

Dubuque County

Community Health Needs Assessment (CHNA) Report



For additional information about this report, CONTACT:

Name	Organization	Phone	Email
Patrice Lambert	Dubuque County Health Department	563-557-7396	patrice.lambert@dubuquecounty.us

Date Revised: February 29, 2016

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 Healthy Behaviors	<p>Obesity is characteristic of 29% of Dubuque County adults. Despite community programs, the obesity rate has increased to 29% in 2015. Obesity has a two pronged solution: nutrition and activity. Failure to address obesity will have ramifications for diabetes, heart health, spine and joint health, mental health, and many other health conditions.</p> <p>Dubuque County and Iowa Health Data from County Health Rankings (countyhealthrankings.org), for each year 2010 through 2014. Major findings:</p> <ul style="list-style-type: none"> • 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. <p>Dubuque County Health Portrait 2014, from Community Commons (communitycommons.org/chna). Major findings:</p> <ul style="list-style-type: none"> • 15.16% of the Dubuque County population receives Medicaid, compared to 16.46% for Iowa. • The overall teen birth rate for Dubuque County females age 15-19 in 27.6 per 1000, compared to 30.4 for Iowa. • 23.95% of Dubuque County residents live in census tracts designated as food deserts (low access to a large grocery store or supermarket), compared to 22.71 % for Iowa. • The rate of SNAP- (Supplemental Nutrition Assistance Program) authorized food stores is 75.81 per 100,000 Dubuque County residents, compared to 86.89 for Iowa. 	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

- 26.6% of Dubuque County adults (18+) self-report heavy alcohol consumption, compared to 19.2 for Iowa.
- 20.50% of Dubuque County adults (20+) self-report no leisure-time physical activity, compared to 24.54% for Iowa.
- 10.6% of Dubuque County adults (18+) self-report regularly smoking cigarettes, compared to 18.40% for Iowa.
- 82.06% of female Medicare enrollees (67-69 or older) in Dubuque County have received at least one mammogram in the past two years, compared to 69.09% for Iowa.
- 82.06% of women (18+) in Dubuque County have had a Pap test (cervical cancer screening) in the past three years, compared to 80.80% for Iowa.
- 65.20% of men (50+) in Dubuque County self-report that they have ever had a sigmoidoscopy or colonoscopy (colon cancer screening, compared to 55.40% for Iowa.
- 93.48% of diabetic Medicare enrollees in Dubuque County have had a hemoglobin A1c test in the past year, compared to 89.22% for Iowa.
- 28.69% of adults in Dubuque County who need to take medication for high blood pressure self-reported that they do not take, compared to 19.15% for Iowa.
- Age-adjusted cases of breast cancer for women in Dubuque County are 122.4 per 100,000, compared to 123.4 for Iowa.
- Age-adjusted cases of prostate cancer for men in Dubuque County are 154.8 per 100,000, compared to 137.1 for Iowa.
- Age-adjusted cases of colon and rectal cancer in Dubuque County are 38.0 per 100,000, compared to 50.1 for Iowa.
- Age-adjusted deaths from all cancer in Dubuque County are 180.47 per 100,000, compared to 175.03 for Iowa.
- The percentage of Dubuque County adults (20+) with diagnosed diabetes has climbed each year from 6.1% in 2004 to 7.9% in 2010. Iowa was 7.68% in 2010.
- The percentage of Dubuque County births) that are low birth weight (under 2500 g) was 6.2%, compared to 6.8% for Iowa.
- 27% of Dubuque County adults (20+) self-reported in 2010 that they have a Body Mass Index (BMI) greater than 30.0 (indicating obesity), compared to 29.29% for Iowa. This percentage grew from 24.5% in Dubuque County in 2004. In 2010 Dubuque County, 29.1% of males and 25.7% of females reported BMIs in the obesity range.
- The rate of death due to suicide in Dubuque County is 12.96 per 100,000 population, compared to 11.70 for Iowa.
- The percentage of Dubuque County adults (18+) who self-reported their general health as poor or fair was 9.3%, compared to 11.3% for Iowa.
- Years of Potential Life Lost (YPLL) for Dubuque County before age 75 per 100,000 population, age adjusted and for all causes

of death, was 5,674, compared to 6,014 for Iowa. This measure of premature death provides a unique and comprehensive look at overall health status.

