

Community Health Needs Assessment (CHNA)



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Executive summary

MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center, in collaboration with an advisory committee of community and public health partners, conducted an inclusive and comprehensive community-based assessment to determine the health needs of the geographic area of Dubuque County. For hospitals, this assessment is called the Community Health Needs Assessment (CHNA). For public health departments, this assessment is called the Community Health Assessment and Community Health Improvement Plan (CHA CHIP). The CHA CHIP document, found in appendix A, is the product of this collaborative assessment. However, in order to meet the additional IRS requirements necessary for hospitals, this addendum, which comprises the first 13 pages, was created. This addendum is to be considered supplemental to the CHA CHIP and not a standalone CHNA document. Please refer to the CHA CHIP document in appendix A for additional context when reading this addendum.

This document was presented to and adopted by the MercyOne Dubuque Board of Trustees on March 28, 2024 and MercyOne Dyersville Board of Trustees on April 26, 2024.

This CHNA is to be considered a joint report for MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center, as both markets adopted the same service area for the purpose of this report.

Nine significant health needs were identified based on the information gathered by compiling statistics from secondary data sources, as well as distributing and evaluating a community-wide survey. The committee also incorporated findings from the Community Equity Profile conducted by Community Foundation of Greater Dubuque.

The significant community health needs include:

1. Brain/Mental health (including alcohol and drug misuse)
2. Obesity (including physical activity and nutrition)
3. Access to dental care
4. Access to health care
5. Sexual health and behavior
6. Food insecurity
7. Lyme disease
8. Alzheimer's disease
9. Asthma

These needs were then prioritized by the Steering Committee by reviewing the compiled qualitative and quantitative data and needs experienced through public health work in the Dubuque County area.

The three prioritized health needs include:

1. Brain/Mental health (including alcohol and drug misuse)
2. Obesity (including physical activity and nutrition)
3. Access to dental care

Implementation strategies addressing these needs were developed by community workgroups following the prioritization of these needs and can be found in the accompanying Implementation Strategy document.

Printed copies of this report are available upon request at MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center. This report is also available electronically at [MercyOne.org/about-us/community-health-and-well-being/](https://www.mercyone.org/about-us/community-health-and-well-being/)

Please email questions, comments, and feedback to communityhealth@mercyhealth.com.

About us

Our Mission

We, MercyOne, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be your most trusted health partner for life.

Our Core Values

- **Reverence:** We honor the sacredness and dignity of every person.
- **Commitment to Those Experiencing Poverty:** We stand with and serve those who are experiencing poverty, especially those most vulnerable.
- **Safety:** We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- **Justice:** We foster right relationships to promote the common good, including sustainability of Earth.
- **Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Integrity:** We are faithful to who we say we are.

Advisory Committee

The CHNA advisory committee convened on December 12th, 2023 and continued to meet on a biweekly basis through November 6th, 2023. The advisory committee consisted of representatives from the following organizations:

- Dubuque County Public Health Department
- City of Dubuque Health Services Department
- City of Dubuque, Office of Shared Prosperity & Neighborhood Support
- UnityPoint Health- Finley Hospital
- Dubuque Visiting Nurses Association
- Crescent Community Health Center
- City of Dubuque, Planning Services Department

The CHNA advisory committee constructed a community survey which was made available to the public from March 15th - May 24th.

Summary of previous needs assessment and impact of actions

The MercyOne Dubuque Board of Trustees approved the previous Community Health Needs Assessment (CHNA) on May 27th, 2021. Similarly, the MercyOne Dyersville Board of Trustees reviewed electronically and approved on June 2, 2021. The significant health needs identified in the FY22-24 CHNA include:

1. Access to health care
2. Jobs and healthy economy
3. Access to nutritional foods, healthy diets
4. Access to brain health
5. Obesity, physical inactivity
6. Aging
7. Cancer
8. Heart disease/stroke
9. Preventive services (vaccinations, screenings, health promotion, health education)
10. Substance misuse
11. Affordable health insurance
12. Family life
13. Bullying

A wide range of priority health and social issues emerged from the CHNA process. MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center determined that it could effectively focus on only those needs which were most pressing, under- addressed, and within its ability to influence. MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center, in collaboration with community partners, chose to focus on initiatives addressing the following needs:

1. Access to health care (including cancer, heart disease/stroke, health care promotion, flu shots, vaccines)
2. Obesity (access to nutritional foods, healthy diets)
3. Brain health (including substance misuse)

The section below highlights actions taken over the succeeding three years to address selected needs as well as the impact of those actions.

Access to health care

MercyOne Dubuque Medical Center was involved in the following projects during fiscal years 2022- 2024 to help increase access to care in our community:

Mobile Medical Unit MercyOne Dubuque’s mobile medical unit is a fully customized, 30-foot Winnebago with two exam rooms and a wheelchair accessible lift to serve out the mission of MercyOne by bringing compassionate care to people where they are. The mobile medical launched in November 2021 and as of December 2023, has made 12,782 encounters. Since July 1st, 2022- December 30th, 2023, 736 free vaccines were administered. Vulnerable population outreach events included visits to food pantries, community resource centers and events, and homeless shelters. At these events, health screenings (blood pressure, blood sugar, brain health), vaccines, and connections to other needed resources were offered at no charge. The mobile medical unit served Dubuque, Dyersville, Cascade, and Clinton. The mobile unit also had a regular presence at the Dubuque farmer’s markets where it provided education on brain health, fall prevention, stroke awareness, breast cancer awareness, and resources for military members and veterans in addition to free preventative care services such as skin cancer screenings. Dyersville staff also partnered with the mobile medical team to provide flu shots and other preventative care at the Dyersville Downtown Market.

Infant/Maternal Health The MercyOne Dubuque Maternal Health Clinic provided prenatal, postpartum, and yearly well women visits for underserved women in the Dubuque community and surrounding area. MercyOne Dubuque Birth Center was the only Level II Regional Perinatal Center serving the tri-state area for about a 70-mile radius. MercyOne provided both of these critical services for the community despite financial loss. MercyOne Dubuque Medical Center also offered breastfeeding education to the community through free outpatient lactation consultations and breastfeeding support groups. MercyOne Dubuque further increased access to breastmilk by providing free pasteurized human donor milk to infants in the NICU and newborn nursery. They also served as a milk collection depot and dispensary, which, as of May 2023, allowed anyone with a prescription to purchase donated milk for their baby and avoid expensive shipping costs.

Insurance MercyOne contracted First Source to assist patients with no insurance to explore and apply for insurance to improve their access to healthcare. Financial counselors also spent time assisting patients in enrolling in Medicaid and public programs outside of their regular financial assistance duties. In-kind office space was also provided for volunteers to operate a Senior Health Insurance Information Program (SHIIP), providing guidance to individuals, families, and caregivers for navigating Medicare plans and resources.

Vaccinations MercyOne Dubuque helped bridged the insurance gap for 18 children during the FY22 and FY23 flu seasons. When parents brought their children to the pharmacy to receive their flu shot, some found out that their insurance did not cover flu shots from a non-VFC provider. Iowa Medicaid only reimburses flu vaccines for VFC providers and there are very few VFC providers in Dubuque County. Rather than send them away to receive their vaccine at a VFC provider, MercyOne went ahead and vaccinated the child and absorbed the cost.

Grants MercyOne Dubuque’s Community Benefit Ministry Grant fund provided several grants to increase access to health care in our community including:

- \$23,000 to Dubuque for Refugee Children, which assisted and empowered over 60 unaccompanied immigrant minors per year with their legal, educational, medical, and dental needs.
- \$25,000 to the Pacific Islander Health Project (PIHP), which served Compact of Free Association (COFA) migrants living in the area, educated and empowered COFA migrants in achieving and maintaining health and well-being, and removed barriers to accessing essential resources.
- \$18,536 to Almost Home to fund health-related expenses for homeless fathers and their children.

Prescription Assistance MercyOne Dubuque provided free compliance packaging services for 45-50 low-income patients' medications each year. Medications were filled in day and time-specific packaging to decrease the burden of medication management for patients with a history of misuse/overuse of addictive medications, poor vision, impaired short-term memory or confusion.

Workforce Development MercyOne Dubuque and Dyersville provided preceptorship and mentorship programs for nurses and other health professionals. They also organized job shadowing opportunities for high school and college students to encourage interest in the healthcare field.

Brain health (including substance misuse)

MercyOne Dubuque Medical Center was involved in the following projects during fiscal years 2022- 2024 to address brain health (including substance misuse).

Grants MercyOne's Dubuque's Community Benefit Ministry Grant fund provided several grants to address brain health and substance abuse in the community including:

- \$7,5000 to assist Catholic Charities in hiring a new telehealth counselor to provide mental health counseling services to limited-income individuals, couples, children, and families.
- \$4,500 to Four Mounds' "HEART" (Housing, Education, and Rehabilitation Training) Youth program, which was provided to 12-18 students at risk of dropping out of high school. The funding included sponsoring the costs of an emotional wellness retreat for students among other needs to support the program.
- \$3,417 to Liberty Recovery Community, which provided affordable housing for very low-income persons exiting treatment, jails, hospitals, and other places that need wrap-around care and free recovery services. The grant money given was used to purchase plastic mouth pieces for their breathalyzers and urine analysis test kits to detect illicit chemicals to monitor their residents' recovery success. The money also covered transportation costs for driving their tenants to AA/NA, medical/mental health appointments, and employment interviews. The organization served around 100 people in 2022.
- \$39,500 to ZTM Sober Living, which is a residence for men who desire continued support after leaving treatment, jail, prison, and correctional halfway houses for substance abuse and addiction. MercyOne funded scholarships over the past three years that allowed 59 men with limited funds or financial support the opportunity to either begin their first month at ZTM Sober Living without the stress of initial rent or maintain tenancy despite financial hardship.

Behavioral Health Subsidies MercyOne Dubuque continued to offer many service lines related to brain health and substance misuse despite financial loss. This included their inpatient and outpatient psychiatric units and outpatient substance use disorder treatment center, which increased access to care for 1,113 people.

Partial Hospitalization Program As part of MercyOne's FY22-24 implementation strategy, a partial hospitalization program was developed and opened in September of 2023. This program provides an intense, structured, group setting for treatment of individuals who have difficulty maintaining their daily routines or who would otherwise require inpatient psychiatric treatment. Services include psychological assessments, medication reviews, group psychotherapy, instructional education on cognitive-based therapy techniques, coping skills, mindfulness-based stress reduction, nutrition tips, and spiritual care. Participants on average improved their Hamilton Anxiety Rating Scale (HAM-A) and Patient Depression Questionnaire (PHQ-9) scores by 45% and 48%, respectively, upon completing the program.

NARCAN Training and Access MercyOne Dubuque Pharmacy continued to stock Naloxone (NARCAN) and

educated community members who presented for a NARCAN kit. MercyOne provided two NARCAN trainings to the community.

Substance Abuse Coalition Participation MercyOne Dubuque colleagues donated in-kind time to participate in the Dubuque County Wellness Coalition and Dubuque Area Substance Abuse Coalition, which both primarily address substance abuse in the community.

Brain Health Stakeholders Team MercyOne Dubuque and Dyersville colleagues participated in a monthly Brain Health Stakeholders team to assist in coordinating and leveraging brain health specific resources within the community.

Veteran, First Responder, and Healthcare Worker Suicide Education MercyOne collaborated with Veteran Affairs in Iowa City and North Iowa Community College to plan and hold an event to educate healthcare workers and first responders on how to effectively start conversations to screen for suicide, identify warning signs, and respond to suicide risk. Special focus was given to military/veteran, first responder, and healthcare worker populations. 51 participants attended.

Obesity (access to nutritional foods, healthy diets).

Food Donations As of December 2023, MercyOne Dubuque's in-house food pantry served 6,631 people, providing approximately 78,215 meals. Over 524 packages of nutritional food were also distributed over the past three years to individuals and families experiencing food insecurity via the mobile medical unit.

Helping a Heavy Heart: Access to Home Digital Scales Project MercyOne Dubuque purchased 227 home digital scales for MercyOne and Crescent patients who could not afford them following a heart failure discharge or who were otherwise identified to require weight loss. This project reduced the financial barrier to successful management of their heart failure disease, a common co-morbidity of obesity.

Grants MercyOne Dubuque's Community Benefit Ministry Grant program funded grants to increase access to nutritional foods:

- \$11,000 to the Scouting for Food project, which collected 12,000 pounds of food and \$4,900 in cash donations in 2022 and 33,000 pounds of food in 2023 that was distributed to local food pantries. The donations funded marketing and advertising budget line items for the past three years.
- \$20,000 to the Mission School of Preservation of the Dubuque Rescue Mission, which paid half of the salary of their part-time Assistant Kitchen Manager who trained men in culinary skills, so these men were able to find employment at food service establishments in Dubuque and the surrounding area. The men in this program prepared and preserved 5,000 pounds of fresh produce for serving at their "Free Meal" ministry.
- \$5,000 to the People Associated with Lincoln School to support the Lincoln Outdoor Wellness Project to redesign Lincoln's school's outdoor play area. This area will be used for recess and physical education during the day, before and after school programs, and by the public after school and on non-school days.

Dyersville Community Gaelic Gallop MercyOne Dyersville sponsored the Dyersville Community Gaelic Gallop 2 mile/8K fun walk/run to encourage community members to get active.

Written comments

MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center did not receive any written comments regarding the FY22-24 Community Health Needs Assessment or

Implementation Strategy. The documents continue to be available on the MercyOne website at [MercyOne.org/about-us/community-health-and-well-being/](https://www.mercyone.org/about-us/community-health-and-well-being/) and printed copies are available upon request at MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center.

