

CHNA&HIP



Community Health Needs Assessment
Health Improvement Plan

Dubuque County, Iowa
2019 – 2021

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The Steering Committee and Task Force Members would like to extend a Thank You to all 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.

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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 three to 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 to receive funding from the State to fulfill the duties of the Dubuque County Board of Health.

A CHNA&HIP is required of local hospitals to obtain reimbursement under Medicare and Community Health Centers. 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 Iowa Department of Public Health.

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

The time line below outlines the planning process used by the Steering Committee to complete this project.

- October 2017:** Project launched.
- January 2018:** Public Survey to discover needs; additional research to identify needs.
- March to April 2018:** Task Force Committees met to review data for CHNA and formulate Draft HIP.
- May 2018:** Steering Committee finalized Draft CHNA&HIP.
- July 2018:** Steering Committee finalized reports.
- August 2018:** Marketing, Public Input for CHNA&HIP Draft completed.
- August 2018:** Board of Health presentation and approval.



Public Participation

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

Stakeholder Task Forces

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

The Healthy Behaviors and Lifestyles 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. Disease Infection Control Task Force focused on limiting the impact of communicable diseases on the community. The Healthcare Access 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 the built environment.

Community Survey

An electronic survey was distributed to individuals, organizations, sectors and media release throughout the county to gather input on health needs and provide an opportunity for residents and business owners to share their experiences and insight into community health issues. The survey was translated into Spanish language and two responses were received using the Spanish translation. In the next cycle, the steering committee will look to expand language availability based on the community. A paper survey was also available at the sites of the Steering Committee locations.

Questions in the survey focused on what health issues were most important, health behaviors impacting community health, and access to healthcare services. Respondents were able to provide suggestions on how to improve the health and quality of life of residents. The survey received 1301 responses, providing a diverse representation of Dubuque County, and information from the survey helped guide the individual task forces in evaluating and prioritizing health needs and goals.

Community Input Sessions

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

Community Profile

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

The most recent estimate from Census Bureau's Population Estimates Program (PEP) lists Dubuque County (2016) at about 97,000

people. DataUSA, using 5-year American Community Survey (ACS) data,

says Dubuque County has a median age of 38.5 and a median household income of \$56,000. Dubuque County, IA is the 7th most populated county in Iowa and borders Jo Daviess County, IL; Clayton County, IA; Delaware County, IA; Jackson County, IA; Jones County, IA; and Grant County, WI. There are twenty-one municipalities within the county. The largest of which, the City of Dubuque, is also the county seat.

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

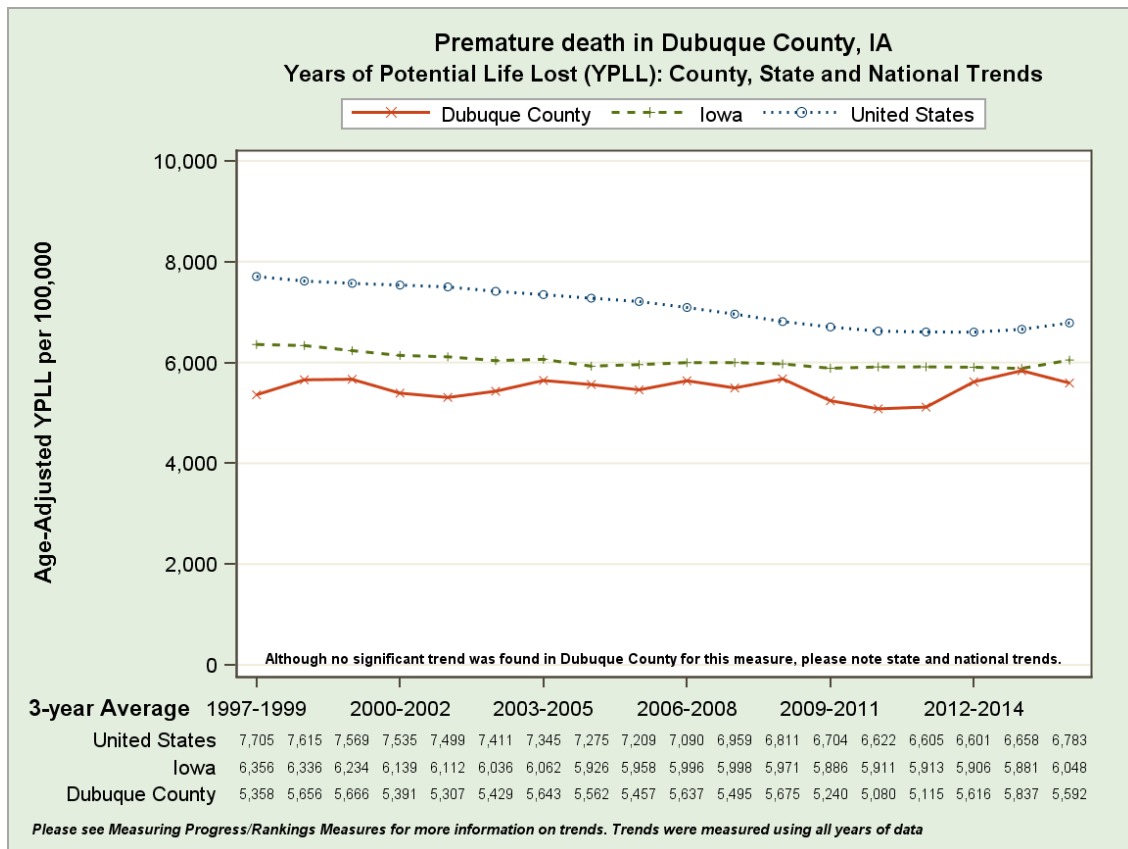
Dubuque County has three regional medical facilities: Mercy Medical Center Dubuque, Mercy Medical Center Dyersville, and UnityPoint-Finley Hospital (also in the City of Dubuque.) Other health care providers include medical groups such as Medical Associates and Grand River Medical Group. Additionally,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

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

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

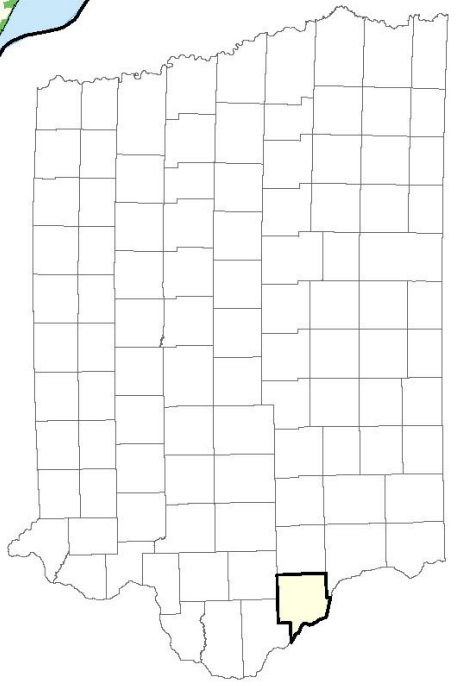
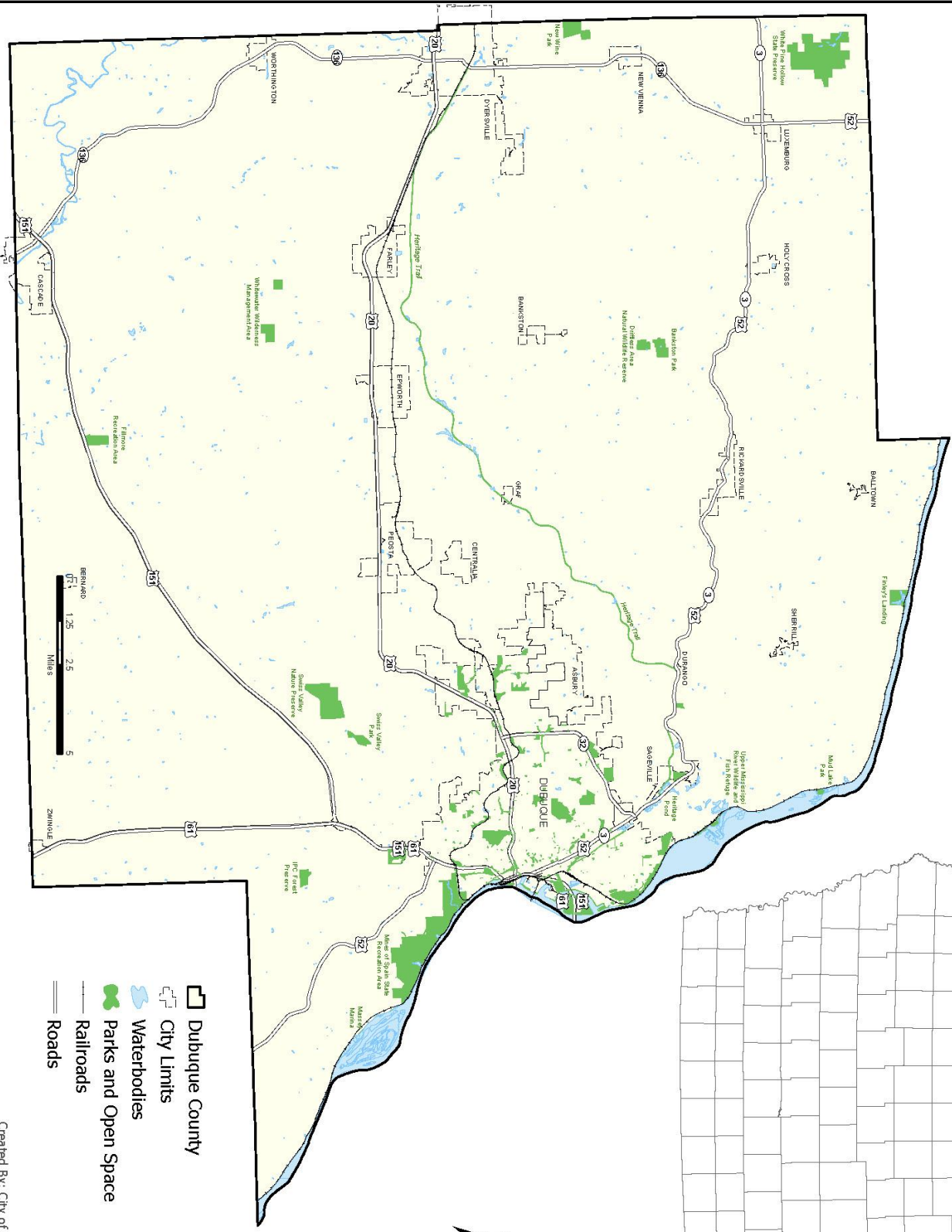
Leading Causes of Death Under Age 75	Deaths	Age-Adjusted Rate per 100,000
Malignant neoplasms	286	81.8
Disease of heart	198	57.9
Accidents (unintentional injuries)	82	28.9
Chronic lower respiratory disease	48	13
Diabetes mellitus	35	10.3

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



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

DUBUQUE COUNTY, IOWA



- Dubuque County
- City Limits
- Waterbodies
- Parks and Open Space
- Railroads
- Roads



Created By: City of Dubuque Planning Services Staff

Social Determinants of Health

Moving from diseases toward determinants

While public health has a long history of confronting social conditions such as sanitation, healthy housing, and safe workplaces — factors referred to today as social determinants of health — much of the field’s work in the past century focused on understanding and preventing diseases, building on enormous advances in science and medicine.

Fast forward to 1988, when the then-Institute of Medicine released “The Future of Public Health,” which concluded that public health is “neither clearly defined, adequately supported, nor fully understood.” In its recommendations, the report’s authors defined the mission of public health as “fulfilling society’s interest in assuring conditions in which people can be healthy.” Twenty years later, the World Health Organization’s (WHO) Commission on Social Determinants released “Health Equity Through Action on the Social Determinants of Health,” which stated, “social injustice is killing people on a grand scale.” The report called on governments worldwide to act on social determinants of health, which WHO defines as “conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.”

Today, the evidence base on social determinants gets bigger every day, from studies that link poverty and shorter life expectancy to those that document how unconscious bias leads to lower quality health care for African Americans. Healthy People, which sets health goals for the nation across a 10-year period, included social determinants as a stand-alone topic area in its 2020 round.

Dubuque County as a whole, considers a “place-based” organizing framework that reflects several key social determinants of health — economic stability, education, social and community context, health, health care, neighborhood, and the built environment — ensuring each is incorporated into the CHNA&HIP. 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.

Social determinants must be considered in the Dubuque County Health Improvement Plan and addressed through activities and actions that are intentionally designed to improve where we live, work, and play.

Social characteristics vary widely from place to place. When examining a community’s social, economic and environmental conditions, it becomes clear that no two neighborhoods are exactly alike, and therefore, have individual health needs and concerns. For example, a neighborhood may have a greater risk of exposure to lead based paint, while another neighborhood has a larger number of persons over age sixty-five. Each concern will demand different health needs and services to address the health risks associated with those populations.

Health Risk Assessment

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

Health Risk Indicators

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

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

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

www.factfinder.census.gov

American Community Survey 2012-2016 5-Year Estimates

About the American Community Survey

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data every year. Like the Decennial Census, the ACS provides detailed data on demographic, social, economic, and housing characteristics throughout the US.

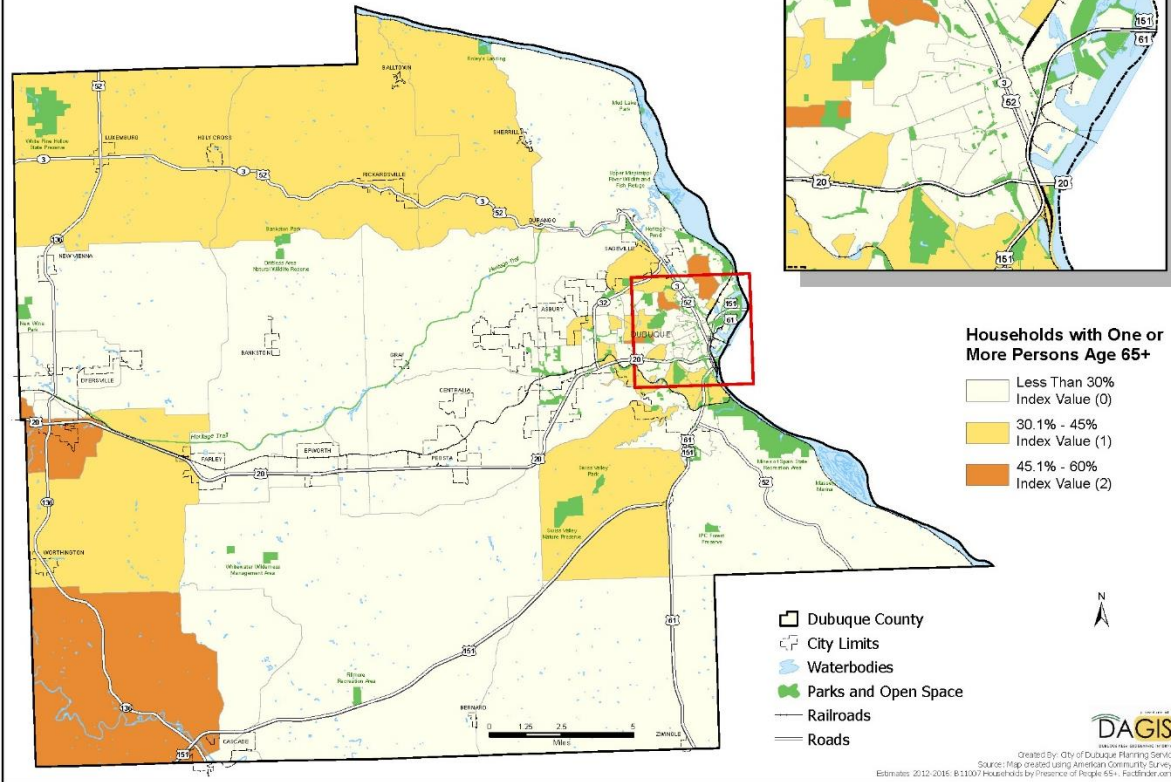
The ACS differs from the Decennial Census by only surveying a sample of persons within a neighborhood or community, whereas the Decennial Census surveys every household in the country.

