MERCY MEDICAL CENTER
DUBUQUE

COMMUNITY HEALTH NEEDS ASSESSMENT

CONDUCTED IN FISCAL YEAR 2015
FOR FISCAL YEARS 2016, 2017, AND 2018

Mercy Medical Center
Dubuque
A member of Mercy Health Network

Mercy Dubuque CHNA 2015
Contents

Community Health Needs Assessment................................................................. 3
   Introduction...................................................................................................... 3
   Mission Statement.......................................................................................... 3
   Summary of Previous Community Health Needs Assessment.......................... 3
   Executive Summary......................................................................................... 4
   Adoption By Board of Trustees....................................................................... 5
   Description of the community served by the hospital...................................... 5
   Description of the process and methods used to conduct the assessment............ 6
   Participants in the process:............................................................................. 7
   Data and other information used in the assessment.......................................... 8
   Methods of collecting and analyzing this data and information.......................... 8
      Secondary research from existing records and databases............................... 8
   Primary research from a community survey..................................................... 11
   Public input from public input sessions......................................................... 15
   Description of how the hospital solicited and took into account input from persons who
   represent the broad interests of the community............................................. 17
      CHNA Steering Committee and Promoting Healthy Behaviors Task Force........ 17
   Dubuque County Community Health Needs Assessment Survey...................... 19
   Public Input Sessions...................................................................................... 19
   Significant community health needs identified................................................. 19
   Potential measures and resources................................................................... 21

This document and the corresponding Implementation Strategy are available at:

http://www.mercydubuque.com/community-health-needs-assessment

Printed copies are available from Community Benefit Ministry Officer, Mercy Medical Center—
Dubuque, 250 Mercy Drive, Dubuque Iowa 52001. Please use the same contact for questions or
comments.
Community Health Needs Assessment

Introduction

Beginning in 1999, Mercy Medical Center—Dubuque has completed periodic multi-year community assessments, aimed at uncovering and learning about health care and human service needs of community members as a way of informing Mercy’s service to persons who are poor and marginalized. Other community organizations were involved in each iteration of these assessments, and the results of each assessment were publicized and distributed to assist other organizations with their similar missions.

For the second time, Mercy Medical Center—Dubuque joined the Community Health Needs Assessment for Dubuque County. This assured broad involvement from many key health-related organizations in the community and minimized duplication of effort and outcome. For that reason, some of the processes, data, and findings reported here are identical to those detailed in the Dubuque County Community Health Needs Assessment. The County document includes topic areas not relevant to Mercy’s assessment, and those topics are not included here. In addition, some additional information and findings are included here which were not part of the County study. Although local boards of health led the Community Health Needs Assessment initiative, it is the commitment among diverse stakeholder groups to collaborate in the assessment. Mercy Medical Center—Dubuque participated in all aspects of steering, coordinating, and completing the process.

Mission Statement

We, Mercy Medical Center—Dyersville and Trinity Health, serve together in the spirit of the Gospel as a compassionate and healing presence in our communities. Our core values are reverence, commitment to those who are poor, justice, stewardship, and integrity.

Summary of Previous Community Health Needs Assessment

Mercy Medical Center's previous Community Health Needs Assessment (for Fiscal Years 2012-2014) was done conjointly with the Dubuque County Community Health Needs Assessment, partnering with Mercy Medical Center-Dyersville, UnityPoint Health Finley Hospital, City of Dubuque Health Services, Dubuque County Health Department, and many other health and human service agencies in the county.
The top five identified needs in that assessment were poor nutrition/obesity, lack of physical activity/exercise, cancer prevention/early detection, substance abuse, and mental health access. The first two formed the basis of the Improvement Plan associated with that assessment.

**Executive Summary**

This Community Health Needs Assessment was developed collaboratively between Mercy Medical Center—Dubuque, Mercy Medical Center—Dyersville, Unity Point Health Finley Hospital, Dubuque County Health Department, City of Dubuque Health Services, and Crescent Community Health Center. Mercy Medical Center—Dubuque is a community medical-surgical hospital, with Dubuque County as its primary service area. Also located in Dubuque County are Mercy Medical Center—Dyersville, a critical access hospital, and Unity Point Health Finley Hospital, another community medical-surgical hospital. The service area is relatively homogenous, with a white non-Hispanic population of 92.9%, and a very low overall population growth.

