- Dubuque County Community Health Needs Assessment and Health Improvement Plan 2011-2015
- UnityPoint Finley Hospital Community Health Needs Assessment Report and Health Improvement Plan 2012-2015

III. Process and Methodology

This Community Health Needs Assessment (CHNA) process was started in 2014 with strong Finley Hospital representation in the Dubuque County Community Health Needs Assessment and Health Improvement Plan, which was completed and approved by Dubuque County Board of Health December 2015, approval by Iowa Department of Public Health February 2016.

A. Dubuque County CHNA HIP 2015

The County CHNA-HIP process was structured around four components which drove the assessment. Finley Hospital, Mercy Medical Center, Dubuque Visiting Nurse Association, Dubuque County Health Department, and City Health Specialist formed a steering committee that would oversee this process.

The Four Health Focus Subcommittees are:

- Healthy Behaviors
- Environmental Health
- Transitions of Care
- Preventing the Spread of Disease

The Steering Committee for the County CHNA-HIP is identified in the table below:

Task Force Leaders	Health Responsibility
Patrice Lambert, Director Dubuque County Board of Health	County Public Health
Mary Rose Corrigan, City of Dubuque Health Services Department	Environmental Health
Stacey Killian, Director, Dubuque Visiting Nurse Association	Transitions of Care
Julie Woodyard, Director, Crescent Community Health Center	Transitions of Care
Cathy Tieskoetter, Dubuque Visiting Nurse Association	Prevent the Spread of Disease
Art Roche, Mercy Medical Center	Healthy Behaviors
Michele Malone, Finley Hospital	Healthy Behaviors

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.

County CHNA-HIP Participants (Finley/VNA Staff and Managers highlighted)

Dubuque County Board of Health Members

Chairperson Richard Fairley, MD, MPH
 Tom Bechen
 Tim Daly
 Rhonda Healey
 Valerie Peckosh, DMD

Patrice Lambert-Executive Director, Dubuque County Health Department
 Bonnie Brimeyer-Assistant Health Administrator
 Elizabeth Willems-Office Assistant

Steering Committee Members

Patrice Lambert-Executive Director Dubuque County Health Department
 Mary Rose Corrigan-City of Dubuque Health Services
 Stacey Killian-Director, Dubuque Visiting Nurse Association
 Julie Woodyard-Director Crescent Community Health Center
 Cathy Tieskoetter-Dubuque Visiting Nurse Association
 Art Roche-Mercy Medical Center
 Michele Malone-Finley Hospital

Healthy Behaviors Task Force Members

Trish Kemp-Dubuque Visiting Nurse Association
Cyd Klein-Dubuque Visiting Nurse Association
Gina Dowling-Hillcrest Family Services/WIC
Sherry McGinn-Hillcrest Family Services/Maternal Health
Don Kroger-City of Dubuque Leisure Services
Megan Horstmann-HyVee Dietician
Amy Cordingley-HyVee Dietician
Brian Scheil-HyVee Dietician
Mary Nauman-Medical Associates
Beth Broderick-Holy Family School District
Amy Hawkins-Dubuque Community School District
Vickie Gassman-Hillcrest Family Services
Casey Breitbach-YMCA/YWCA
Janna Beau-City of Dubuque Leisure Services
Cynthia Sanders-NAACP
Manisha Paudel-City of Dubuque Human Rights Department
Jason Thieme-City of Asbury Parks
Carolyn Scherf-ISU Extension
Sue Greene-Helping Services of NE Iowa Health System Jen Stolka-Helping Services of NE Iowa

Prevent the Spread of Disease Task Force Members

Annette Hall-UCL
Patricia Lehmkuhl-Infection Control, Finley Hospital
Gail Gates-Infection Control, Mercy Medical Center
Patty Dissell-Finley Hospital
Sheila Knapp-Western Dubuque Community School District
Rhonda Ramler-Dubuque Community School District
Kathy Kane-Medical Associates
Diane Link-Medical Associates
Gayla Roarig-Sunnycrest Manor
Ann Fessler-VA Clinic
Dani Ettema-Heritage Manor
Josh Feldmann-Mercy Family Pharmacy
Tom Berger-Dubuque County Emergency Management Agency
Angie Kutsch-Dubuque Family Practice
Dr. Lawrence Hutchison-Tri State Family Practice
Kathy Harris-Dyersville Family Practice
Stacey Larrison-Crescent Community Health Center
Julie Burgmeier-Clarke University
Dr. Richard Fairley-Board of Health