www.census.gov/programs-surveys/acs/

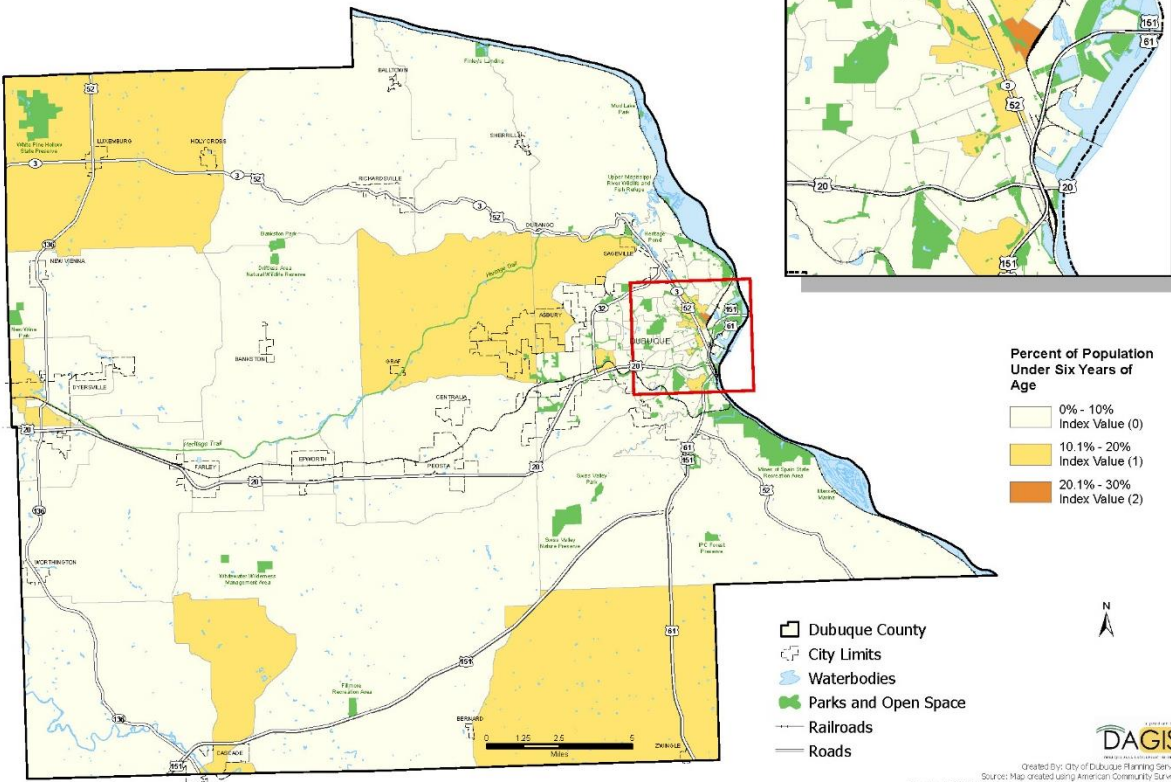
Indicator Maps

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

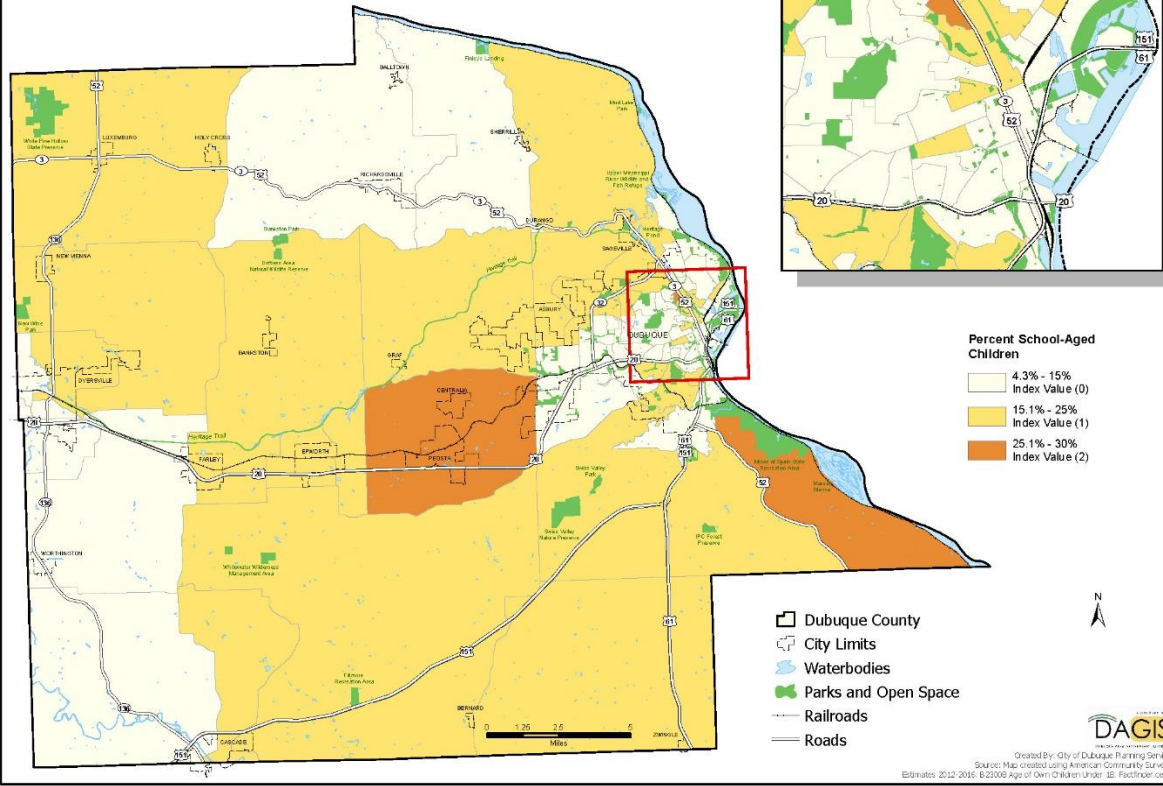
DUBUQUE COUNTY, IOWA
Critical Age 65+



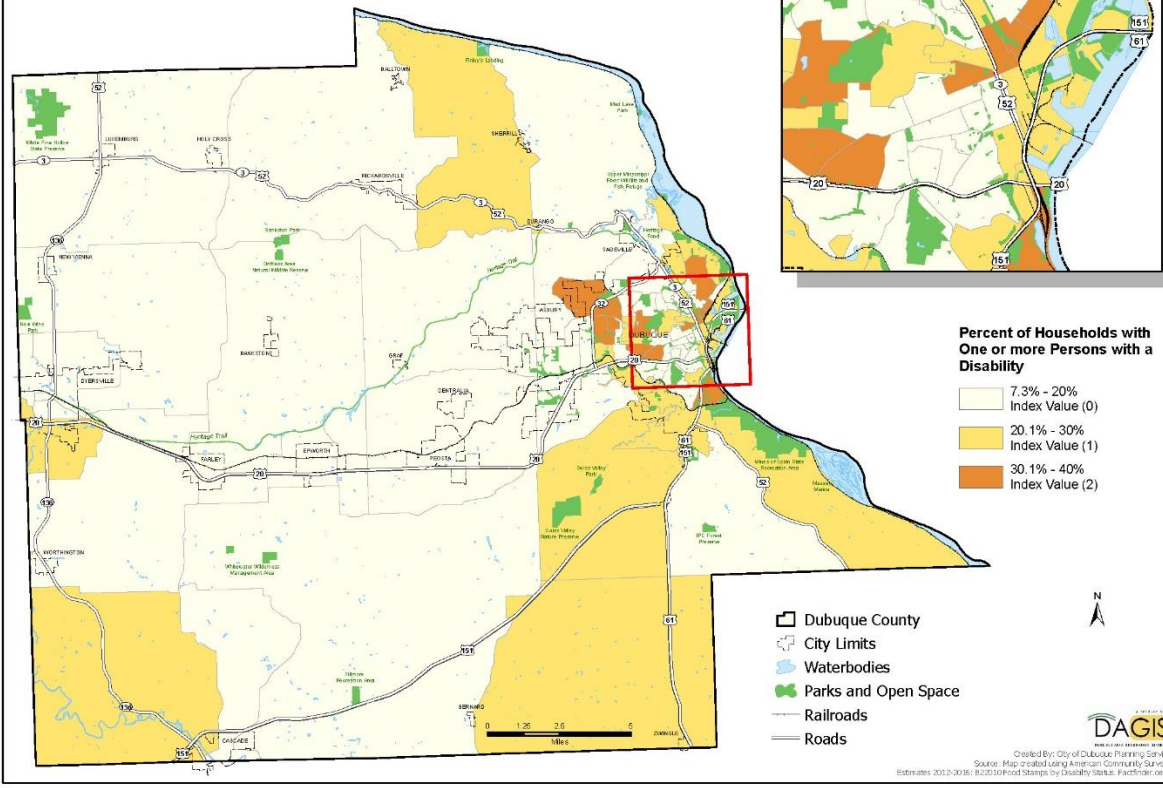
DUBUQUE COUNTY, IOWA
Critical Ages: Children Under Six



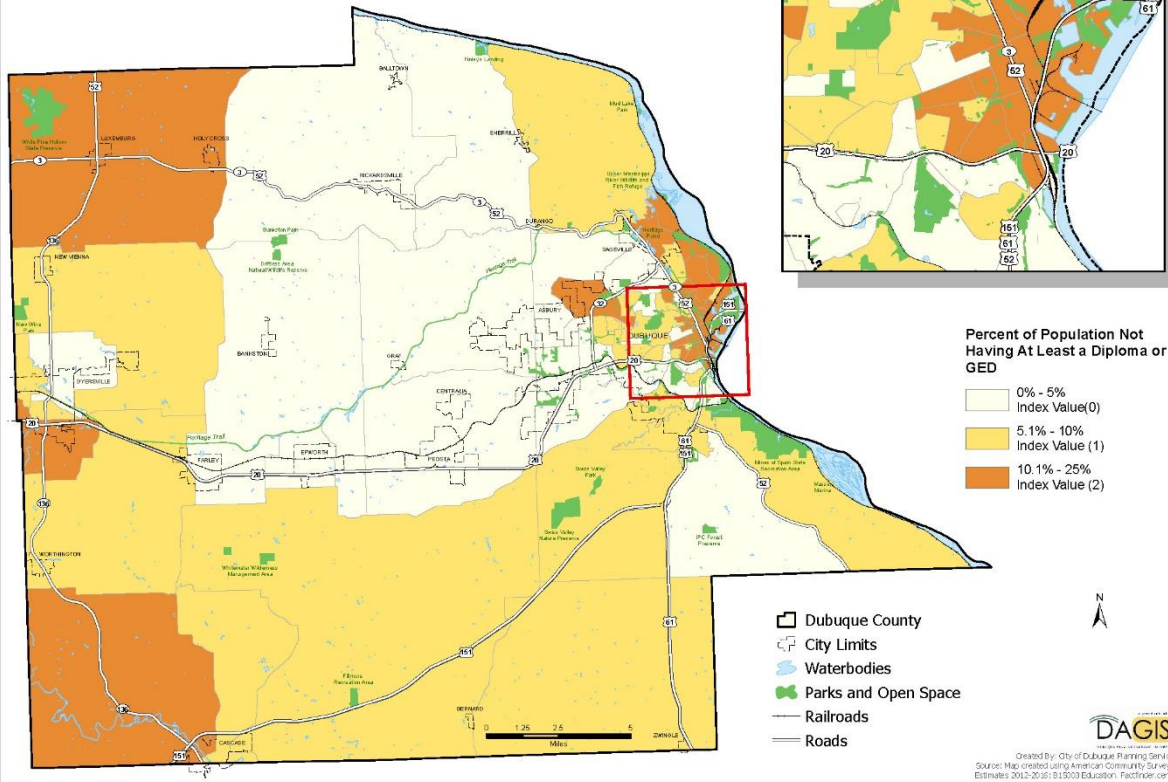
DUBUQUE COUNTY, IOWA
Critical Ages: Six to Seventeen



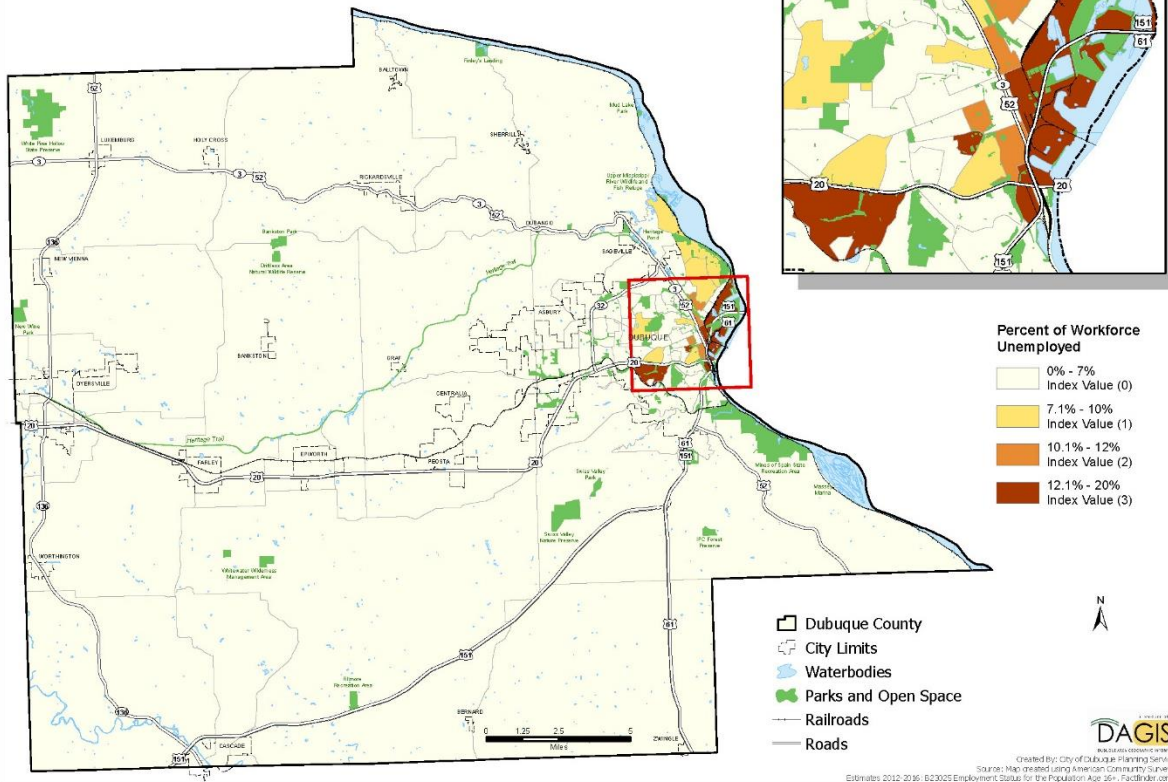
DUBUQUE COUNTY, IOWA
Disability Status



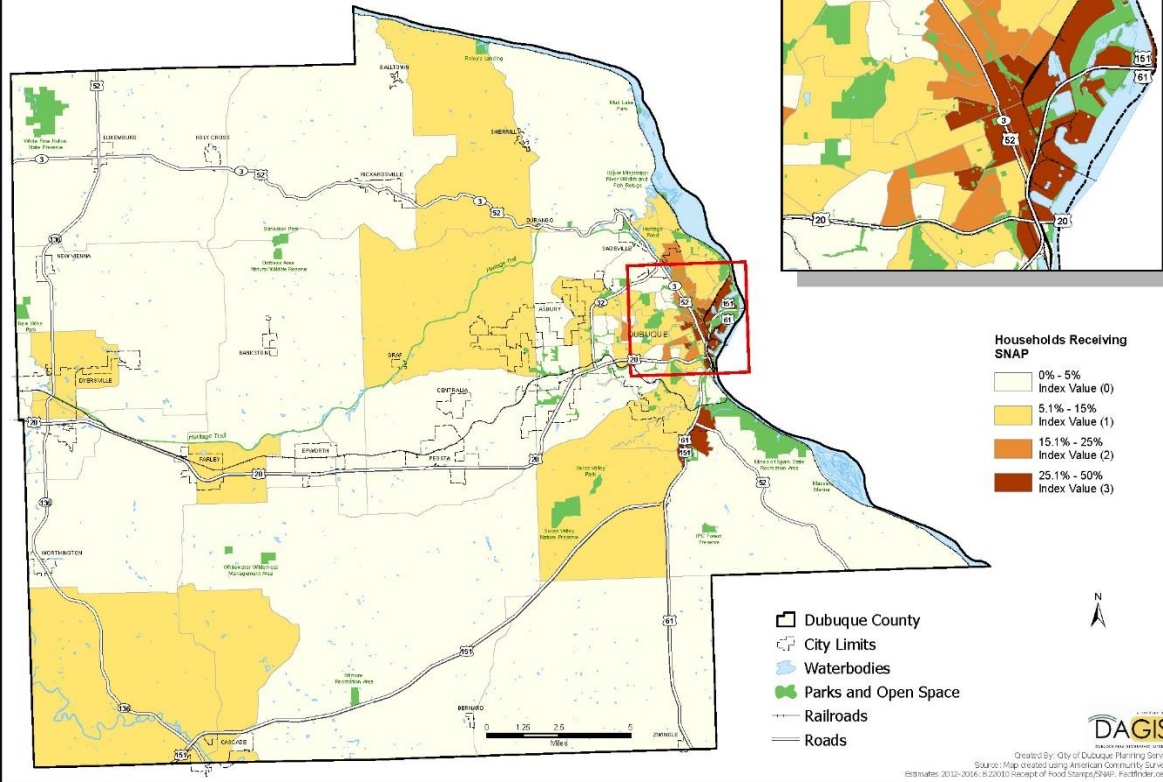
DUBUQUE COUNTY, IOWA Educational Attainment