The process began by forming a Task Force, which was called the Promoting Health Behaviors Task Force, comprised of representatives from seventeen organizations representing a broad variety of community organizations with an interest in health and wellness. The task force reviewed secondary research consisting of statistical information about disease occurrence, mortality, and behavioral patterns of Dubuque County residents compared to Iowans in general or to previous periods of time. Some of the data sources used for this research were Community Commons, County Health Rankings, and Iowa Vital Statistics. Next, the Task Force assisted in designing and then reviewing the findings from an internet based community health survey, which attracted 1,067 responses from across the county.

Preliminary assessment findings and identified needs were presented in a series of three widely publicized community forums, in which community members and organizational representatives were invited to learn about and comment upon the findings of the Task Force.

Based on the secondary research as well as the survey findings, the Task Force identified and prioritized, through discussion and consensus, seven significant health needs:

1. Reducing obesity
2. Reduction in alcohol abuse in particular and substance abuse in general.
3. Diabetes screening and management.
4. Not taking prescribed medication for high blood pressure
5. Increased screening for prostate cancer.
6. Community concerns about insufficient access to mental health providers.
7. Insufficient bilingual health care providers in the community.

These are further addressed in the hospital's Implementation Strategy.
Adoption By Board of Trustees

On May 28, 2015 the Board of Trustees for Mercy Medical Center—Dubuque met to discuss the Fiscal Years 2016, 2017, and 2018 Community Health Needs Assessment conducted in 2015. Upon review, the Board approved this Community Health Needs Assessment.

Description of the community served by the hospital

Mercy Medical Center—Dubuque’s primary service area is Dubuque County, Iowa. This definition of the community is based on the residence of Mercy’s patients: In calendar year 2014, 61.6% of Mercy’s inpatient cases and 75.2% of Mercy’s emergency department cases were for Dubuque County residents. Beyond Dubuque County, hospital loyalty is more scattered. In 2014, for example, Mercy Medical Center discharged inpatients who resided in 18 different states.

Dubuque County's population in 2012 was 95,097. The population grew about 5% between 2000 and 2010. 73% of the population is urban and 27% rural. It has average population density of 156 people per square mile. In March 2012, the cost of living index for Dubuque County was 86.8, compared to the US average of 100. White non-Hispanic people comprise 92.9% of the population; black non-Hispanics 2.6%; Hispanic or Latino 1.9%; two or more races1.2%, and Asian 0.9%. The median resident age is 38.0 years, the same as Iowa's.

Three hospitals are located in Dubuque County:
• Mercy Medical Center—Dubuque (a member of Mercy Health Network and a subsidiary of Trinity Health)
• Mercy Medical Center—Dyersville (a member of Mercy Health Network and a subsidiary of Trinity Health)
• UnityPoint Health Finley Hospital (a subsidiary of UnityPoint Health)

Mercy Medical Center—Dubuque is an Iowa licensed hospital with a total of 247 authorized hospital beds in Dubuque, Iowa.

Mercy provides a number of regionally-supported services in the specialty areas of open heart surgery, sophisticated diagnostics and imaging, neonatal care, and behavioral health services. Mercy offers a full range of acute care services including basic medical and surgical services in addition to cardiac services (angioplasty, cardiac catheterization lab, cardiac rehab, noninvasive cardiac assessment, and open heart surgery), chronic obstructive pulmonary disease (COPD) services, lithotripsy (ESWL), hemodialysis, therapeutic radioisotope services, diagnostic radiology services (diagnostic radioisotope, CT scanning, MRI, SPECT, and ultrasound), neonatal intensive care and physical rehabilitation services. Behavioral services include mental health and substance abuse services for adults and adolescents, provided for both inpatients and outpatients. Mercy operates a hospital-based skilled nursing unit in Dubuque. Ambulatory services (in addition to those mentioned above) include outpatient surgery, an outpatient acute care center, a level II certified trauma center, community health education, and occupational health services. Mercy Home Health Services is also affiliated with the hospital.