Fiscal Year 2025-2027 Community Health Needs Assessment

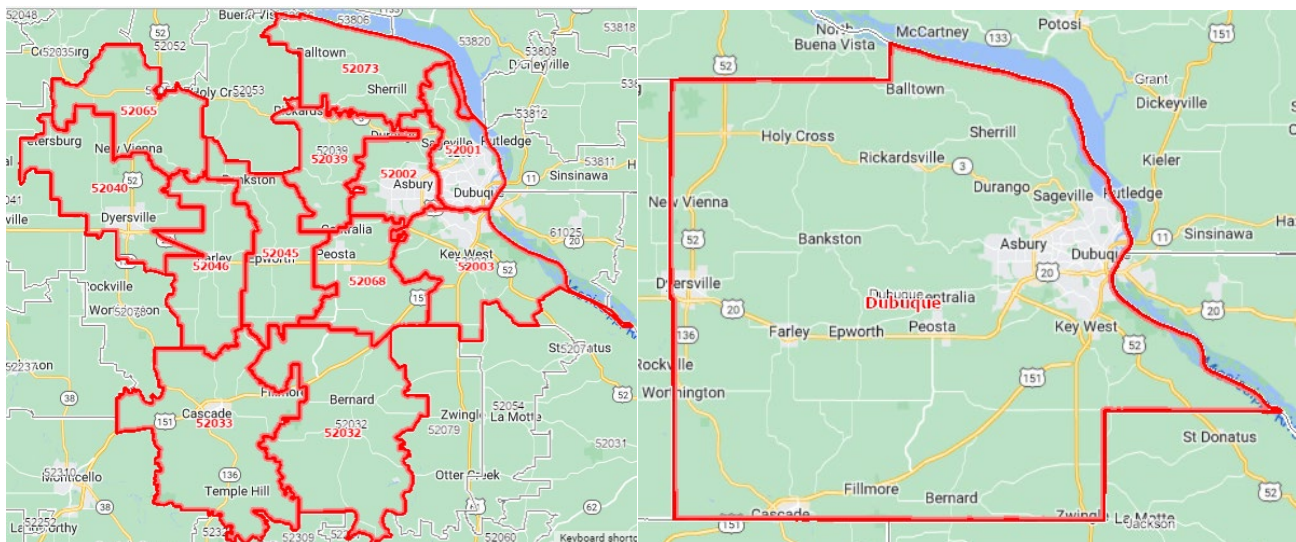
Community served

Geographic area

Dubuque Medical Center and MercyOne Dyersville Medical Center’s combined service area includes the following zip codes, all which fall within Dubuque County.

52001	52032	52045	52065
52002	52033	52046	52068
52003	52039	52053	52073
52004	52040	52056	52078

In order to effectively partner with Dubuque County Public Health, we expanded the geographic area for this assessment to include all of Dubuque County. We considered this to be appropriate since 72% and 83% of Dubuque Medical Center and Dyersville Medical Center discharges in CY22 were from Dubuque County, respectively. This service area does not exclude low-income or underserved populations.



Health Facilities

Three hospitals are located in Dubuque County:

1. MercyOne Dubuque Medical Center
2. MercyOne Dyersville Medical Center
3. UnityPoint Health Finley Hospital

Services provided

In 1879, the Sisters of Mercy arrived in Dubuque at the request of Bishop John Hennessy to launch a healing ministry now known as MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center. Today, MercyOne Dubuque is the leading hospital in the tri-states, offering the only comprehensive cardiology center and level II regional neonatal intensive care unit in the area as well as the newly constructed MercyOne Dubuque Cancer Center. Other services include a trauma center, a CARF-accredited inpatient rehabilitation unit, home health care, orthopedics, retail pharmacies, palliative care, and a wide range of outpatient and community services. MercyOne operates two hospital-based skilled nursing units and a 40-bed nursing home.

The MercyOne Dubuque Maternal Health Clinic opened in 1991 and provides prenatal, postpartum and yearly well women visit(s) for underserved women in the Dubuque community and surrounding area.

MercyOne Dyersville Medical Center is a 20-bed critical access hospital serving 17 rural communities in western Dubuque County, offering the following services: emergency/trauma, acute and skilled care, rehabilitation services (physical therapy, occupational therapy, speech), ambulatory surgery, home care, and specialty clinics.

In recognition of the strength of its nursing service and the overall quality of patient care, MercyOne Dubuque Medical Center was the 134th hospital in the country to be designated a Magnet® hospital, the nation's most prestigious award for nursing excellence, and has since earned this honor four consecutive times. Also accredited by The Joint Commission, MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center are members of the MercyOne System of Des Moines, Iowa, and Trinity Health of Livonia, Michigan.

Significant community health needs

After analyzing primary and secondary data, along with input from the advisory committee, nine significant community health needs were identified.

Significant health need	Supporting data
Brain/Mental health (including alcohol and drug misuse)	<ul style="list-style-type: none"> • Shortage of mental health and substance use professionals • Brain health and substance misuse were identified as two of the top three most important community health concerns • Dubuque County ranked first in Iowa for excessive drinking
Obesity (including physical activity and nutrition)	<ul style="list-style-type: none"> • 33.7% of residents are obese and 42% are overweight. • The CHA survey identified obesity as the number one health problem in the community, with 48.5% of respondents reporting it as one of their top three concerns. • Of the top three healthy behaviors survey respondents said they would like to start or improve, “Get more physical activity” (59.1%) and “Eat more fruits and vegetables” (42.1%) were the first and third most popular answers
Access to dental care	<ul style="list-style-type: none"> • “Dentist” was the second top response to the CHA survey question: Do you currently have trouble accessing any of the following? • Lack of dentists seeing Medicaid patients • Dubuque County oral health emergency department visits are higher than Iowa’s rate • Crescent does not have the capacity to meet the current need
Access to health care	<ul style="list-style-type: none"> • Shortage of primary care providers • Dubuque has almost double the rate of preventable hospitalizations for Medicare beneficiaries than Iowa and the nation • 19.4% of respondents list “cannot afford the cost” as something that prevents them from being healthy.
Sexual health and behavior	<ul style="list-style-type: none"> • Gonorrhea cases per 100k population is 175 (140 in Iowa) • Syphilis cases per 100k population is 30 (27 in Iowa) • Chlamydia cases per 100k population is 479 (458 in Iowa)

Food insecurity	<ul style="list-style-type: none"> • 7.9% of population and 11.7% of children are food insecure. • 36% of food insecure children are ineligible for assistance (25% in Iowa and 22% in nation) • Fresh food and produce available was 3rd top response to “What would help you or your family start or maintain a healthy lifestyle?” on the CHA survey. • 24% of Community Equity Profile survey respondents disagreed that fresh and healthy food is accessible in the community.
Lyme disease	<ul style="list-style-type: none"> • Rate of Lyme Disease is 51.2 per 100k population (Iowa rate is 11.3 per 100k population)
Alzheimer’s disease	<ul style="list-style-type: none"> • Rate of death by Alzheimer’s Disease per 100k population is 50.7, which is higher than Iowa rate of 42.4 (2022 Vital Statistics of Iowa)
Asthma	<ul style="list-style-type: none"> • Asthma hospitalizations per 10,000 population (Age-adjusted) was 2.3 (1.66 for Iowa) • Asthma emergency department visits per 10,000 population (age adjusted) was 32.17 (26.94 for Iowa)

Prioritized needs

The advisory committee considered all of the data supporting each of the nine significant health needs and each cast three votes. The health needs with the most votes were chosen to be prioritized.

The priority community health needs, include:

1. Brain/Mental health (including alcohol and drug misuse)
2. Obesity (including physical activity and nutrition)
3. Access to dental care

Next steps

A multi-year strategy to address identified community health and social needs has been created and will be publicly available as a separate document upon approval.

Printed copies of this report are available upon request at MercyOne Dubuque Medical Center (250 Mercy Dr, Dubuque, IA 52001) and MercyOne Dyersville Medical Center (1111 3rd St SW, Dyersville, IA 52040.). This report is also available electronically at [MercyOne.org/about-us/community-health-and-well-being/](https://www.mercyone.org/about-us/community-health-and-well-being/)

Please email questions, comments, and feedback to communityhealth@mercyhealth.com.

The next community needs assessment for MercyOne Dubuque Medical Center and MercyOne Dyersville Center will be completed in fiscal year 2027.

Appendix



DUBUQUE COUNTY, IOWA

COMMUNITY HEALTH ASSESSMENT & HEALTH IMPROVEMENT PLAN

NOVEMBER 2023

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COMMUNITY HEALTH IMPROVEMENT PLAN

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Executive Summary

Approximately every five years, local boards of health lead a community-wide process to identify the most important factors affecting health in their communities and what must be done to address those needs. Similarly, every three years, not-for-profit hospitals are required by the Patient Protection and Affordable Care Act (ACA) to conduct a needs assessment and adopt implementation strategies to meet the needs identified by the assessment. The development of this joint assessment included the formation of a Community Health Assessment and Community Health Improvement Plan Steering Committee including representatives from the Dubuque County Public Health Department, the City of Dubuque Health Services Department, the Dubuque Visiting Nurse Association, MercyOne Dubuque/Dyersville Medical Centers, UnityPoint Dubuque Hospital, and Crescent Community Health Center. This document, Dubuque County's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), is the result of the process. Qualitative and quantitative data were collected through the compiling of statistics from various secondary data sources, as well as distributing and evaluating a community-wide survey. The committee also incorporated findings from the Community Equity Profile conducted by Community Foundation of Greater Dubuque. The statistical data and community input shaped the community health improvement plan by identifying health concerns and needs in the community, which were then prioritized by the Steering Committee by reviewing qualitative and quantitative data from a variety of sources, including the community survey, as well as needs experienced through public health work in the Dubuque area. The community health improvement plan will serve as a foundation for community health improvement efforts over the next three years.

Community Health Assessment and Health Improvement Plans yield the following community benefits:

1. Increases awareness of community health needs and resources.
2. Creates a common understanding of the community's health needs.
3. Enhances relationships between and among stakeholders.
4. Provides a basis upon which community stakeholders can make informed decisions about how they can contribute to improving the health of the community.
5. Provides a rationale for current and potential funders to support efforts to improve the health of the community.
6. Creates opportunities for collaboration in delivering services to the community.
7. Provides guidance to the hospitals and health departments for how they can align their services and community benefit programs to best meet needs.

COMMUNITY HEALTH ASSESSMENT

Data Sources

The Steering Committee gathered primary data from a community-wide survey to elicit feedback from residents regarding health opportunities in the community. The survey data and data from a Community Equity Profile conducted by the Community Foundation of Greater Dubuque was analyzed and compared with that which resulted from a comprehensive examination of available health data from secondary sources.

COMMUNITY SURVEY

The Steering Committee created a survey to gather community-based input on health needs and health priorities in the community. The City of Dubuque's Office of Shared Prosperity and Neighborhood Support (OSPNS) assisted with the process of assessing community health needs and sought to promote equity throughout this process. The OSPNS encouraged the committee to translate surveys into Spanish and Marshallese to increase accessibility and participation within Hispanic, Latino, and Marshallese communities. The department partnered with the City of Dubuque's Office of Equity and Human rights to directly assist with the Spanish translation.

The survey was promoted by making paper copies available at frequently visited municipalities and medical offices and posting fliers at high traffic metro and rural locations throughout the area that contained a QR code linked directly to the survey. The OSPNS promoted the survey flier within the business community through relationships with John Deere Dubuque Works, the Dubuque Chamber of Commerce, and the Greater Dubuque Development Corporation and encouraged survey participation through the network of Neighborhood Association and minority groups and communities. The survey was also available on the Dubuque County Public Health Department website, the City of Dubuque Health Services Department webpage, Crescent Community Health Center, and social media pages. In addition, the OSPNS engaged with local school systems by leveraging relationships with the Dubuque Community School District, Western Dubuque Community School District, and the Holy Family School System. The OSPNS additionally encouraged survey participation through the network of Neighborhood Associations which the department directly supports. The office also worked with a handful of groups, including the Black and Brown Small Business Network and the Dubuque Black Men Coalition to promote the survey within minority communities, and sent personal email to leaders within the Marshallese community. Finally, the OSPNS advertised the survey during Community Conversation sessions dedicated to health and wellness while helping to create the Community Equity Profile.

A total of 711 people responded to the survey. The top three community health problems identified were obesity (48.5%), brain health (46.7%), and substance misuse (42.8%). The top two health services that

DUBUQUE COUNTY, IOWA CHA & CHIP 2023

respondents reported barriers to accessing were brain health care (12.7%) and dental health care (11.1%). Community survey responses are further depicted in Appendix A.

COMMUNITY EQUITY PROFILE

The Community Equity Profile was conducted by the Community Foundation of Greater Dubuque. It provides information on how all people in the community are affected by various systems, such as housing, education, and health care. It can be used to inform leaders, community members and policymakers and serve as a guide for creating an action plan that supports Dubuque’s growth as an equitable and inclusive community.

SECONDARY HEALTH DATA SOURCES

LOCAL	Community Survey County Health Rankings Community Equity Profile
STATE	Iowa Public Health Tracking Portal Iowa State University Indicators Program Vital Statistics of Iowa Annual Report Iowa Health Fact book Iowa State University Data for Decision Makers Document Iowa HHS website State Cancer Profiles
NATIONAL	Centers for Disease Control US Census and American Community Survey National Health and Nutrition Examination Survey (NHANES) Community Commons Behavioral Risk Factor Surveillance System (BRFSS) Youth Risk Behavior Surveillance System (YRBSS) Centers for Medicare and Medicaid Services Feeding America

Figure 1. Health Data Sources

Community Profile

DEMOGRAPHICS

Dubuque County is in northeastern Iowa, bordered by the Mississippi River and is comprised of twenty-one unincorporated communities and their surrounding rural areas. The county is home to the City of Dubuque, Iowa’s oldest city and the core of a metropolitan service area. Spanning 608 square miles, the County is known for its unique blend of rural and metropolitan characteristics. As of the 2020 census, the population was 99,266 making it the eighth most populated county in Iowa [4].

