Community Health Needs Assessment
Health Improvement Plan

Dubuque County, Iowa

2015 -2020
Participants

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The Steering Committee and Task Force Members would like to extend a Thank You to all of the residents, community based organizations, businesses and stakeholders of Dubuque County who shared thoughts, ideas, expertise and experiences which made this plan a living document.
COMMUNITY HEALTH NEEDS ASSESSMENT

Purpose

The Community Health Needs Assessment and Health Improvement Plan (CHNA-HIP) is an assessment of local health needs and report identifying goals and strategies to meet those needs. Every five years, local health boards, in partnership with health care providers and community partners, lead a community-wide discussion with residents, business owners, and community stakeholders regarding the public health issues of the community. This process, and the resulting CHNA-HIP report, is required by the Iowa Department of Public Health in order to receive funding from the State to fulfill the duties of the Dubuque County Board of Health.

A CHNA-HIP is also required of local hospitals in order to obtain reimbursement under Medicare. The hospitals performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service.

A CHNA-HIP provides guidance to local health care providers and public health officials on the health needs of the community. The report serves as a guide to prioritize health resources to where they are needed most, allocate funding to address health issues, and identifies opportunities to improve local public health through collaboration and partnerships.

Process

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 the 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, Preventing the Spread of Disease, Transitions of Care, and Environmental Health.

The timeline below is a rough outline of the planning process used by the Steering Committee to complete this project.

August 2014-Project began.
January-March 2015-Public Survey to discover needs; additional research to identify needs.
April-May 2015-Marketing, Café Engagement planning and completed.
August 2015-Steering Committee finalized reports.
December 2015-Board of Health presentation and approval.
Public Participation

Involving the public is essential in any community planning process. The Steering Committee provided the public numerous 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, Preventing the Spread of Disease, Transitions of Care, 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 several collaborative meetings over the course of several 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.

The Healthy Behaviors Task Force focused on issues relating to physical fitness, access to healthy foods, smoking, drug and alcohol abuse, and other lifestyle choices that have an impact on health. Preventing the Spread of Disease Task Force focused on limiting the impact of communicable diseases on the community. The Transitions of Care Task Force focused on access and quality of healthcare within the community, and the Environmental Health Task Force focused on external influences on public health such as clean water, air, sanitation, access to open spaces, and opportunities for recreation.

Community Survey

An electronic survey was distributed throughout the community to gather initial input and provide an opportunity for residents and business owners to share their experiences and insight into community health issues. Questions in the survey focused on what health issues were most important, health behaviors impacting community health, and access to healthcare services. There was also an opportunity to provide suggestions on how to improve the health and quality of life of local residents. The survey received 1067 responses from all across Dubuque County, and information from the survey helped guide the individual task forces in evaluating and prioritizing health needs and goals.

Community Input Sessions ‘Community Café’s’

The Steering Committee organized three public input sessions, called ‘Community Cafés,’ to present the goals and priorities of the CHNA-HIP. The Community Cafés were designed to give an opportunity for the Steering Committee and Task Force Leaders to present information and data about community health needs and provide opportunities to obtain additional comments and revisions on the goals and objectives of the CHNA-HIP document.

The Community Cafés were held at the following dates and locations:

- Workshop 1-Wednesday, April 29, 2015 Mercy Healthcare Center
- Workshop 2-Monday, May 4, 2015 Keystone AEA
- Workshop 3-Tuesday, May 5, 2015 Carnegie Stout Public Library
Community Profile

Dubuque County is located along the Mississippi River in North East Iowa. Located within the Driftless Region of the Upper Midwest, the geography of Dubuque County is one of stark contrasts; rugged and wooded topography in the eastern portions adjacent to the Mississippi River with rolling farmlands more to the west.

Dubuque County is home to about 94,000 people. There are 21 municipalities within the county, the largest being the City of Dubuque, which is the county seat. Historically, the regional economy was dominated by Agriculture, Meatpacking, and Manufacturing but has recently become more diversified to include Health Services, Technology, and Business Services.

The county is home to three regional medical facilities, Mercy Medical Center Dubuque, Mercy Medical Center Dyersville and UnityPoint-Finley Hospital. Other health care providers include medical groups such as Medical Associates, Dubuque Internal Medicine, and non profit community based organizations such as the Dubuque Visiting Nurses Association, Crescent Community Health Center and Hillcrest Family Services.

Dubuque County and Iowa Health Data from County Health Rankings (countyhealthrankings.org), for each year 2010 through 2014 presented the following major findings:

- Dubuque County is ranked thirteen best of Iowa’s 99 counties for Healthy Behaviors.
- 15% of Children in Poverty in Dubuque County compared to 11% five years ago.
- 27% of Children in Single Parent Households in Dubuque County compared to 7% five years ago.
Location of Dubuque County in Iowa
Dubuque County Topography
MAP OF DUBUQUE COUNTY, IOWA

LEGEND
- Parks and Open Space
- Municipalities
- Dubuque County
- Water
- Roadways
- Railways
**What is Healthography?**

Health is influenced both positively and negatively by where an individual lives, works and plays. Healthography is the study of the connections between the physical and social relationships between people and place. Just as poor diet or lack of physical activity are connected to chronic heart disease or diabetes, where a person lives can determine that person’s life expectancy or quality of life.

**The Social Determinants of Health**

The Social Determinants of health are socio-economic indicators that are commonly linked to poor health. These indicators are things such as demographics, (age, race, ethnicity) economics, (employment status, income, educational attainment) and environmental conditions, (overcrowded housing, access to healthy foods or clean water, crime, transportation options.)

The diagram to the right illustrates the influence of social, economic and environmental factors on public health.

**The Spatial Determinants of Health**

Social characteristics vary widely from place to place. When examining a community’s social, economic and environmental conditions it become clear that no two neighborhoods are exactly alike, and therefore have individual health needs and concerns. Certain neighborhoods may have a greater risk of exposure to lead base paint, or a larger number of persons over sixty five, all of which will create different needs for health needs and services.

Understanding these unique variations and differences between neighborhoods, cities, counties, states, regions and the nation helps public health official to allocate resources in the places where they are most needed and effective.

In developing this Community Health Needs Assessment and Health Improvement Plan, the Steering Committee utilized these Healthography principles in understanding the spatial relationships between the social, economic, and environmental determinants of health.
Health Risk Assessment
The steering committee looked at several socio-economic indicators linked to poor health. Utilizing data collected from the American Community Survey and mapped using Geographic Information Systems, areas of Dubuque County with an elevated health risk were identified. The following is a description of the methodology and findings of this assessment.

Health Risk Indicators
The following indicators were identified by the Steering Committee as contributing to higher health risk levels:
- Population Under Five Years Old
- School Age Children (Ages Five to Seventeen)
- Population over age Sixty Five
- Minority Population  
  - Hispanic/Latino
- Persons over age Twenty Five without a High School Education
- Persons over age Twenty Five without a High School Diploma
- Local Unemployment
- Population without Health Insurance Coverage
- Percent of Housing Units that are Overcrowded
- Median Household Income
- Population living in Poverty Status
- SNAP/Food Stamps recipients
- Households with one or more persons with a Disability
- Households without access to a vehicle

Information on these indicators was collected at the Block Group level for Dubuque County, and then mapped using Geographic Information Systems. The Steering Committee then identified block groups with a substantially higher rates for each indicator when compared to the rate at the Dubuque County level. These ‘outliers’ block groups identified were then indexed based on the number of times they were identified as an area of elevated health risk. A block group having a score of four or greater (on a scale of zero to twelve) were then mapped.

American Community Survey, 2014
Understanding American Community Survey Data
The American Community Survey (ACS) is an ongoing statistical survey of the United States population. Similar to the Decennial census, the ACS provides detailed data on demographic, social, economic and housing characteristics throughout the United States. The survey is updated every one, three and five years and is an excellent source of information for local policy makers.

The ACS differs from the Census in many ways but one is that the ACS only surveys a sample of persons within a neighborhood or community, rather than surveying every household in the country. The ACS utilizes this sample to estimate a value for a particular trait or characteristic being surveyed. Typically, larger communities are able to utilize the ACS one-year survey data while smaller communities utilize the three or five year data. The five year data typically has the least margin of error, and is generally more accurate. For this CHNA-HIP, the stakeholder group used ACS Five Year data.