Transitions of Care Task Force Members

Charlene Schrodt-Dubuque VNA
Jacquie Zwack-Dubuque VNA
Sally Roy-Mercy Medical Center
Kim Hilby-Finley Hospital
Barb Koepperick-Mercy Medical Center, Social Work

Karen Vaassen- Finley Hospital
Tilly Frommelt-Mercy Medical Center
Angela Petsche-Crescent Community Health Center
Brooke Gomez-Crescent Community Health Center
Cindy Weidemann-Finley Hospital
Dr. Darcy Putz-Dubuque Internal Medicine
Matt Strela-Stonehill Adult Center
Melissa Anderson-Hillcrest Family Services
Brittany Hubanks-Dubuque VNA

Environmental Health Task Force Members

Sue Miller-Iowa Department of Natural Resources
Liz Kemp-MSA
Travis Kemp-TW Excavation
Eric Schmechel-Dubuque Soil and Water Conservation District
Lalith Jayawickrama-University of Dubuque Environmental Science
David Koch-University of Dubuque Environmental Science
Cori Burbach-Sustainability Coordinator, City of Dubuque
Carolyn Scherf-ISU Extension
Megan Martin-Project Concern
Tim Link-City of Dubuque Health Services
Bonnie Brimeyer-Dubuque County Health
Brian Preston-Dubuque County Conservation

Dubuque County CHNA-HIP Timeline and Process:

- Steering Committee is formed at the request of the County Board of Health to provide leadership and oversee process. (October 2014)
- Four focus subcommittees are formed, chaired by members of the Steering Committee (October 2014)
- Each subcommittee does SWOT analysis, statistical analysis, identification of problems and needs, and finally select one to three areas for consideration as elements in the county health improvement plan (HIP). (October 2014-March 2015)
- Three Community Cafes were held throughout the county and a community survey was implemented to allow for public input into the process of identifying problems, needs, and solutions. (January 2016-May 2016)
- Steering Committee narrows the list of possible HIP objectives to a more focused list. (October 2015)
- Steering Committee presents report to the County Board of Health including problems, needs, and recommendations for the 5-year health improvement plan. (December 2015)
- Final Dubuque County CHNA-HIP report approved by Board of Health and submitted to Iowa Department of Public Health. (February 2016)

Detailed information on each of the four subcommittee' work—including the SWOT analysis, data reviewed, and all community needs identified—are available in the Dubuque County CHNA-HIP report found at:

<http://www.dubuquecountyhealth.com/ClinicalServicesPrograms/communityhealthplanning.htm>

Health Needs Identified by Dubuque County Stakeholder Subcommittees:

A. Healthy Behaviors Subcommittee

1. 10% of adults in Dubuque County smoke, compared to 14% five years ago (County Health rankings)
2. 29% of adults in Dubuque County are obese, compared to 26% four years ago. (County Health Rankings)
3. 20.50% of Dubuque County adults (18+) self-report no leisure time physical activity, compared to 24.54% for Iowa (Dubuque County Health Portrait)
4. 23.95% of Dubuque County residents live in census tracts designated as food deserts (low access to a large grocery store/supermarket), compared to 22.71% for Iowa. (Dubuque County Health Portrait)
5. The percentage of Dubuque County adults (20+) with diagnosed diabetes has climbed each year from 6.1% in 2004 to 7.9% in 2010. (Dubuque County Health Portrait)
6. 27% of Dubuque County adults (20+) self-reported in 2010 that they have a Body Mass Index (BMI) greater than 30.0 (indicating obesity), compared to 29.29% for Iowa. This percentage grew from 24.5% in Dubuque County in 2004. In 2010 Dubuque County, 29.1% of males and 25.7% of females reported BMIs in obesity range. (Dubuque County Health Portrait)

B. Prevent the Spread of Disease Subcommittee

1. 78.70% of the Dubuque County population never screened for HIV/AIDS. (Dubuque County Health Portrait)
2. Sexually Transmitted Diseases increased from 308 to 402 from 2011-2015. (County Health Rankings)
3. 68.5% of Dubuque County residents 65+ have received pneumonia vaccination. (Dubuque County Health Portrait)
4. In 2014 there were 208 Shigellosis compared to 57 in 2010. (IDPH County Vital Events)
5. In 2014 there were 193 Lyme Disease compared to 89 in 2010. (IDPH County Vital Events)
6. From 1999-2008, total cases of TB in Iowa were 449, which 13 were in Dubuque County. (IDPH TB Control Program)