DUBUQUE COUNTY, IOWA CHA & CHIP 2023

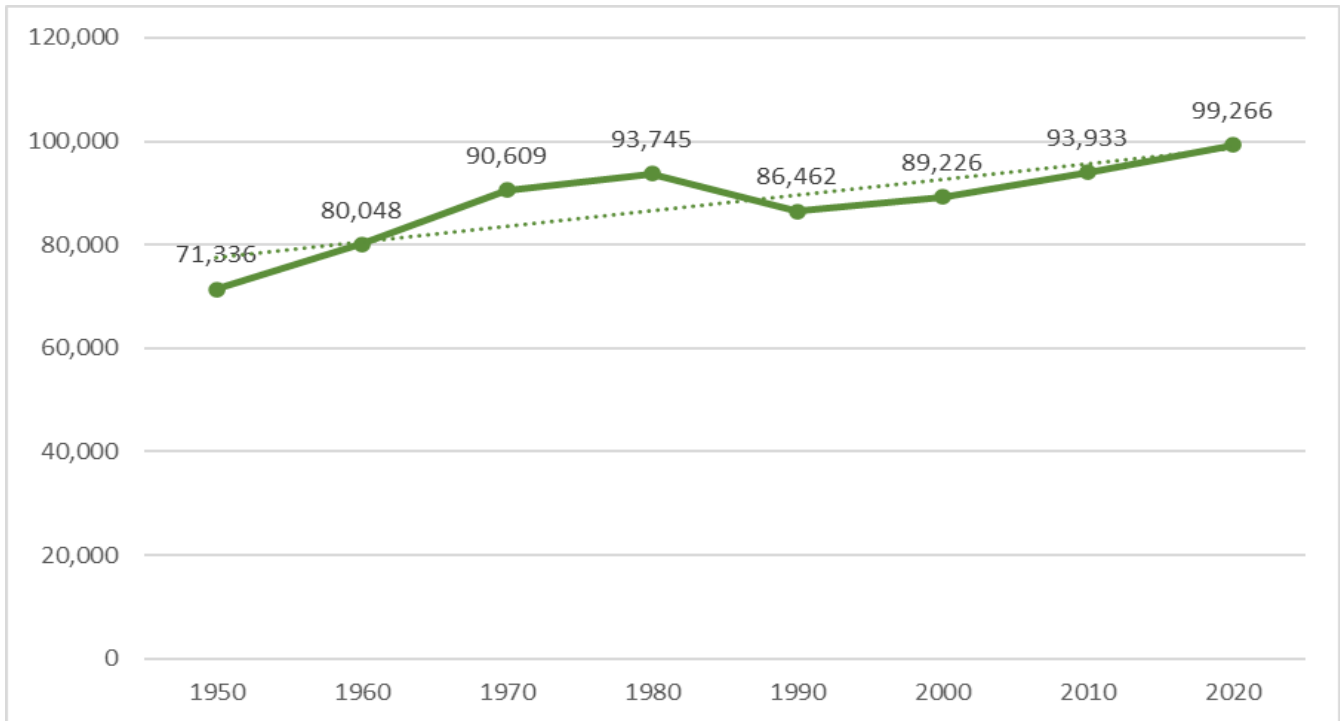


Figure 2. Population in Dubuque County, Iowa

MEDIAN AGE

The median age of Dubuque County residents is 39.5 years, which is slightly above the state and national median ages of approximately 38 years. The share of the Dubuque County population that is 65 and older increased from 15.3% in 2010 to 18.7% in 2021, representing an aging population [4].

BIRTHS

The birth rate in Dubuque County has remained consistent around 11.1 (2022 Iowa HHS live births per 1,000 population, which mirrors that of the state and national averages.

RACE & ETHNICITY

According to the US Census Bureau population estimates as of 2022, Dubuque County's population was predominately White (91.9%) though there has been a slow increase in the diversity of the population since 2000 [4]. The Dubuque community has experienced an increase in the Pacific Islander population in recent years.

DUBUQUE COUNTY, IOWA CHA & CHIP 2023

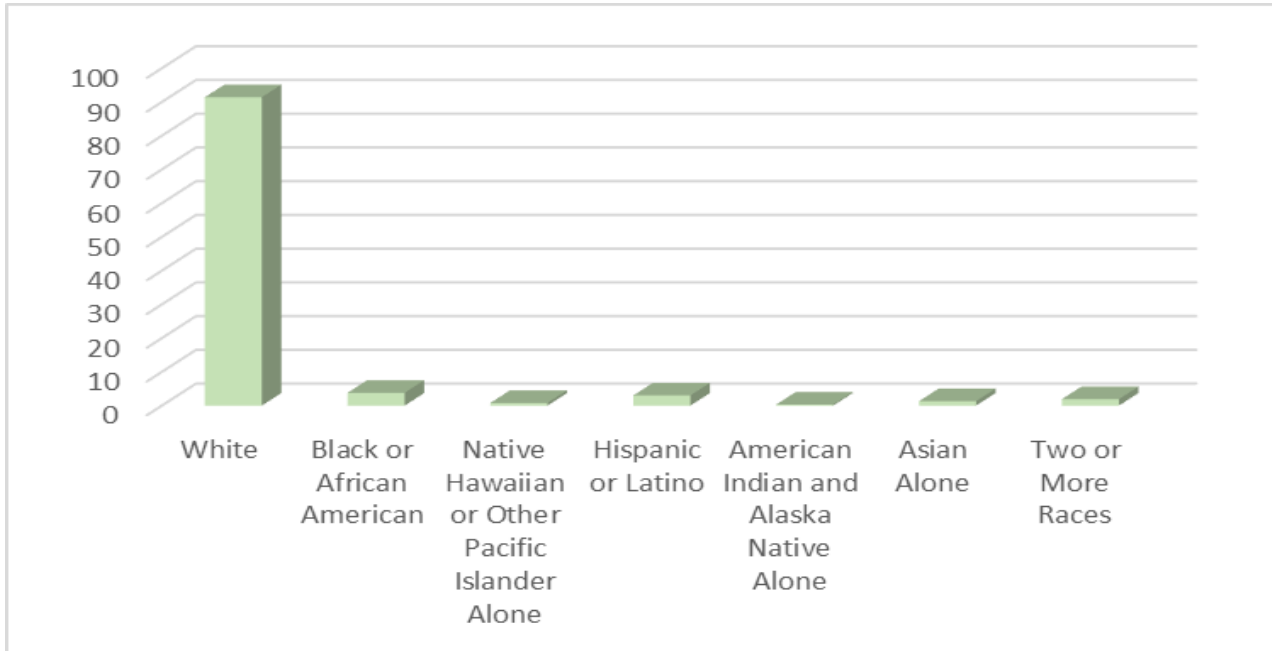


Figure 3. Race and Ethnicity in Dubuque County, Iowa

Year	Native Hawaiian and Pacific Islander Population	Dubuque County Total Population	Native Hawaiian and Pacific Islander Percentage
2016	338	96,359	0.351%
2017	357	96,571	0.370%
2018	394	96,802	0.407%
2019	509	96,982	0.525%
2020	577	97,193	0.594%
2021	639	98,687	0.648%

Figure 4. Native Hawaiian and Pacific Islander Population Growth in Dubuque County, IA

LEADING CAUSE OF DEATH AND LIFE EXPECTANCY

The leading causes of death in Dubuque County in 2022 were diseases of the heart, which includes a variety of conditions such as heart failure, myocardial infarction, ischemic heart disease, and atherosclerotic heart disease [22]. At 17.3 deaths per 10,000 and Malignant neoplasms (Cancer) at 17.4 deaths per 10,000. The average life expectancy for Dubuque County residents rose in 2023 to 80.1 years while national average life expectancy in 2023 declined to the shortest it's been in nearly two decades [25].

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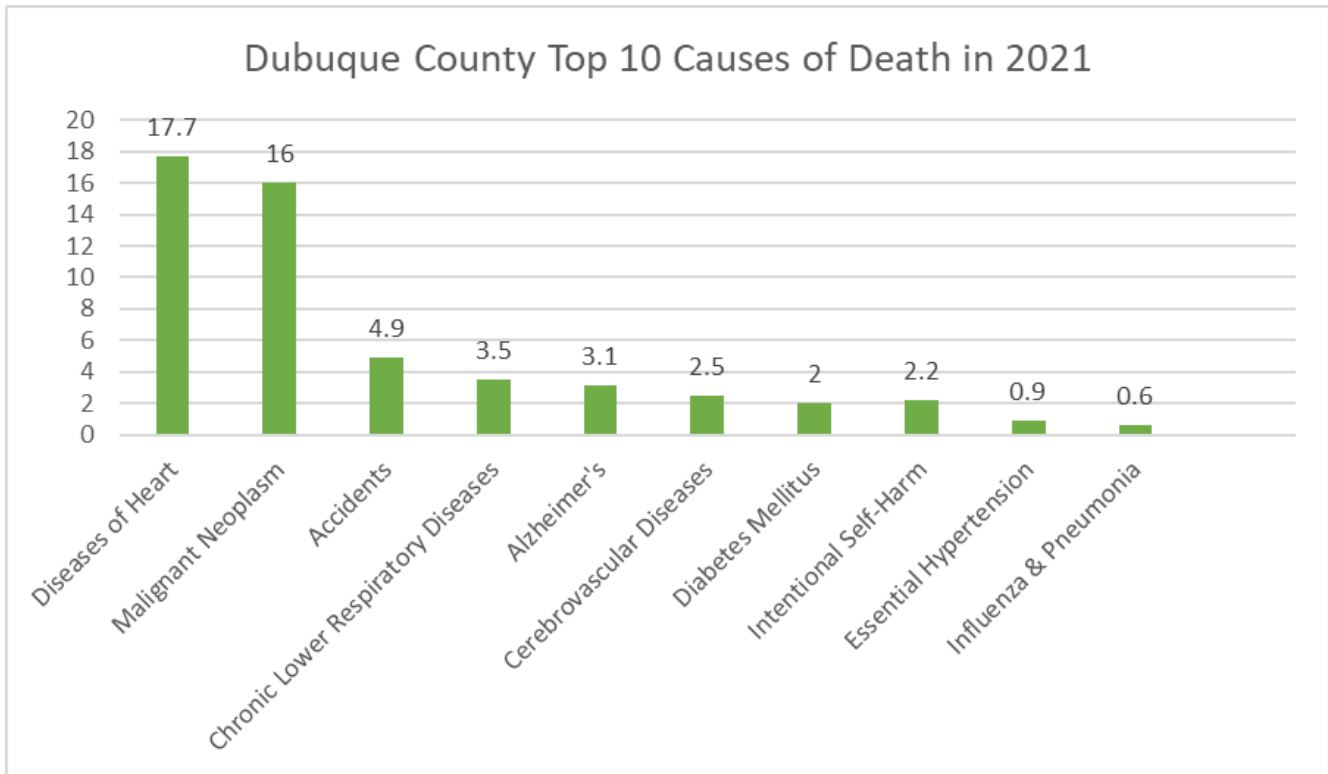


Figure 5. Dubuque County, IA Causes of Death per 10k people [22].

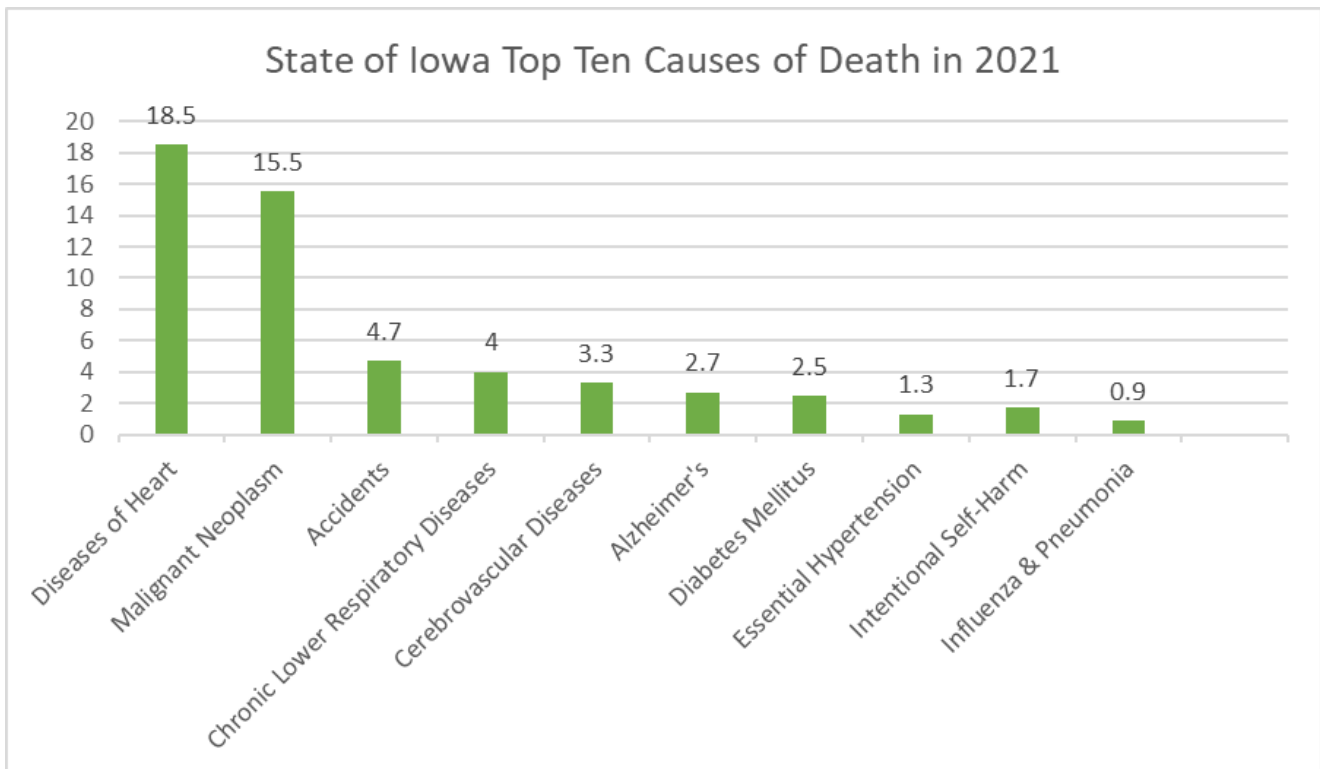


Figure 6. Iowa Causes of Death per 10k people [22].

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ECONOMIC STABILITY

Economic stability means that people have the resources essential to a healthy life such as healthy foods, healthcare, and housing. In Dubuque County, approximately 1 in 11 people live in poverty with those who identify as Black/African American disproportionately affected. People with steady employment are less likely to live in poverty and more likely to be healthy.

According to Iowa Workforce Development, Dubuque County's unemployment rates have been consistently decreasing since 2010. Major employers include local school districts, John Deere Dubuque Works, MercyOne Medical Center, Cottingham & Butler, and Medical Associates.