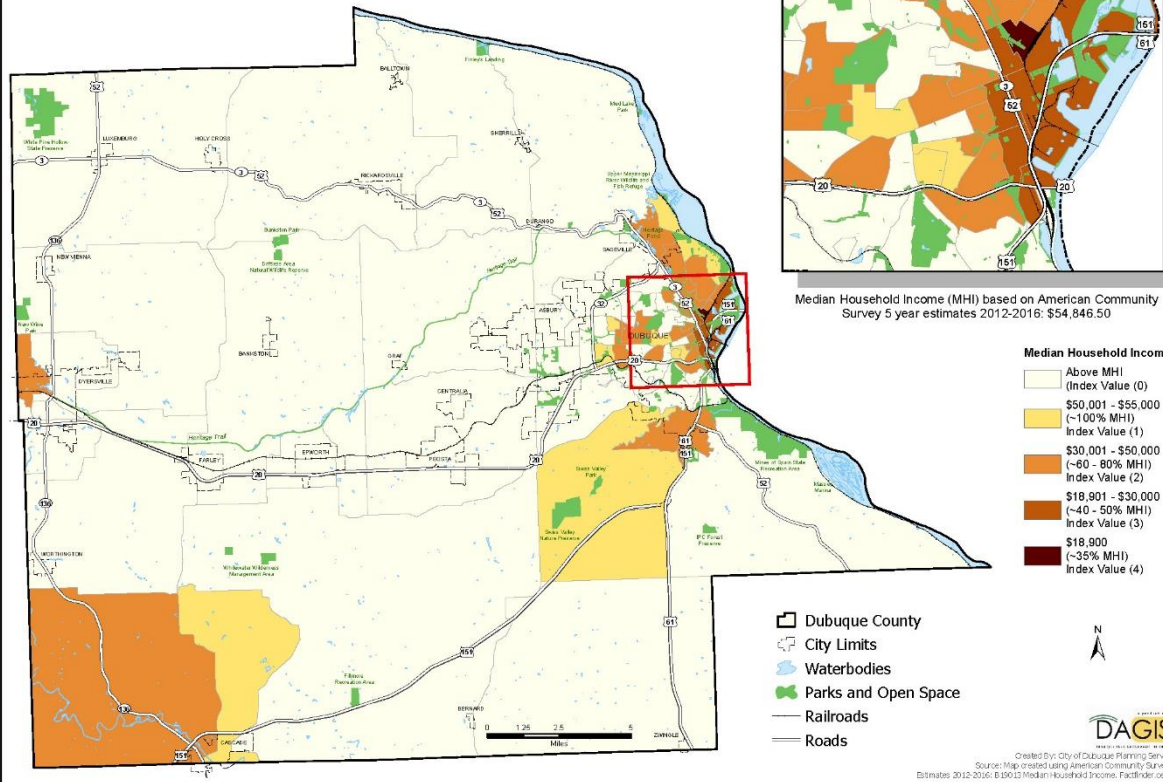
DUBUQUE COUNTY, IOWA High Unemployment



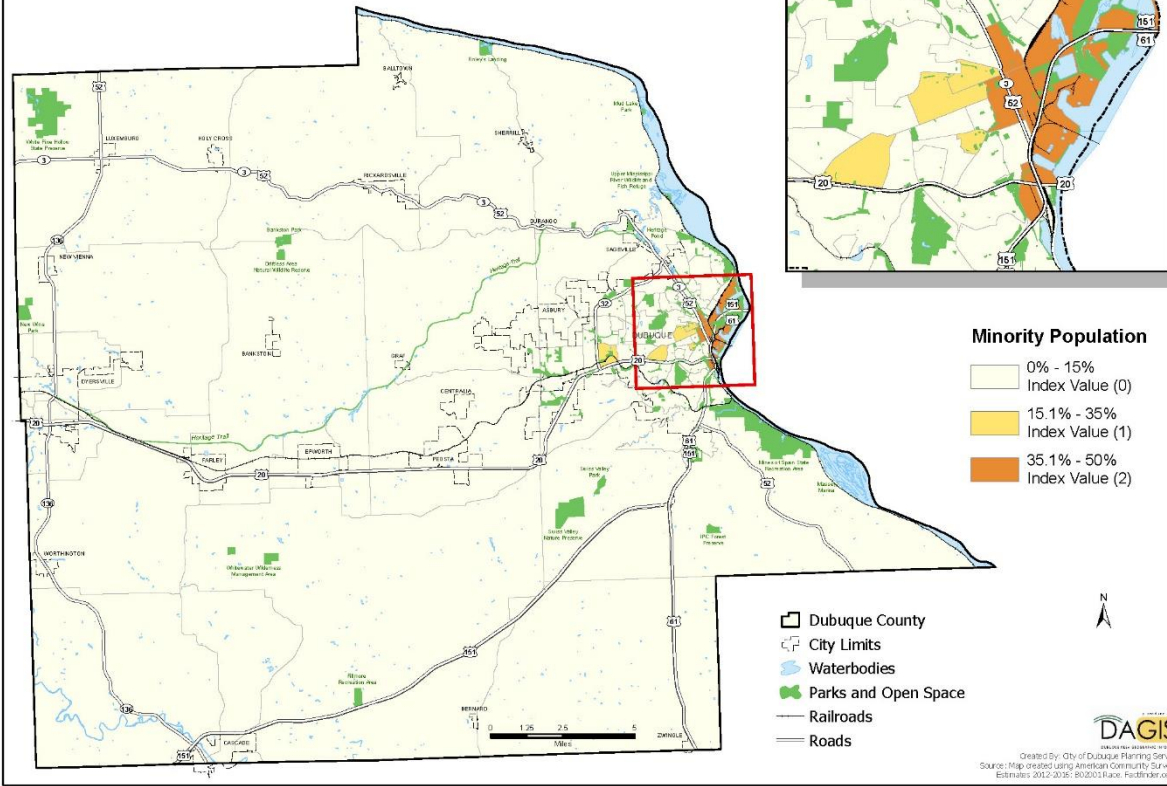
DUBUQUE COUNTY, IOWA Food Stamps/Snap



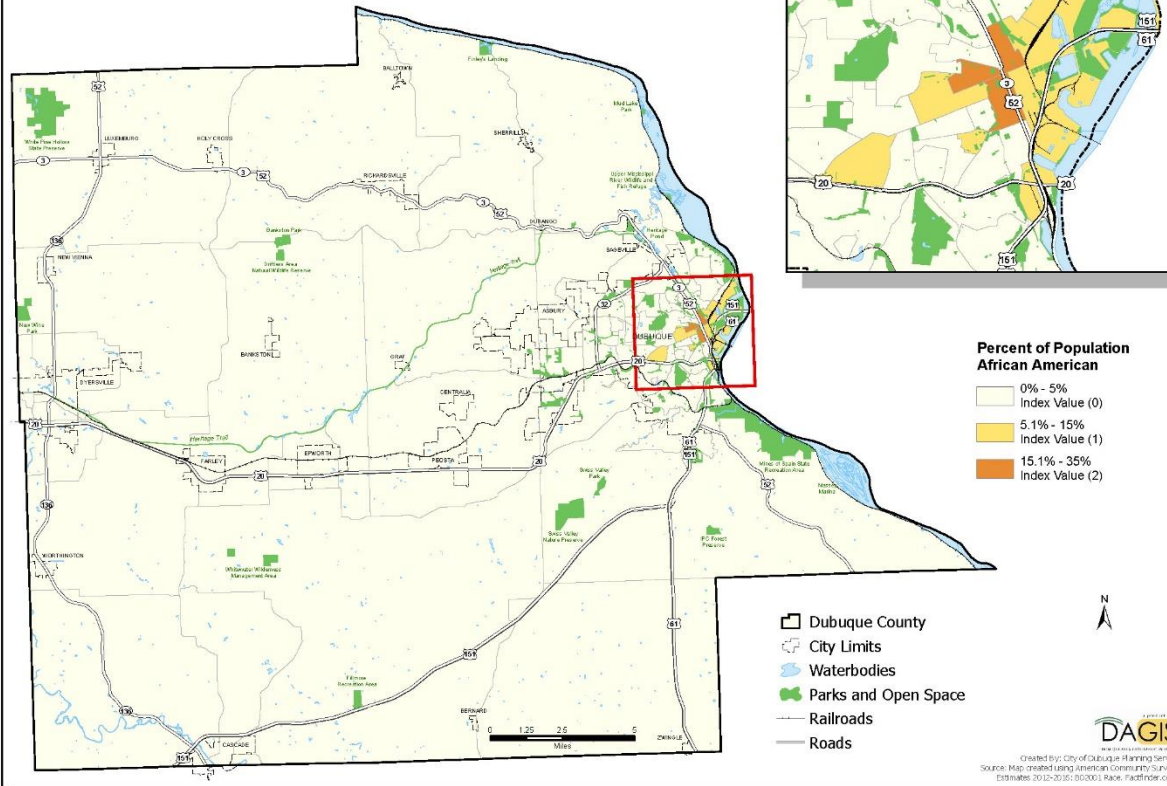
DUBUQUE COUNTY, IOWA Median Household Income



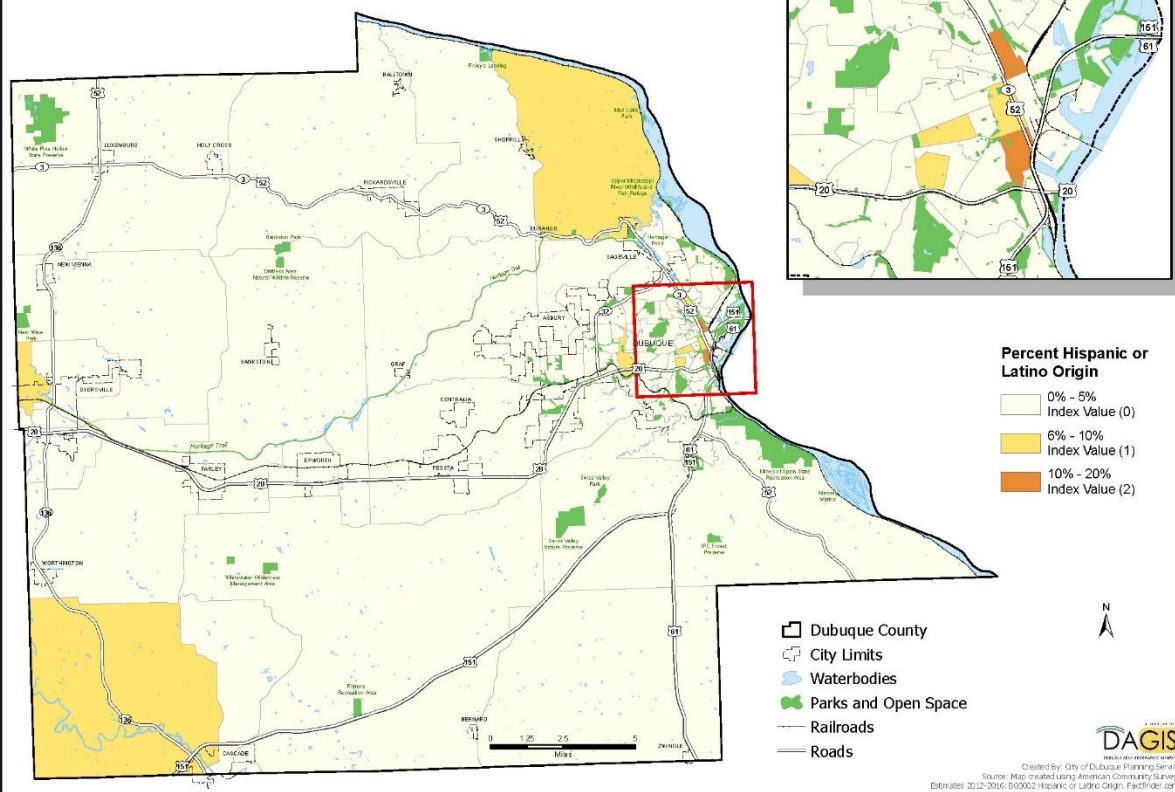
DUBUQUE COUNTY, IOWA Population Demographics



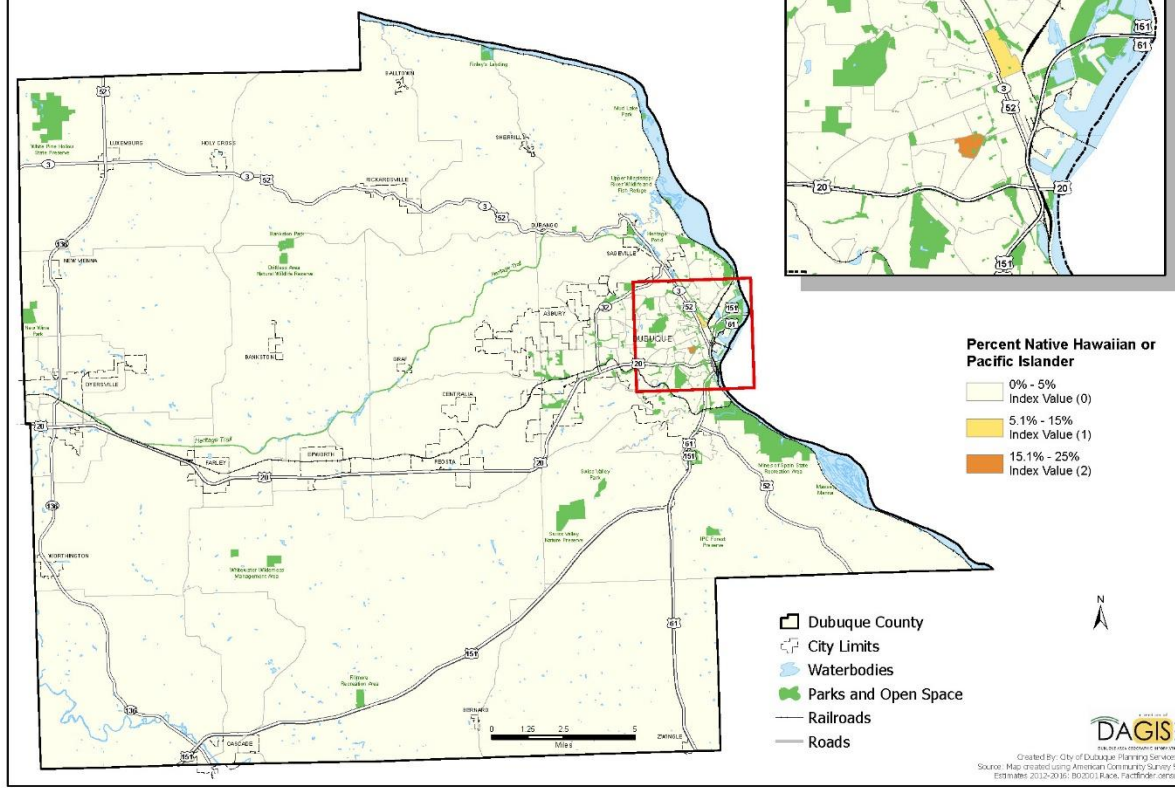
DUBUQUE COUNTY, IOWA Population Demographics



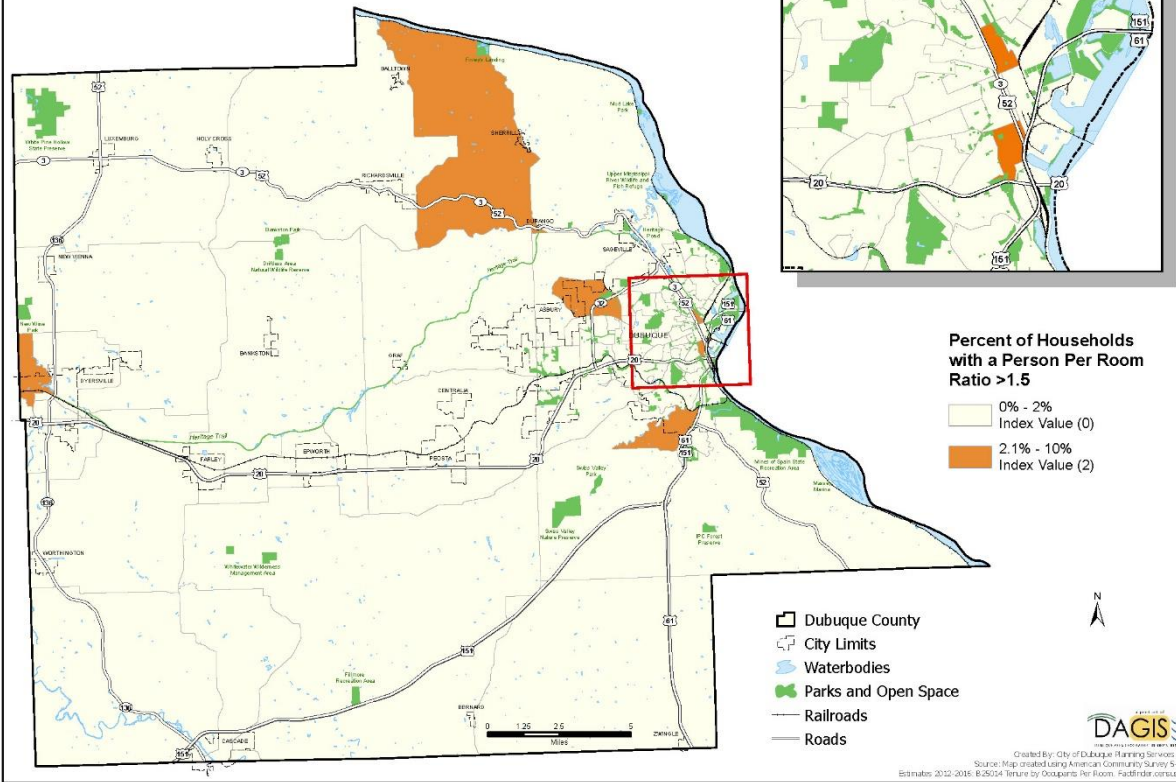
DUBUQUE COUNTY, IOWA Population Demographics



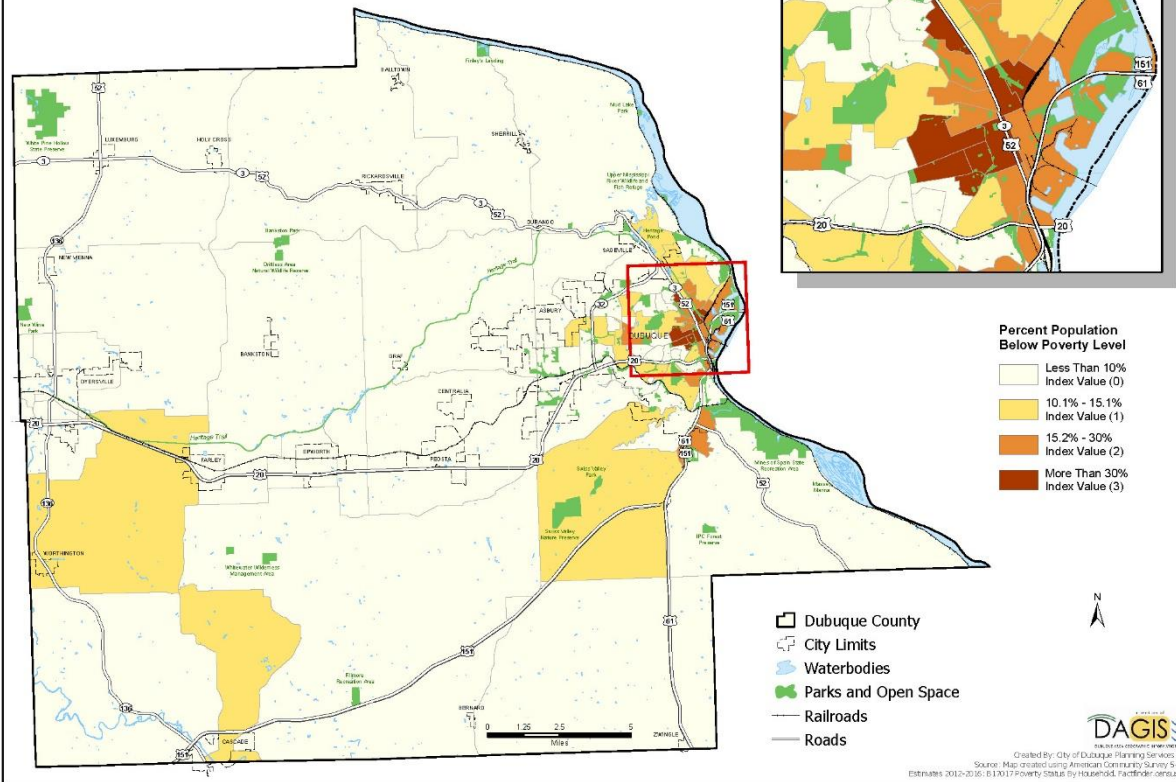
DUBUQUE COUNTY, IOWA Population Demographics