C. Transitions of Care Subcommittee

1. 9% of adults in Dubuque County are uninsured. (County Health Rankings)
2. 3% of Dubuque County respondents reported having tried to kill themselves in the past 12 months. (County Health Rankings)
3. 226 Total Physicians in Dubuque County. (Iowa Health Fact Book)
4. 7.5% of adults in Dubuque County did not see a doctor due to cost. (Community Health Status Indicators)
5. 4,149 children 0-21 have a documented Medical Home in Dubuque County. (CAREs FFY14 Annual Report)
6. 2,470 children 0-21 have a documented Dental Home in Dubuque County. (CAREs FFY14 Annual Report)

D. Environmental Health Subcommittee

1. Dubuque County and the entire state of Iowa is a red-zone for radon, meaning there is a predicted average indoor radon screening level greater than 4 pCi/L. (IDNR)
2. The childhood lead poisoning rate has decreased in the City of Dubuque from 10.8% city wide in 1997 to 1.6% in 2014. (IDPH/City of Dubuque Health Services)
3. Public survey revealed much interest in walking and biking paths and their connections throughout the community. 2015 Community Survey)

The final County Health Improvement Plan approved by the County Board of Health included the following goals:

1. Reduce obesity among Dubuque County adults to 27% by June 30, 2020.
2. Improve communication and education of communicable diseases between public health and health care providers.
3. Reduce non-emergent Emergency Department (ED) use by 2% each year.
4. Increase access to care for mental health services.
5. Improve water quality.
6. Reduce residential and neighborhood environmental health risks.
7. Improve residential living environments.

The County Steering Committee reviewed the recommendations from each subcommittee and determined that the seven goals listed above would be the County Health Improvement Plan for 2015-2020.

Though many other issues and needs were identified by each stakeholder subcommittee, they were not included in the County Health Improvement Plan because of competing projects or priorities in the community, lead organization not available, or lack of community or public support.

The Finley Hospital Community Needs Assessment Process

Finley Hospital Administrative Team formed a Community Health Needs Assessment Committee with the goal to complete and submit the Finley CHNA report with recommendations to Finley President and CEO David Brandon and Finley Board of Health for approval by December 2015. The Patient Accountability and Affordable Care Act require all hospitals to complete a community needs assessment by December 31, 2015.

The Finley CHNA Committee members are:

- Stacey Killian-Chair, Director, Dubuque Visiting Nurse Association
- Michele Malone, Director, Community Wellness
- Pat Lehmkuhl, Finley Infection Preventionist
- Mike Kelly, Director, Wendt Cancer Center
- Cindy Weidemann, Risk Manager & Safety Officer
- Tim Ahlers, COO

Since Finley Hospital had a strong presence in the County CHNA-HIP 2015-2020 process, the Finley CHNA Committee used that report as a starting point. The committee reviewed the Dubuque County CHNA-HIP report as well as information from other counties in the Finley Hospital service area and more recent community data. After reviewing all information, the Finley Committee reviewed and prioritized top three needs.

Definition of Community and Service Area

The Finley Hospital serves people residing within a 50-mile radius of Dubuque, Iowa. The major service area is Dubuque County, but also includes Jackson and Clayton Counties Iowa, Grant County Wisconsin, and Jo Daviess County Illinois.

For the purposes of this community assessment, the Finley CHNA committee reviewed information from all five counties but decided to primarily focus on Dubuque County.

Description of the Community

Dubuque County Iowa lies on the banks of the Mississippi River. As the most eastern Iowa County, it has the unique combination of being both urban and rural. The City of Dubuque is the 10th largest metropolitan area in Iowa but, likewise, Dubuque County has a strong agriculture industry that significantly contributes to the financial stability of the community. The community has a strong commitment to education with three colleges/universities and a community college. Strong leadership in both city and county government has resulted in a strong infrastructure that has proved to be a favorable climate for economic growth and business development over the last 20 years.