The ACS collects and compiles the data it collects based on specific geographic levels. Block Groups (similar in area to a neighborhood), Census Tract, Municipality, County, State and Nation. Utilizing data collected at the Block Group level can give public health professionals a better understanding about the variations between different neighborhoods in different parts of the county.

The Use of Geographic Information Systems
Geographic Information Systems (GIS) is a tool which connects databases to maps. This tool allows for information to be illustrated visually and to help draw spatial connections or correlations between different data sets.

American Community Survey information collected was geospatially referenced to its block group. The block groups of Dubuque County are shown on the map below. The results of the analysis and mapping are included on the following pages.
HIGH LOCAL UNEMPLOYMENT

Black areas which have more than 5.7% of the population in the labor force which is unemployed.

LEGEND
- >5.7% Unemployment
- Parks and Open Space
- Agriculture
- Baltimore County Block Groups
- Water

Source: DRAFT Map of Baltimore County Department of Planning and Social Services, Bureau of Business Development and Planning

NO HEALTH INSURANCE COVERAGE

Black areas which have more than 15.9% of the population does not have Health Insurance coverage.

LEGEND
- >15.9% of Population Does Not Have Health Insurance
- Parks and Open Space
- Baltimore County Block Groups
- Water

Source: DRAFT Map of Baltimore County Department of Planning and Social Services, Bureau of Business Development and Planning
HEALTHY BEHAVIORS

Data and other information used in the assessment.

Three types of data were used in the assessment:

- Secondary research from existing records and databases.
- Primary research from a community survey.
- Public input from public input sessions.

Methods of collecting and analyzing this data and information

Secondary research from existing records and databases

The following existing records and databases were examined, and summaries of the information provided to members of the Healthy Behaviors Task Force. Discussion and consensus at the task force meetings were the analysis tools used.

Dubuque County and Iowa Health Data from County Health Rankings (countyhealthrankings.org), for each year 2010 through 2014.

Major findings:

- Dubuque County is ranking second best of Iowa's 99 counties for Clinical Care.
- 10% of adults in Dubuque County smoke, compared to 14% five years ago.
- 95% of diabetic Medicare enrollees in Dubuque County receive HbA1c monitoring.
- 29% of adults in Dubuque County are obese, compared to 26% four years ago.
- 19% of driving deaths in Dubuque County were alcohol related in 2014.

Dubuque County Health Portrait 2014, from Community Commons (communitycommons.org/chna).

Major findings:

- 15.16% of the Dubuque County population receives Medicaid, compared to 16.46% for Iowa.
- The overall teen birth rate for Dubuque County females age 15-19 in 27.6 per 1000, compared to 30.4 for Iowa.
- 23.95% of Dubuque County residents live in census tracts designated as food deserts (low access to a large grocery store or supermarket), compared to 22.71% for Iowa.
- The rate of SNAP- (Supplemental Nutrition Assistance Program) authorized food stores is 75.81 per 100,000 Dubuque County residents, compared to 86.89 for Iowa.
- 26.6% of Dubuque County adults (18+) self-report heavy alcohol consumption, compared to 19.2 for Iowa.
- 20.50% of Dubuque County adults (20+) self-report no leisure-time physical activity, compared to 24.54% for Iowa.
- 10.6% of Dubuque County adults (18+) self-report regularly smoking cigarettes, compared to 18.40% for Iowa.
- 82.06% of female Medicare enrollees (67-69 or older) in Dubuque County have received at least one mammogram in the past two years, compared to 69.09% for Iowa.
- 82.06% of women (18+) in Dubuque County have had a Pap test (cervical cancer screening) in the past three years, compared to 80.80% for Iowa.
• 65.20% of men (50+) in Dubuque County self-report that they have ever had a sigmoidoscopy or colonoscopy (colon cancer screening, compared to 55.40% for Iowa.

• 93.48% of diabetic Medicare enrollees in Dubuque County have had a hemoglobin A1c test in the past year, compared to 89.22% for Iowa.

• 28.69% of adults in Dubuque County who need to take medication for high blood pressure self-reported that they do not take, compared to 19.15% for Iowa.

• Age-adjusted cases of breast cancer for women in Dubuque County are 122.4 per 100,000, compared to 123.4 for Iowa.

• Age-adjusted cases of prostate cancer for men in Dubuque County are 154.8 per 100,000, compared to 137.1 for Iowa.

• Age-adjusted cases of colon and rectal cancer in Dubuque County are 38.0 per 100,000, compared to 50.1 for Iowa.

• Age-adjusted deaths from all cancer in Dubuque County are 180.47 per 100,000, compared to 175.03 for Iowa.

• The percentage of Dubuque County adults (20+) with diagnosed diabetes has climbed each year from 6.1% in 2004 to 7.9% in 2010. Iowa was 7.68% in 2010.

• The percentage of Dubuque County births) that are low birth weight (under 2500 g) was 6.2%, compared to 6.8% for Iowa.

• 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 the obesity range.

• The rate of death due to suicide in Dubuque County is 12.96 per 100,000 population, compared to 11.70 for Iowa.

• The percentage of Dubuque County adults (18+) who self-reported their general health as poor or fair was 9.3%, compared to 11.3% for Iowa.

• Years of Potential Life Lost (YPLL) for Dubuque County before age 75 per 100,000 population, age adjusted and for all causes of death, was 5,674, compared to 6,014 for Iowa. This measure of premature death provides a unique and comprehensive look at overall health status.

Summary of Selected Vital Events by County, Dubuque County 2003 and 2014 (Iowa Department of Public Health.)


Selected findings:

• In 2014 there were 54.1 low birthweight (<2500 g) births per 100,000 population in Dubuque County, (Iowa 64.2) compared to 57.7 in 2003.

• In 2014 there were 214.8 deaths from all cancers per 100,000 population in Dubuque County, (Iowa 207) compared to 223.2 in 2003.

• In 2013 there were 65.8 deaths from lung cancer per 100,000 population in Dubuque County, compared to 58.9 in 2003.

• In 2014 there were 13.7 deaths from breast cancer per 100,000 population in Dubuque County, (12.7 Iowa) compared to 16.7 in 2003.
• In 2014 there were 46.2 deaths from diabetes mellitus per 100,000 population in Dubuque County, (33 Iowa) compared to 17.8 in 2003.
• In 2014 there were 376.5 deaths from cardiovascular disease per 100,000 population in Dubuque County, (277.7 Iowa) compared to 376.5 in 2003.
• In 2013 there were 73.6 deaths from chronic lower respiratory diseases per 100,000 population in Dubuque County, (61.7 Iowa) compared to 34.4 in 2003.

Iowa Youth Survey, 2014 and 2012, for Dubuque County (iowayouthsurvey.iowa.gov). (Sampling of 6th, 8th, and 11th grades combined.)

Selected findings:
• In 2014, 13% of Dubuque County Survey respondents reported being physically active at least 60 minutes 4 days per week, compared to 12% of all Iowa respondents. This compares to 2012 data: Dubuque County, 11%; Iowa, 13%.
• In 2014, 18% of Dubuque County Survey respondents reported eating fruit at least 3 times per day during the previous week, compared to 17% of all Iowa respondents. This compares to 2012 data: Dubuque County, 18%; Iowa, 17%. (No change.)
• In 2014, 12% of Dubuque County Survey respondents reported eating vegetables at least 3 times per day during the previous week, compared to 12% of all Iowa respondents. This compares to 2012 data: Dubuque County, 13%; Iowa, 13%.