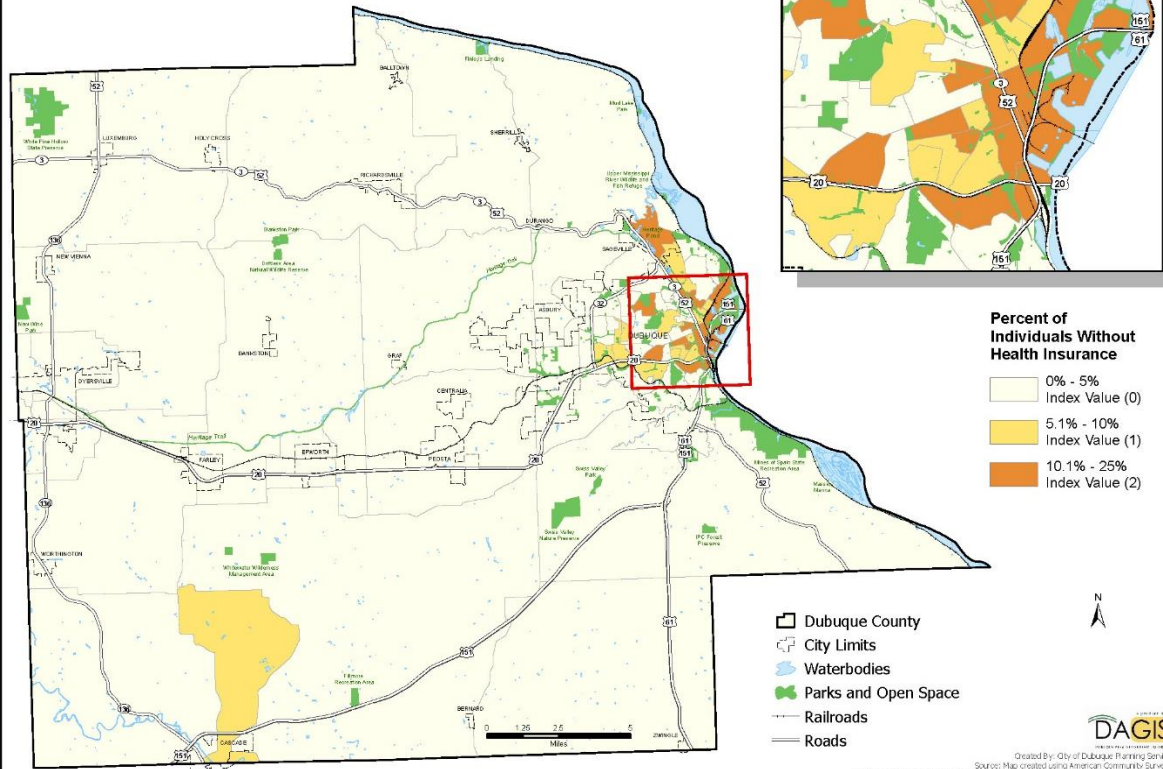
DUBUQUE COUNTY, IOWA Overcrowded Housing



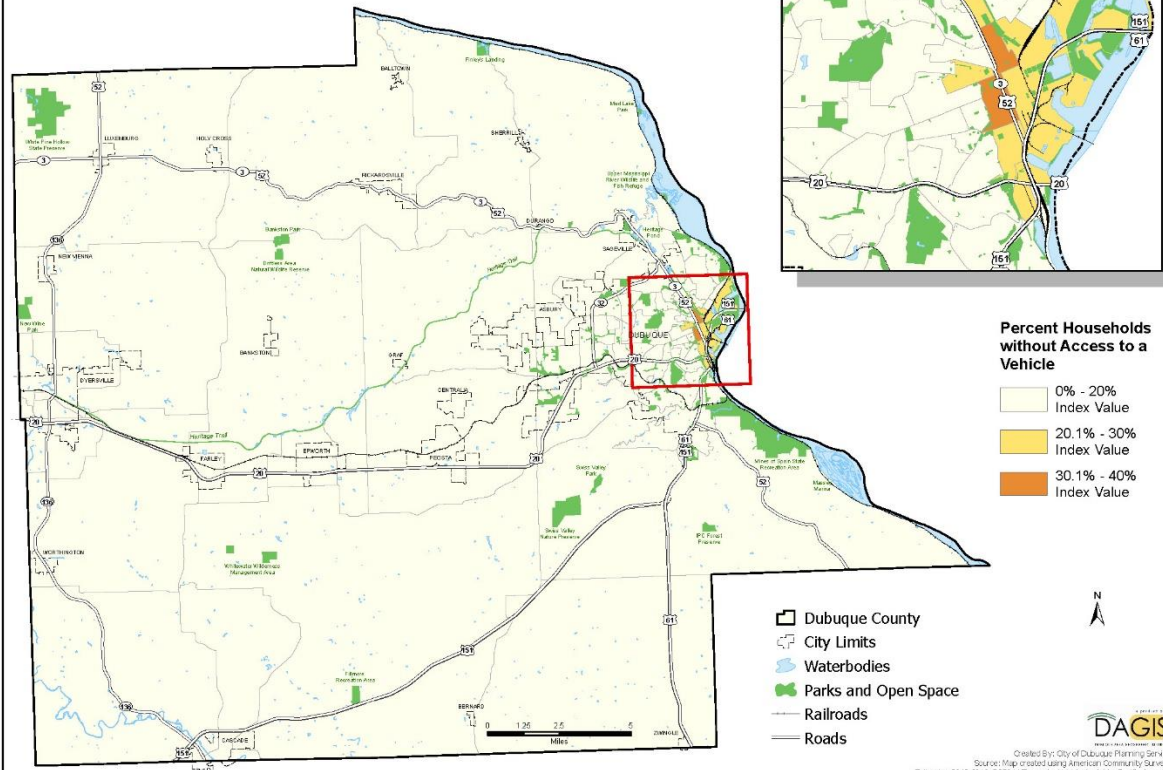
DUBUQUE COUNTY, IOWA Household Poverty Status



DUBUQUE COUNTY, IOWA
No Health Insurance

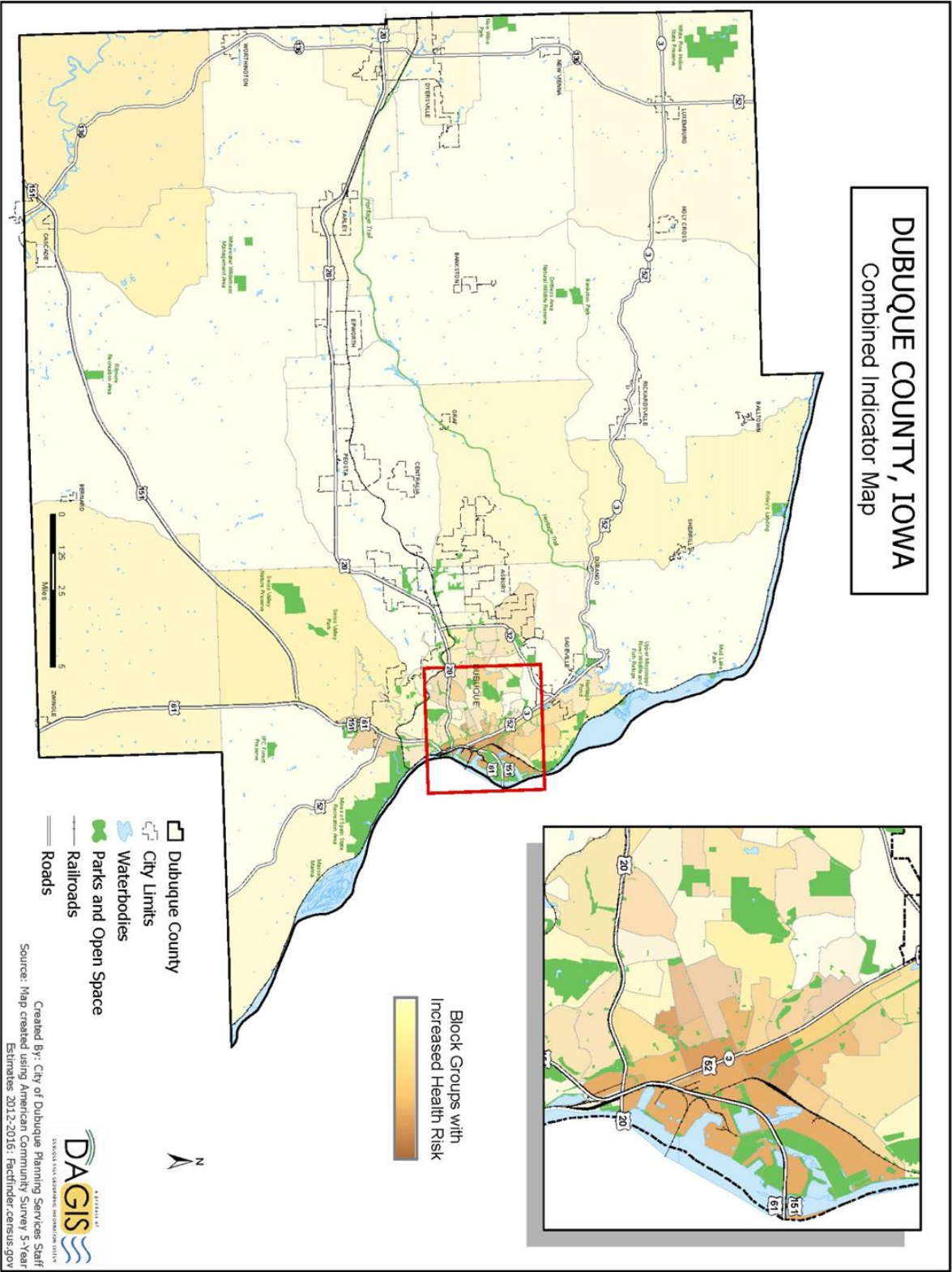


DUBUQUE COUNTY, IOWA
Vehicle Access



DUBUQUE COUNTY, IOWA

Combined Indicator Map



TASK FORCE REPORTS

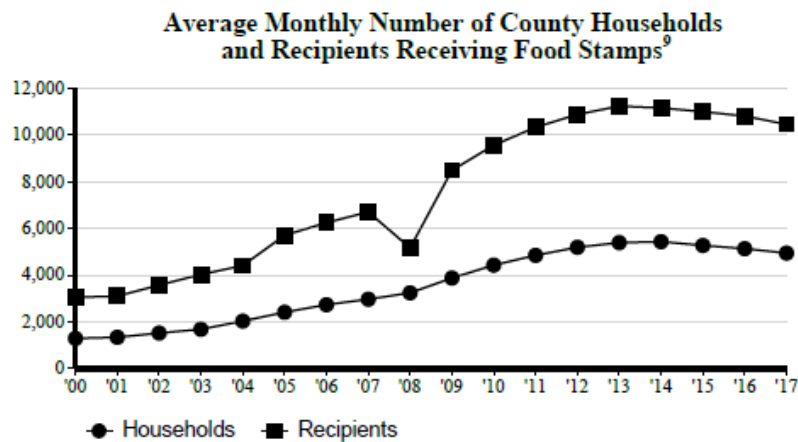
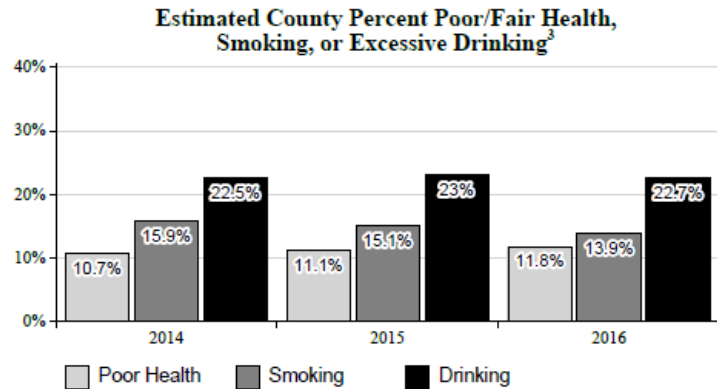
HEALTHY BEHAVIORS AND LIFESTYLES

Data and other information used in the assessment

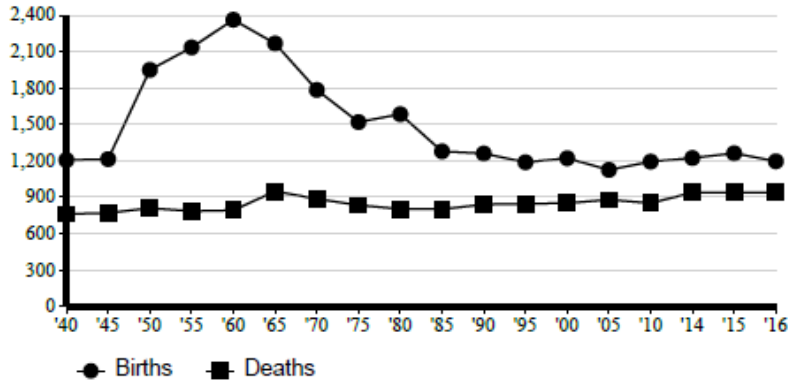
**Dubuque County and Iowa Health Data from County Health Rankings

([https://research.hs.iastate.edu/uturn/.](https://research.hs.iastate.edu/uturn/))

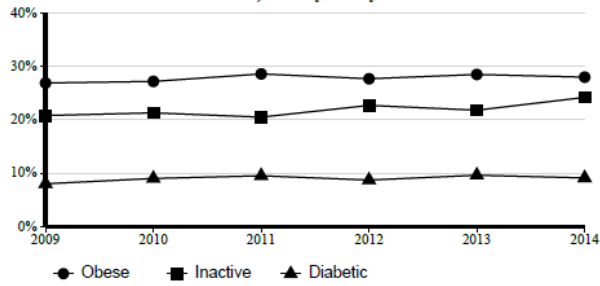
Major findings:



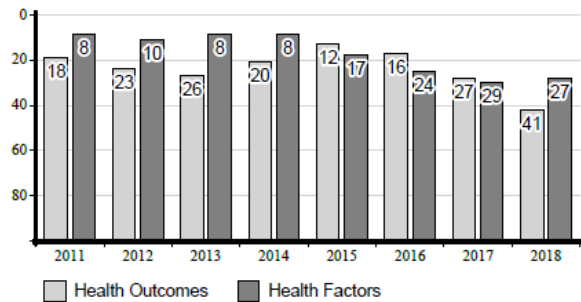
Number of County Births and Deaths⁴



Estimated County Percent Obese, Diabetic, or Physically Inactive²

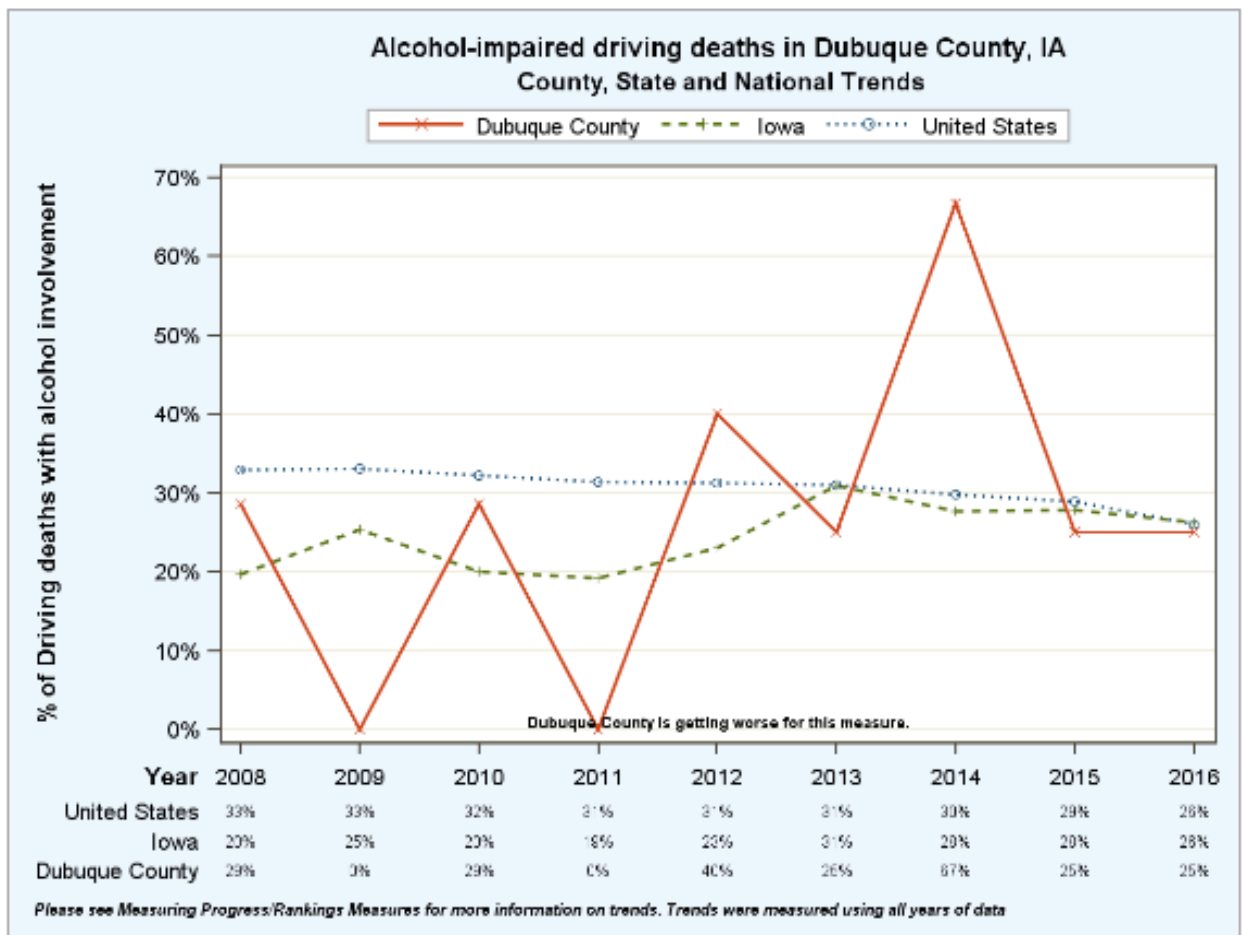


County Health Rankings by Report Year Health Outcomes and Health Factors⁵



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

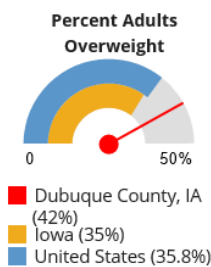
Health Data ^{1,2,3}	County	State
Health Outcomes Rank (2018)	41/99	NA
Health Factors Rank (2018)	27/99	NA
Obesity (2014)	28.0%	31.8%
Diabetic (2014)	9.1%	9.5%
Inactivity (2014)	24.2%	24.7%
Poor Health (2016)	11.8%	13.1%
Smoking (2016)	13.9%	16.7%
Excessive Drinking (2016)	22.7%	22.1%



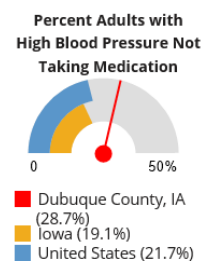
**Dubuque County Health Portrait 2017, from Community Commons (communitycommons.org/chna).