Description of the process and methods used to conduct the assessment

As noted in the introduction, this Community Health Needs Assessment was done in concert with the Community Health Needs Assessment for Dubuque County. This assured broad involvement from many key health-related organizations in the community and minimized duplication of effort and outcome. The process began in the fall of 2014 by convening a Steering Committee, consisting of:

• Mary Rose Corrigan (City of Dubuque)
• Patrice Lambert (Dubuque County Health Department)
• Stacey Killian (Dubuque Visiting Nurse Association)
• Cathy Tieskoetter (Dubuque Visiting Nurse Association)
• Kim Gonzales (Dubuque Visiting Nurse Association)
• Julie Woodyard (Crescent Community Health Center)
• Art Roche (Mercy Medical Center-Dubuque and Dyersville)
• Michelle Malone (UnityPoint Health Finley Hospital)

The Steering Committee determined to form four Task Forces to address the following topics:
• Healthy Behaviors
• Transitions of Care
• Prevent Spread of Disease
• Environmental Health

The Healthy Behaviors Task Force was intended to serve the purpose of the three hospitals represented on the steering committee (Mercy Medical Center-Dubuque, Mercy Medical Center-Dyersville, and UnityPoint Health Finley Hospital.) That Task Force was chaired by Art Roche (Mercy Medical Center-Dubuque and Dyersville) and Michelle Malone (UnityPoint Health Finley Hospital.)

Stakeholders from a variety of community organizations were invited to participate, to obtain broad input and representation in the assessment and planning, as well as to provide support and commitment to implement the health improvement plan.

The Healthy Behaviors Task Force, over a period of several in-person meetings and email follow-up, reviewed the data from numerous health data sources (listed below), worked together to design a community survey, reviewed the survey results, and identified and prioritized health needs in the community. The Task Force then developed the Implementation Strategy.

The survey is discussed below in the data section.

Those results and prioritized health needs were presented to three community forums during April and May 2015, using an informal "Community Café" format proposed by the City of Dubuque for increasing community engagement. Comments received during those forums and how the comments were used are described below in the data section of the assessment.

**Participants in the process:**

In addition to the Steering Committee members identified above, the Healthy Behaviors Task Force members included:

- **Co-chairs:**
  - Art Roche Director, Planning, Mercy Medical Center
  - Shelley Malone Director, Community and Workplace Wellness, UnityPoint Health Finley Hospital

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

No parties were contracted to assist in the process.

**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 to 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 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 2013 (Iowa Department of Public Health.) Selected findings:

• In 2013 there were 56.6 low birthweight (<2500 g) births per 100,000 population in Dubuque County, compared to 57.7 in 2003.
• In 2013 there were 206.9 deaths from all cancers per 100,000 population in Dubuque County, 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 2013 there were 11.5 deaths from breast cancer per 100,000 population in Dubuque County, compared to 16.7 in 2003.
• In 2013 there were 30.3 deaths from diabetes mellitus per 100,000 population in Dubuque County, compared to 17.8 in 2003.
• In 2013 there were 289.5 deaths from cardiovascular disease per 100,000 population in Dubuque County, compared to 376.5 in 2003.
• In 2013 there were 59.6 deaths from chronic lower respiratory diseases per 100,000 population in Dubuque County, compared to 34.4 in 2003.

Iowa Youth Survey, 2012 and 2010, for Dubuque County (iowayouthsurvey.iowa.gov). (Sampling of 6th, 8th, and 11th grades combined.) Selected findings:

• In 2012, 70% of Dubuque County Survey respondents reported being physically active at least 60 minutes 4 days per week, compared to 68% of all Iowa respondents. This compares to 2010 data: Dubuque County, 70%; Iowa, 68%. (No change.)
In 2012, 30% of Dubuque County Survey respondents reported eating fruit at least 3 times per day during the previous week, compared to 28% of all Iowa respondents. This compares to 2010 data: Dubuque County, 23%; Iowa, 21%.