This financial boom is both the cause and the result of the successful migration of businesses to Dubuque. This strong employment climate has reduced Dubuque County's unemployment rate to 3.7% compared to 3.5% for Iowa statewide and 5.0% national rate.

Despite the County's economic upturn, there are still many Dubuque families living at or near poverty level. Since the VNA serves many families struggling with basic needs and helps these families with access health care, the reality of poverty on the health status of these families is clearly evident. Data from across the U.S. shows the effect of poverty on increasing chronic illnesses; that trend is supported by the local Dubuque County data.

IV. Demographics (data <http://quickfacts.census.gov>)

Indicator/Data 2014 unless otherwise noted	Dubuque County	State of Iowa
Population	96,370	3,107,126
Population percent changes 2010-2014	2.9%	2.0%
Percent of population under 5 years old	6.1%	6.3%
Percent of population under 18 years old	23.1%	23.4%
Percent of population over 65 years old	16.2%	15.8%
Percent of population female	50.6%	50.3%
White persons, percent	93.7%	92.1%
Black persons, percent	3.0%	3.4%
American Indian and Alaskan Native, percent	0.2%	0.5%
Asian persons, percent	1.4%	2.2%
Hispanic or Latino origin,	2.2%	5.6%

percent		
Persons living in same house 1 yr. and older, percent, 2009-2013	86.4%	84.8%
Foreign board persons, percent, 2009-2013	1.9%	4.5%
Language other than English spoken at home	3.1%	7.2%
Indicator/Data (data 2013 unless otherwise noted)	Dubuque County	State of Iowa
High School graduates, percent persons 25 yrs. +, 2009-2013	91.4%	91.0%
Bachelor's degree, percent persons 25 yrs. +, 2009-2013	27.1%	25.7%
Veterans , 2009-2013	7,057	226,175
Homeownership rate, 2009-2013	73.0%	72.2%
Median value of owner-occupied housing units (2009-2013)	\$145,900	\$124,300
Persons below poverty level, percent, 2009-2013	10.9%	12.4%
Retail sales, 2007 (\$1000)	\$15,538	\$13,172
Land area (2010) square miles	608.31	55,857.13
Persons per square miles 2010 data	154.0	54.5
IV. Dubuque County Health Data*(Ranked 12 of 99 Iowa Counties) (Significant data highlighted in yellow)	Dubuque County	State of Iowa
Premature death	5,080	5,911
Percent poor to fair health	10%	11%
Poor physical days	2.3	2.8
Poor mental health days	1.9	2.6
Low birth weight	5.9%	6.8%
Adult smoking	10%	18%
Adult obesity	29%	30%
Physical Inactivity	21%	24%
Excessive drinking	31%	20%
Motor vehicle crash death rate	19%	23%
Sexually transmitted diseases	402	370
Teen birth rate	27	30
Uninsured	8%	10%
Primary care physicians	1,251:1	1,375:1
Preventable hospital stays	54	56
Diabetic screening	95%	89%

Mammography screening	76.5%	66.4%
Children in poverty	15%	16%
Income inequality	3.8	4.2
Children in single-parent households	27%	29%
Dubuque County Health Data	Dubuque County	State of Iowa
Violent crime rate	173.3	266
Limited access to healthy foods	9%	6%
Fast food restaurants	47%	44%

- Robert Woods Johnson Health Rank Data 2015 at <http://www.countyhealthrankings.org>

V. Data Review

Dubuque County Health Indicators (from Dubuque County CHNA-HIP report)

Indicator: Stroke Mortality

Time Period: 2006-2010

County Measure: 44.5 deaths per 100,000 (Adj. To 2000 population)

Iowa Measure: 40.4

Source: 2013 Iowa Health Fact Book

Indicator: COPD Mortality

Time Period: 2006-2010

County Measure: 44.8 deaths per 100,000 (Adj. To 2000 population)

Iowa Measure: 50.7

Source: 2013 Iowa Health Fact Book

Indicator: Pneumonia/Flu Mortality

Time Period: 2006-2010

County Measure: 20.0 deaths per 100,000 (Adj. To 2000 population)

Iowa Measure: 16.0

Source: 2013 Iowa Health Fact Book

Indicator: Diabetes Mortality

Time Period: 2006-2010

County Measure: 12.4 deaths per 100,000 (Adj. To 2000 population)