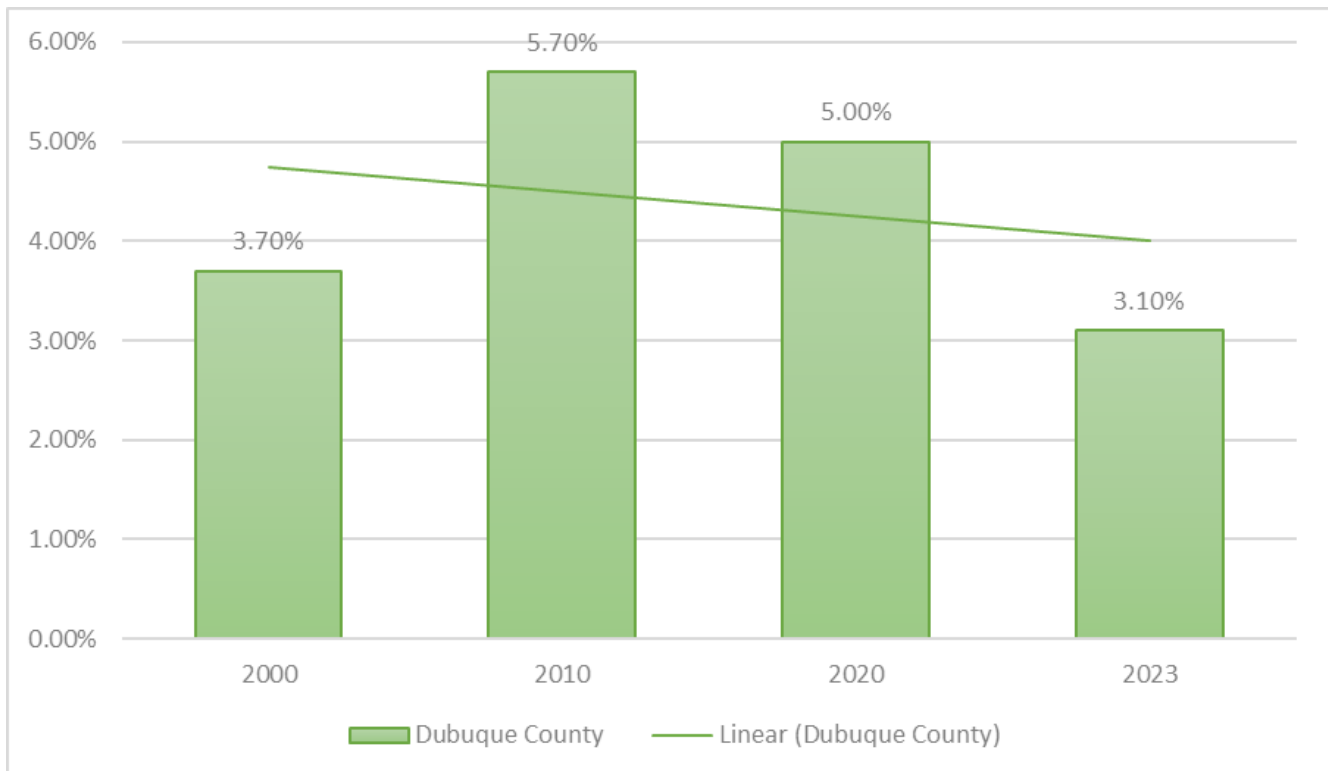


Figure 7. Unemployment Rate for Dubuque County, Iowa

One indicator of economic stability is median household income. The median household income for Dubuque County is \$68,198, which is higher than the state median household income of \$65,429 and lower than the national median household income of \$69,021.

HOUSING

Safe and reliable housing is essential to people's well-being and is generally the largest necessary expense to account for. Housing affordability can be assessed using different metrics including housing market, housing conditions and affordability, and public policies towards affordable housing. Nearly 74% of Dubuque County residents reside in a housing unit that they own and 26.4% of units are renter occupied. Of households with Black/African American residents, only 15.3% own their home, while

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76.6% of Whites own their home, making White residents five times more likely to own the home they are living in than their Black/African American counterparts. This disparity is also much more pronounced in Dubuque County than it is nationally, which has a national average of 42.7% home ownerships in Black/African American residents. It is important to note that the population of Black/African American residents in Dubuque County is small (3,042), which may have exacerbated these statistics. **

EDUCATION ACCESS AND QUALITY

People with higher levels of education are more likely to be healthier and live longer. Dubuque County accommodates two public K-12 school districts. The Dubuque Community School District serves approximately 10,000 students across twenty buildings, 28.6% of whom are eligible to participate in the federal free and reduced-price meal program. The Western Dubuque Community School District serves 3,701 students in eight schools, 19.9% of whom are eligible to participate in the federal free and reduced-price meal program. Holy Family Catholic schools and other Catholic and private elementary and high schools are located throughout the county. Nearly 94% of students in Dubuque County successfully complete high school. Dubuque is a college town with five higher learning institutions and 32.1% of the Dubuque County population 25 and older holds a bachelor's degree or higher.

HEALTHCARE ACCESS AND QUALITY

Access to comprehensive, high-quality health care services are important for promoting and maintaining health, preventing, and managing disease, and achieving health equity. Sometimes people don't get the health care they need because they cannot afford it, they don't have a primary medical provider, or they lack reliable transportation. In Dubuque County, 5% of people under the age of 65 do not have health insurance - half that of the national uninsured rate. Dubuque County accommodates one primary care physician per 1,270 people. 79% of community survey respondents reported getting a yearly health exam at a Medical Provider/Doctor's Office/Clinic.

NEIGHBORHOOD AND BUILT ENVIRONMENT

Where people live can have a major impact on their health and well-being [4]. Components such as air quality, ambient noise, climate, land use and development patterns, physical activity, public spaces, and transportation contribute to a built environment. According to the Community Equity profile, 75% of survey respondents agreed or strongly agreed that they feel safe when traveling to other neighborhoods in Dubuque, and 79% of workers living in Dubuque commute to work alone by car, truck, or van. Several respondents reported challenges to finding parking in the downtown Dubuque area.

SOCIAL AND COMMUNITY CONTEXT

Social support at home, at work, and in the community can help reduce the negative impact of stressors that people cannot control. Social support networks have been identified as powerful predictors of health behaviors, suggesting people with a strong social network are less likely to make healthy lifestyle choices than people with a strong network. According to County Health Rankings, there are 107 social

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associations in Dubuque County. Associations include membership organizations such as civic, sports, religious, political, labor, business, and professional organizations. They also include centers that offer physical activities such as fitness centers, golf clubs, and bowling leagues. According to the County Health Rankings, 5% of youth reported disconnection [25]. According to the Community Equity Profile, 85% of survey respondents agreed or strongly agreed that there are opportunities to attend art events in Dubuque.

COMMUNITY HEALTH DISPARITIES

In 2023, Dubuque County ranked 21 out of 99 Iowa counties with respect to health outcomes (how healthy a county is) and 48 out of 99 in health factors (things that can be modified to improve the length and quality of life for residents) according to the County Health Rankings [23]. Of those that responded to the community survey, the majority felt that the community was less healthy in 2023 than in the previous five years. Approximately 11% of Dubuque County residents reported fair or poor health, which is slightly lower than the state and national averages, both of which are 12% [23].

The data subcommittee collected secondary data indicators and calculated a differential for each data indicator, comparing quantitative data indicators from Dubuque County to the state of Iowa and the United States. The need differential was calculated using the following formula: $\text{Need Differential} = (\text{current rate} - \text{benchmark rate}) / \text{current rate} \times 100$. In the table below, data indicators that were worse than both the state and the nation are coded in red. Data indicators that are similar to or fall in between the state and nation are coded in yellow. Data indicators coded as green are areas of strength.

Secondary Data	Dubuque County	Iowa	United States	Year
Access to Care				
Primary care providers per 100,000 population ²¹	86.64	109.33	109.34	2023
Mental health providers per 100,000 population ²¹	119.88	122.15	155.76	2023
Addiction/substance use providers per 100,000 population ²¹	18.13	20.94	24.88	2023
Dentists per 100,000 population ¹	83	70	72.4	2021
Recent Primary Care Visit within past one year (Age adjusted) ⁷	73.00%	73.39%	71.80%	2021
Uninsured Population ²	3.42%	4.86%	8.77	2017-21
Health Outcomes				
Preventable hospitalizations per 100,000 Medicare beneficiaries ²¹	5542	2289	2752	2021
30-Day hospital readmissions (Medicare beneficiaries) ²¹	18.10%	15.20%	18.10%	2020
Asthma hospitalizations per 10,000 population (Age-adjusted) ²⁶	2.3	1.66		2022
Asthma emergency department visits per 10,000 population (Age adjusted) ²⁶	32.17	26.94		2022
Current Asthma Age 18+ (Age adjusted) ⁷	9.30%	9.40%	9.70%	2021
Oral health emergency department visits per 10,000 population (Age adjusted) ²⁶	36.74	28.71		2022

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Heart attack hospitalizations per 10,000 population (Age adjusted) ²⁶		27.02	25.66		2022
Heat related illness Emergency Department visits per 100,000 (Age adjusted) ²⁶		44.92	31.95		2022
Diabetes Prevalence (Age adjusted) ⁷		8.20%	8.57%	9.90%	2021
Cancer Incidence All Sites per 100,000 population ²⁸		475.3	486.8	442.3	2016-20
Colon and Rectum Cancer Incidence per 100,000 population ²⁸		37.2	40.7	36.5	2016-20
Breast Cancer incidence per 100,000 population ²⁸		135.2	134.7	127	2016-20
Lyme Disease per 100,000 population ²⁶		51.2	11.3		2021
Alzheimer's Disease Prevalence (Medicare beneficiaries) ²¹		8.40%	9.60%	10.80%	2018
Heart Disease Prevalence (Medicare beneficiaries) ²¹		17.90%	24.00%	26.80%	2018
Chronic Obstructive Pulmonary Disease (COPD) Prevalence (Age adjusted) ⁷		5.80%	5.98%	5.70%	2021
High Blood Pressure Prevalence Age 18+ (Age Adjusted) ⁷		25.20%	27.90%	29.60%	2021
Low Birth Weight (less than 2,500 grams) ²⁰		6.00%	6.80%	8.20%	2014-20
Low Birth Weight (less than 2,500 grams) Non-Hispanic White ²⁰		6.00%	6.00%	6.90%	2014-20
Low Birth Weight (less than 2,500 grams) Non-Hispanic Black/African American ²⁰		12.00%	12.00%	13.60%	2014-20
Low Birth Weight (less than 2,500 grams) Hispanic or Latino ²⁰		5.00%	7.00%	7.40%	2014-20
Health Behaviors and Risk Factors					
Obesity (Adult) (Age adjusted) ⁷		32.30%	36.64%	33.00%	2021
Obesity (9th-12th graders) ^{13,11}			15.80%	16.30%	2021
Overweight (9th-12th graders) ^{13,11}			16.00%	16.00%	2021
Access to exercise opportunities ²⁰		83%	79%	84%	2020 & 2022
Current smokers ⁷		15.60%	16.53%	13.80%	2021
Excessive drinking (Age adjusted) ²⁰		27%	25%	19%	2020
Binge drinking (Age adjusted) ⁷		22.20%	21.33%	16.70%	2021
Gonorrhea cases per 100,000 population ²⁶		175	140		2022
Syphilis cases per 100,000 population ²⁶		30	27		2022
Chlamydia cases per 100,000 population ²⁶		479	458		2022
HIV Prevalence ¹⁰		91.8	111.1	379.7	2020
Child immunization (2-year-olds) ²⁶		65.50%	70.10%		2022
Teen birth rate (births per 1,000) ⁸		6.5	6.2		2022
Breastfeeding initiation rate ²⁶		81.60%	85.30%		2022
Social Influencers of Health					
Food insecurity rate ¹⁷		7.20%	7.62%	10.28%	2021
Food insecurity (children) ¹⁷		8.60%	9.70%	13.30%	2021
Food insecure children ineligible for assistance ¹⁷		31.00%	27.12%	26.64%	2021
Poverty- Population below 200% Federal Poverty Level (FPL) ⁵		22.93%	27.34%	29.21%	2017-21
Preschool Enrollment (Children Aged 3-4) ⁵		45.78%	43.49%	45.93%	2017-21
Housing cost burdened ⁵		23.84%	22.73%	30.34%	2017-21

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Unemployment Rate ²⁹		3.10%	3.30%	4.00%	2023
Rate of Homelessness Among Public School Districts ³⁰		1.80%	1.54%	2.77%	2019-20
Median Household Income ⁵		\$68,198	\$65,429	\$69,021	2017-21
Students Eligible for Free or Reduced Price Lunch ¹⁴		35.70%	40.10%	51.70%	2020-21
Percent Households Receiving SNAP Benefits ⁵		8.62%	9.58%	11.37%	2017-21
Population Age 25+ with bachelor's degree or Higher ²		32.10%	29.17%	33.67%	2017-21
Population Age 25+ with No High School Diploma ²		6.25%	7.19%	11.13%	2017-21
Students Scoring "Not Proficient" or Worse in Reading (4th grade) ³⁰		36.80%	34.50%	60.10%	2020-21
Incarceration Rate ²⁷		0.70%	0.70%	1.30%	2018
Violent Crime Rate per 100,000 population ¹⁶		209	283	416	2015-17
Physical Environment					
Driving alone to work ¹³		81%	79%	73%	2017-21
Air pollution (Particulate matter micrograms per cubic meter) ^{13,12}		9.1	7.4	7.4	2019
Population who live within a 10-min walk from a park ¹⁵		45.46	45.28	43.57	2020
Recreation and Fitness Facilities per 100,000 population ³		16.12	12.13	11.94	2020
Fast Food Restaurants per 100,000 population ³		73.54	64.82	75.89	2020
Percent Low Income Population with Low Food Access ¹⁸		21.95	19.53	19.41	2019
Occupied Housing Units with One or More Substandard Conditions ^{**5}		24.49%	23.10%	31.49%	2017-21
Brain Health					
Suicide Mortality per 100,000 population ⁹		13.8	16	13.8	2020
Male Suicide Mortality per 100,000 population ⁹		26.3	26.1	22.2	2020
Female Suicide Mortality per 100,000 population ⁹		suppressed	6	6	2020
Poor Mental Health (14 or more poor mental health days during the past 30) ⁷		14.80%	15.12%	14.70%	2021
Depressive Disorder Age 18+ (Age adjusted) ⁷		17.80%	18.80%	19.80%	2021

* Low Birth Weight (less than 2,500 grams) in non-Hispanic Black/African Americans, although similar to state and national rates for non-Hispanic Black/African Americans, was still coded as red since it is higher than the all-race overall rate of 6%.