Major findings:

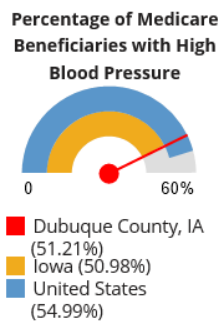
- 42% of Dubuque County Adults are reported overweight compared to 35% for Iowa.



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



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

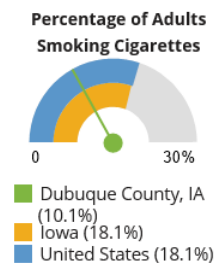


- 77.4% Dubuque County female Medicare enrollees with mammogram in past 2 years compared to 68.5% for the statewide average.

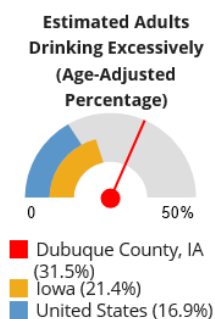
- 82.6% Dubuque County adult females, age 18+, with regular pap test (age-adjusted) compared to 79.5% for the statewide average.

- 69.4% Dubuque County adults, age adjusted screened for colon cancer compared to the statewide average of 60%.

- 10.1% of adults in Dubuque County smoke cigarettes, compared to 18.1% for Iowa.



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



**Iowa Community Partnerships for Tobacco Prevention

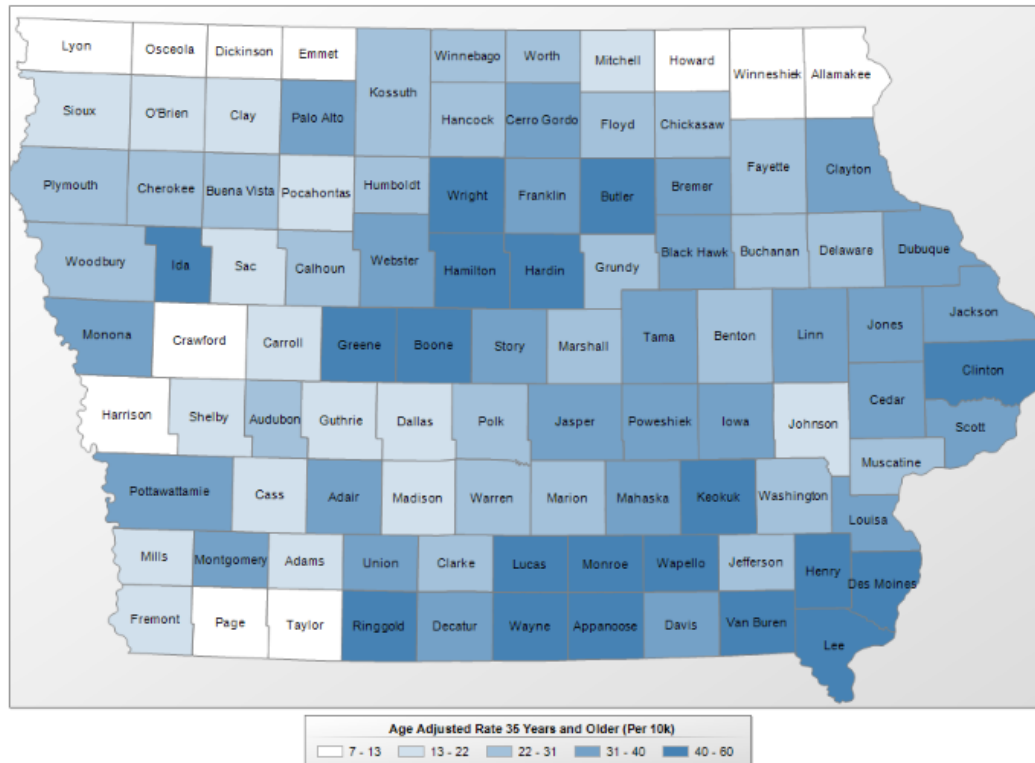
(https://idph.iowa.gov/Portals/1/userfiles/115/surveillance%2C%20evaluation%20and%20statistics/fy%2018%20county%20snapshots/iowaCP_1HillCrestFS_v3.pdf)

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

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

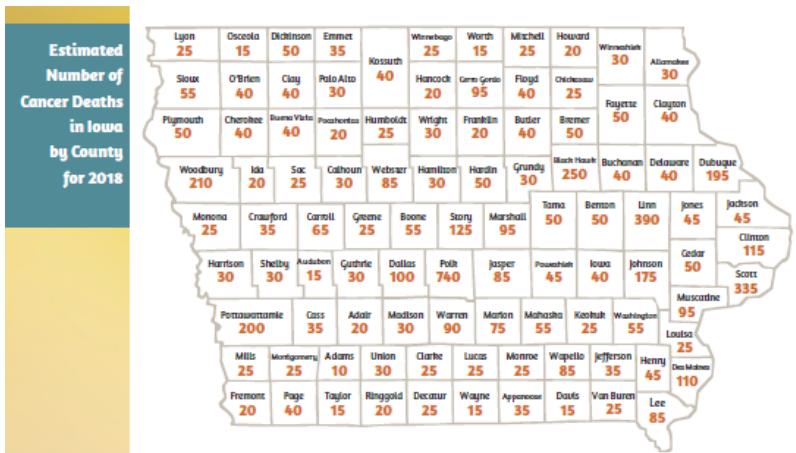
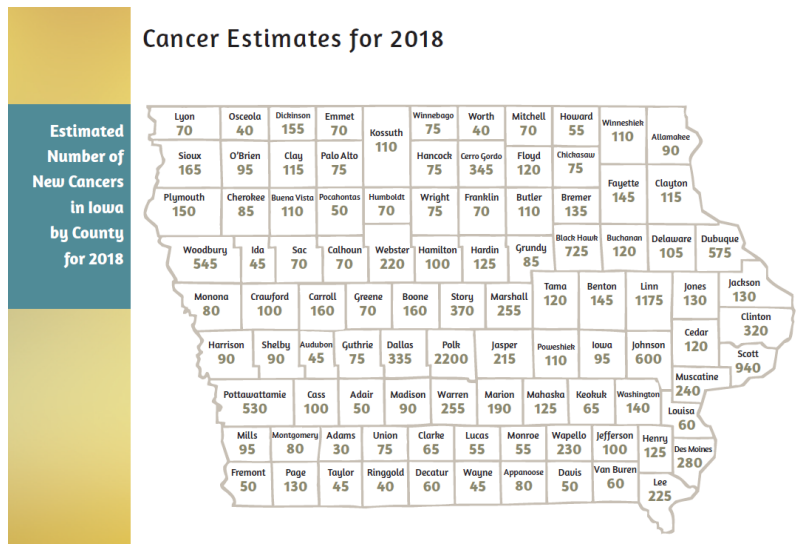
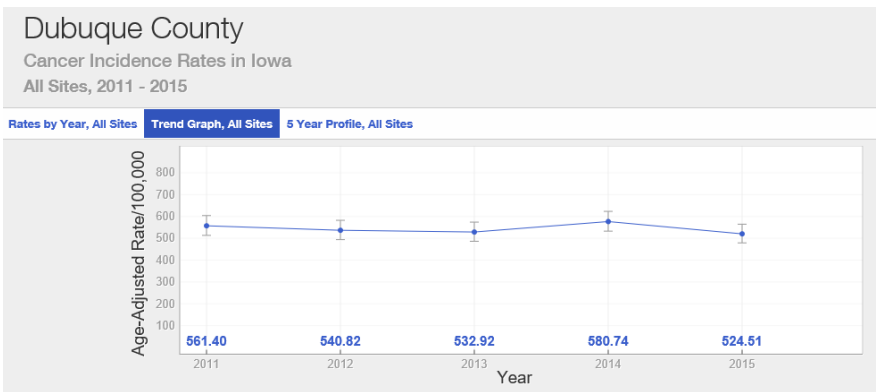
Major Findings:

Age adjusted heart attacks per 10,000 population.



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

**2017 Cancer In Iowa, University of Iowa College of Public Health (<http://www.public-health.uiowa.edu/shri/wp-content/uploads/2018/03/W31750-V2-proof-002.pdf>)



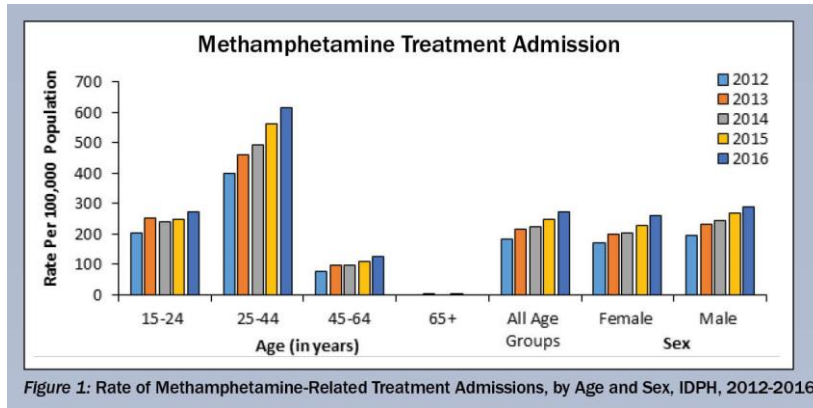


Figure 1: Rate of Methamphetamine-Related Treatment Admissions, by Age and Sex, IDPH, 2012-2016

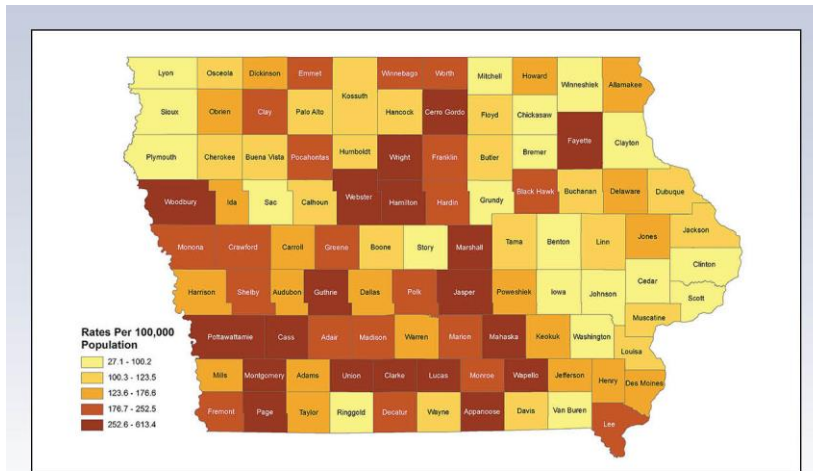


Figure 2: Average Annual Rate of Methamphetamine-Related Treatment Admissions, Iowa, IDPH, 2012-2016

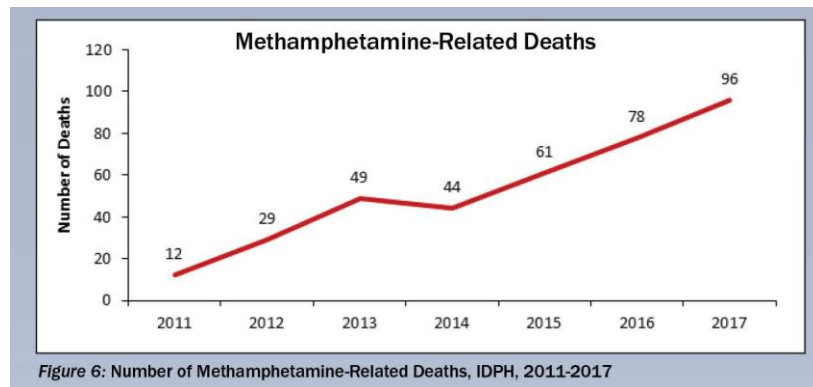


Figure 6: Number of Methamphetamine-Related Deaths, IDPH, 2011-2017

Dubuque Community Survey Top Results (Found on page 53):

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

HEALTHY BEHAVIORS AND LIFESTYLES - SWOT ANALYSIS

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

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

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

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

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

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

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

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

- Higher percentage of adults not taking blood pressure meds when needed
- Percentage of alcohol consumption
- Alcohol related driving deaths
- Physical inactivity
- Opioid and methamphetamine use and abuse
- Stigma

HEALTHY BEHAVIORS AND LIFESTYLES - HIP

2019-2021

BRIEF DESCRIPTION OF NEED:

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

GOAL:

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

OBJECTIVE:

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

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

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

ANTICIPATED IMPACT OF THESE ACTIONS:

Decline in overweight population and chronic disease incidence.

PLAN TO EVALUATE THE IMPACT:

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

HEALTHY BEHAVIORS AND LIFESTYLES- Health Improvement Plan 2019-2021

BRIEF DESCRIPTION OF NEED:

28% of driving deaths involved alcohol impairment.
31.5% age-adjusted estimated adult excessive drinking compared to the Iowa average of 21.4%.
16 total opioid overdose and opioid related deaths in 2016 in Dubuque County.
15% increase in methamphetamine treatment admissions in Dubuque from 2013-2017. (SASC)
38% increase in methamphetamine treatment admissions over the past four years in Iowa.
Drug Submissions (in grams) to Iowa Division of Criminal Investigation Lab 2016-2018 during the first six months of recent years:
1.8% increase marijuana
4.5% increase methamphetamine
1% increase cocaine
4.6% increase heroin
5% increase fentanyl
15% increase heroin/fentanyl mix
16% increase fentanyl/other
Heroin and Opiates Overdoses/Deaths 2016-2018:
2016: 28/9
2017: 22/8
2018 (through July 2018): 19/3

GOAL:

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

OBJECTIVE:

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

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

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

ANTICIPATED IMPACT OF THESE ACTIONS:

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

PLAN TO EVALUATE THE IMPACT:

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

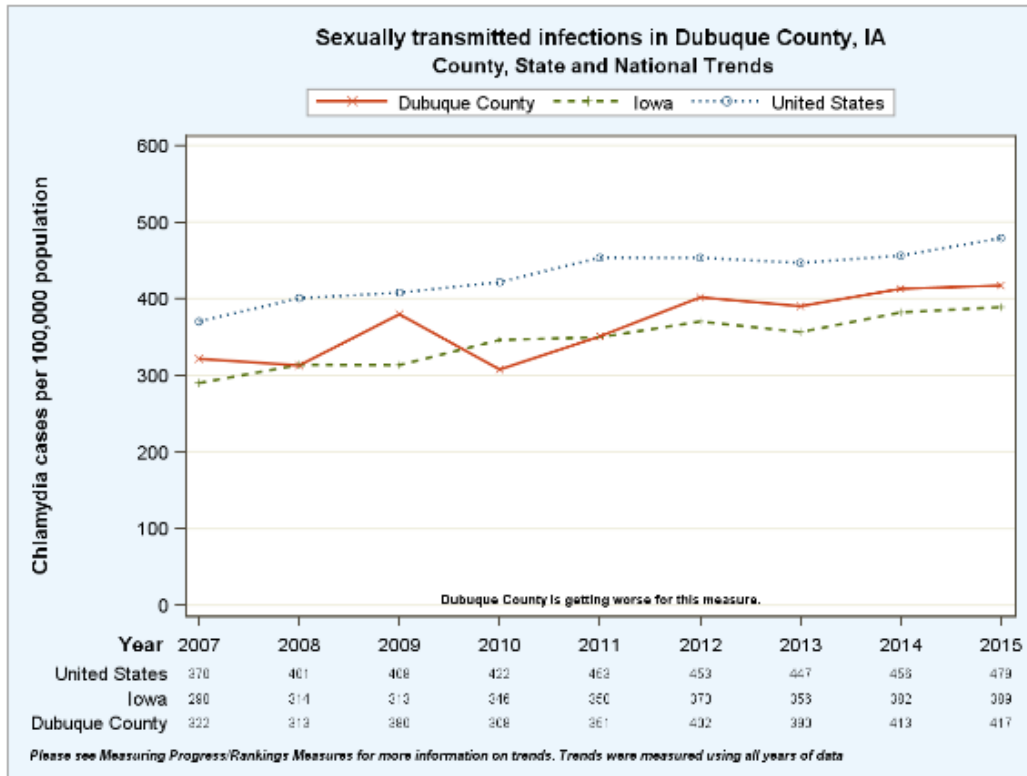
DISEASE INFECTION CONTROL

Data and other information used in the assessment

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

Major Findings:

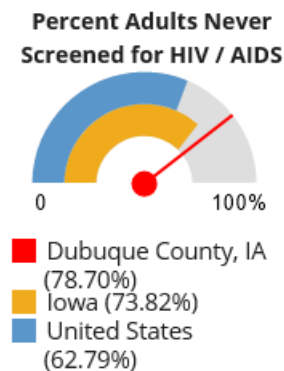
- The sexually transmitted infection rate (417.1) is higher than the statewide rate (388.9).