Iowa Measure: 20.1

Source: 2013 Iowa Health Fact Book

Indicator: Atherosclerosis Mortality

Time Period: 2006-2010

County Measure: 6.2 deaths per 100,000 (Adj. To 2000 population)

Iowa Measure: 4.2

Source: 2013 Iowa Health Fact Book

Indicator: All Cancer Incidences
Time Period: 2006-2010
County Measure: 488.7 cases per 100,000 (Adj. To 2000 population)
Iowa Measure: 483.6
Source: 2013 Iowa Health Fact Book

Indicator: All Cancer Mortality
Time Period: 2006-2010
County Measure: 179.8 deaths per 100,000 (Adj. To 2000 population)
Iowa Measure: 178.4
Source: 2013 Iowa Health Fact Book

Indicator: Prostate Cancer Incidence
Time Period: 2006-2010
County Measure: 154.8 cases per 100,000 (Adj. To 2000 population)
Iowa Measure: 137.7
Source: 2013 Iowa Health Fact Book

Indicator: Prostate Cancer Mortality
Time Period: 2006-2010
County Measure: 18.9 deaths per 100,000 (Adj. To 2000 population)
Iowa Measure: 23.1
Source: 2013 Iowa Health Fact Book

Indicator: Lung Cancer Incidence
Time Period: 2006-2010
County Measure: 64.8 cases per 100,000 (Adj. To 2000 population)
Iowa Measure: 72.8
Source: 2013 Iowa Health Fact Book

Indicator: Lung Cancer Mortality
Time Period: 2006-2010
County Measure: 51.0 deaths per 100,000 (Adj. To 2000 population)
Iowa Measure: 52.6
Source: 2013 Iowa Health Fact Book

Indicator: Female Breast Cancer Incidence
Time Period: 2006-2010
County Measure: 122.4 cases per 100,000 (Adj. To 2000 population)
Iowa Measure: 130.1
Source: 2013 Iowa Health Fact Book

Indicator: Female Breast Cancer Mortality
Time Period: 2006-2010
County Measure: 22.6 deaths per 100,000 (Adj. To 2000 population)
Iowa Measure:
Source: 2013 Iowa Health Fact Book

Indicator: Colorectal Cancer Incidence
Time Period: 2006-2010
County Measure: 38.0 cases per 100,000 (Adj. To 2000 population)
Iowa Measure: 47.2
Source: 2013 Iowa Health Fact Book

Indicator: Colorectal Cancer Mortality
Time Period: 2006-2010
County Measure: 14.1 deaths per 100,000 (Adj. To 2000 population)
Iowa Measure: 16.1
Source: 2013 Iowa Health Fact Book

Indicator: Non-Hodgkin's Lymphoma Incidence
Time Period: 2006-2010
County Measure: 25.0 cases per 100,000 (Adj. To 2000 population)
Iowa Measure: 22.8
Source: 2013 Iowa Health Fact Book

Indicator: Non-Hodgkin's Lymphoma Mortality
Time Period: 2006-2010
County Measure: 7.6 deaths per 100,000 (Adj. To 2000 population)
Iowa Measure: 7.0
Source: 2013 Iowa Health Fact Book

Indicator: Skin Melanoma Incidence
Time Period: 2006-2010
County Measure: 28.3 cases per 100,000 (Adj. To 2000 population)
Iowa Measure: 21.0
Source: 2013 Iowa Health Fact Book

Indicator: Skin Melanoma Mortality
Time Period: 2006-2010
County Measure: 2.5 deaths per 100,000 (Adj. To 2000 population)
Iowa Measure: 2.6
Source: 2013 Iowa Health Fact Book

Indicator: Heart Disease Mortality
Time Period: 2006-2010
County Measure: 176.6 deaths per 100,000 (Adj. To 2000 population)
Iowa Measure: 164.0
Source: 2013 Iowa Health Fact Book

Indicator: Alcohol Binge Drinking-11th grade
Time Period: 2008-2014
County Measure: 20.8% 1 or more times in last 30 days
Source: Iowa Youth Survey

Indicator: Marijuana Use-11th grade
Time Period: 2008-2014
County Measure: 16.3% 1 or more times in last 30 days
Source: Iowa Youth Survey

Indicator: Cigarette Use-11th grade
Time Period: 2008-2014
County Measure: 8.3% 1 or more times in last 30 days
Source: Iowa Youth Survey

