

Dallas County, Iowa

Community Health Needs Assessment (CHNA) Report



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Promote Healthy Living Assessment

includes topics such as addictive behaviors (tobacco, alcohol, drugs, gambling), chronic disease (mental health, cardiovascular disease, cancer, asthma, diabetes, arthritis, etc.), elderly wellness, family planning, infant, child & family health, nutrition and healthy food options, oral health, physical activity, pregnancy & birth, and wellness.

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Physical activity across the lifespan	<p>In the 2015 Community Health Needs Assessment Survey, residents prioritized the need for safe and affordable venues for physical activity. The 2014 Central Iowa Well-Being Index reveals only 52% of Central Iowans exercise 3 or more days per week for 30 minutes. Despite having a robust trail system, most neighborhoods are car-dependent due to gaps in sidewalk infrastructure and community connectivity, which further limits opportunities for natural movement. Cost and transportation are barriers to more formalized exercise opportunities. Lifestyle factors such as physical inactivity are heavily correlated with the development of many chronic diseases.</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Access to and consumption of healthy food	<p>Access to healthy, affordable, and culturally appropriate foods was identified by the community as a priority through the 2015 Community Health Needs Assessment Survey. Quantitative data reinforces this need, as the 2014 Central Iowa Well-Being Index reveals only 53.6% of Central Iowans eat 5 servings of produce 4 or more days per week. Access is a significant barrier in Dallas County. The CDC (2011) reports that 16.84% of Dallas County residents are in a census tract with no healthy food outlet. Furthermore, Dallas County's rate of grocery stores per 100,000 population is 16.63--this is lower than the statewide rate of 19.7 (US Census, 2013). In addition, the rate of SNAP-authorized retailers per 100,000 population in Dallas County is 83.16, compared to the statewide rate of 86.89, according to the USDA, and 9.3% of residents are food insecure (Feeding America, 2013). Research suggests that adults with no supermarkets within one mile of their homes are 25-46% less likely to have a healthy diet and more likely to be obese (Moore et. Al, 2008). In Dallas County, this problem is even more significant, as many residents live in rural areas that are more</p>	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

than 5 miles from a grocery store, leaving gas stations that sell unhealthy, high-fat and high-sugar foods as the closest and most accessible source of food. Poor nutrition contributes to a variety of chronic diseases.

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Chronic disease, (with an emphasis on diabetes, obesity, and hypertension)	2014 BRFSS data shows that 65.2% of Dallas County residents are overweight or obese and 7.3% have been told they have diabetes. Aggregate data from two health systems reveals that 27% of diabetic patients have hemoglobin A1Cs above 8, and 37.6% of patients have uncontrolled hypertension. The CDC asserts that chronic diseases are among the most common, costly, and preventable of all health problems, and mental illness and chronic disease are closely related, as these diseases can exacerbate symptoms of depression and other disorders. Four health risk behaviors—lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol—cause much of the illness, suffering, and early death related to chronic diseases and conditions.	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources This priority is addressed in the HIP through physical activity, access to healthy food, and substance abuse prevention and cessation strategies.

Healthy Living Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
4 Alcohol, tobacco, and other drugs, especially among youth	During focus groups with youth groups in three communities, substance abuse was identified as the top health issue among peers. According to 2014 Iowa Youth Survey data, 17% of Dallas County youth currently use alcohol. This is significantly higher than the state average of 10%. In addition, 6% of Dallas County youth currently use tobacco and other drugs, compared to the state average of 4%.	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Prevent Injuries & Violence Assessment

includes topics such as brain injury, disability, EMS trauma & system development, intentional injuries (violent & abusive behavior, suicide), occupational health & safety, and unintentional injuries (motor vehicle crashes, falls, poisoning, drowning, etc.).

Injuries & Violence Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Falls among older adults	Injury mortality from falls, specifically among older adults, has increased from a rate of 5.3 per 100,000 population in 2002 to 8.3 in 2013, according to the 2013 Iowa Health Fact Book. Furthermore, data from DCPH's home health program (2013-2015) shows an increasing linear trend in the number of total falls experienced by clients (28 falls in 2013, up to 40 falls in 2015).	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Protect Against Environmental Hazards Assessment

includes topics such as drinking water protection, food waste, food safety, fluoridation, hazardous materials, hazardous waste, healthy homes, impaired waterways, lead poisoning, nuisances, on site wastewater systems, radon, radiological health, soil erosion, and vector control.

Environmental Hazards Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Drinking water quality	According to the 2015 County Health Rankings, 24% of Dallas County residents were potentially exposed to water exceeding a violation limit during the past year, compared to statewide average of 7% of Iowans.	No	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other Federal rules and regulations are not in place to enforce higher standards of water quality. <input type="checkbox"/> Community partners do not exist <input checked="" type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Dallas County, Iowa

Prevent Epidemics & the Spread of Disease Assessment

includes topics such as disease investigation, control & surveillance, HIV/AIDS, immunization, reportable diseases, sexually transmitted diseases (STDs), and tuberculosis (TB).