** 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

TABLE 1. Community Health Disparities

COMMUNITY HEALTH ASSESSMENT FINDINGS

It is important to note that some health needs are state and/or nationwide issues and were not detected during the need differential analysis. Therefore, annual trends were also analyzed. This list was cross-referenced to the CHA community survey results as well as the qualitative and quantitative responses from the Health & Wellness Community Equity Profile, which consisted of a survey and community discussion conducted by the Community Foundation of Greater Dubuque.

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After aggregating all data sources, the following needs were determined to be most pertinent in the Dubuque Community and the Steering Committee selected items 1, 2, and 3 for inclusion in the CHIP.

1. Brain/Mental Health (including alcohol and drug misuse)
2. Obesity (including physical activity and nutrition)
3. Access to dental care
4. Access to care
5. STIs & Sexual Health/Behavior
6. Food Insecurity
7. Lyme Disease
8. Alzheimer's Disease
9. Asthma

PRIORITY 1A: BRAIN HEALTH

COMMUNITY EQUITY PROFILE

According to the Dubuque Community Equity Profile, concerns regarding brain (mental) health treatment were significant. The data indicated that 58.33% of respondents strongly agreed and 30.56% agreed that there is a need for improved brain health treatment. Participants expressed frustration with long waiting times to secure appointments and a shortage of brain health providers. When asked whether it was easy to access brain (mental) health services, 59.38% either disagreed or strongly disagreed. The CHA Survey also found that brain health was a major concern among Dubuque County residents, consistently ranking as a top response.

COMMUNITY SURVEY

- "Brain/Mental health" was the #1 response (12.7%) to the question "Do you currently have trouble accessing any of the following?"
- "Access to brain/mental health services" was the #1 response (39%) to the question "What do you feel are the top three (3) health concerns for CHILDREN (0-17 years old) in your community?"
- "Help with access to brain/mental health services" was the #1 top response (34.2%) to the question "What are the top three (3) public health services you would like to see in your community?"
- "Brain/Mental health" was the 2nd top response (46.7%) to the question "What do you feel are the top three (3) health problems in your community?"
- "Decrease stress" was the #2 top response (47.4%) to the question "What three (3) healthy behaviors would you like to start or improve?"
- "Access to brain/mental health services" was the #3 top response (36.3%) to the question "What do you feel are the top three (3) most important factors in a healthy community?"

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- 58.5% of respondents reported having ever had a mental/brain health diagnosis, such as depression, bipolar disorder, or anxiety.

SECONDARY DATA

- The male suicide rate for Dubuque County is 26.3 per 100,000, which is higher than both the state and national rates.
- 14.8% of adults aged 18+ report having poor mental health. (BRFSS, 2021)
- 17.8% adults 18 and older reported having depressive disorder (BRFSS, 2021)
- There are 23% fewer mental health care providers in Dubuque County per 100,000 population than the total United States. (Centers for Medicare and Medicaid Services, 2023.)
- Suicide mortality rates in Iowa have been increasing for over the past decade.

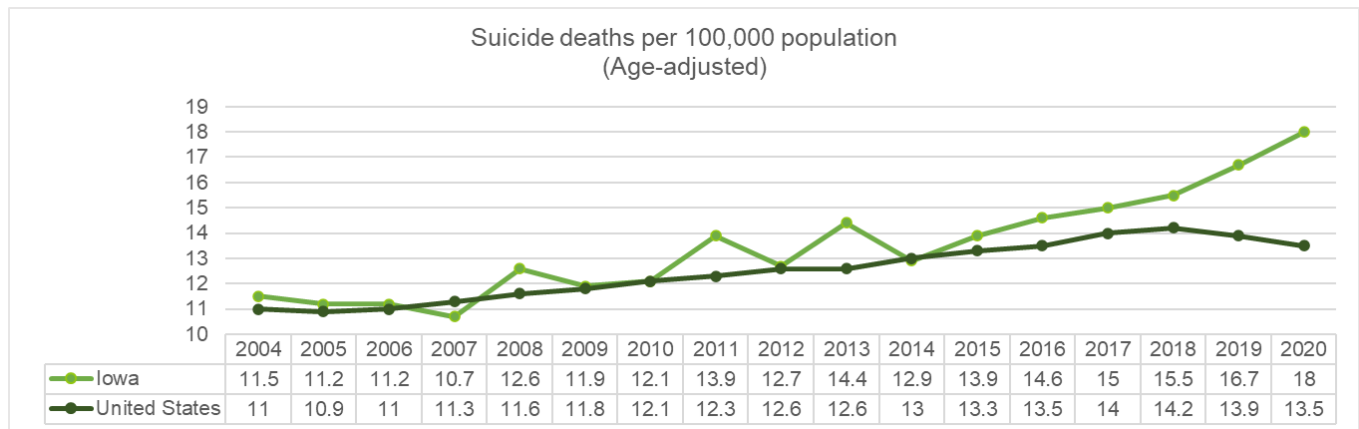


Figure 8. The graph above shows age-adjusted death rates due to intentional self-harm (suicide).

PRIORITY 1B: SUBSTANCE MISUSE

COMMUNITY EQUITY PROFILE

Participants of the Dubuque Community Equity Profile expressed desire for better access to substance use disorder care and services and recognized the importance of these services in promoting a healthy community. The data indicated that 50% of respondents strongly agreed and 38.89% agreed that there is a concern regarding the use of other substances. Access to substance abuse treatment was also a concern, with 47.22% of respondents strongly agreeing and 33.33% agreeing.

Qualitative comments provided by community members regarding substance misuse resources:

- "We need a substance abuse treatment facility. We also need better mental health care, what happened to discussions about a mental health court, similar to the drug court, to help those untreated, chronic individuals who end up in jail or back to the Mission."
- "Additional brain health providers are also needed in Dubuque."

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- "Dubuque really needs an in-patient substance use disorder treatment center! What ever happened to the 6 'access centers' that Governor Reynolds was going to open? We need what Cedar Rapids has!"

COMMUNITY SURVEY

- "Substance misuse" was identified as the #3 top health problem in the community (42.8%)
- "Alcohol misuse" was the #1 top response for adult high-risk behaviors.
- "Illegal drug misuse" was the 4th top response for adult high-risk behaviors.

SECONDARY DATA

- There are 18.13 addiction/substance use providers per 100,000 population in Dubuque County, which is lower than the state (20.94) and national (24.88) rates.
- 22.20% of adults report binge drinking (age adjusted), which is higher than the state (21.33%) and national (16.70%) rates.
- Although Dubuque had fewer alcohol-impaired driving deaths in comparison to Iowa and the USA (19%, 27% and 27% respectively), Dubuque County ranked first for excessive drinking – with 27% of adults reporting they binge drink or drink heavily.
- Deaths of despair which include deaths due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses have been on the rise in the state of Iowa and nationally over the past decade.
- Deaths due to alcohol and psychostimulants (e.g. methamphetamine, cocaine, bath salts) have been on the rise in the past decade in Iowa

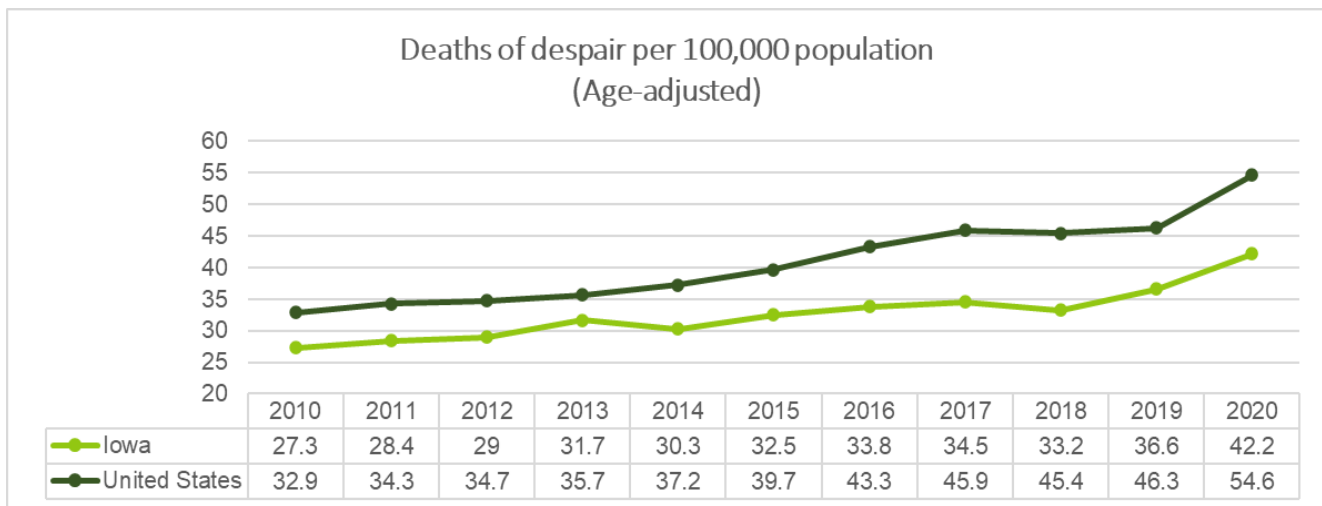


Figure 9. The graph above shows age-adjusted death rates due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 population over time.

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- Deaths due to alcohol and psychostimulants (e.g. methamphetamine, cocaine, bath salts) have been on the rise in the past decade in Iowa

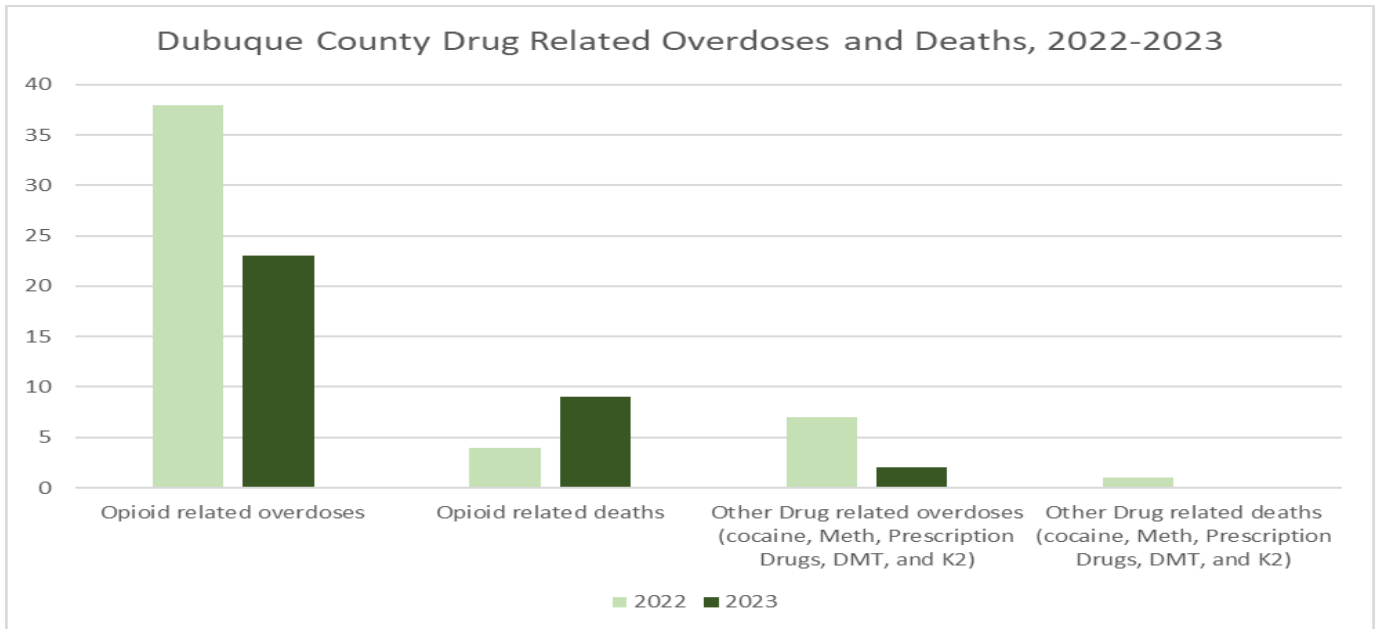


Figure 10. Opioid related overdoses and deaths in Dubuque County in 2022 and 2023 compared to overdoses and deaths related to all other drugs such as cocaine, Meth, Prescription Drugs, DMT, and K2.

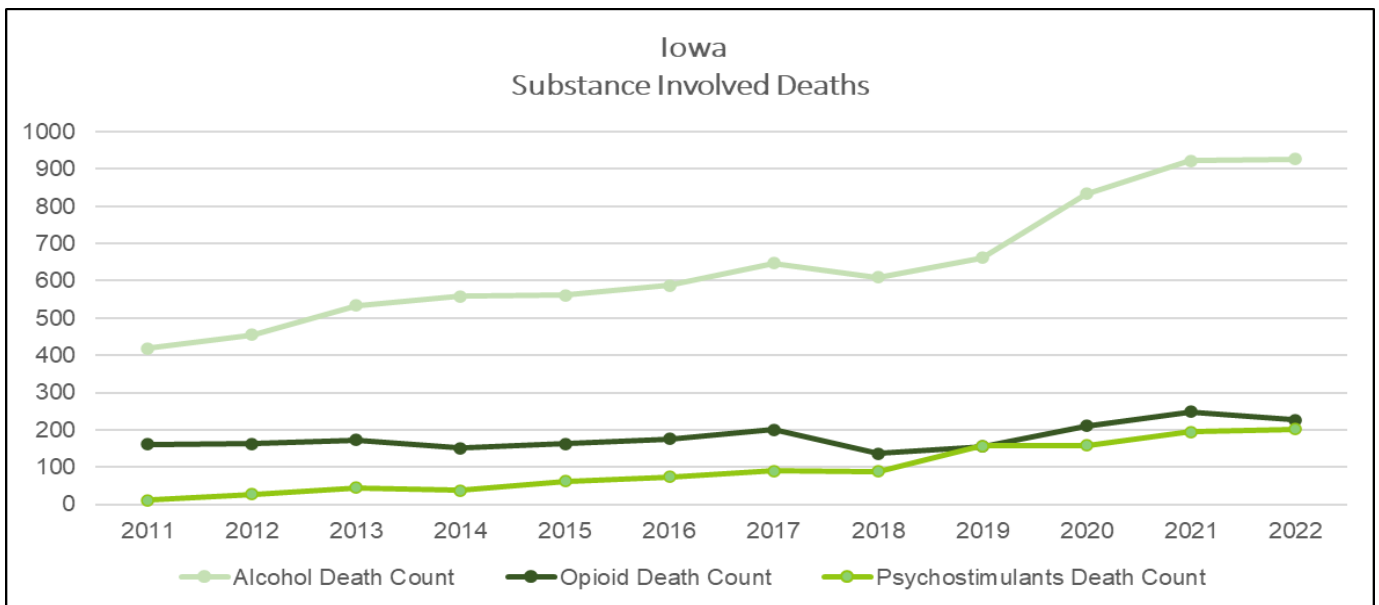


Figure 11. Deaths caused by substance-involved poisoning include the number of people who died because they were exposed to drugs such as opioids, alcohol, and methamphetamines.