Indicator: Suicide Attempt-11th grade
Time Period: 2008-2014
County Measure: 15.0% ever tried
Source: Iowa Youth Survey

Indicator: Children's hawk-I and Medicaid Coverage
Time Period: April 2015
County Measure: 22.9%
Iowa Measure: 24.3%
Source SCHIP website

Indicator: Low Birthrate
Time Period: 2015
County Measure: 5.9%
Iowa Measure: 6.8%
Source: County Health Rankings

Indicator: Adult Smoking
Time Period: 2015
County Measure: 10.0%
Iowa Measure: 18%
Source: County Health Rankings

Indicator: Adult Obesity
Time Period: 2015
County Measure: 29.0%
Iowa Measure: 30%
Source: County Health Rankings

Indicator: Adult Binge Drinking
Time Period: 2015
County Measure: 31%
Iowa Measure: 20%
Source: County Health Rankings

Indicator: Uninsured Adults
Time Period: 2015
County Measure: 8%
Iowa Measure: 10%
Source: County Health Rankings

Indicator: Children in Poverty
Time Period: 2015
County Measure: 15%
Iowa Measure: 16%
Source: County Health Rankings

Additional information on needs of Other Counties in Service Area:

A. Clayton County (Clayton County CHNA-HIP 2012)

- Substance Abuse (tobacco, alcohol, illegal drugs) among youth
- Obesity ages 2-12 years
- Obesity age >18 years
- Increased falls: hospitalized adults all ages especially over 65 years

B. Jo Daviess County Illinois (Source Jo Daviess Co I-Plan)

- Obesity
- Intimate Contact Interpersonal Violence
- Breast Cancer and low mammogram rates
- Prostate Cancer and low PSA rates

C. Grant County Wisconsin (Source Grant County Comm. Needs Assessment)

- Access to healthcare including high cost of insurance, inadequate coverage, and lack of local providers (includes primary care, prescription coverage, long-term care, mental health, and substance abuse coverage)
- Access to Dental Care >25% avoid dental care due to cost or lack of insurance
- Environmental Health including high cost of energy, safe drinking water, safe food, and pollution/toxic substances
- Substance abuse especially alcohol use among teens

D. Jackson County (Source Jackson County CHNA-HIP report 2011)

- Need for sewer and treatment system at Leisure Lake
- Suicide prevention for youth
- Alcohol consumption among 11th graders (goal increase by 5% those who report no alcohol consumption in last 30 days)
- Binge drinking among 11th graders

VI. Health Needs Identified

Having assessed the data from both the Dubuque County CHNA-HIP report and the more recent U.S. census and county rankings data, UnityPoint Finley CHNA committee identified health needs or problems that impact Dubuque County.

The following health needs or issues were identified

1. Obesity: Need for increased physical activity and increased nutritional food access
2. Cancer
3. Access to mental health providers
4. Transition of medical, dental, mental health, and pharmacy care
5. Access to safe outdoor activity
6. Tobacco Cessation: Increased education in young adults
7. Communicable Disease prevention
8. Diabetes

Top Dubuque area needs addressed in collaboration with community partners:

1. Cancer: Finley already offers cancer screenings for community members determined to be at risk by their medical provider. Both Wendt Regional Cancer Center and Finley Radiology are involved in community screenings.
2. Access to mental health providers: Summit Center for older adults is a comprehensive inpatient and outpatient program which provided psychiatric services for people 55 and older.
3. Access to safe outdoor activity: This is being addressed through City of Dubuque implementation of B branch and expansion of biking/walking trails. City also working steadily to increase better street lighting and city cameras to decrease incidences of crime.
4. Tobacco Cessation: This issue is being addressed by the community with Dubuque Area Substance Abuse Tobacco Control Committee and Dubuque Wellness Coalition-both of which Finley is involved in.
5. Diabetes: Finley Babka Wellness/Kehl Diabetes Center offers community outreach and education classes. Weight loss and reducing obesity will have a tremendous impact on diabetes control.

Top Three Finley Hospital Priority Needs:

The Finley CHNA Committee proceeded to prioritize the seven needs to narrow down to three top community needs.