Reducing Obesity

In the secondary research, we noted that County Health Rankings and Community Commons both pointed to seriously high rates of adult obesity, and comparisons with past periods show that the problem is growing. Obesity/overweight also ranked as "the most important health concern" concern for 63% of all respondents in the community survey we conducted. We also noted many other health concerns in the secondary research that are associated with obesity and weight management:
• Coronary heart disease
• Type 2 diabetes
• Cancers (endometrial, breast, and colon)
• Hypertension (high blood pressure)
• Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
• Stroke
• Liver and Gallbladder disease
• Sleep apnea and breathing problems
• Osteoarthritis (a breakdown of cartilage and bone within a joint)
• Gynecological problems (abnormal periods, infertility)
• Mental health
<table>
<thead>
<tr>
<th>Topic</th>
<th>Secondary research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing Alcohol and Substance Abuse</td>
<td>Secondary research showed that Dubuque County had a high rate of alcohol-related deaths and a high percentage of self-reported heavy alcohol consumption. The survey showed that alcohol abuse registered as one of the top five most important health concerns for several age groups and also for men in general. The survey also showed alcohol abuse and drug abuse as two of the top three negative behaviors with the greatest health impact (after being overweight.) Comments in the community input sessions also included an interest in prioritizing substance abuse.</td>
</tr>
<tr>
<td>Diabetes Screening and Management</td>
<td>Secondary research showed that the percentage of Dubuque County adults with diagnosed diabetes has climbed each year since 2004, and the death rate for diabetes in the county is nearly twice the state rate. Our survey showed diabetes in the top five &quot;most important health concerns&quot;.</td>
</tr>
<tr>
<td>Noncompliance with Blood Pressure Medications</td>
<td>Secondary research showed an alarmingly high percentage of Dubuque County adults who need to be taking medication for high blood pressure who self-report that they do not. Secondary research showed age-adjusted cases of prostate cancer for men in Dubuque County are noticeably higher than for Iowa.</td>
</tr>
<tr>
<td>Prostate Cancer Screening</td>
<td>Secondary research showed age-adjusted cases of prostate cancer for men in Dubuque County are noticeably higher than for Iowa.</td>
</tr>
<tr>
<td>Insufficient Access to Mental Health Providers</td>
<td>Mental health concerns were among the top five &quot;most important health concerns&quot; in the survey. Most age groups in the survey also identified improved or increased mental health services as one of the top things that would improve health and quality of life in the community. In the public input sessions, the need for more mental health providers was also cited.</td>
</tr>
</tbody>
</table>
SWOT ANALYSIS:

Strengths

- Teen pregnancy rates are down.
- Ranked second-best county in Iowa for Clinical Care.
- 10% of adults in Dubuque County smoke, compared to 14% five years ago.
- 95% of diabetic Medicare enrollees in Dubuque County receive HbA1c monitoring.
- In the Community Health Survey, some of the most commonly mentioned healthy characteristics of the community were wellness, fitness, and nutrition, great trails.

Weaknesses

- Need more community grant writing opportunities for wellness programs.
- It's hard to get outside for bicycling because it doesn't feel safe to bike in the streets with traffic in Dubuque.
- 29% of adults in Dubuque County are obese, compared to 26% four years ago.
- 19% of driving deaths in Dubuque County were alcohol related in 2014.
- In the Community Health Survey, obesity/overweight, mental illness/suicide, and cancer were the top concerns for Dubuque County residents. Being overweight and alcohol abuse were the two negative behaviors with the greatest health impact. 35% of respondents said it is hard or very hard to get well and stay well in this community.

Opportunities

- Expand more as some businesses are offering free biometrics screenings.
- AEDS are available in many community and county areas.
- Community is focused on diabetes, weight loss, and mental health issues.
- Potential for expansion of great biking/walking trails.

Weaknesses

- Numbers of low live birth weights are increasing.
- Smoking during pregnancy rates are increasing.
- Sustainability of the Dubuque County Wellness Coalition.
Healthy Behavior- Health Improvement Plan

Healthy Behavior Goals
2016-2020

**BRIEF DESCRIPTION OF NEED:** Obesity is characteristic of 29% of Dubuque County adults. Despite community programs, the obesity rate has increased to 29% in 2015. Obesity has a two pronged solution: nutrition and activity. Failure to address obesity will have ramifications for diabetes, heart health, spine and joint health, mental health, and many other health conditions.

**GOAL:** Reduce obesity among Dubuque County adults to 27% by June 30, 2020.

**OBJECTIVE:** Establish policies to address adult and childhood obesity in various sectors in Dubuque County; i.e.; Municipal ordinances, workplace, schools, etc.

**ACTIONS:**
1. Broaden the scope of the Dubuque County Wellness Coalition to include organizational representation capable of implementing strategic policies and environmental change in their organizations, and including organizations that represent the cultural and economic diversity of the community and geographic areas of the county.
2. Involve the Local Food Systems Working Group and other community-based organizations that have a specific interest in nutrition, weight loss, and physical activity in the process.
3. Research model policies/best practices that are working in other communities and replicate them in Dubuque County.
4. Secure commitments from participating partner organizations and coalition members to assist in implementing and supporting environmental change.

**OBJECTIVE:** Implement environmental changes throughout the county to improve physical activity and nutrition.

**ACTIONS:**
1. Support local food system development.
2. Expand sidewalks, trails, and bike routes to increase physical activity and facilitate alternative forms of transportation.
3. Encourage policy development for monitoring and tracking pesticide and nutrient use.
4. Preserve/increase number of acres for fruit and vegetable production for human consumption.

**ANTICIPATED IMPACT OF THESE ACTIONS:**
- Reduction in overall obesity rate.
- Improvement in chronic disease and other health conditions affected by obesity.
- Implementation of community and organizational-wide policy that contribute to a culture of wellness.

**PLAN TO EVALUATE THE IMPACT:**
Outcome indicator: Actual measurement of the percentage of obese adults in Dubuque County using the same metrics used in this assessment (County Health Rankings.) Measurement of policies and environmental change actions in the community.

Process indicators: Success in broadening the scope and strengthening the authority of the Dubuque County Wellness Coalition; success in securing necessary funding through grants or partner funding; development of a published strategy which will include milestone assessments.
Preventing the Spread of Disease

Data and other information used in the assessment.

Three types of data were used in the assessment:

- Secondary research from existing records and databases.
- Primary research from a community survey.
- Public input from public input sessions.

Methods of collecting and analyzing this data and information

Secondary research from existing records and databases

The following existing records and databases were examined, and summaries of the information provided to members of the Preventing the Spread of Disease Task Force. Discussion and consensus at the task force meetings were the analysis tools used.

Dubuque County and Iowa Health Data from County Health Rankings (countyhealthrankings.org), for each year 2010 through 2014.

Major Findings:

- Dubuque County is ranking thirteen best of Iowa's 99 counties for Healthy Behaviors.
- 15% of Children in Poverty in Dubuque County compared to 11% five years ago.
- 27% of Children in Single Parent Households in Dubuque County compared to 7% 2010.
- Sexually Transmitted Diseases increased from 313 to 402 from 2011-2015.

Dubuque County Health Portrait 2014, from Community Commons (communitycommons.org/chna).

Major findings:

- The population rate with HIV/AIDS infection is 43.8 per 100,000 Dubuque County residents, compared to 68.1 for Iowa.
- 78.70% of the Dubuque County population never screened for HIV/AIDS.
- 68.5% of Dubuque County residents 65 plus years of age with pneumonia vaccination.
- The rate of chlamydia infection is 403.6 per 100,000 Dubuque County residents, compared to 371.5 for Iowa.

Summary of Selected Vital Events by County, Dubuque County 2003 and 2014 (IDPH)

Selected findings:

- In 2014 there were 17 Escherichia Ecoli compared to 14 in 2010.
- In 2014 there were 18 Lyme Disease compared to 5 in 2010.
- In 2014 there were 43 Shigellosis compared to 16 in 2010.
- In 2014 there were 5 syphilis compared to 1 in 2010
- In 2014 there were 355 chlamydia cases compared to 288 in 2010

Iowa Youth Survey, 2014 for Dubuque County (iowayouthsurvey.iowa.gov). (Sampling of 6th, 8th, and 11th grades combined.)

Selected findings:

- In 2014, 49% of Dubuque County Survey respondents reported that it was against their value to have sex as a teenager compared to 48% of all Iowa respondents. This compares to 2012 data: Dubuque County, 49%; Iowa, 48%.
• In 2010, total cases of TB in Iowa were 48, per Iowa Department of Public Health TB Control Program.
• From 1999-2008, total cases of TB in Iowa were 449, which 13 were in Dubuque County, per Iowa Department of Public Health TB Control Program.