In 2012, 21% of Dubuque County Survey respondents reported eating vegetables at least 3 times per day during the previous week, compared to 22% of all Iowa respondents. This compares to 2010 data: Dubuque County, 21%; Iowa, 20%.

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:

BERNARD 52032  6
CASCADE 52033  8
DURANGO 52039  3
EPWORTH 52045  17
FARLEY 52046  9
HOLY CROSS 52053  2
LUXEMBURG 52056  3
NEW VIENNA 52065  5
PEOSTA 52068  33
SERRILL 52073  18
WORTHINGTON 52078  2
ZWINGLE 52079  2
DUBUQUE 52001  447
DUBUQUE 52002  181
DUBUQUE 52003  163
DUBUQUE 52004  7
DYERSVILLE 52040  50
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>Frequency</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>Grand Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Reported household income ranges:

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Frequency</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>Grand Total</td>
<td>100%</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. (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.

**Description of how the hospital solicited and took into account input from persons who represent the broad interests of the community**

This was accomplished by:

- The involvement of the CHNA Steering Committee members, and the Promoting Health Behaviors Task Force (both already referenced above)
- The survey also referenced above
- The three public input sessions.

**CHNA Steering Committee and Promoting Healthy Behaviors Task Force**


Organization represented on these committees represented broad interests of the community, including racial and ethnic minorities, a variety of age and income groups, and people with specific health care issues:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Constituencies/programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy Medical Center-Dubuque</td>
<td>Community-wide; acute, chronic and emergent conditions;</td>
</tr>
<tr>
<td></td>
<td>health education and promotion; community health.</td>
</tr>
<tr>
<td>Mercy Medical Center-</td>
<td>Community-wide; acute, chronic and emergent conditions;</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dyersville</td>
<td>health education and promotion; community health.</td>
</tr>
<tr>
<td>City of Dubuque Health Services</td>
<td>City-wide; public health protection and preventive measures; children, teens and elderly are special concerns.</td>
</tr>
<tr>
<td>Dubuque County Health Department</td>
<td>City-wide; public health protection and preventive measures; children, teens elderly, and rural health are special concerns.</td>
</tr>
<tr>
<td>Crescent Community Health Center</td>
<td>Federally Qualified Health Center with a mission of serving low income members of the community; immigrants; non-English speakers.</td>
</tr>
<tr>
<td>UnityPoint Health-Finley Hospital</td>
<td>Community-wide; acute, chronic and emergent conditions; health education and promotion; community health.</td>
</tr>
<tr>
<td>City of Dubuque Leisure Services</td>
<td>Community-wide, especially families and children.</td>
</tr>
<tr>
<td>YMCA/YWCA</td>
<td>Community-wide, especially families, children, elderly; women who are victims of domestic abuse.</td>
</tr>
<tr>
<td>HyVee Dietitian Services</td>
<td>Food and nutrition specialists, serving the public, especially those with issues about cholesterol, blood pressure, blood sugar, body fat and body mass index; adults, children, and families.</td>
</tr>
<tr>
<td>WIC</td>
<td>Federal nutrition program for women, infants, and children; many clients are low-income; many are racial or ethnic minorities.</td>
</tr>
<tr>
<td>Hillcrest Family Services</td>
<td>Adoption, counseling, education, health and wellness, homelessness, mental health care, residential services, and youth mentoring.</td>
</tr>
<tr>
<td>Helping Services of NE Iowa</td>
<td>Domestic violence awareness training, responsible beverage server training, child abuse/healthy development classes, mentoring, parent classes.</td>
</tr>
<tr>
<td>Dubuque Community Schools</td>
<td>School-age children and their families.</td>
</tr>
<tr>
<td>Visiting Nurse Association</td>
<td>Community-wide public health nursing; immunizations; children's oral health; outreach for Iowa Hawk-I children's insurance; early periodic screening for children; many adult services.</td>
</tr>
<tr>
<td>Medical Associates Clinic</td>
<td>A large multi-specialty medical clinic and HMO. Community-wide; acute, chronic and emergent conditions; health education and promotion; community health.</td>
</tr>
<tr>
<td>City of Dubuque Human Rights Department</td>
<td>Human relations specialist in this department works with minority groups and neighborhoods in the city to promote self-empowerment.</td>
</tr>
<tr>
<td>ISU Extension</td>
<td>Local foods specialist representing interests of local food producers and healthy food for children, families, and the community in general.</td>
</tr>
<tr>
<td>City of Asbury City Parks</td>
<td>Recreation facilities, trails, and programs for all ages in this Dubuque suburb.</td>
</tr>
</tbody>
</table>
All of these organizations participated in development of the process, analysis of data, contribution of additional data, identification of needs, prioritization of needs, and strategy development. Many of them serve populations at risk in the community, including low income and minority populations, and spoke of their needs. The process varied by organization, but many of these Task Force members took the information back to their organizations, discussed it, and returned with additional input or ideas.