PRIORITY 2: IMPROVED ACCESS TO DENTAL CARE

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COMMUNITY EQUITY PROFILE

Comments from participants related to dental care access included:

- “Clinics for ob-gyn, dental, and mental health are limited depending on insurance coverage. Title 19 recipients are severely impacted from having a choice of providers.”
- “I can get no Dental at all.”

COMMUNITY SURVEY

- “Dentist” was the second top response (11.1%) to the question “Do you currently have trouble accessing any of the following?” Of those who were currently uninsured, 18.75% reported having trouble.
- Dental inaccessibility is most experienced by those with low incomes.
- Despite the ratio of dental providers to population being a strength of Dubuque County, there is a shortage of dentists who accept Medicaid and Iowa Wellness Delta Dental Insurance. 51.8% of survey respondents on Medicaid reported having trouble accessing a dentist.

SECONDARY DATA

- Dubuque County oral health emergency department visits were 36.74 per 10,000 population (Age adjusted) which is higher than the state’s average of 28.71.
- Current capacity of Crescent

PRIORITY 3: PHYSICAL ACTIVITY, NUTRITION, AND OBESITY

In 2023, 33.7% of Dubuque County was reported to have a BMI greater than 30 which classifies as being obese and 42% have a BMI greater than 25 classifying them as overweight. From 2021 to 2023 the obesity rate in Dubuque County dropped 3.6% from 37.3% to 33.7%. Dubuque County’s prevalence of obesity was lower than the state average (36.4%) and the national average (39.6%). People classified as overweight and/or obese are at greater risk for heart disease, stroke, type II diabetes, musculoskeletal disorders, and certain cancers. Access to exercise opportunities in Dubuque County was slightly below the national average, 83% of the Dubuque County population has adequate access to locations for physical activity compared to the national average of 84%. The CHA survey identified obesity as the number one health problem in the community, with 48.5% of respondents reporting it as one of their top three concerns. Physical activity (43.5%) and poor diet (36.7%) were identified as the second and third top adult high-risk behaviors in the community. Of the top three healthy behaviors respondents said they would like to start or improve, “Get more physical activity” (59.1%) and “Eat more fruits and vegetables” (42.1%) were the first and third most popular answers.

Iowa ranks 11th in the nation for adult obesity

- In 2023, Iowa’s rate for adult obesity was 36.4%
- 31.8% of Iowan highschoolers are overweight or obese (YBRSS)

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- Over the past decade, the proportion of adult Iowans with a normal body mass index (BMI) has declined, while the proportion of obese Iowans has increased.

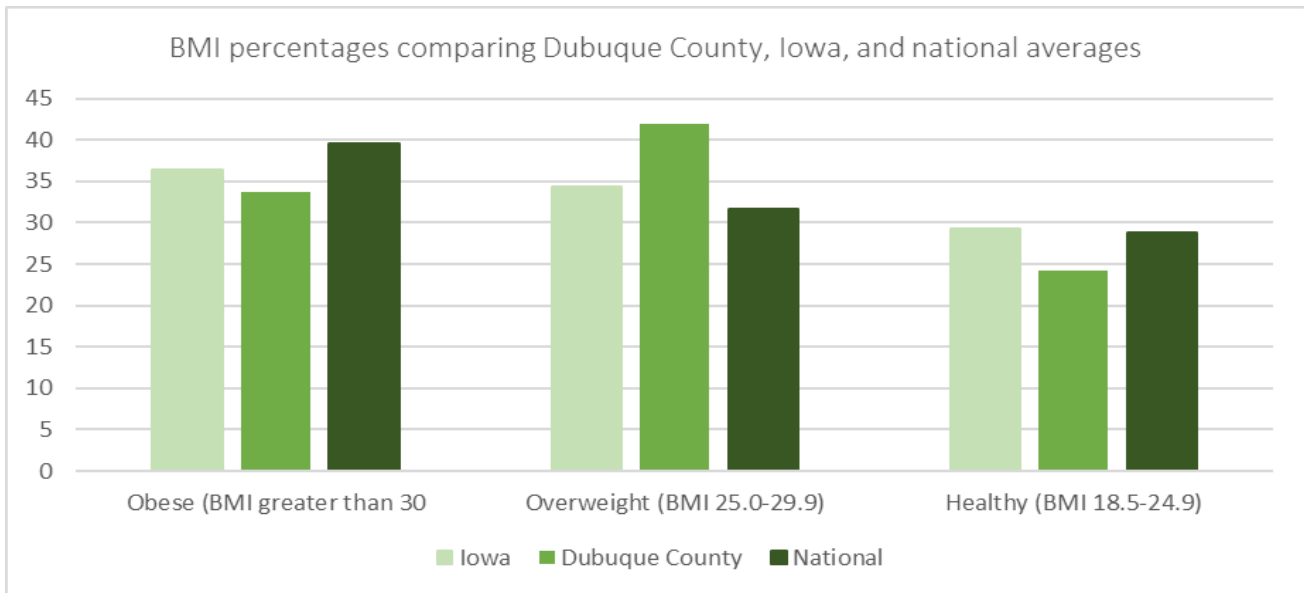


Figure 12. Weight Classification by Body Mass Index (BMI) comparing Dubuque Counties average to the state and national average.

COMMUNITY HEALTH IMPROVEMENT PLAN

The goals, objectives, and strategies to address each of the selected health priorities are outlined below.

PRIORITY 1: BRAIN HEALTH (INCLUDING SUBSTANCE MISUSE)

Goal: Improve brain health and reduce substance misuse among Dubuque County residents.		
CHNA Impact Measures	2024 Baseline	2027 Target
Service providers will update 211, Findhelp, and AccessMeCare when prompted. 45% in year one, 50% in year two, and 55% in year three.	0	55%
Improve one or more policies related to tobacco or alcohol.	0	≥1
125 people will participate in Mental Health First Aid training. (25 in year one, 50 in year two, and 50 in year three.)	0	125

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Strategy	Timeline	Hospitals and Committed Partners	Focus Populations (in Dubuque County)
<p>Create a workflow for service providers to update 211, findhelp.org, and AccessMeCare online directories regularly and otherwise improve navigation of the system for help seekers.</p>	<p>Years 1-3</p>	<ul style="list-style-type: none"> ● MercyOne Dubuque Medical Center ● Hillcrest ● United Way 	<p>Service Providers</p>
<p>Review local policies on tobacco and alcohol sales; explore and promote model policies that assure age appropriate and safe tobacco and alcohol purchases.</p>	<p>Years 1-3</p>	<ul style="list-style-type: none"> ● Area Substance Abuse Council ● City of Dubuque Health Department ● Dubuque County Health Department ● Police Department ● Sherriff Department 	<p>Dubuque County Residents</p>
<p>Recruit community leaders to participate in Mental Health First Aid training.</p>	<p>Years 1-3</p>	<ul style="list-style-type: none"> ● MercyOne Dubuque Medical Center ● Certified Mental First Aid Educators ● Community Foundation ● John Deere ● City of Dubuque 	<p>Religious leaders, Business Leader, Equity Cohort, Employer Inclusion Council</p>
<p>Active participation in the committee responsible for planning the use of the Opioid Settlement funds.</p>	<p>Years 1-3</p>	<ul style="list-style-type: none"> ● MercyOne Dubuque Medical Center ● Dubuque County Public Health ● City of Dubuque 	<p>Dubuque County Residents</p>

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PRIORITY 2: IMPROVED ACCESS TO DENTAL CARE

Strategy 1: Implement Oral Health Advisory Board

Objective	Action Plans
<p>Oral Health Advisory Board (OHAB) to meet quarterly beginning March 2024.</p>	<ol style="list-style-type: none"> 1. By January 2024, I Smile Coordinator will work with local dentists to identify Dental Health Champion. 2. Dental Health Champion and I Smile Coordinator will set up structure and meeting schedule to begin March 2024 3. Invite representatives from vulnerable populations, community partners, schools, and medical providers.
<p>Develop tools and information to highlight resources available to advocate for increased oral health care by September 2025.</p>	<ol style="list-style-type: none"> 1. OHAB will develop partnership with NICC Dental clinic to increase dental care by September 2025. 2. Through September 2025 I Smile Coordinator will train additional pediatric medical offices to screen and promote oral health care. 3. Through September 2025 OHAB will work to increase maternal health education and clinical appointments including post pregnancy. 4. Through September 2025 I Smile Coordinator and Crescent will talk with legislatures about Medicaid reimbursement rates and the number of providers accepting Medicaid 5. By September 2025 DBQ Co will increase partnerships with University of Iowa to explore additional outreach clinics.
<p>I Smile Coordinator will disseminate quarterly PSA's throughout DBQ County Beginning June 2024 and OHAB will work to identify organizations and community partners to develop consistent messaging for oral health education and promotion.</p>	<ol style="list-style-type: none"> 1. By December 2024 I Smile Coordinator will develop 1st birthday messaging for families and distribute throughout the community targeting child care centers and pediatricians. 2. By December 2024 I Smile Coordinator will develop oral health messaging for adults attending annual wellness exams. 3. By December 2025 OHAB will develop an oral health tool kit for well child exams. 4. Through June 2025 Tobacco Prevention and Control Coordinator will incorporate oral health focus when conduction school education. 5. Through December 2025 OHAB will investigate opportunities for oral health and nutrition education and outreach in grocery stores and gas stations. 6. Through September 2025 I Smile Coordinator will train additional medical offices to screen and promote oral health care. 7. Through December 2025 I Smile Coordinator will investigate grant opportunities to increase the purchase of toothbrushes.

DUBUQUE COUNTY, IOWA CHA & CHIP 2023

Timeline and Tasks

Strategy	Timeline	Community Partners	Community Resources	Focus Populations
Implement Oral Health Advisory Board	Year 1	<ul style="list-style-type: none"> ● NICC ● Crescent Community Health Center ● Visiting Nurses Association (VNA) ● Dental Providers ● Medical Providers 	<ul style="list-style-type: none"> ● Medical Offices ● Dental Offices ● VNA ● Crescent ● Community Meeting Space 	<ul style="list-style-type: none"> ● Medicaid ● Uninsured ● All residents
Increase Access to Oral Health Providers	Year 2-3	<ul style="list-style-type: none"> ● NICC ● University of Iowa ● Crescent Community Health Center ● I Smile/ VNA ● Pediatricians ● Local Legislatures ● Dental Providers 	<ul style="list-style-type: none"> ● Crescent Dental Mobile Unit ● NICC Dental Clinic ● Local Dental Staff ● Local Medical Staff ● Students ● Dental Offices 	<ul style="list-style-type: none"> ● Medicaid ● Uninsured ● All residents
Increase Oral Health Education and Awareness	Year 1-3	<ul style="list-style-type: none"> ● I Smile/ VNA ● Tobacco Control and Prevention Staff ● WIC ● Medical Providers ● Grocery Stores ● Gas Stations 	<ul style="list-style-type: none"> ● Child Care ● Schools ● Medical offices ● Dental Offices ● I Smile/ VNA ● Crescent ● Board of Health ● Dubuque Co. Early Childhood ● Food Pantries ● Shelters ● WIC ● DBQ. Co. Wellness ● Legislatures 	<ul style="list-style-type: none"> ● Medicaid ● Uninsured ● All Residents

DUBUQUE COUNTY, IOWA CHA & CHIP 2023

PRIORITY 3: PHYSICAL ACTIVITY, NUTRITION, AND OBESITY

Strategy 1: Promoting Physical Activity and Nutritional Resources in Dubuque County

Objective	Action Plans
Develop a webpage including all of the physical activity and nutrition resources in Dubuque County.	<ol style="list-style-type: none">1. Develop a comprehensive list of all physical activity and resources available in Dubuque County including walking paths and trails, golf courses, pools, available courts and fields, disc golf courses, playgrounds, gyms, hiking areas, Etc.2. Create a tab within the webpage for local physical activity and nutrition groups and clubs3. Create a tab within the webpage that promotes and supports local food initiatives such as the Dubuque Farmer's Market, Local Gardens, Etc.
Map all physical activity and nutritional resources available to residents of Dubuque County.	<ol style="list-style-type: none">1. Work with the Dubuque County GIS team to develop a map that is easily accessible to Dubuque residents in order to promote physical fitness and nutrition opportunities.2. Update the map each month to include an up-to-date list of physical activity resources that takes into account seasonal availability.
Identify gaps that prohibit sufficient exercise and nutrition for Dubuque County residents.	<ol style="list-style-type: none">1. Reduce barriers to affordable, nutritious food for all people in Dubuque County, Iowa.2. Increasing engagement in active living through a variety of mediums for all Dubuque County residents.

Contact Information

The Community Health Assessment and Community Health Improvement Plan Steering Committee invites your feedback regarding this document. If you would like to share your feedback with us, please contact any of the Steering Committee members listed below.

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DUBUQUE COUNTY, IOWA CHA & CHIP 2023

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Accessibility

The Community Health Assessment and Community Health Improvement Plan will be posted to the Dubuque County Public Health Department website: <https://dubuquecountyiowa.gov/223/Health-Department>. Paper copies of the document are available upon request by visiting the Dubuque County Public Health Department. You can also write or call the office of the Executive Director to request a copy of the document.

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Next Community Health Assessment

The next Community Health Assessment will be scheduled for completion by November 2028.