SWOT ANALYSIS

Strengths

• Health care coalition with diverse members; elected officials, health, school, community etc.
• Communication amongst health care agencies that include, Mercy, Finley, nursing homes, UCL, Physician offices, Public health and other integral health partners.
  o Work together with visitor restrictions, signage, and recommendations.
• Bi-Hospital Infection control committee.
  o Composed of health experts from various agencies that have a good working relationship.
  o Expertise from Infectious Disease experts and other experts in communicable disease.
  o Meet every other month, or more often if needed.
  o Recommendations and policies come from this committee for all health care providers to keep a consistent message.
• Current funding availability.
  o For equipment such as PPE, etc.
• Message of importance of Influenza vaccination for all.
  o Supported and encouraged by colleges, schools, child care, hospital, doctor offices, and some workplaces.
  o Push for increased influenza vaccination rates, some workplaces mandate, recommendations from IDPH supported.
• Education of community.
  o Use of material from CDC/IDPH such as “Cover your cough”, hand washing, sanitizing, etc. widely distributed in community in various modalities.
• Childhood immunization rates remain high.
  o Work of medical clinics, Crescent and VNA to help keep immunization rates at a high level to protect the community against vaccine preventable diseases.
• School health services pre k-12, post-secondary health services, VNA Child Care Nurse Consultants.

Weaknesses

• People do not stay home when ill from work, go out in the public, etc.
• Some communication may be lost to agencies-communication chain may not be comprehensive or missing agencies who benefit from the communication.
• Consistent message for illness/disease.
  o Different resources utilized such as IPDH, CDC, red book or individual health care provider decisions—not always consistent recommendation/treatment causing confusion for health care providers, public health and consumers
  o Corporate oversight policies on how to handle diseases may not always be the same as what IDPH/CDC recommends both in health care and in work place settings.
• Need for immediate testing (Inability to get into MD’s quickly.).
• Need for electronic visits.
• Push need for all immunizations not just influenza vaccine to all community.
• Disease reporting/follow up/continuity.
  o Some health care providers do not notify public health of reportable diseases.
  o Some providers do not exclude patients from work, child care per recommendations by IPDH or do not follow protocol for testing procedures for the disease being treated.
  o Waiting period between when lab is drawn and confirmation of the disease may be a time frame when patient still is doing “normal” activities, i.e. working, attending child care etc.

Opportunities
• Recent media on flu/Ebola helped to educate the community on disease prevention/spread.
• Social networking to help educate the community from a reliable community health source.
• Opportunity to use social media to help continue to educate community regarding preventing the spread of illness
• Health Care Provider education for
  o Reportable diseases to the VNA.
  o Mindset change on who reports the illness to public health.
• Employers-HR sick policies.
  o Opportunities to work at home –other options for employees to allow ill workers not to be disciplined for staying home (i.e. Occurrences etc.).
  o Ill child care centers who could care for mildly ill children.

Threats
• Government/Grant funding for communicable disease follow-up-potential decrease or cut.
• Turnover with staff @ health offices and committee representative-loss of knowledge from those staff and committee members.
• Not staying home when you are sick.
  o For all working people and those who have children also.
  o Many have no other option but to go to work or send ill child to child care.
• Misinformation on social media.
  o Facebook/Twitter or other types of social media.
  o Rumor control if misinformation is circulating-time and money to dispel.
• New diseases emerging.
  o Ebola
  o Polio
  o Influenza strains (new )
• Global travel bringing once eradicated diseases to the States.
• Cultural differences on disease acceptance, recommendations and treatment.
  o May make it harder to treat if patient has different cultural acceptance of treatment/disease- belief system.
• Consumer perception of the availability of immediate health care on illness/diseases “I can just see a Dr. and get an antibiotic for my illness”.
  o Lack of knowledge from the consumer on antibiotic resistance.
## Preventing the Spread of Disease- Health Improvement Plan

### Preventing the Spread of Disease Goals
2016-2020

### BRIEF DESCRIPTION OF NEED:
Communication and education are vital in preventing, monitoring and controlling infectious diseases. Immunizations percentages and incidence of infectious diseases are two ways to monitor communicable diseases. Reporting mechanisms assists in timely disease investigation and reporting.

### GOAL:
Improve communication and education of communicable diseases between public health and health care providers.

### OBJECTIVE:
Develop regular communicable diseases information dissemination mechanisms to Health Care Providers.

### ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:
1. Provide relevant information through social media to include hospitals, clinics, physicians, Long Term Care (LTC) facilities, schools/daycares, and public health.
2. Research developing new and improved communication methods such as listservs, Twitter, etc.
3. Develop a local system for reporting that will reduce redundancy.

### OBJECTIVE:
Improve communicable disease knowledge and reporting between local epidemiologists, lab partners, community partners and healthcare providers who report as required by Iowa Code.

### ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:
1. Develop a community committee that will annually review and update the County Communicable Disease CQI Plan. This committee will also develop a local system for reporting.
2. Annually update county preparedness plan so provider contact information is correct and current.
3. Explore funding opportunities for communicable disease educational program.

### ANTICIPATED IMPACT OF THESE ACTIONS:
- Increased communication between hospitals, labs, local epidemiologists, community partners.
- Increased awareness of infectious diseases and the importance of reporting those diseases.
- Increased timely disease investigation and reporting.
- Implementation of educational programs to assist in learning about diseases and the way diseases are spread.

### PLAN TO EVALUATE THE IMPACT:
Outcome indicators: Actual percentage of individuals in Dubuque County receiving recommended vaccinations and incidence of infectious diseases, utilizing in ED for non-emergent services, actual measurement of the percentage of individuals enrolled in a PCP, actual measurement of the number of developmental screenings provided by pediatric offices.

Process indicators: Success in providing resource and education support to PCP.
TRANSITIONS OF CARE

Data and other information used in this assessment
Four types of data were used in the assessment:

- Secondary research from existing records and databases.
- Community SWOT Analysis.
- Primary research from a community survey.
- Public input from public input sessions.

Methods of collecting and analyzing this data and information

Secondary research from existing records and databases
The following existing records and databases were examined, and summaries of the information provided to members of the Transitions of Care Task Force. Discussion and consensus at the task force meetings were the analysis tools used.

Dubuque County and Iowa Health Data from County Health Rankings (countyhealthrankings.org), for each year 2010 through 2014.

Major Findings:

- 9% of adults in Dubuque County are uninsured.
- Rate of Primary Care Providers for Dubuque County is 1,229:1, compared to state average of 1,386:1.
- Rate of Mental Health Providers for Dubuque County is 991:1, compared to state average of 1,144:1.
- Average number of Poor Physical Health days in the past 30 days for Dubuque County is 2.3.
- Average number of Poor Mental Health days in the past 30 days for Dubuque County is 1.9.
- Health Professional Shortage Area for 52001 is 24 (high). The higher the score, the fewer Primary Care Physicians.

Iowa Youth Survey 2014 for Dubuque County (iowayouthsurvey.iowa.gov), sampling of 6th, 8th, and 11th grades combined.

Major Findings:

- 3% of Dubuque County respondents reported having tried to kill themselves in the past 12 months.
- 7% of Dubuque County respondents reported having made a plan to kill themselves in the past 12 months.

Iowa Public Health Tracking, County Health Snapshots, 2010-2014.

Major Findings:

- Unintentional Injury Hospitalization Rate for Dubuque County (age-adjusted per 100,000) is 529.27.
- Unintentional Injury Emergency Department Visit Rate for Dubuque County (age-adjusted per 100,000) is 5479.67.
Iowa Health Fact Book, 2013, Dubuque County.

Major Findings:
- 226 Total Physicians in Dubuque County.
- 93 Primary Care Physicians in Dubuque County.
- 33 Family Practice Physicians in Dubuque County.
- 13 Pediatric Physicians in Dubuque County.
- 470 Hospital beds in Dubuque County.
- 904 Nursing Facility Beds in Dubuque County.
- 1 Residential Care Facility for Persons with Mental Illness in Dubuque County.

Community Health Status Indicators (CHSI 2015), Dubuque County.

Major Findings:
- 7.5% of adults in Dubuque County did not see a doctor due to cost.
- 9.1% of the population without health insurance in Dubuque County.
- 84.5 rate of primary care providers per 100,000 in Dubuque County.-Underserved.

hawk-i (Healthy and Well Kids in Iowa) (www.hawk-i.org/statedir).

Major Findings:
- 7,309 children 0-21 on Medicaid in Dubuque County.
- 998 children 0-19 on hawk-i and hawk-i dental only in Dubuque County.

CARES FFY14 Annual Report, IDPH.

Major Findings:
- 4,149 children 0-21 have a documented Medical Home in Dubuque County.
- 2,470 children 0-21 have a documented Dental Home in Dubuque County.

SWOT ANALYSIS

The following SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analysis was conducted by Transitions of Care Task Force. Discussion and consensus at the task force meetings were the analysis tools used.