**Dubuque County Community Health Needs Assessment Survey**

The survey was fielded between December 2014 and March 2015. The survey’s basic racial/ethnic demographics are reasonably representative of the community at large. The survey respondents were 95.1% white, non-Hispanic, compared to 92.9% for Dubuque County in 2012. To accommodate low-income households that lacked access to the internet, some paper versions of the survey were made available. As noted in the survey findings above, there were occasional differences in the opinions of white non-Hispanic compared to other survey respondents.

**Public Input Sessions**

The third way of soliciting input from persons who represent the broad interests of the community were the three public input sessions conducted in late April and early May. To accommodate work schedules and to encourage diversity among those attending, the sessions occurred on different days, in different locations, and at different times of day. The City of Dubuque, one of the partners in this assessment project, has been using an informal "Community Café" format for increasing community engagement in a variety of community projects. Based on their success and the familiarity of the community with this concept, we chose to employ it for the CHNA.

**Significant community health needs identified**

The Promoting Healthy Behaviors Task Force identified several significant needs in the community.

1. The top priority drives many other health concerns: reducing obesity.

Rationale: 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

Other significant health needs identified by the Task Force were:

2. Reduction in alcohol abuse in particular and substance abuse in general.

Rationale: 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.

3. Diabetes screening and management.

Rationale: 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 "most important health concerns".

4. Not taking prescribed medication for high blood pressure

Rationale: 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.

5. Increased screening for prostate cancer.

Rationale: Secondary research showed age-adjusted cases of prostate cancer for men in Dubuque County are noticeably higher than for Iowa.

6. Community concerns about insufficient access to mental health providers.

Rationale: Mental health concerns were among the top five "most important health concerns" 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.

7. Insufficient bilingual health care providers in the community.

Rationale: In the survey, 8% agreed or strongly agreed that "There are enough bilingual health care providers in my community." 45% disagreed or strongly disagreed.

**Potential measures and resources**

Here are some potential measures and resources known or identified in the course of conducting the CHNA, to address the significant health needs.

1. Reducing obesity

   There is a coalition in place (Dubuque Wellness Coalition) that has been working to address obesity and related wellness concerns for the past three years. The coalition has many (but not all) of the organizations that need to be in place on board. But the coalition has been focused more on information sharing and less on strategizing. It was dependent on a single stream of grant money to fund its programs and events. When that source of funding ended, the coalition's usefulness ebbed. The coalition did not have much representation from policy-making levels of the member organizations. But the basic structure is there to rebuild the coalition into a strategy-setting and implementing organization.

2. Reduction in alcohol abuse in particular and substance abuse in general.

   The Dubuque Substance Abuse Coalition was brought to our attention as a likely agent of change in our community for this concern.

3. Diabetes screening and management.

   Mercy Medical Center—Dubuque, UnityPoint Health Finley Hospital, and Crescent Community Health Center all have diabetes programs.

4. Not taking prescribed medication for high blood pressure

   No new information came to us during the CHNA process.

5. Increased screening for prostate cancer.

   No new information came to us during the CHNA process.

6. Community concerns about insufficient access to mental health providers.

   No new information came to us during the CHNA process.
7. Insufficient bilingual health care providers in the community.

   No new information came to us during the CHNA process.