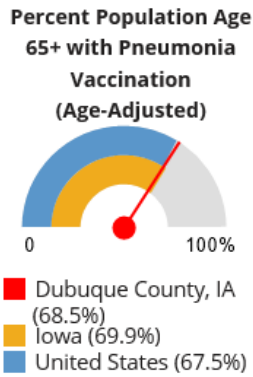
**Dubuque County Health Portrait 2017, from Community Commons (communitycommons.org/chna).

Major Findings:

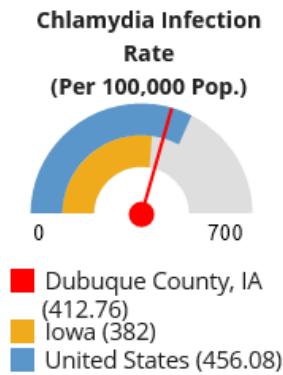
- Percent of adults never screened for HIV/AIDS is higher (78.7%) than the Iowa average (73.82%).



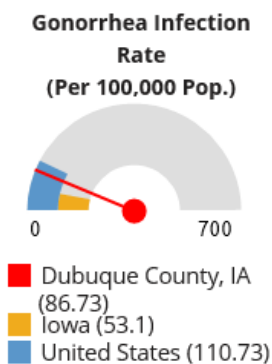
- Dubuque County age-adjusted percent of population age 65+ with pneumonia vaccination (68.5%) is slightly below the Iowa average (69.9%).



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

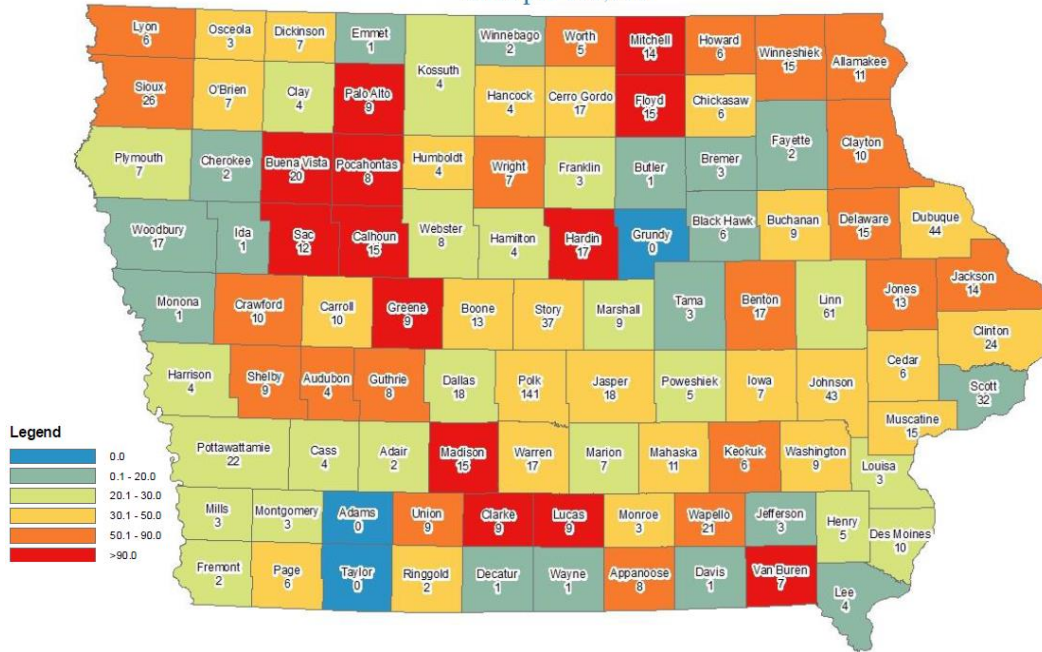


- Gonorrhea infection rate per 100,000 pop. in Dubuque County (86.73) is higher than the statewide average (53.1).

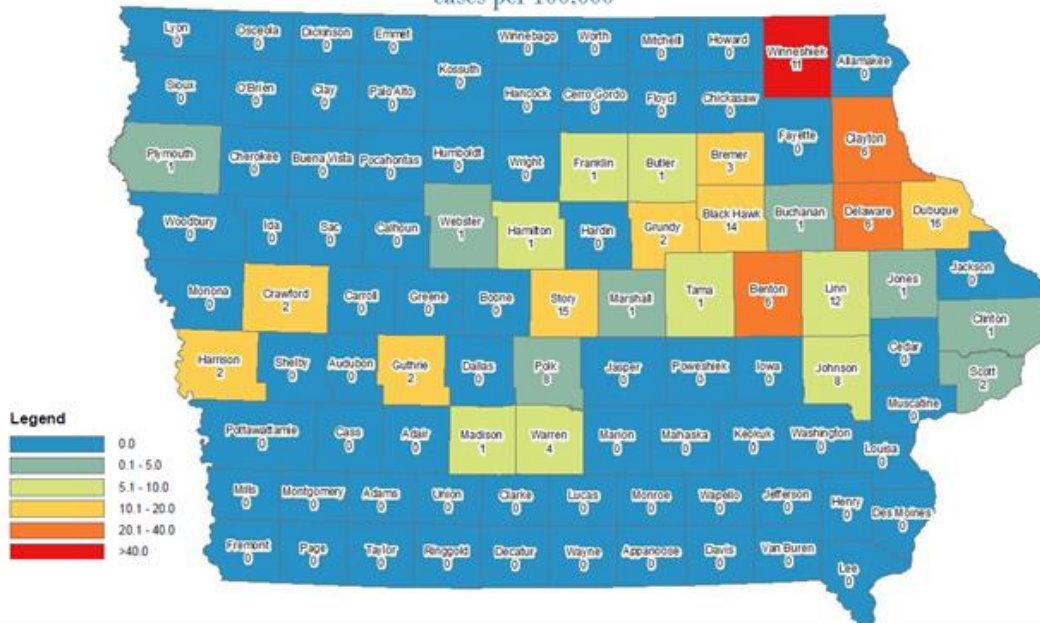


Major Findings:

12 Month county rates of campylobacteriosis cases per 100,000



12 Month county rates of mumps cases per 100,000



Survey Top Results:

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

DISEASE INFECTION CONTROL - SWOT ANALYSIS

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

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

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

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

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

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

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

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

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

DISEASE INFECTION CONTROL - HIP

2019-2021

BRIEF DESCRIPTION OF NEED:

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

GOAL:

Increase the number of HIV tests to county residents.

OBJECTIVE:

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

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

- HIV Prevention grantees will increase community test sites by three sites.
- Grantees will increase partnerships with social organizations to offer prevention strategies/additional testing.
- Promote CDC "Know Your Status" and "Undetectable=Untransmittable".
- Information will be given to private physician offices to offer opt out testing to all patients receiving preventative exams.

ANTICIPATED IMPACT OF THESE ACTIONS:

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

PLAN TO EVALUATE THE IMPACT:

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

OBJECTIVE:

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

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

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

ANTICIPATED IMPACT OF THESE ACTIONS:

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

PLAN TO EVALUATE THE IMPACT:

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

DISEASE INFECTION CONTROL - HEALTH IMPROVEMENT PLAN
2019-2021

BRIEF DESCRIPTION OF NEED:

Over the last three years numbers related to influenza have increased as shown:

State of Iowa reports **2015-2016:**

- *46 Influenza-associated mortalities all ages
- *353 Influenza-associated hospitalizations
- *7 Influenza-associated Long-Term Care Outbreaks Investigated
- *3688 positive results for non-influenza respiratory virus

State of Iowa reports **2016-2017:**

- *135 Influenza-associated mortalities all ages
- *1078 Influenza-associated hospitalizations
- *57 Influenza-associated Long-Term Care Outbreaks Investigated
- *5773 positive results for non-influenza respiratory virus

State of Iowa reports **October 2017 to March 2018:**

- *244 Influenza-associated mortalities all ages
- *5293 Influenza-associated hospitalizations
- *83 Influenza-associated Long-Term Care Outbreaks Investigated
- *8299 positive results for non-influenza respiratory virus

GOAL:

Increase the availability of influenza vaccination sites to county residents.

OBJECTIVE:

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

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

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

ANTICIPATED IMPACT OF THESE ACTIONS:

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

PLAN TO EVALUATE THE IMPACT:

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

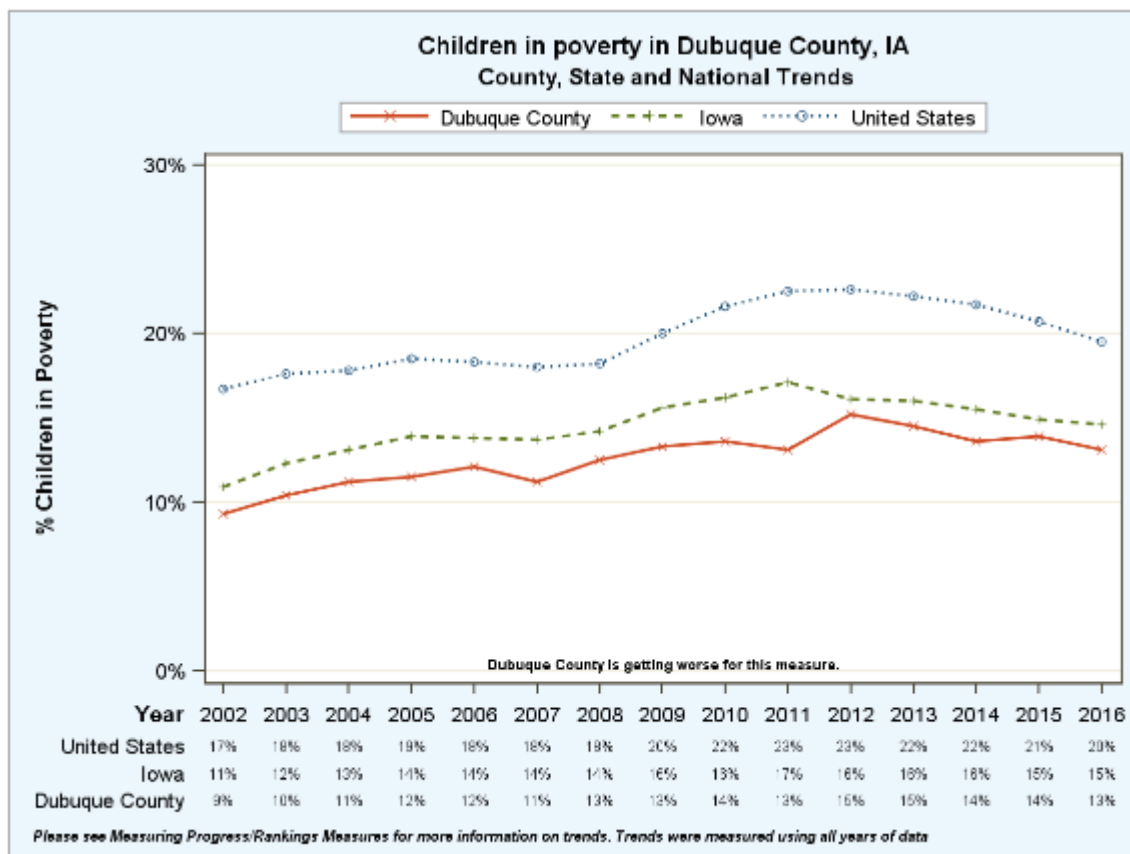
HEALTHCARE ACCESS

Data and other information used in the assessment

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

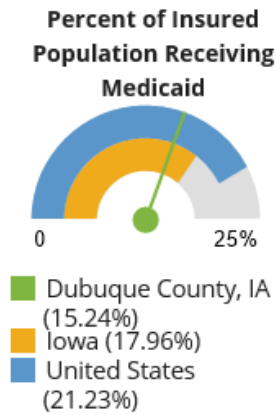
Major Findings:

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

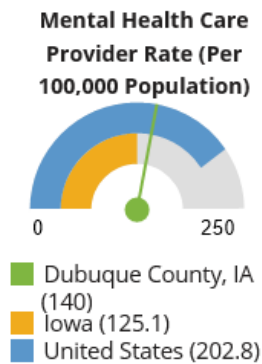


Major Findings:

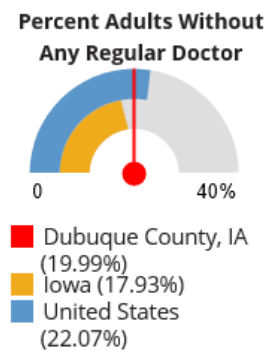
- Dubuque County has a lower percentage of the insured population receiving Medicaid (15.24%) than the Iowa average (17.96%)



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

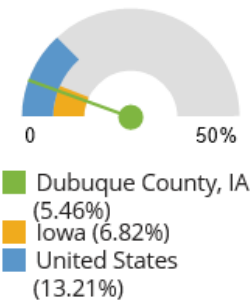


- 19.99% of Dubuque County adults are without a regular doctor compared to 17.93% in Iowa.



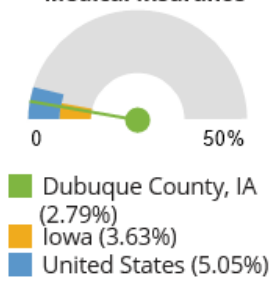
- Dubuque County has a lower percentage of uninsured population (5.46%) than the Iowa average (6.82%)

Percent Population Age 18-64 Without Medical Insurance



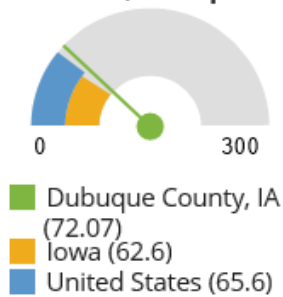
- Dubuque County has a lower percentage of uninsured population under 19 years old (2.79%) than the Iowa average (3.63%).

Percent Population Under Age 19 Without Medical Insurance



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

Dentists, Rate per 100,000 Pop.



**Dubuque Emergency Department Volumes

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

Survey Top Results:

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

HEALTHCARE ACCESS - SWOT ANALYSIS

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

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

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

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

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

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

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

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

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

HEALTHCARE ACCESS - HIP

2019-2021

BRIEF DESCRIPTION OF NEED:

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

GOAL:

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

OBJECTIVE:

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

ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:

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

ANTICIPATED IMPACT OF THESE ACTIONS:

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

PLAN TO EVALUATE THE IMPACT:

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

HEALTHCARE ACCESS - HEALTH IMPROVEMENT PLAN 2019-2021

<p>BRIEF DESCRIPTION OF NEED:</p> <p>Lack of primary and specialty providers, access to care, access to primary care, elder care resources, and access to dental and mental health services are continually a basis for concern in our community. Lack of information and data prevents us from evaluating services that we have in place and services that are needed.</p>
<p>GOAL:</p> <p>Establish the Dubuque County Health Care Access Coalition to provide on-going monitoring of health care access challenges and to identify and employ strategies to improve health care access, navigation and health literacy in Dubuque County.</p>
<p>OBJECTIVE:</p> <p>Increase navigation in care coordination, health literacy, appropriate services and health care professionals. Provide education and resources for all community members on how to utilize and access the health care system, especially in the presence of a serious diagnosis.</p>
<p>ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ul style="list-style-type: none"> • Collect information across the County to develop a database that shows resources and services available, providers, access to care to be used now and in the future • Encourage expansion of care coordinators/navigators, health literacy and education programs, and development of resources and services for healthcare professionals and consumers. • Build/develop trusting relationships between providers, patients and family members to create advanced care planning, good use of physician time and access appropriate services and education regarding the diagnosis and needs of the patient • Create and expand palliative care resources in the community
<p>ANTICIPATED IMPACT OF THESE ACTIONS:</p> <ul style="list-style-type: none"> • Established an active communication between providers, community agencies and businesses. • Data collected with a baseline and year to year data to show improvement and barriers. • Increased access to health care services and providers.
<p>PLAN TO EVALUATE THE IMPACT:</p> <ul style="list-style-type: none"> • Increased expansion of care coordinators/navigators, health literacy and education programs and development of resources and services for healthcare professionals and consumers. • Build/develop trusting relationships between providers, patient and family members to create advanced care planning, proper use of physician time and access to appropriate services and education regarding the diagnosis and needs of the patient. • Increased number of palliative care resources in the community.

**HEALTHCARE ACCESS- HEALTH IMPROVEMENT PLAN
2019-2021**

<p>BRIEF DESCRIPTION OF NEED:</p> <p>Lack of primary and specialty providers, access to care, access to primary care, elder care resources, and access to dental and mental health services are continually a basis for concern in our community. Lack of information and data prevents us from evaluating services that we have in place and services that are needed.</p>
<p>GOAL:</p> <p>To educate and increase awareness of regular preventive oral health care and the importance of accessing and establishing a dental home.</p>
<p>OBJECTIVE:</p> <p>Increase oral health care utilization.</p>
<p>ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ul style="list-style-type: none">• Promote regular oral care across lifespan• Educate the community regarding the oral health link to general health• Promote care coordination for dental services• Assist and educate persons about obtaining dental insurance and accessing service providers
<p>ANTICIPATED IMPACT OF THESE ACTIONS:</p> <ul style="list-style-type: none">• Greater utilization of oral health services• Lower the incidence of decay• Reduced number of emergency department visits for oral conditions• Increased early childhood oral health screenings
<p>PLAN TO EVALUATE THE IMPACT:</p> <ul style="list-style-type: none">• Reduction in emergency room visits for dental treatment.• Increased number of oral health screenings.

ENVIRONMENTAL HEALTH

Data and other information used in the assessment.

**Dubuque County and Iowa Health Data from County Health Rankings (countyhealthrankings.org), for each year 2013 through 2017.

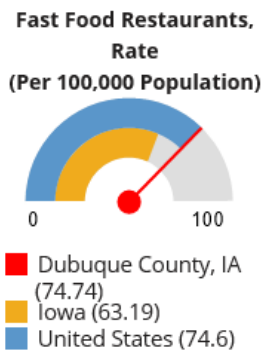
Major Findings:

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

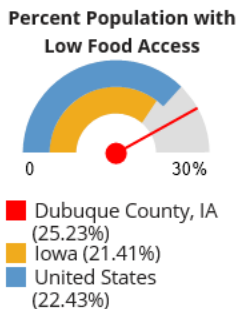
**Dubuque County Health Portrait 2017, from Community Commons (communitycommons.org/chna).