Summary of Selected Vital Events by County, Dubuque County 2003 and 2014 (Iowa Department of Public Health.) http://idph.iowa.gov/Portals/1/userfiles/68/HealthStats/vital_stats_2014.pdf

Selected findings:

- In 2014 there were 54.1 low birthweight (<2500 g) births per 100,000 population in Dubuque County, (Iowa 64.2) compared to 57.7 in 2003.
- In 2014 there were 214.8 deaths from all cancers per 100,000 population in Dubuque County, (Iowa 207) compared to 223.2 in 2003.
- In 2013 there were 65.8 deaths from lung cancer per 100,000 population in Dubuque County, compared to 58.9 in 2003.
- In 2014 there were 13.7 deaths from breast cancer per 100,000 population in Dubuque County, (12.7 Iowa) compared to 16.7 in 2003.
- In 2014 there were 46.2 deaths from diabetes mellitus per 100,000 population in Dubuque County, (33 Iowa) compared to 17.8 in 2003.
- In 2014 there were 376.5 deaths from cardiovascular disease per 100,000 population in Dubuque County, (277.7 Iowa) compared to 376.5 in 2003.
- In 2013 there were 73.6 deaths from chronic lower respiratory diseases per 100,000 population in Dubuque County, (61.7 Iowa) compared to 34.4 in 2003.

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

Selected findings:

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

compares to 2012 data: Dubuque County, 13%; Iowa, 13%.

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 No priorities were identified in this focus area.		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 <u>No priorities were identified in this focus area.</u> <input type="checkbox"/> Community partners do not exist <input type="checkbox"/> Lead organization does not exist <input 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 Environmental Health	<p>The Environmental Health section can be categorized into four basic areas: water quality, air quality, the built environment, and land use. Water quality includes surface water, waste water treatment, and drinking water. Since much research and comprehensive assessment and planning has already been done for the Catfish Creek Watershed, the Environmental Health Task Force recommended adopting and supporting the implementation of the Catfish Creek Watershed Management Plan. This plan encompasses a multitude of needs and weaknesses addressed in a long-term management plan.</p> <p>Air Quality includes reviewing compliance with air quality standards and assessing the need for local air monitoring, especially for this particular matter and monitoring health indicators related to air quality. Since there is an approved plan for maintaining and improving PM 2.5 Air Quality in the Dubuque Metropolitan Area Transportation Study (DMATS), the Task Force recommended adopting and supporting the EPA PM Advance Path Forward Plan.</p> <p>The built environment includes the public areas of communities including sidewalks, trails, bike routes, access to physical activity and alternative forms of transportation along with residential and indoor environmental health hazards and healthy homes principles.</p> <p>The land use section includes pesticide and nutrient use, illegal open dumping and hazardous material releases along with fruit and vegetable production for human consumption in the county.</p> <p>Water Quality: Adopt and support the implementation of the Catfish Creek Watershed Management Plan. Open link below to see plan for objectives and action steps. http://www.cityofdubuque.org/DocumentCenter/View/25109</p> <p>Major Findings:</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

- Dubuque County and the entire state of Iowa is a red-zone for radon, meaning there is a predicted average indoor radon screening level greater than 4 pCi/L.
- The childhood lead poisoning rate has decreased in the City of Dubuque from 10.8% city-wide in 1997 to 1.6% in 2014.
- The public survey revealed much interest in walking and biking paths and their connections throughout the community.
- When comparing social indicators of health; such as school-aged children, adults over age 65, minority populations, no high school education or no high school diploma, unemployment, lack of health insurance coverage, overcrowded housing units, low-median income and poverty status, households with disability, and households without vehicles, a health risk index was created. The maps reveal specific pockets and areas of the county with a higher risk considering these factors.