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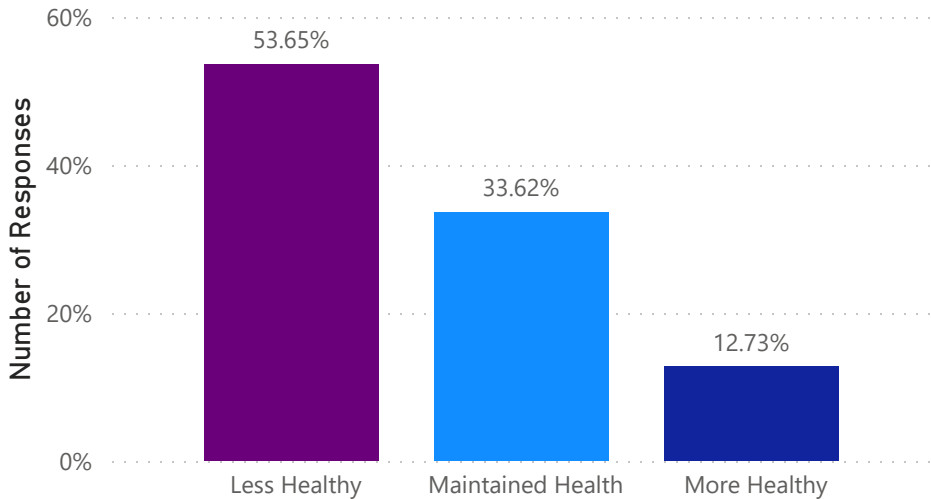
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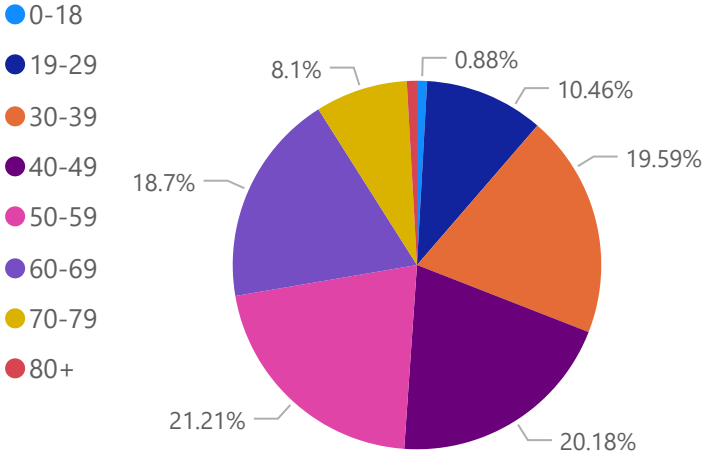
Community Health Survey: Demographic Breakdown

1: Introduction and Demographics

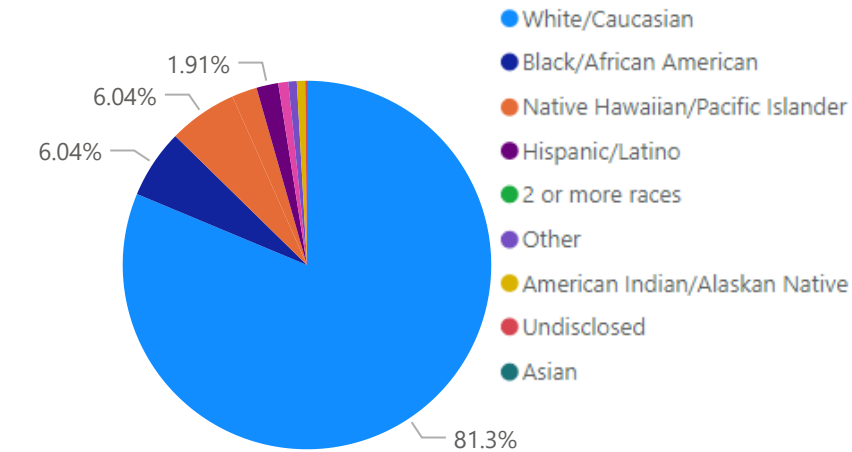
1a. Do you feel people in this community are healthier, less healthy, or have maintained health over the last five (5) years?



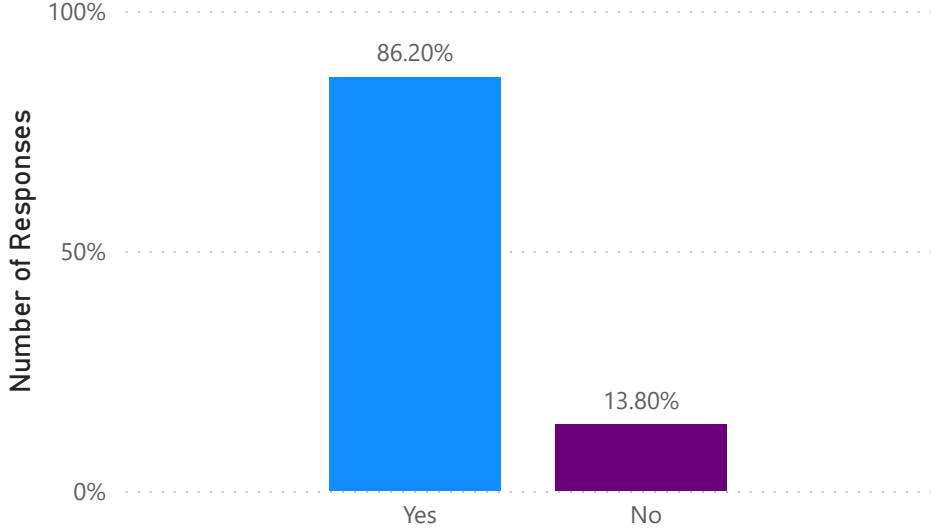
1c. Responses by Age



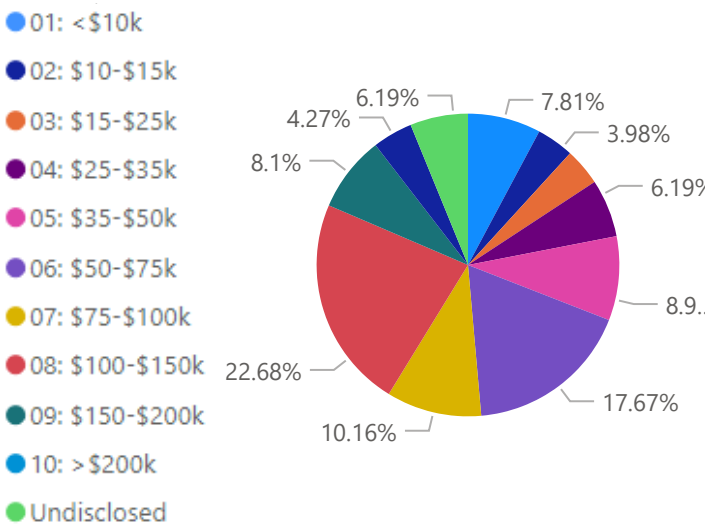
1e. Responses by Race/Ethnicity



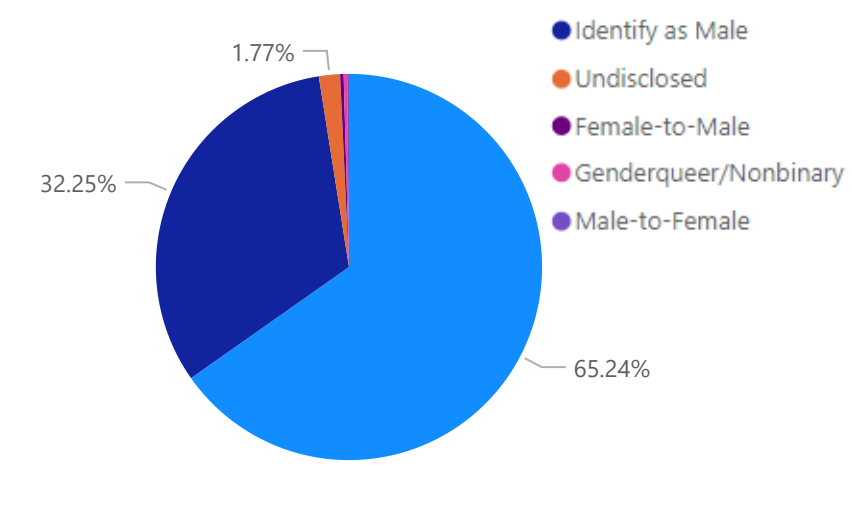
1b. Do you get a yearly health exam?



1d. Responses by Annual Family Income



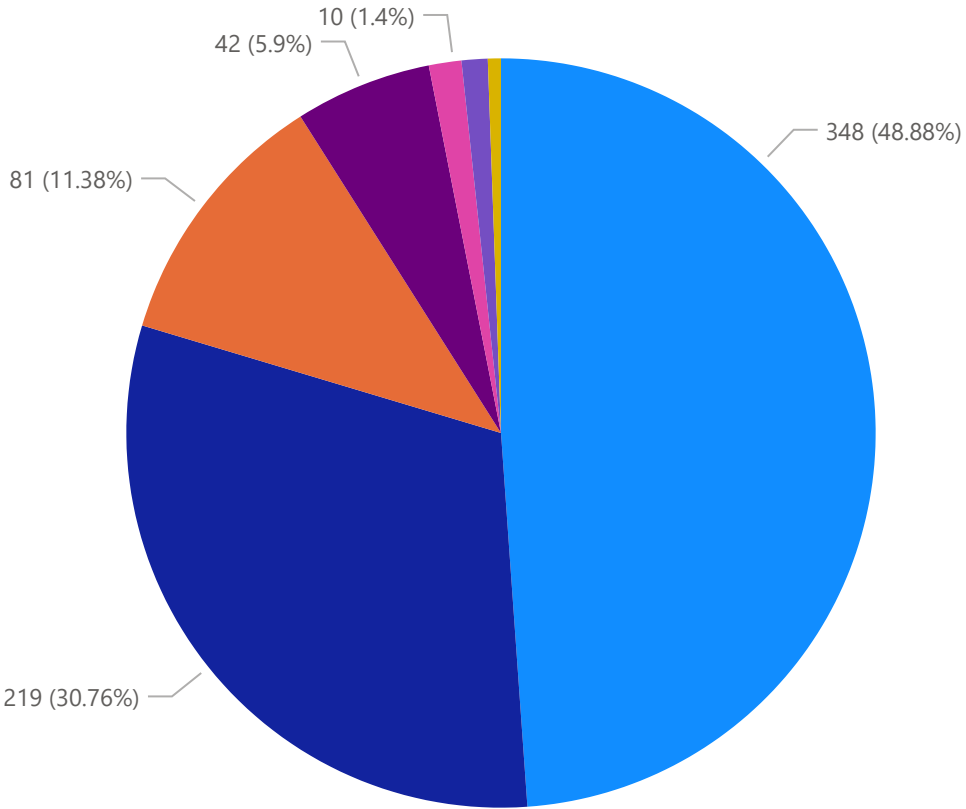
1f. Responses by Gender



Preface: This report is based on a Community Health Survey. These charts reflect respondents' opinions and feedback about their community, provided on a volunteer basis. The information provided here is not based on medical data.

2: Insurance Status

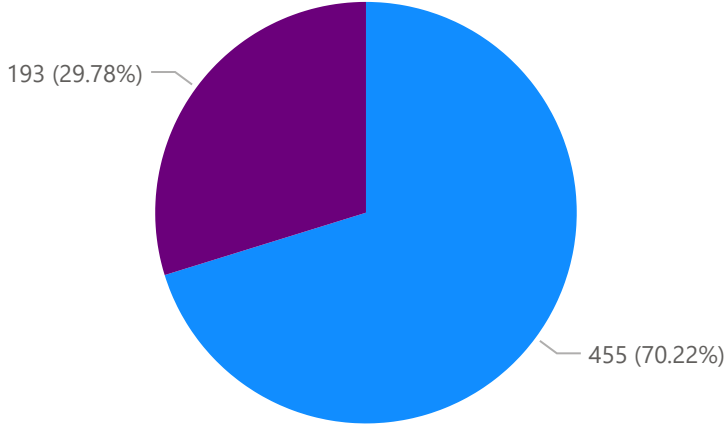
2a. Insurance Status of Survey Respondents



- I am covered by employer provided health insurance
- I am covered by Medicaid/Medicare
- I am covered by private health insurance
- No Response
- No one in my family is covered by health insurance
- My child/ren is covered by health insurance, but I am not
- My child/ren is covered by health insurance

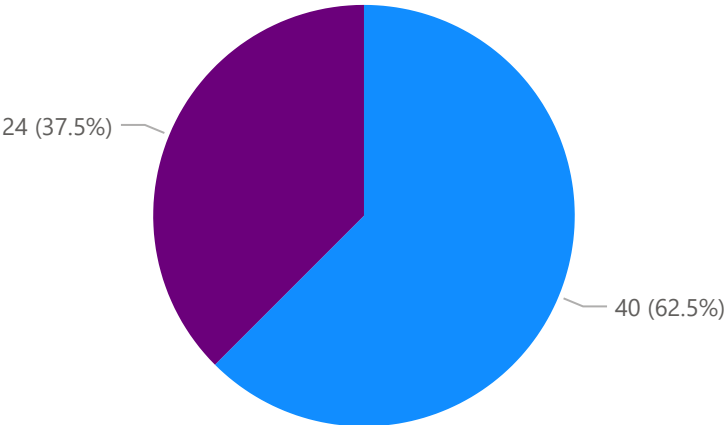
2b. Inaccessibility for Insured Respondents

● No Trouble Accessing Health Services ● Trouble Accessing at Least One Health Service