Strengths
- Referrals for Long Term Care
- Consistent Care Program at Finley
- Certified Application Counselor and Organizations
- Readmission Rate Programs (LACE Tool)
- Availability of Home Care Programs
- Crescent Community Health Center
- VNA/Public Health
- Board of Health
- Hillcrest Mobile Crisis Outreach
- Community Organizations and Programs available for access to care
- Dubuque County Healthcare Providers
- Community Partnerships within area healthcare to increase access to care
Weaknesses

- Medical and behavioral support Services in the home
- Readmissions into the hospital
- No primary care provider (PCP)
- No Insurance/Not insurable-especially in diverse ethnic populations
- Family education on needs and skills
- Bills at physician offices
- Lack of community mental health resources

Opportunities

- Infrastructure and access needs for Mental Health services locally
- Increased education for routine preventive care for families
- Increase of county efforts for overall health access
- Increase of accountability for health care providers/insurance /community/families to focus on health and wellness
- Increase communication gaps between Long Term Care and PCP
- Increase programs focusing on ED visits versus PCP/Dentist
- Increase access to PCP (hours/bills/limitations)

Threats

- Availability of funding-state, local, and federal
- Medicaid Modernization-Uncertainty
- Affordable Care Act-Changes in politics/Uncertainty
- Access to Mental Health and PCP providers locally
Transitions of Care Needs identified through Community input (Dubuque Community Survey and a series of Community Café sessions)

Mental Health
Secondary research showed that there is a lack of available providers statewide, particularly crisis intervention and inpatient facilities. The Community survey and the Community Café findings showed mental health concerns to be among the top five “most important health concerns” in the survey. Increased access to mental health services is identified as one of the top things that would improve health and quality of life.

Access to Care
Secondary research showed that Dubuque has lower than state average for uninsured and number of medical and dental providers. Mental health providers continue to be low statewide. Community survey continues to show uninsured and cost of services to be a continued barrier. Secondary research shows 9% of the population is uninsured. Overuse of ED for non-emergent needs was also cited in survey and public input sessions.

Transitions of Care
Both community survey and public input sessions identified a high need for increased communication between providers to streamline individual care. Barriers include transitions back into school after mental health crisis, communication between hospitals, long term care facilities, and primary care providers, lack of an ACO type network to exchange healthcare information.
### Transitions of Care - Health Improvement Plan

#### Transitions of Care

**2016-2020**

**BRIEF DESCRIPTION OF NEED:** Access to care, transitions of care, and mental health continue to plague counties causing excess debt to emergency rooms, failure to receive quality and consistent healthcare, increased risk for developing chronic diseases, higher medical costs, and undiagnosed mental health conditions.

**GOAL:** Reduce non-emergent Emergency Department (ED) use by 2% each year.

**OBJECTIVE:** Educate and provide alternatives to individuals and families about primary care access when using the ED (Emergency Department) for non-emergent reasons

**ACTION:**

1. Provide resources to ED staff to educate patients about the importance of and access to a routine medical and dental home.
2. Educate patients as they become insured about when to utilize ED, access to after-hours nurse triage through their PCP (Primary Care Providers).
3. Implement a care coordination team to include Public Health, hospitals, FQHC, physician offices and others to holistically address patient needs to break down barriers and improve access to primary medical and dental homes.
4. Develop a Health Information Exchange with hospitals to create a database to track patient care pre and post hospitalizations. Create a team of providers to work within the exchange to assist in overall patient care.
5. Investigate the ability to develop local paramedicine options for patients.

**OBJECTIVE:** Provide data to PCP’s regarding ED use in which PCP’s could increase effectiveness within the medical home, e.g. asthma, mental health. Partner with a minimum of 1 provider office per year to implement a plan.

**ACTION:**

1. Develop a data dashboard regarding ED use for certain conditions which could be managed more efficient and cost-effective through treatment provided within the medical home.
2. Collaborate with PCP’s to develop care plans and triage system for certain non-emergent conditions.
3. Identify ED overuse by certain patients and formulate plans to redirect these patients to PCP.

**GOAL:** Increase access to care for mental health services.

**OBJECTIVE:** Provide education to PCP’s to bridge medications for mental health patients until they can obtain an appointment with a psychiatrist.

**ACTION:**

1. Establish early intervention services in primary care offices by increasing pediatric developmental screenings.
2. Provide education and consultation to PCP’s regarding types of pharmacotherapy which could bridge patient’s medications until the patient can obtain a psychiatry appointment.
3. Provide easily accessible community mental health resources (therapists, psychiatric prescribers, telehealth to ED’s and PCP’s in order to potentially avoid a patient ED visit.
4. Increase avenues for outpatient and inpatient treatment for substance abuse issues.
5. Collaborate with school system to set up resource packets and support systems for children transitioning between inpatient mental health care and home.
<table>
<thead>
<tr>
<th>ANTIPOATED IMPACT OF THESE ACTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased communication between hospitals and PCP.</td>
</tr>
<tr>
<td>• Increased access to care.</td>
</tr>
<tr>
<td>• Implementation of community resources and available data.</td>
</tr>
<tr>
<td>• Reduced non-emergent ED use.</td>
</tr>
<tr>
<td>• Increased early intervention mental health services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLAN TO EVALUATE THE IMPACT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome indicator: Actual measurement of the percentage of individuals</td>
</tr>
<tr>
<td>in Dubuque County utilizing in ED for non-emergent services, actual</td>
</tr>
<tr>
<td>measurement of the percentage of individuals enrolled in a PCP,</td>
</tr>
<tr>
<td>actual measurement of the number of developmental screenings provided</td>
</tr>
<tr>
<td>by pediatric offices.</td>
</tr>
</tbody>
</table>

Process indicators: Success in providing resource and education support|
to PCP. Development of collaboration with local school district to iden|
| tify and provide resources to young children displaying mental health |
| behaviors.                                                             |
ENVIRONMENTAL HEALTH

**Data and other information used in the assessment**
- Unsewered Communities—IDNR (see map)
- Septic system/private sewage systems—County Health Department
- Time of Transfer Failures—County Health Department
- Private well database—IDNR
- Public water supplies—IDNR
- Animal Feeding Operations—IDNR (see map)
- Air quality—IDNR
- Locally sourced food distribution—ISU Extension
- Impaired Streams Data (see map)
- Radon—IDPH
- Deer—City of Dubuque Urban Deer Management System
- Pests: bedbugs, rodents (Complaint Numbers)
- Contaminated Sites (see map)
- Leaking Under Ground Storage Tanks (LUST) (see map)
- Dubuque Blood Lead levels (IDPH and city of Dubuque Health Services Dept.)

**Methods of collecting and analyzing this data and information**

*Secondary research from existing records and databases*

The following existing records and databases were examined and summaries of the information provided to members of the Environmental Health Task Force. The information and data was from public sources, mainly Iowa Department of Natural Resources, Dubuque County Health Department, Iowa Department of Public Health, and City of Dubuque Health Services Department.

**Major Findings:**
- 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.
- The childhood lead poisoning rate has decreased in the City of Dubuque from 10.8% city-wide in 1997 to 1.6% in 2014.
- The public survey revealed much interest in walking and biking paths and their connections throughout the community.
- When comparing social indicators of health; such as school-aged children, adults over age 65, minority populations, no high school education or no high school diploma, unemployment, lack of health insurance coverage, overcrowded housing units, low-median income and poverty status, households with disability, and households without vehicles, a health risk index was created. The maps reveal specific pockets and areas of the county with a higher risk considering these factors.
SWOT ANALYSIS

Strengths
- Bike/Hike trails & sidewalks
- Jule Transit night hours
- Time of transfer private sewage system inspections
- AC Geo SAM (for wells)- DNR Website
- Waste reduction knowledge/recycling
- Composting - Data
- Hazmat services available