Those top **community needs** are:

1. Obesity, both adult and childhood
2. Transition of medical, dental, mental health, and pharmacy care
3. Communicable Disease prevention

VII. Finley Community Health Needs Assessment Committee Recommendations

The Finley Hospital Community Needs Assessment Committee recommends to the Hospital Board of Directors and the Administrative Team that future strategic planning sessions consider these top community needs:

1. Obesity, both adult and childhood.
2. Transition of medical, dental, mental health, and pharmacy care, including multi-level communication systems centered on the patient.
3. Prevention of communicable diseases including education, communication between providers, and public knowledge.

VIII. Barriers to Implementation

The Dubuque community and Finley service area has more than 150,000 residents and hundreds of community partners. This community demonstrates a high level of commitment and collaboration to succeed. That said, the varied complex needs identified in this report cannot all be accomplished due to funding limitations, lack of agency leadership, or simply competing initiatives.

Other barriers in meeting these community needs:

- Lack of sustainable funding for current and future projects
- Changes in future healthcare
- Changes within Medicaid
- Lack of sustainable community resources

IX. Implementation Plan

The Finley Community Health Needs Assessment report has been submitted to Finley Chief Executive Officer and the Finley Board of Directors for review and approval.

Finley Hospital and the Dubuque VNA are already working with community partners to help achieve the County Health Improvement Plan through the Dubuque Wellness Coalition; and these collaborations will continue.

Top Three Community Needs Identified in the Finley Community Assessment:

1. Obesity

Implementation Plan 2016-2019

- a. Continued representation by Finley on the Dubuque County Wellness Committee.
- b. Dubuque VNA to research sustainable grant opportunities and support local food systems to increase access higher nutritional food access.
- c. Finley Babka Wellness/Kehl Diabetes Center, Cardiopulmonary Rehabilitation, and Finley dieticians to continue offering education classes to promote healthy eating to the community.
- d. Finley Human Resources to continue to develop incentives and rewards for employee health and wellness activities, including financial incentives to meet current BMI standards and tobacco cessation.
- e. Finley to continue offering discounted and free gym memberships to employees and families.
- f. Finley will explore comprehensive weight loss programs to implement in local physician offices.
- g. Finley will support securing commitments from participating partner organizations and coalition members to assist in implementing and supporting environmental change.

2. Transition of medical, dental, mental health, and pharmacy care

Implementation Plan 2016-2019

- a. Finley leadership will continue to work with local physician practices to address population health and implement an Accountable Care Organization model in Dubuque County. Focusing on improving patient outcomes, this model will eventually impact adult and childhood obesity and preventing the spread of disease and the overall health of the community.
- b. Finley will work with EMS to investigate feasibility of implanting local paramedicine options for patients.
- c. VNA will work with ED staff to educate patients about the importance of and access to a routine medical and dental home.
- d. Finley will promote multi system level communication between providers to reduce hospital readmission rates, lower non-emergent ED use, and promote routine preventive care in medical home.
- e. Finley Summit Health Center will continue to work with community mental health providers to address shortfalls in residents accessing mental health care and investigate options to increase access.
- f. Finley will contract with Managed Care Organizations to provide residents enrolled in Medicaid options of local access of care.

3. Communicable Disease prevention

Implementation Plan 2016-2019

- a. Finley will post relevant communicable disease information through social media for community awareness.
- b. Finley will continue to provide consistent and accurate reporting of all communicable diseases.
- c. Finley Infection Control specialist will work with VNA epidemiology nurses in the event of a community wide outbreak.
- d. VNA RN will continue to follow up on 100% of all communicable diseases in Dubuque County.
- e. VNA will provide leadership on annual review and update of the Dubuque County Communicable Disease CQI plan.
- f. Finley will continue to offer yearly influenza vaccines to all employees and their spouses at no cost.

X. Summary and Conclusion

This report details the process undertaken by Finley Hospital/VNA to assess the community for health needs listening to community stakeholders and the general public. The process led to the identification of three priority areas/needs which were used to drive Finley's Health Improvement Plan impacting Finley and the wider community.

Respectfully submitted,

Finley Community Health Needs Assessment and Improvement Plan Committee:

Tim Ahlers, COO

Stacey Killian-Chair

Mike Kelly, Director Wendt Cancer Center

Pat Lehmkuhl, Finley Infection Preventionist

Michele Malone, Director Community Wellness

Cindy Weidemann, Risk Manager & Safety Officer