Major Findings:

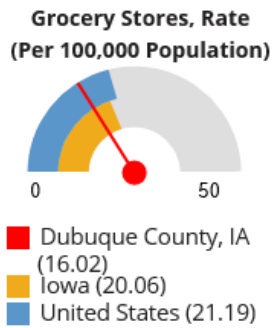
- Dubuque County (74.74) has a higher percentage of fast food establishments per 100,000 population than the state average (63.19).



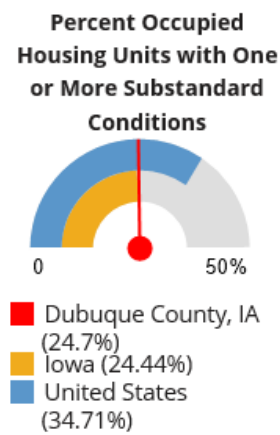
- Dubuque County (25.23) has a higher percentage of population with low food access than the statewide average (21.41%).



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



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



** Dubuque Farmers' Market (DFM):

In 2016, DFM attracted the Double Up Food Buck (DUFEB) program for SNAP recipients by providing \$1:1 match to purchase fresh fruits and vegetables at the market. The DUFEB voucher redemption increased by 24% from 2016-17.

2015

SNAP: \$3,784

2016

SNAP: \$7,120

DUFEB: \$4,100

Total: \$11,220

2017

SNAP: \$7,121

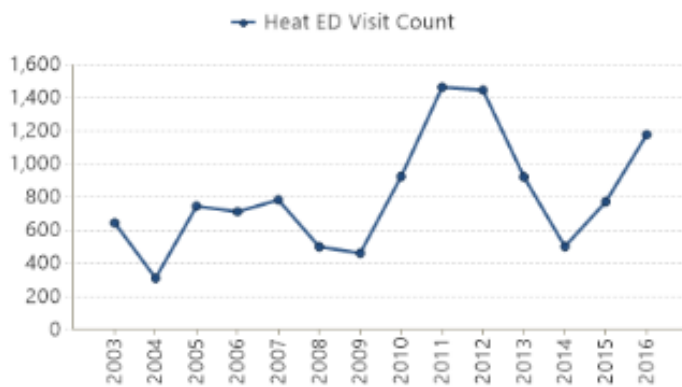
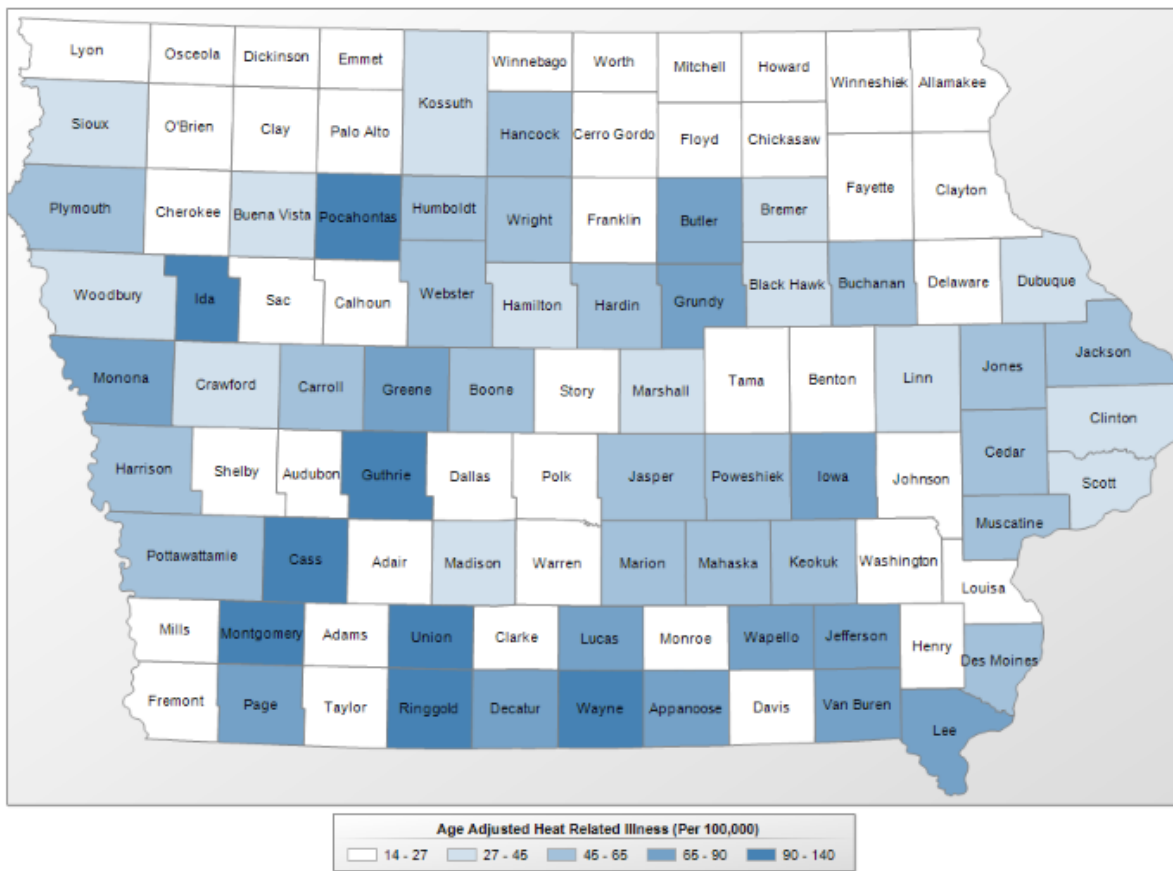
DUFEB: \$5,407

Total: \$12,528

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

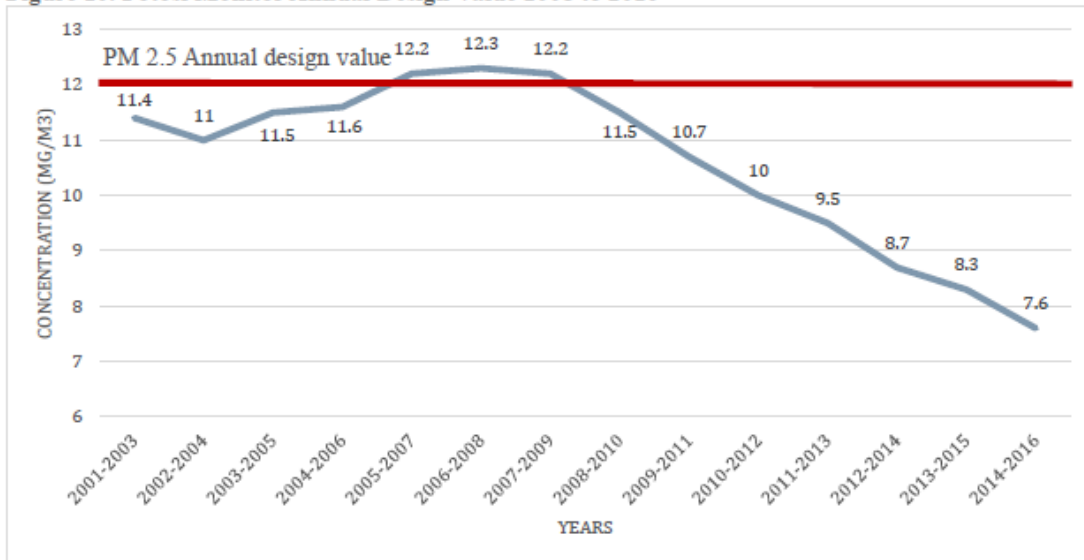
Major Findings:

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



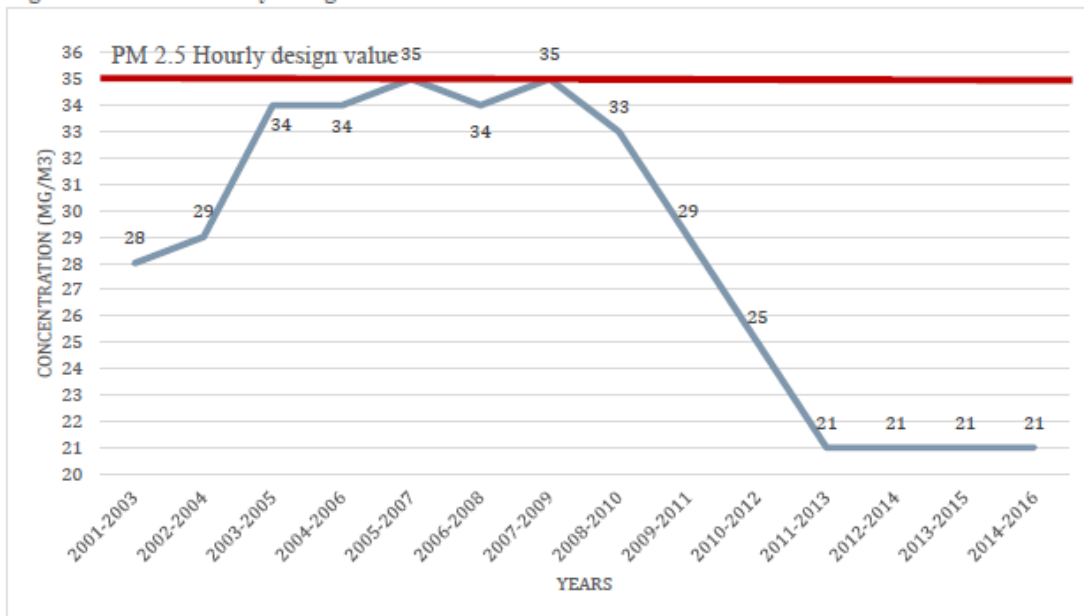
**Air Quality – Potosi Monitor

Figure 10. Potosi Monitor Annual Design Value 2008 to 2016



Source: Wisconsin DNR

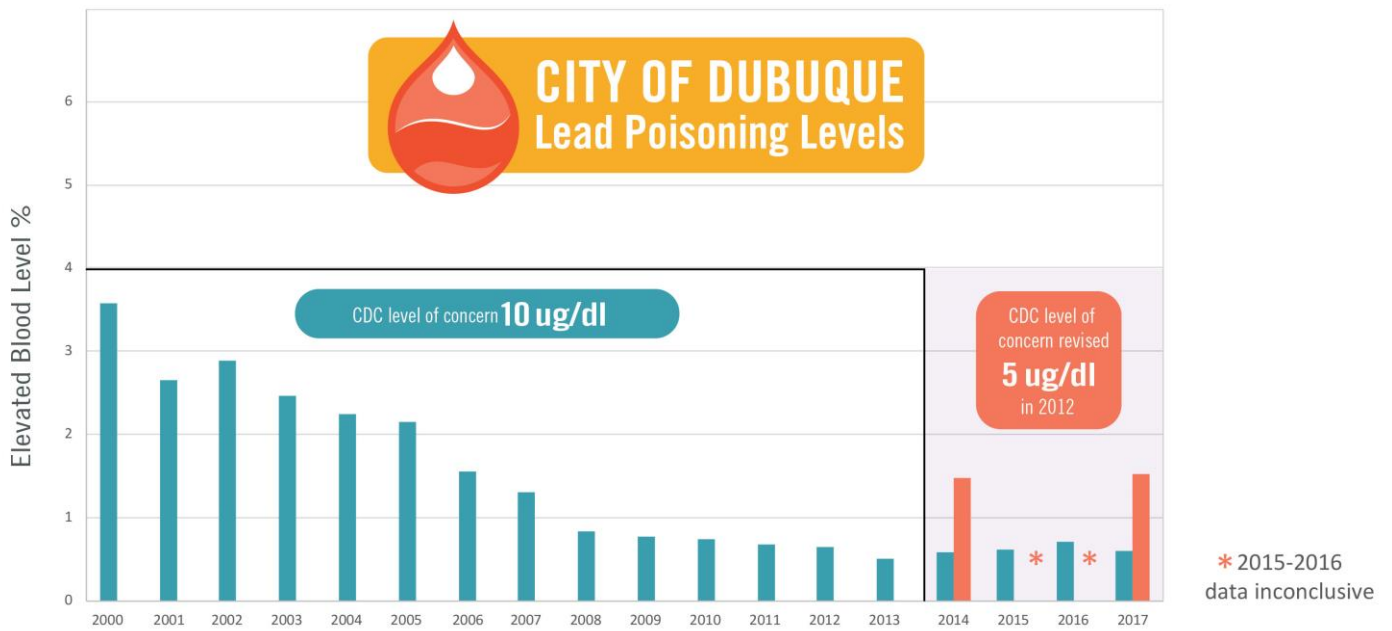
Figure 11. Potosi Hourly Design Value 2008 to 2016



Source: Wisconsin DNR

Survey Top Results:

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



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

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

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

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

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

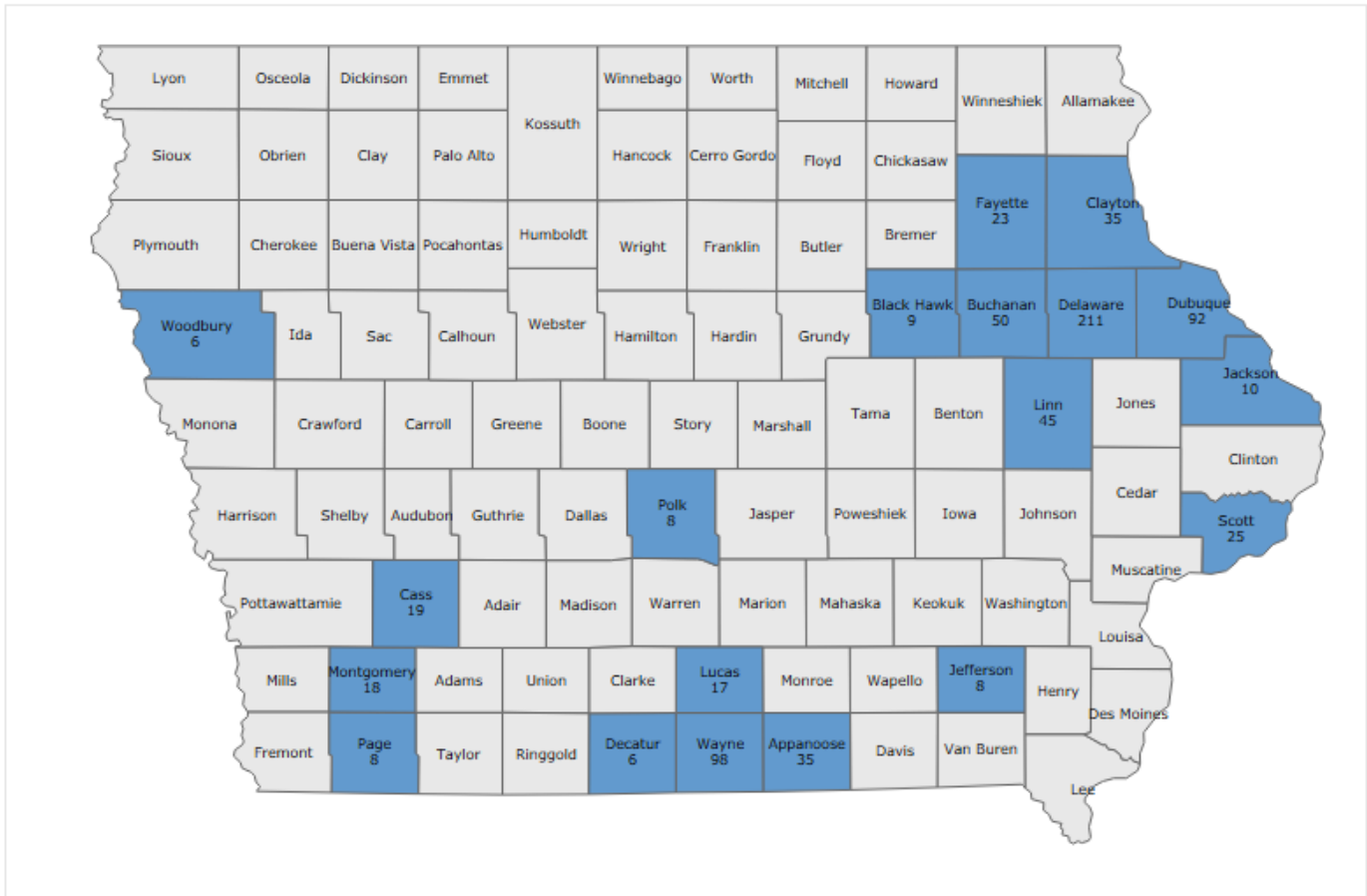
Blood Lead Level	Confirmed	Unconfirmed
0 to < 5	20.24%	76.30%
5 to < 10	0.70%	2.01%
>= 10	0.44%	0.31%

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

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

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

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



State of Iowa Annual Blood Lead Testing Persons 6 Years and Older - 2017

	6 to 16 Years	Adult
Persons Tested	2,072	3,887
Persons with Confirmed Elevated BLL	26	775

ENVIRONMENTAL HEALTH - SWOT ANALYSIS

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

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

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

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

- Surface water- higher phosphorus levels than state
- Iowa not lowering blood lead level standard to 5 mg/dL
- Different standards (hard to enforce, confusing) for HUD, IDPH, and CDC
- Smoking in public spaces- Casinos and outdoor events/spaces in the City of Dubuque
- 4,000+ lead water service lines (City of Dubuque Water Plant adjusts H₂O chemistry to prevent corrosion)
- What to do with glass? (Not recycling locally)
- Lack of staff at Dubuque County Health Department for water testing/grants to counties leaving money unspent
- Pediculosis increasing
- Bankston and Graf Water and waste water Infrastructure
- Opportunities
- HUD Resiliency funds and creating healthy, resilient homes

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

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

- HUD Resiliency funds and creating healthy, resilient homes
- Cost Share Program for Catfish Creek (water quality)
- Time of Transfer Law for private sewage disposal systems
- Well rehabilitation/ Grants to counties for well/water testing
- Integrated Pest Management (IPM) System in City and 9 pesticide-free parks
- Garbage/recycling bins in public areas (parks in county) drop off sites in county
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- CO monitoring – State requirements for landlords
- Grants for traffic signals, roundabout, Public Works vehicles (to address air quality PM 2.5 levels)