Weaknesses
- Hazardous chemical products via rail transport
- Time of transfer exemptions
- Institutional use of local foods
- C-GAP training/usage/implementation?
- Acceptance of SNAP @Farmers Market ← Healthy Behaviors
- Air quality data
- Lack of private well data
- Local Air Quality Monitoring - Inadequate
- Community knowledge on bedbugs
- Care/maintenance/usage of private waste systems
- Lack of participation in well closure funding program (i.e., Grants to Counties)
- Well plugging/Assuring proper closure for abandoned wells
- Access to safe water for private well users
- Inaccurate/misleading/incomplete information from purification vendors (no regulations)
- Aerial pesticide spraying communication and notification
- Herbicide (pesticide/fertilizer usage/over usage)
- Invasive species
- Pediculosis
- Open dumping/illegal dumping
- Dubuque County not participating in EIRUSS (Eastern Iowa Rural Utility Service System)
- Unsewered Communities
- Lack of funding to remove residential lead base paint hazards (loss of HUD Grant)
- Surface water pollution
- Stream bank remediation/erosion control
- Brown field/contaminated site remediation and location
- Storm water flooding
- Storm water pollution
- Pests, bedbugs, rodents
- Invasive spies
OPPORTUNITIES

- Expanding existing walking and biking paths and their connectivity, along with complete streets implementation (i.e. more bike lanes)
- Integrated Pest Management (IPM)
- EPA PM Advance Program
- HUD Lead and Healthy Homes Grant
- Grants to Counties program (for well plugging)
- Community Gardens

THREATS

- Vehicular traffic lack of experience/knowledge on biking for transportation, sharing the road, etc.
- Lack of right-of-way knowledge for pedestrians along with pedestrian safety
- Crimes and neighborhood deterioration
- Residential pests, i.e. bed bugs
- Invasive plants and animal species
- Lack of funding/infrastructure for unsewered communities
# Environmental Health - Health Improvement Plan

## ENVIRONMENTAL HEALTH

### 2016-2020

**BRIEF DESCRIPTION OF NEED:** The Environmental Health section can be categorized into four basic areas: water quality, air quality, the built environment, and land use. Water quality includes surface water, waste water treatment, and drinking water. Since much research and comprehensive assessment and planning has already been done for the Catfish Creek Watershed, the Environmental Health Task Force recommended adopting and supporting the implementation of the Catfish Creek Watershed Management Plan. This plan encompasses a multitude of needs and weaknesses addressed in a long-term management plan.

Air Quality includes reviewing compliance with air quality standards and assessing the need for local air monitoring, especially for this particular matter and monitoring health indicators related to air quality. Since there is an approved plan for maintaining and improving PM 2.5 Air Quality in the Dubuque Metropolitan Area Transportation Study (DMATS), the Task Force recommended adopting and supporting the EPA PM Advance Path Forward Plan.

The built environment includes the public areas of communities including sidewalks, trails, bike routes, access to physical activity and alternative forms of transportation along with residential and indoor environmental health hazards and healthy homes principles.

The land use section includes pesticide and nutrient use, illegal open dumping and hazardous material releases along with fruit and vegetable production for human consumption in the county.

### Water Quality:
- **Goal:** Improve water quality.
- **Objective:** Adopt and support the implementation of the Catfish Creek Watershed Management Plan. [Open link below to see plan for objectives and action steps.](http://www.cityofdubuque.org/DocumentCenter/View/25109)

### GOAL: Improve adequate wastewater treatment to unsewered communities.

### ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Identify and prioritize unsewered communities according to environmental impact, in Dubuque County.
2. Educate affected citizens on the importance of proper wastewater treatment, the environmental impact and health outcomes.
3. Identify funding sources for individual and community sewer systems.

### OBJECTIVE: Provide clean drinking water through private water supplies for those not served by public water systems.

### ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Educate on health and environmental impacts of unsafe drinking water. i.e., annual report, social/multi-media on current well water testing.
2. Create materials to encourage testing, publicize website for stream water monitoring testing results.
3. Establish baseline/inventory of private wells in Dubuque County.
4. Increase the number of private well recommended tests performed by city and county labs.

### GOAL: Reduce residential and neighborhood environmental health risks.

### OBJECTIVES: Maintain compliance with Air Quality standards.
### ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:
1. Support the development and implementation of the EPA PM Advance Path Forward Plan.
2. Research local PM air quality monitoring.
3. Monitor health indicators related to air quality.

### GOAL:
Improve residential living environments.

### OBJECTIVE:
Implement healthy homes principles in residential living environments.

### ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:
1. Implement and educate about healthy homes principles.
2. Reduce incidents of illegal dumping (get baseline data) and accidental hazardous material releases.
3. Increase childhood blood lead testing rates.
4. Provide education and resources for reducing lead hazards.
5. Encourage radon testing and CO monitoring.

### ANTICIPATED IMPACT OF THESE ACTIONS:
Improve the health quality of life for Dubuque residents.
Decrease pest exposure.
Decrease incidence of lead poisoning.

### PLAN TO EVALUATE THE IMPACT:
Monitor number of acres used for fruit/vegetable production.
Number of homes referred into Healthy Homes Program.
Asthma Hospitalization rates.
Outcome indicators: Lead poisoning rates

Process indicators: Monitor number of lead level tests.
COMMUNITY ENGAGEMENT

The Steering Committee conducted Community Engagement activities on the proposed CHNA-HIP through a series of Community Café’s, posting of draft goals on-line and outreach to community based organizations in Dubuque County. The café’s provided background information, data, and a forum for discussion on the proposed goals and health improvement plan.

Café Locations
- April 29, Noon-1:30 PM, Mercy Café, Conference Room B
- May 4, 4:30-6:00 PM, Keystone AEA
- May 5, 5:30-7:00 PM, Carnegie Stout Library Aigler Auditorium

```
<table>
<thead>
<tr>
<th>November 2014</th>
<th>May 2015</th>
<th>August 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Starts</td>
<td>CE via Equity report focused on anyone who has been missed</td>
<td>Public discovers and sees how their input was used in the final/adopted plan</td>
</tr>
<tr>
<td>Public Survey to discover needs; additional research to identify needs</td>
<td>Host Engagement Experiences at Mercy (12 PM), Library (5:30 PM), &amp; Forum (4:30 PM)</td>
<td>Board of Health presentation and approval</td>
</tr>
<tr>
<td>April 6-10, 2015</td>
<td>April 20-24, 2015</td>
<td></td>
</tr>
<tr>
<td>Marketing in place, invitations sent out</td>
<td>CE Plan and the planning is finished</td>
<td></td>
</tr>
</tbody>
</table>
```
Demographics of Participants

Evaluations completed: 15 out of 21 participants

<table>
<thead>
<tr>
<th>Responses</th>
<th>Participant self-disclosed ethnicity</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td># Male</td>
<td>Black/AA</td>
<td>1</td>
</tr>
<tr>
<td># Female</td>
<td>White</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did not complete High School</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS graduate</td>
<td></td>
</tr>
<tr>
<td>College graduate</td>
<td></td>
</tr>
<tr>
<td>MA degree or equivalent</td>
<td></td>
</tr>
<tr>
<td>MD, Ph.D. or equivalent</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18-21 years of age</th>
<th>Other Multi-racial</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-30 years of age</td>
<td>Asian/Pacific Islander</td>
</tr>
<tr>
<td>31-40 years of age</td>
<td>Other</td>
</tr>
<tr>
<td>41-50 years of age</td>
<td></td>
</tr>
<tr>
<td>51-60 years of age</td>
<td></td>
</tr>
<tr>
<td>61 &amp; over years of age</td>
<td></td>
</tr>
</tbody>
</table>

Communications Plan

The marketing material for this project consisted of printed/electronic flier. Time, staff or money to create any other marketing materials was limited. The information below shows what had been done to market the engagement experiences:

<table>
<thead>
<tr>
<th>Who helped market</th>
<th>What they did</th>
<th>Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Life</td>
<td>Sent flier to all alumni</td>
<td>84</td>
</tr>
<tr>
<td>City of Dubuque Dept. and Div. managers</td>
<td>Sent flier to their listserv</td>
<td>100</td>
</tr>
<tr>
<td>ESAC</td>
<td>Sent flier to their listserv</td>
<td>100</td>
</tr>
<tr>
<td>Wellness coalition</td>
<td>Posted flier physically</td>
<td>40</td>
</tr>
<tr>
<td>Green Dubuque</td>
<td>Sent flier to their listserv</td>
<td>50</td>
</tr>
<tr>
<td>Unity Point Finley Hospital</td>
<td>Put flier on website and social media</td>
<td>100</td>
</tr>
<tr>
<td>Mercy Hospital</td>
<td>Put flier on website and social media</td>
<td>100</td>
</tr>
</tbody>
</table>
COMMUNITY SURVEY

Primary research from a community survey
This survey was designed by the Dubuque County Community Health Needs Assessment Steering Committee in late 2014. Its purpose is to inform the County Community Health Needs Assessment and Health Improvement Plan process.