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:	
1 Enteric diseases (including: campylobacteriosis, cryptosporidiosis, E. coli, giardiasis, salmonella, shigellosis, listeriosis, hepatitis A)	According to the 2013 IDPH Surveillance of Notifiable Disease Annual Report, in 2013, there were 140 cases of enteric diseases in Dallas County, compared to only 44 cases in 2009.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:	
2 Tuberculosis	Since 2013, the total number of active and latent TB cases have increased in a linear fashion, according to internal program data.	No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input checked="" type="checkbox"/> Lack of financial resources

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:	
3 HPV vaccination	According to the 2014 Iowa Immunization Annual report, only 26% of females and 13% of males have received the 3 HPV vaccines. Nationally, 39.7% of females and 21.6% of males age 13-17 have received the recommended 3 doses (CDC, 2014)	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____	<input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Epidemics & Spread of Disease Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
4 Flu immunizations among residents age 65+	In 2014, only 48.8% of Dallas County adults age 65+ received a flu shot, compared to the state rate of 66.8%, according to BRFSS Data.	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Prepare for, Respond to, & Recover from Public Health Emergencies Assessment

includes topics such as communication networks, emergency planning, emergency response, individual preparedness, recovery planning, risk communication, and surge capacity.

Preparedness Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 None identified		No	<input checked="" type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Strengthen the Health Infrastructure Assessment

includes topics such as access to quality health services, community engagement, evaluation, food security, food systems, food and nutrition assistance (SNAP, WIC), health facilities, health insurance, medical care, organizational capacity, planning, quality improvement, social determinants (e.g., education & poverty levels), transportation, and workforce (e.g., primary care, dental, mental health, public health).

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
1 Transportation - safe, reliable, accessible and affordable ways to move around	This issue was identified by organizational stakeholders using the Preventing Institutes THRIVE TOOL and by community members via the 2015 Community Health Needs assessment survey. Other than the HIRTA bus (which does not operate on evenings or weekends, and requires two-day advance scheduling), there is no public transportation option available for residents in Dallas County. This limits opportunities for attending health and social service appointments, social, religious, and recreational activities. In FY2015, 31,847 rides were given using the HIRTA bus.	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
2 Income - living wages	The median household income in Dallas County is \$73,847; however, there are significant disparities in the distribution of this wealth by both geography and race/ethnicity. For example, the median income in Waukee is \$79,013 compared to \$42,354 in Perry (2013 Census). In addition, the US Census/American Community Survey (2013) disparity index score for per capita income by race/ethnicity for Dallas County is between 26.9-39.3. (0= no disparity; 1-40 = some disparity; and over 40 = high disparity).	No	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input checked="" type="checkbox"/> Other Addressing other social needs will impact the effects of poverty on health. <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
3 Cultural competence and understanding of diversity	This issue was identified by organizational stakeholders using the Preventing Institutes THRIVE TOOL and the need was reinforced through community surveys, focus groups, and key informant interviews conducted in 2015. Residents and stakeholders identified the limited ability to understand, communicate with, and interact effectively with people from other cultures in Dallas County as a priority. According to the US Census Bureau (2013), 2.73% of people living in Dallas County live in a home in which English is not the primary language. This is higher than the statewide average of 1.78%. The number of K-12 English Language Learners in Dallas County public schools has increased from 519 students in 2010 to 711 students in 2015. There are 5,294 foreign-born people living in Dallas County (ACS, 2014).	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
4 Safe, affordable housing	According to the American Community Survey (2014), 22.4% of Dallas County residents experience housing cost burden, spending 30% or more of their household income on housing. The percentage of cost burdened households is higher (35% or more) in Perry, West Des Moines, Waukee, Urbandale and Clive. Furthermore, there are currently no services in Dallas County to support the homeless - local law enforcement and Hope Ministries (located in DSM) have reported a significant increase in the number of homeless individuals in Dallas County.	No	<input type="checkbox"/> Other priorities rated higher <input checked="" type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Health Infrastructure Community Priority	Rationale / Specific Need	Is this priority in the HIP?	If the priority is not addressed in the HIP, reason(s) why:
5 Social connection and participation/willingness to act for the common good	This issue was identified by organizational stakeholders using the Preventing Institutes THRIVE TOOL and by community members via the 2015 Community Health Needs assessment survey; on a 5 point scale, residents gave an average rating of 3.5 for having networks of support during times of stress and need. According to the Robert Wood Johnson Foundation (2015), there are only 8.9 social associations per 10,000 residents living in Dallas County, compared Iowa's statewide rate of 15.6. BRFSS (2006-2012) data indicates 13.9% of adults aged 18 and older report they receive insufficient social and emotional support all or most of the time.	Yes	<input type="checkbox"/> Other priorities rated higher <input type="checkbox"/> Existing programs already address problem/need <input type="checkbox"/> Lack of human resources/ staff <input type="checkbox"/> Other _____ <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input type="checkbox"/> Lack of financial resources

Dallas County, Iowa

FEBRUARY 8, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT



Promote Healthy Living

- Priority #1 Physical activity across the lifespan
- Priority #2 Access to and consumption of healthy food
- Priority #3 Chronic disease, (with an emphasis on diabetes, obesity, and hypertension)
- Priority #4 Alcohol, tobacco, and other drugs, especially among youth



Prevent Injuries & Violence

- Priority #1 Falls among older adults



Protect Against Environmental Hazards

- Priority #1 Drinking water quality



Prevent Epidemics & the Spread of Disease

- Priority #1 Enteric diseases (including: campylobacteriosis, cryptosporidiosis, E. coli, giardiasis, salmonella, shigellosis, listeriosis, hepatitis A)
- Priority #2 Tuberculosis
- Priority #3 HPV vaccination
- Priority #4 Flu immunizations among residents age 65+



Prepare for, Respond to, & Recover from Public Health Emergencies

- Priority #1 None identified



Strengthen the Health Infrastructure

- Priority #1 Transportation - safe, reliable, accessible and affordable ways to move around
- Priority #2 Income - living wages
- Priority #3 Cultural competence and understanding of diversity
- Priority #4 Safe, affordable housing
- Priority #5 Social connection and participation/willingness to act for the common good