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

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

- Arsenic in drinking water- State Hygienic Lab (SHL)
- Radon levels in Iowa and Dubuque above EPA action levels
- Air B&B, Vacation Rental by Owner (VRBO) these refer to private temporary housing/rental- no regulations, safety etc.
- Arbovirus and Zika transmission, mosquitoes migrating North
<https://idph.iowa.gov/cade/vectorborne-illness>

ENVIRONMENTAL HEALTH - HIP

2019-2021

BRIEF DESCRIPTION OF NEED: Water quality refers to drinking water and ground water, the effects of substandard sewage systems, testing of rural sewage systems, and utilization of public sewage systems along with meeting or exceeding and maintaining drinking water quality based on federal guidelines and requirements.
GOAL: Assure water quality that meets or exceeds state and federal guidelines and requirements.
OBJECTIVE: Provide compliant sewage treatment to unsewered communities.
ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED: <ul style="list-style-type: none">• Develop Survey Tool to assess the condition of Dubuque County Resident’s sewage systems and infrastructure• Begin tracking communities installing compliant sewer systems as part of the Survey Tool• Educate citizens on the adverse health effects and the environmental impacts of improperly treated wastewater and the importance of proper wastewater treatment• Identify and promote funding sources for repair of individual residences and community sewage treatment systems. Follow the recommendations, support, and promote the Catfish Creek Watershed Management Plan. Open link below to see plan for objectives and action steps. http://www.cityofdubuque.org/DocumentCenter/View/25109
OBJECTIVE: Provide safe drinking water through private water supplies for those not served by public water systems.
ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED: <ul style="list-style-type: none">• Educate on health and environmental impacts of unsafe drinking water through social-media, multi-media, and community events and organizations• Promote well water testing through Grants to Counties Program• Explore funding sources to provide community sewage systems• Promote the availability of the State Hygienic Lab, Dubuque County Health Department, and City of Dubuque certified water testing labs
ANTICIPATED IMPACT OF THESE ACTIONS: <ul style="list-style-type: none">• Increased use of Grants to Counties Program• Increased number of well water tests performed by city and county labs• Increased requests for improved public and private sewage systems• Ongoing education and awareness of personal and environmental health ramifications of unsafe drinking water• Ongoing education and awareness on the importance of water testing in rural areas• Ongoing education and awareness on the role ground water and
PLAN TO EVALUATE THE IMPACT: <ul style="list-style-type: none">• Compare to baseline of well water tests at Dubuque County Health Department and City of Dubuque lab• Compare to baseline of private sewage system permits for new construction and repairs/upgrades• Compare to baseline utilization of Grants to Counties funding within Dubuque County

ENVIRONMENTAL HEALTH - HEALTH IMPROVEMENT PLAN 2019-2021

<p>BRIEF DESCRIPTION OF NEED:</p> <p>The Healthy Neighborhood need refers to healthy homes, the use of pesticides and nutrients, soil health, illegal dumping of refuse/hazardous material/waste, complete streets, and access to physical activity and alternative forms of transportation. Healthy Homes needs identified by the City of Dubuque Lead and Healthy Homes Programs include: lead based paint in predominately old housing stock, moisture issues due to improper ventilation and water intrusion from flooding, pesticide use, radon, carbon monoxide, and general safety issues. County-wide childhood lead poisoning data is above state and national averages caused primarily by lead-based paint in older housing stock, and with a concern more recently, of lead water service lines. Other health outcomes affected by residential environmental contaminants include respiratory diseases such as asthma, allergies, injuries, and quality of life issues linked to substandard housing. The community input survey noted Healthy Homes as the top environmental health issue.</p>
<p>GOAL:</p> <p>Encourage Healthy Neighborhoods through environmental changes and sustainable practices that promote physical activity and reduced exposure to environmental health risks</p>
<p>OBJECTIVE:</p> <p>Facilitate alternative forms of transportation that support physical activity</p>
<p>ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ul style="list-style-type: none"> • Trail connectivity Bicycle safety and accessibility • Utilize the City’s comprehensive plan for Complete Streets, including the Tri-State Biking/Walking Plan and the Dubuque Metropolitan Area Transportation Study (DMATS) board and 2045 Long Range Transportation Plan • Continue making improvements to the fixed-route bus service to provide more direct routes, efficient travel options, and valued accessibility for the community
<p>OBJECTIVE:</p> <p>Reduce Environmental Health and Safety Risks in residential dwellings and outdoor public spaces</p>
<p>ACTIONS TO TAKE TO ADDRESS THE HEALTH NEED:</p> <ul style="list-style-type: none"> • Educate on mosquito vector harborage and control and mosquito borne disease prevention i.e. West Nile, Zika virus • Nutrient Soil Health through minimal use of pesticides and insecticides • Promote Integrated Pest Management (IPM) Principals and plans • Support the city of Dubuque IPM and pesticide free parks in the city and county • Promote IPM in schools, work sites, residential homes and institutions • Support the City’s inspection programs as well as the Green and Healthy Homes Initiative • Continue to seek funding for Lead and Healthy Homes programs (HUD, IDPH, etc.)
<p>ANTICIPATED IMPACT OF THESE ACTIONS:</p> <ul style="list-style-type: none"> • Reduction in arbovirus/pest and vector borne disease incidence • Institutions, schools, communities utilizing IPM • Reduced use of pesticides and insecticides / increased number of pesticide free parks and public spaces • Increased bicycle commuting • Increased miles of trails • Public information on mosquito harborage prevention via a variety of media outlets and social media • Timely vector/tick/arbovirus/disease information provided to health care providers • Public information on mosquito bite protection available via a variety of media outlets and social media • Increased radon testing • Increased number of Lead Certified and Lead-Safe Contractors • Reduced childhood elevated blood lead levels

- Partnerships/systems established for linking health care providers treating asthma and lead poisoning to resources in public health/community

PLAN TO EVALUATE THE IMPACT:

- Monitor arboviral/vector borne diseases
- Track institution, school, community use of IPM and their reduced usage of pesticide/insecticide quantity and purchases.
- Track Bike to Work Week participation with Tri-State Trail Vision
- Number of homes made lead safe
- Number of Healthy Homes interventions
- Monitor blood lead level rates using Healthy Homes and Lead Poisoning Surveillance System (HHPSS) to determine trend in reducing childhood elevated blood lead levels in children 1-6 years old.
- Monitor the number of lead certified and lead-safe certified contractors throughout the County

Dubuque County Community Input Survey:

Methods Used to Solicit Input

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

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

Health Department Input

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

Representation of Medically Underserved, Low-Income, and Minority Populations

The steering committee sought and considered the needs, input, and concerns of underrepresented persons and populations throughout this process. Serving on the steering committee, Angela Petsche from Crescent

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

Community Input Survey Results

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

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

The steering committee had two primary goals for the community input survey. First, to identify which community health needs, identified through the data collection process, were of highest priorities to the community to address. Second, we aimed to solicit community input regarding any needs that we had missed that community members believed needed to be addressed in the coming 3-5 years.

The steering committee also had the survey translated into Spanish language to make the

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

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

Question: From the list below, please check THREE behaviors that you think have the greatest impact on overall community health. (Check exactly 3 below)

Answer Choices	Responses	
Drug abuse	63.63%	684
Being overweight	50.05%	538
Poor diet	42.14%	453
Lack of exercise	41.12%	442
Alcohol Abuse	40.09%	431
Tobacco use	20.19%	217
Dropping out of school	16.09%	173
Unprotected sex	11.72%	126
Not getting flu shots or other vaccinations	11.26%	121
Not wearing a helmet	2.33%	25
Not using seat belts	1.40%	15
	Answered	1075

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

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

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

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

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

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

Community Input Survey Results Continued

In addition to the questions with fixed responses, three questions offered free-text

response for comments. One question was retrospective and so is not included here, the other two are summarized below. All responses were categorized as follows:

Question: Please describe any other health needs that were not mentioned in the previous questions that you feel should be addressed in the next 3-5 years in our community. <i>698 responses were received and categorized:</i>			
Category	Count of Response	Category	Count of Response
Mental Health	99	Dental	8
N/A	74	Sexual Health	7
Specialty Care	68	Crescent	7
Access	58	Transportation	6
Substance Abuse	53	Childcare	5
Provider Shortage	36	Obesity	3
Affordability	30	Dyersville	3
Environment	28	Mercy	3
Insurance	26	Pharmacy	2
Cancer	18	Cultural	2
Aging	17	Marijuana	2
Public Safety	17	Individual Responsibility	2
Nutrition	16	Language	2
Political	15	Provider Shortage	1
General	14	Veterans	1
Health Education	13	Pain	1
Children	13	Men's Health	1
Education	13	Pediatrics	1
Exercise	11	Finley	1
Public Health	10	Communication	1
Women's Health	9	Marshall Islands	1
Total: 698			

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

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

CHNA&HIP DRAFT DOCUMENT PUBLIC COMMENTS:

Community Input Sessions

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

Public Comments of Draft CHNA&HIP August 2018

Comment #1:

I m contacting you regarding the Board of Health's CHNA and HIP. First, I want to strongly urge the Board of Health to hold at least one well-publicized public input session in the community prior to finalizing this document. Simply collecting emailed responses is not a sufficient way to engage the public or get the public's input on such important issues. Giving us an opportunity to speak publicly on what we as a community need is a key element of the democratic process. I look forward to attending this public session along with many others.

Relating specifically to the reports, I recommend two things. First in regards to your subcategory of healthy behaviors and lifestyles, the report identifies opioid and meth use and abuse as threats to public health. Harm reduction and needle exchange networks are a proven and effective way of 1) empowering users to overcome their addiction and seek treatment as well as 2) reducing the threat to public safety by reducing accidental-stickings, the repeated use of used needles resulting in the transmission of

Hepatitis C, HIV, and other blood-borne infections.

Second, regarding healthcare access. I agree this is a significant issue in Dubuque county for many reasons. The single-most effective way to expand healthcare access in Dubuque county is to adopt Medicare for All. A robust Medicare for All program would be a single-payer system that is free at the point of service, covers *everyone* residing in the US, and is comprehensive--including dental and vision. I strongly recommend that the Dubuque County Board of Health should adopt Medicare for All and begin advocating for the state-level adoption of a Medicare for All program in order to improve health access and outcomes to all of Iowa's residents.

Comment #2

I am writing to recommend improvements to three sections of the CHNA/HIP draft report, which has been posted to the County Board of Health website.

*(1) With respect to the Healthy Behaviors and Lifestyles category, I urge the Board to recommend material **support** for harm reduction efforts in the community by providing grants for harm reduction networks. Harm reduction has been proven to be an effective means of getting active drug users to seek additional support, curtail their drug use, and adopt healthier practices.*

*(2) With respect to Disease Infection Control, I urge the Board to **endorse** the legalization of needle and syringe programs (NSPs) or "needle exchanges." NSPs are effective at preventing HIV and other blood-borne viruses such as hepatitis B and C.*

*(3) With respect to Healthcare Access, I urge the Board to **endorse** Medicare for All, i.e., universal and comprehensive single-payer health insurance. Such legislation would effectively*

eliminate the problem of people being uninsured or under-insured. Moreover, conservative estimates project that it would decrease total health care costs in the US by trillions of dollars in the first 10 years.

Thank you for considering these recommendations.

Comment #3:

In looking over the CHNA/HIP report for 2019-2021, here is some input I have for the County Board of Health.

1. I think the county should support a truly universal, single-payer healthcare system at either the state or national level. Overall health outcomes are much better in other industrialized countries, virtually all of which have such a system.
2. At a more direct level, in addition to Hep-C and HIV testing, Dubuque County should make every effort to support and fund the effective distribution of clean needles and naloxone for opioid users. These should be included in the report, as such efforts would save lives and greatly reduce the harms done to our community by the opioid trend.
3. I strongly recommend a public session so that public input can be given in person to the entire board in an open public forum.

Comment #4:

As a person with COPD I am concerned about two items: First the quality of the air I breath and the lack of minoring Dubuque County's air quality; Second the cost of medications I need to mitigate my COPD in 2015 I paid \$22 copay I now pay @47 copay. What will I pay in another 3 years, \$94? I am very concerned about pollution and agricultural spraying as well as the effects of Climate Change.

My wife upon retirement went from COBRA insurance to the lone ACA insurance Medical. There is no assurance that the cost will be affordable or the insurance available.

Medicare for All a single payer everyone in and nobody out universal coverage is the only way to address the medical insurance crises (scam?) in this county.

As a citizen of Dubuque County, I have concern for those who have a medical need or would like to use marijuana. We need to decriminalize marijuana and see if that will reduce the opioid/heroin problems in Dubuque County.

To help those who use opioids and other drugs, we need a clean needle exchange program; safe places where users can use needles and other paraphernalia; a climate where drug use is treated not as a crime but as a medical or social problem.

It would be useful to hold two or more well publicized question and answer or information session before the report is finalized.

Thanks for your time and the concern given to my issues.

Comment #5:

I have just read the article in the TH about access to mental health care in Dubuque County. I am a Dubuque County resident but work in Jackson County. Jackson County is part of the Eastern Iowa Region that does not include Dubuque as you may already know. I work for a social services agency in the Integrate Health Home Program as a Behavioral Health Care Coordinator. With my position, I am subcontracted with the EI Region in the MH/DS Crisis Response. The EI Region offers crisis intervention when a person enters the ED or is admitted to the hospital while in crisis. If that person agrees to be contacted by the EI Region, I am forwarded their information. I then contact said person and coordinate resources and referrals to help keep them from returning to the ED/psych ward. From my understanding, Dubuque does not have a program as such. The goal for this program is to decrease ED presentation, hospitalization, and incarceration. The program offers "bridge" appointments for medication management as well to help fill the

gap between discharge and the next available appointment at a clinic. I have only described the program very vaguely. If you are interested in learning more I would be happy to offer details. I feel that a program like this could benefit Dubuque and surrounding counties.

Comment #6:

Re:Dubuque Health assessment , treatment and practices.

Mental health issues that are often overlooked, or trivialized is the problem of nicotine addiction . Not the smoking habit normally associated with tobacco, but the true addiction to nicotine. Persons suffering from mental health issues us nicotine in a form of self treatment. It has been recognized for a very long time that alcohol, and other drugs are used in this manner, and treatments are available for treatment. Overlooked is the serious addiction of nicotine. The personality of the patient is affected by the inability to support this addiction in the same manner as is found in other addictions.

Help is critical, and unavailable. Recognition of the problem is a must.

Additional facilities for those suffering from mental illness is also needed.

It is my sincere hope that these issues can be discussed, and that solutions can be generated.

Comment #7:

Address release of formaldehyde-acetaldehyde from window-door manufacturers.

Require radon venting in new residential housing construction

Have County participate in Native roadside vegetation program.

Comment #8:

Thank you for the opportunity to comment on the draft CHNAHIP. I offer the following three suggested additions.

- 1) For the Environmental Health SWOT section, I suggest adding to Weaknesses:
Misleading public blood lead level data for Dubuque area on IDPH portal

- 2) For the Environmental Health HIP Objective: Reduce Environmental Health and Safety Risks in Residential Dwelling and Outdoor Public Spaces, Actions to Take to Address the Health Need, I suggest adding:
Coordinate with IDPH to suppress misleading blood level data available on public portal
- 3) For the Environmental Health HIP Objective: Reduce Environmental Health and Safety Risks in Residential Dwelling and Outdoor Public Spaces, Anticipated Impact of These Actions, I suggest adding:
Public better informed on actual blood lead levels in Dubuque area

Rationale for suggested additions follows.

The public blood lead level data for 2016, and earlier, for the Dubuque area, available on the IDPH portal, are misleading. The portal reports many more children with blood lead levels above the CDC reference level than actually have higher levels.

Mary Rose Corrigan and Robert Walker, IDPH, have explained to me that this is mainly due to the processing of the test results from a local lab that had a detection limit of <5 micrograms/dL. However, misleading public data has led to inaccurate reporting.

See the two attached Telegraph Herald articles for examples overstating the number/percentage of children with blood lead levels >5. In April 2015, the TH reported, “In Dubuque County, preliminary lead screenings before age 6 for 1,145 children born in 2007 suggested 98 percent – all but 12 children screened – had a level at or above the CDC’s new threshold [5 microgram/deciliter]... nearly 79 percent – were confirmed through more stringent testing...”. And, in October 2017, the TH reported, “According to the Iowa Department of Public Health, 179 children younger than 6 last year were identified with blood lead levels exceeding 5 micrograms per deciliter...”

This following screen snapshot from the IDPH portal, using the Dubuque County data

from <http://tracking.idph.iowa.gov/Health/Lead-Poisoning/Birth-Cohort-Children-Under-3/Children-Tested> shows that we are in the midst of a lead exposure crisis many times worse than Flint. But, clearly we are not.

Blood Lead Level	Confirmed	Unconfirmed
0 to < 5	136	54
5 to < 10	657	69
>= 10	6	Suppressed

I think suppressed data is better than the misleading data currently available on the IDPH portal.

Thank you in advance for considering these suggestions. Please let me know if you have any questions regarding my comments.

Comment #9:

I am a Dubuque resident and would like to comment on the County Board of Health's Community Needs Assessment and Health Improvement Plan report.

I would like to request that several items be included. First, I would like to request that a well-publicized public-input session be held before making a decision to adopt the report.

I would also like to request that the Board of Health endorse Medicare for All (also known as comprehensive, universal single-payer health insurance) as a means to improve community health. Many in our County lack affordable insurance, any insurance at all or are underinsured. I am one of the underinsured. Medicare for All would provide access to quality healthcare for all citizens of Dubuque County.

Finally, I would like to request that the board and this report to support harm reduction regarding addiction, as well as needle exchange networks in the County. Both strategies are used as a means to promote healthy behavior and control disease infection.

Thank you for taking the time to read my requests.

Comment #10:

The Board should support and endorse a needle exchange program, harm reduction efforts, the single-payer insurance program and should hold a public input session before adopting the report.

**Board of Health Meeting DRAFT
CHNA&HIP Public Comments August
22, 2018**

Concepts of Comments:

- *Harm Reduction including Needle Exchange
- *Medicare for All
- *Hepatitis C Awareness
- *Mental Health Access
- *Reduce HIV Stigma
- *Increase Narcan Availability
- *Water Regulations - i.e. Animal Confinement Lots
- *Public Forum or engagement campaign, particularly for low income populations
- *Lack of insurance and inability to pay out of pocket expenses

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