It was fielded from December 9, 2014 through March 7, 2015. There were 1,067 completed surveys during this period. All but 18 were completed using an online computer application. Eighteen were completed using a paper tool, in an attempt to get more responses from underrepresented populations.

A listing of the survey questions is included as an appendix to this report.

Demographics
Of the 1,067 responses, 91 did not indicate their zip code. Twenty were from locations near but not within Dubuque County. The remaining 956 were from Dubuque County:

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERNARD 52032</td>
<td>6</td>
</tr>
<tr>
<td>CASCADE 52033</td>
<td>8</td>
</tr>
<tr>
<td>DURANGO 52039</td>
<td>3</td>
</tr>
<tr>
<td>EPWORTH 52045</td>
<td>17</td>
</tr>
<tr>
<td>FARLEY 52046</td>
<td>9</td>
</tr>
<tr>
<td>HOLY CROSS 52053</td>
<td>2</td>
</tr>
<tr>
<td>LUXEMBURG 52056</td>
<td>3</td>
</tr>
<tr>
<td>NEW VIENNA 52065</td>
<td>5</td>
</tr>
<tr>
<td>PEOSTA 52068</td>
<td>33</td>
</tr>
<tr>
<td>SHERRILL 52073</td>
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<tr>
<td>WORTHINGTON 52078</td>
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<tr>
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<tr>
<td>DUBUQUE 52001</td>
<td>447</td>
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<tr>
<td>DUBUQUE 52002</td>
<td>181</td>
</tr>
<tr>
<td>DUBUQUE 52003</td>
<td>163</td>
</tr>
<tr>
<td>DUBUQUE 52004</td>
<td>7</td>
</tr>
<tr>
<td>DYERSVILLE 52040</td>
<td>50</td>
</tr>
<tr>
<td>TOTAL</td>
<td>956</td>
</tr>
</tbody>
</table>

Between 9 and 15% of the respondents chose not to answer one or more demographic questions. Of those who responded, here are the frequencies in other categories:

- 73% were female.
- 95.1% were white, non-Hispanic.
**Age groups:**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 or less</td>
<td>4%</td>
</tr>
<tr>
<td>26 to 39</td>
<td>24%</td>
</tr>
<tr>
<td>40 to 54</td>
<td>30%</td>
</tr>
<tr>
<td>55 to 64</td>
<td>24%</td>
</tr>
<tr>
<td>65 or over</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Reported household income ranges:**

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-$24,999</td>
<td>10%</td>
</tr>
<tr>
<td>$25,000-$49,999</td>
<td>20%</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>20%</td>
</tr>
<tr>
<td>$75,000-$99,999</td>
<td>20%</td>
</tr>
<tr>
<td>$100,000-$124,999</td>
<td>14%</td>
</tr>
<tr>
<td>$125,000-$149,999</td>
<td>5%</td>
</tr>
<tr>
<td>$150,000-$174,999</td>
<td>5%</td>
</tr>
<tr>
<td>$175,000-$199,999</td>
<td>2%</td>
</tr>
<tr>
<td>$200,000 and up</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Findings**

**Most Important Health Concerns**

Respondents were asked to select up to five concerns from a list of fifteen that they felt were most important.

Overall, respondents identified obesity/overweight (63%), mental health/mental illness/suicide (61%), cancer (55%), heart disease and stroke (48%) and diabetes (42%) as top concerns. These five concerns were the top five in all five age cohorts. The lowest income cohort included dental health in the top five, and several of the other income groups included alcohol abuse. The five concerns rang true for women, where men also identified alcohol abuse as a top concern. The respondents who were non-white or Hispanic also listed illegal drug abuse as a top concern.

**Behaviors with Greatest Health Impact**

Respondents were asked to choose up to three negative behaviors that have the greatest impact on overall community health from a list of eleven:

Overall, respondents identified being overweight (50%), alcohol abuse (48%), and drug abuse (38%) as negative behaviors with the greatest health impact. Lack of exercise and/or poor diet were among the top three for under age 40, men, non-white or Hispanic, and those with over $50,000 household income.

**Access to Healthcare**

Respondents were asked to indicate their level of agreement with several statements about access to various aspects of community healthcare.

*Access to a primary care provider when needed:*

69% agreed or strongly agreed that "Most residents in my community are able to access a primary care provider (family doctor, pediatrician, general practitioner) when needed." 19% disagreed or strongly disagreed. That split stayed fairly consistent for all age groups and for men and women. But agreement/strong agreement was much lower for the lowest income group (47%) than some of the highest income groups (81%), and it was lower for non-white or Hispanics (62%).
Access to a medical specialist when needed:
47% agreed or strongly agreed that "Most residents in my community are able to access a medical specialist (cardiologist, dermatologist, neurologist, etc.) when needed." 31% disagreed or strongly disagreed. The oldest and youngest age groups had higher levels of agreement/strong agreement than the middle cohorts. Those with incomes under $50,000 and women were in less agreement than the overall. There was a higher level of disagree/strongly disagree with non-white or Hispanics.

Access to a dentist when needed:
57% agreed or strongly agreed that "Most residents in my community are able to access a dentist when needed." 26% disagreed or strongly disagreed. There were not strong variations by age category. Agreement/strong agreement was stronger for those with incomes above $75,000. Disagreement/strong disagreement was much stronger for women (28%) than men (17%).

Access to prescription medications when needed:
62% agreed or strongly agreed that "Most residents in my community are able to obtain prescription medications when needed." 18% disagreed or strongly disagreed. Agreement/strong agreement was strongest in the 55-64 age group. Agreement/strong agreement rose with income, from 52% to 80%. Men and white non-Hispanics had much higher agreement than their counterparts with this statement.

Knowing how to get health care:
34% agreed or strongly agreed that "People new to my community know how to get health care." 24% disagreed or strongly disagreed. Agreement/strong agreement fell as age advanced. Disagreement/strong disagreement lessened from 37% in the under $25,000 income group to 4% in the $175-200,000 range. Men and white non-Hispanics had much higher agreement than their counterparts with this statement.

Sufficiency of Medicaid providers:
30% agreed or strongly agreed that "There are enough health care providers who accept Medicaid or other forms of medical assistance in my community." 32% disagreed or strongly disagreed. Those under age 25 and over age 65 were more inclined to agree or strongly agree. Disagreement/strong disagreement was most pronounced in the under $25,000 income group (47%) and lowest in the $125-150,000 group (17%). Women had much higher disagreement/strong disagreement scores than men. Variation on the basis of race and ethnicity was not significant.

Access to bilingual providers:
8% agreed or strongly agreed that "There are enough bilingual health care providers in my community." 45% disagreed or strongly disagreed. The only really significant variation in these responses was less agreement from men than women.
Barriers to healthcare access
Respondents were asked to select up to three of the most important barriers that keep people in the community from accessing health care from a list of nine.

Overall, four barriers were mentioned by at least one third of respondents: Inability to pay out-of-pocket expenses (72%), lack of health insurance (49%), time limitations (35%), and inability to navigate the system (34%). Non-white or Hispanic respondents mentioned three barriers more often than these. They were lack of transportation, lack of trust, and language or cultural barriers.

What's being done in the community?
Respondents were asked, "What is being done in your community to improve health and well-being?" This was an open-ended question. 467 individual comments were categorized into 67 groupings.

Overall, 99 of the comments dealt with traditional institutional healthcare, including 80 about Crescent Community Health Center. There were 84 comments dealing with various aspects of wellness, fitness, and nutrition. 71 said they "didn't know", and 32 said either "nothing" or "not much."

The 40 to 54 year old group generated the most comments. Crescent Community Health Center was the subject of the most comments (80).

What would improve health and quality of life in the community?
Respondents were asked, "What would you suggest to improve health and quality of life in your community?" This was an open-ended question. 505 individual comments were categorized into 41 groupings.

By age group, no theme emerged for the youngest cohort. Improved or increased mental health services, better availability of physicians and other health professionals, and affordable accessible healthcare were the top concerns for all ages from 26 to 64. The 40 to 64 cohorts added fitness/wellness to their concerns. Food, nutrition, and obesity was in the top mentions for the 55-64 age group. Interestingly, the single largest group of comments for the 65+ group was affordable accessible healthcare, more than twice the comments in any other grouping.