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 Prevent the Spread of Disease	<p>Communication and education are vital in preventing, monitoring and controlling infectious diseases. Immunizations percentages and incidence of infectious diseases are two ways to monitor communicable diseases. Reporting mechanisms assists in timely disease investigation and reporting.</p> <p>Dubuque County and Iowa Health Data from County Health Rankings (countyhealthrankings.org), for each year 2010 through 2014.</p> <p>Major Findings:</p> <ul style="list-style-type: none"> • Dubuque County is ranking thirteen best of Iowa's 99 counties for Healthy Behaviors. • 15% of Children in Poverty in Dubuque County compared to 11% five years ago. • 27% of Children in Single Parent Households in Dubuque County compared to 7% 2010. • Sexually Transmitted Diseases increased from 313 to 402 from 2011-2015. <p>Dubuque County Health Portrait 2014, from Community Commons (communitycommons.org/chna).</p> <p>Major findings:</p> <ul style="list-style-type: none"> • The population rate with HIV/AIDS infection is 43.8 per 100,000 Dubuque County residents, compared to 68.1 for Iowa. • 78.70% of the Dubuque County population never screened for HIV/AIDS. • 68.5% of Dubuque County residents 65 plus years of age with pneumonia vaccination. • The rate of chlamydia infection is 403.6 per 100,000 Dubuque County residents, compared to 371.5 for Iowa. <p>Summary of Selected Vital Events by County, Dubuque County 2003 and 2014 (IDPH)</p> <p>Selected findings:</p> <ul style="list-style-type: none"> • In 2014 there were 17 Escherichia Ecoli compared to 14 in 	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

2010.

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

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

Selected findings:

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

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 No priorities were identified in this focus area.		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 Continuous conversation through our Dubuque County Healthcare Preparedness Coalition. No priorities were identified in this focus area. <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:
<p>1 Transition of Care</p>	<p>Access to care, transitions of care, and mental health continue to plague counties causing excess debt to emergency rooms, failure to receive quality and consistent healthcare, increased risk for developing chronic diseases, higher medical costs, and undiagnosed mental health conditions.</p> <p>Dubuque County and Iowa Health Data from County Health Rankings (countyhealthrankings.org), for each year 2010 through 2014.</p> <p>Major Findings:</p> <ul style="list-style-type: none"> • 9% of adults in Dubuque County are uninsured. • Rate of Primary Care Providers for Dubuque County is 1,229:1, compared to state average of 1,386:1. • Rate of Mental Health Providers for Dubuque County is 991:1, compared to state average of 1,144:1. • Average number of Poor Physical Health days in the past 30 days for Dubuque County is 2.3. • Average number of Poor Mental Health days in the past 30 days for Dubuque County is 1.9. • Health Professional Shortage Area for 52001 is 24 (high). The higher the score, the fewer Primary Care Physicians. <p>Iowa Youth Survey 2014 for Dubuque County (iowayouthsurvey.iowa.gov), sampling of 6th, 8th, and 11th grades combined.</p> <p>Major Findings:</p> <ul style="list-style-type: none"> • 3% of Dubuque County respondents reported having tried to kill themselves in the past 12 months. • 7% of Dubuque County respondents reported having made a plan to kill themselves in the past 12 months. <p>Iowa Public Health Tracking, County Health Snapshots, 2010-2014.</p> <p>Major Findings:</p> <ul style="list-style-type: none"> • Unintentional Injury Hospitalization Rate for Dubuque County 	<p>Yes</p>	<p><input type="checkbox"/> Other priorities rated higher</p> <p><input type="checkbox"/> Existing programs already address problem/need</p> <p><input type="checkbox"/> Lack of human resources/ staff</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Community partners do not exist</p> <p><input type="checkbox"/> Lead organization does not exist</p> <p><input type="checkbox"/> Lack of financial resources</p>

(age-adjusted per 100,000) is 529.27.

- Unintentional Injury Emergency Department Visit Rate for Dubuque County (age-adjusted per 100,000) is 5479.67.

Iowa Health Fact Book, 2013, Dubuque County.

Major Findings:

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

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

Major Findings:

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

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

Major Findings:

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

CARES FFY14 Annual Report, IDPH.

Major Findings:

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

Dubuque County

FEBRUARY 29, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT SNAPSHOT



Promote Healthy Living

Priority #1 Healthy Behaviors



Prevent Injuries & Violence

Priority #1 No priorities were identified in this focus area.



Protect Against Environmental Hazards

Priority #1 Environmental Health



Prevent Epidemics & the Spread of Disease

Priority #1 Prevent the Spread of Disease



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

Priority #1 No priorities were identified in this focus area.



Strengthen the Health Infrastructure

Priority #1 Transition of Care