How easy is it to get and stay well?
Respondents were asked, "How easy is it for people to get and stay well in your community, compared to other places you've lived or visited?" This was an open-ended question, but responses were categorized into a five point scale ranging from "Very Easy" to "Very Hard". 290 individual comments were received and categorized, not counting those who said "don't know." (Many of the "don't know" responses included a comment like "I never lived anywhere else.")

Overall, 35% said that it is hard or very hard to get well and stay well in this community, and 47% said that it is easy or very easy. The 26 to 38 group had the highest percent of hard/very hard (44%), while the 65+ group had the highest easy/very easy score (66%). 43% of females and 54% of men said it was easy or very easy. 60% of non-white or Hispanic respondents said it was easy or very easy, compared to 45% of white non-Hispanic persons responding to the survey.
Public input from public input sessions
Three public input sessions were scheduled in late April and early May on different days, in different locations, and at different times of day to encourage a variety and diversity among the attendees. These forums used an informal "Community Café" format proposed by the City of Dubuque for increasing community engagement. Summarized findings of each of the four Task Forces (including Healthy Behaviors, focused on in this report) were given to small groups of participants with opportunities for questions, discussion, and comments.

Here are representative comments from those forums:

Strengths
- I'm glad to see mental health is a concern.
- We need more mental health providers.
- Students without health insurance are a concern.
- Healthy lifestyle behavior is enjoyed by many community members.
- Some businesses are offering free biometrics screenings.
- AEDS are available in many community areas.
- Community is focused on diabetes, weight loss, and mental health issues.
- Teen pregnancies rates are down.
- We have great biking/walking trails.

Weaknesses
- Some people have a six-month waiting to see a Medicaid doctor.
- Need to increase Medicaid providers.
- Report should include information from the Iowa youth survey 2014 state data 2012 county.
- Physician availability and mental health professional availability are concerns.
- Pockets of teen pregnancies are increasing (African Americans).
- Numbers of low live birth weights are increasing.
- Smoking during pregnancy rates are increasing.
- Need more community grant writing opportunities for wellness programs.
- It's hard to get outside for bicycling because it doesn't feel safe to bike in the streets with traffic in Dubuque.
- There are parts of the city where groceries are not conveniently available- only two grocery stores downtown, about twenty blocks apart.
- There's a relationship between food cost and how healthy it is. (i.e., healthy food costs more.)

Strategy Suggestions
- Agencies offering CPR need to work together to provide training to community members so all are willing to perform CPR when needed.
- Focus on obesity for children.
- Look for special MH support for homeless and desperate persons, perhaps need group sessions at homeless shelters.
- Get CEOs involved as policymakers for a community wellness strategy.
• Find money for education promotion.
• Include YMCA in the coalition.
• Give Dubuque area substance-abuse coalition same emphasis as the wellness coalition.
• Include nutrition for 0-5 ages, early childhood.
• Nutrition: healthy food costs more.
• Parents need to be more responsible.
• 911 is home health care system for some.
• Develop education as well as policy strategies.
• Strategy must involve younger people- get Young Professionals in the coalition.
• Provide grants and incentive programs for better pregnancy outcomes.
• Need to connect biking/walking trails throughout city.
• More advertising about wellness activities; central information clearinghouse needed.
• Centralize and have ALL different/ diverse groups involved in Wellness Coalition.
• Build infrastructure with clout to apply for large grants for sustainable wellness.
• Need to have wellness education that really engages people. You can't just have the usual classes and lectures and programs and expect people to come.
• Need to have free or very inexpensive fitness classes and opportunities for people.
• Need to make fitness event into social events, to get all kinds of people participating.

These comments were reviewed and considered in the final draft of the assessment and strategy. For example, we noted the strong interest in mental health issues, as well as some of the suggestions for making the Wellness Coalition more capable of achieving change in obesity rates in our community.
Equity Assessment

Inclusive Dubuque's goal is to ensure that we live in an equitable community, one in which all residents are able to fully participate in the community's economic and cultural success, and are able to connect with its assets and resources. This requires an understanding of Dubuque's diverse population, taking into consideration not just race or ethnicity, but also age/generation, culture, disability, gender, nationality, religion, sexual orientation, socioeconomic status, veteran status and more.

In February 2015, Inclusive Dubuque launched the Community Equity Profile process to determine how diverse groups are affected by various systems in our community. The profile will focus on seven different areas: economic wellbeing, housing, safe neighborhoods, health, education, transportation and arts/culture. The profile will take shape based on three types of input: local data, community dialogues and community surveys.

http://inclusivedbq.org/community-equity-profile/

Equity Profile Summary: Scope of the Project

Inclusive Dubuque designed its equity profile to be a process that discovers how diverse groups are affected by various systems in the community. For the purpose of this summary, diverse groups include race, age/generation, culture, disability, gender, nationality, religion, sexual orientation, socioeconomic status, veteran status and more. Launched in February 2015, the equity profile sought to gather local data, along with feedback from community members in seven different focus areas: economic wellbeing, housing, education, health, safe neighborhoods, transportation and arts/culture. Inclusive Dubuque’s goal in sharing this equity profile summary is to inform community leaders, community members and policymakers in order to transition from gathering information to creating an action plan that will support Dubuque’s growth as an equitable and inclusive community.

The equity profile process began in February 2015 when Inclusive Dubuque hosted community dialogues each month, for seven months, about one of the profile’s focus areas to gain insight from community members. Dialogues were hosted by a trained facilitator who encouraged participants to share their perspectives, stories and experiences. In addition to the community dialogues, surveys were distributed to community members both online and in print form.

The profile’s ambitious goal to include all diverse groups and that presented a challenge: data does not exist for all groups and areas. Quantitative data is typically not broken down by religious beliefs, sexual orientation, disability, etc., which is why these groups are not represented in the quantitative data on this site. This is where the use of qualitative data—feedback from surveys and community dialogues—was beneficial to help fill in the gaps.

The data from surveys and dialogues, although not scientifically collected, helped provide context to go along with the quantitative data. Community engagement helped to bring people together, giving them a voice on the topic of equity and inclusion. Participating individuals and groups connected with each other and also with Inclusive Dubuque.
This equity profile summary provides an overview of the data and community feedback from dialogues and surveys, allowing us to discover disparities that exist among diverse groups in Dubuque. This summary is designed to be an evolving tool to engage the community. Going forward, the data will continue to be updated through a partnership with Loras College Center for Business Analytics. They will continue to develop the data further so community members and the Inclusive Dubuque network can continue to use it as a baseline to monitor progress and help make informed decisions.

**Food Access**

<table>
<thead>
<tr>
<th>Low Income Population with Low Food Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dubuque County</td>
</tr>
<tr>
<td>Total Population</td>
</tr>
<tr>
<td>Low Income Population with Low Food Access</td>
</tr>
<tr>
<td>Percent Low Income Population with Low Food Access</td>
</tr>
<tr>
<td>State of Iowa</td>
</tr>
<tr>
<td>Total Population</td>
</tr>
<tr>
<td>Low Income Population with Low Food Access</td>
</tr>
<tr>
<td>Percent Low Income Population with Low Food Access</td>
</tr>
</tbody>
</table>

*Source: 2014 CHNA DBQ County Report*

**Uninsured Population**

<table>
<thead>
<tr>
<th>Uninsured Population by Household Income, Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Iowa</td>
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<tr>
<td>Less than $15,000</td>
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<tr>
<td>$15,000-$24,999</td>
</tr>
<tr>
<td>$25,000-$34,999</td>
</tr>
<tr>
<td>$35,000-$49,999</td>
</tr>
<tr>
<td>$50,000+</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Uninsured Population by Education, Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Iowa</td>
</tr>
<tr>
<td>Less than high school graduate</td>
</tr>
<tr>
<td>High school or G.E.D.</td>
</tr>
<tr>
<td>Some post-high school</td>
</tr>
<tr>
<td>College graduate</td>
</tr>
</tbody>
</table>

*Source: Health in Iowa Annual Report from the Behavioral Risk Factor Surveillance System, Iowa 2013*
Mental Health

Disease Prevalence by Household Income

Affordability/Access

Primary Care Physicians per 100,000 residents

Source: Health in Iowa Annual Report from the Behavioral Risk Factor Surveillance System, Iowa 2013

Source: The Dartmouth Institute for Health Policy and Clinical Practice