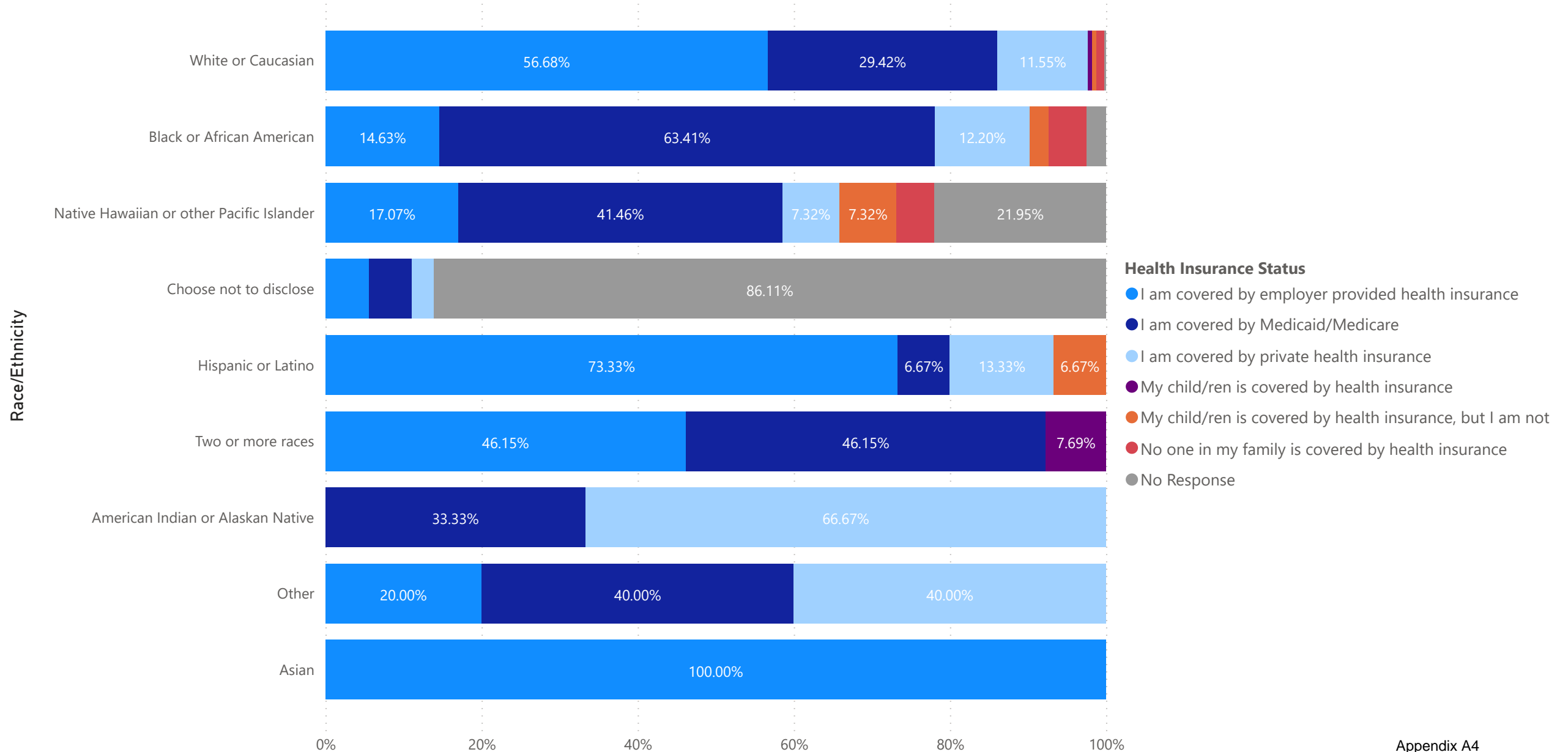
2c. Inaccessibility for Uninsured Respondents

● No Trouble Accessing Health Services ● Trouble Accessing at Least One Health Service



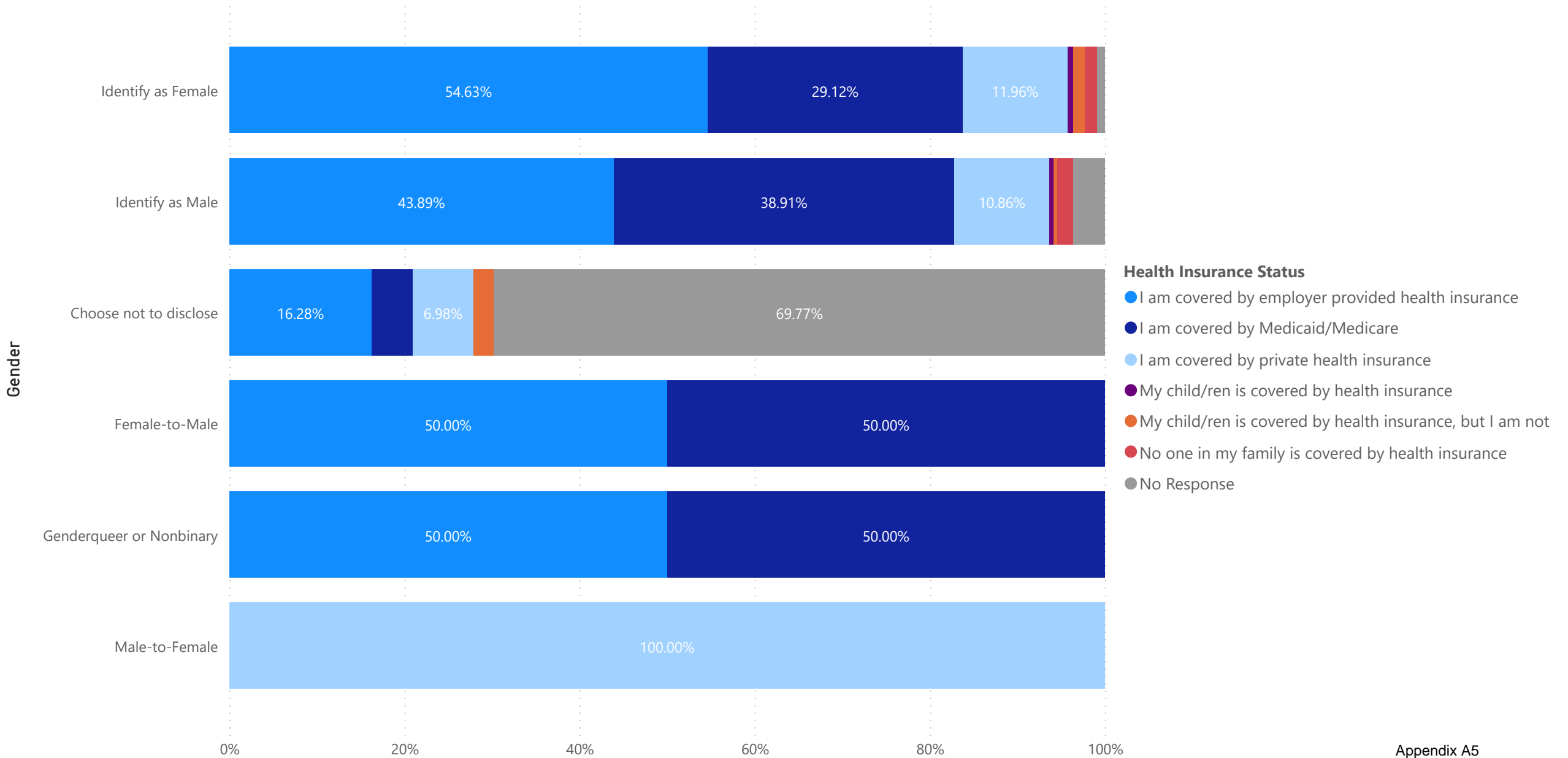
3: Insurance Status by Race/Ethnicity

Insurance Status of Respondents



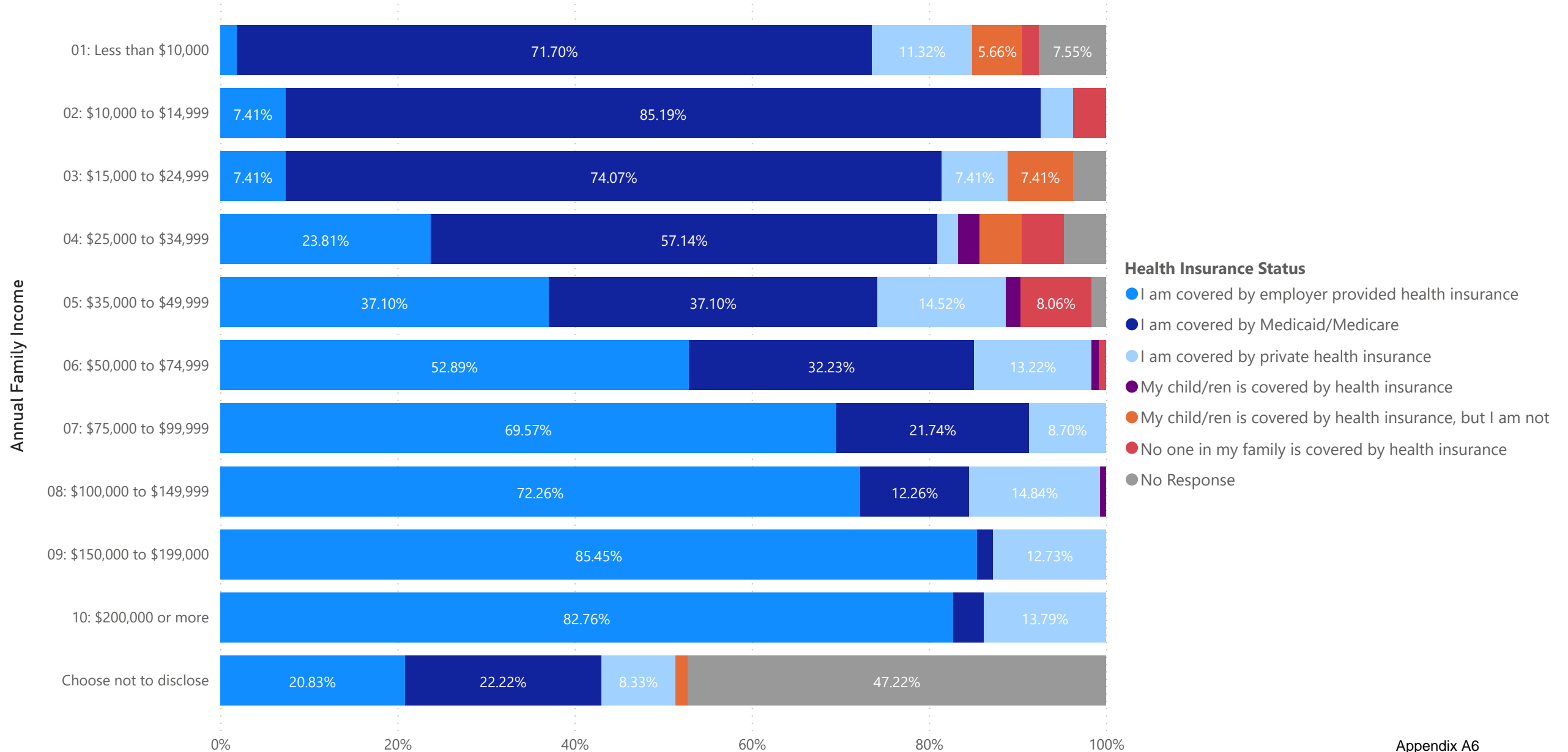
4: Insurance Status by Gender

Insurance Status of Respondents



5: Insurance Status by Annual Family Income

Insurance Status of Respondents

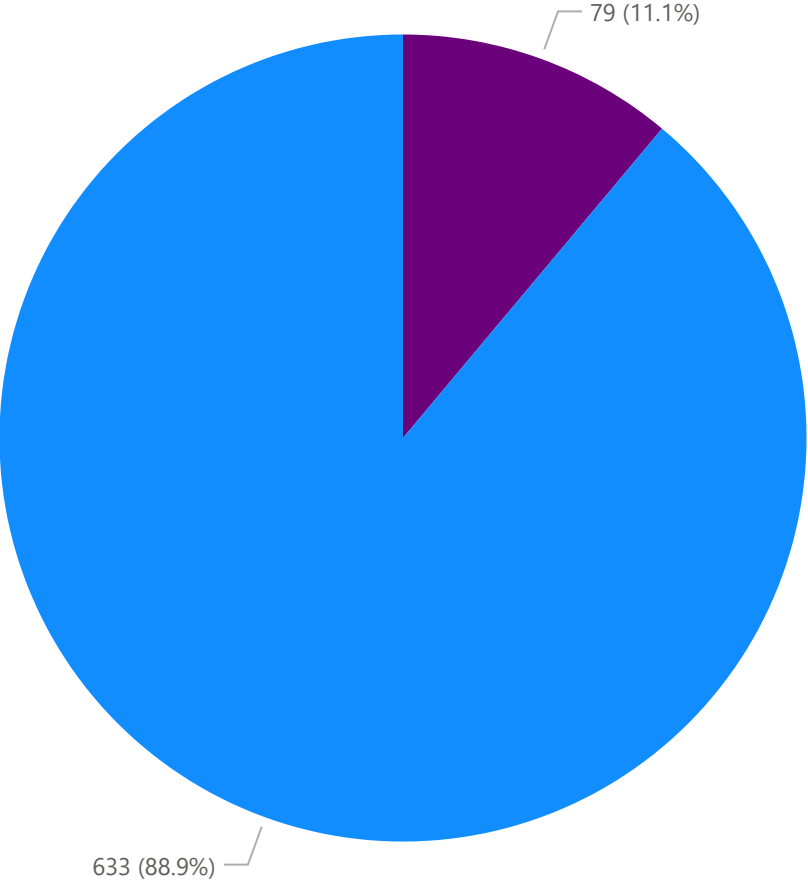


6: Dental Inaccessibility

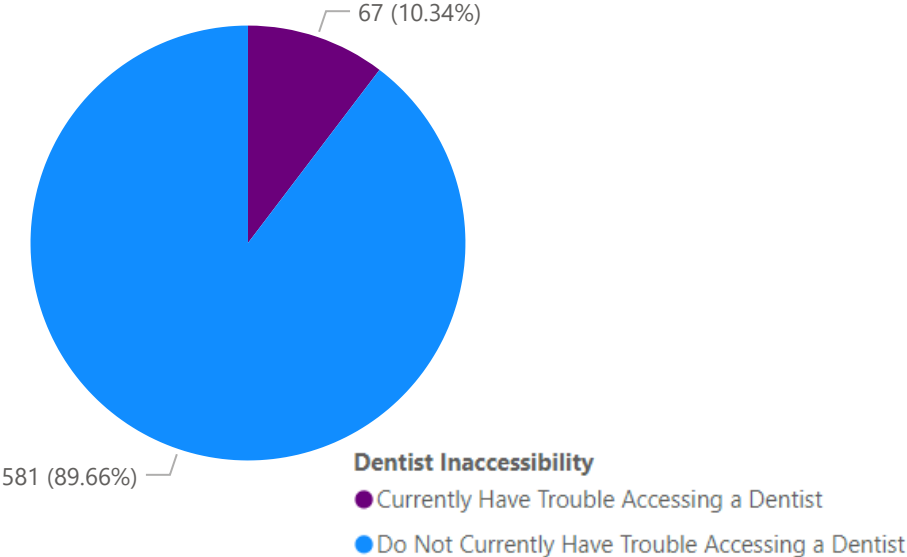
Dental Inaccessibility Across All Respondents

Dentist Inaccessibility

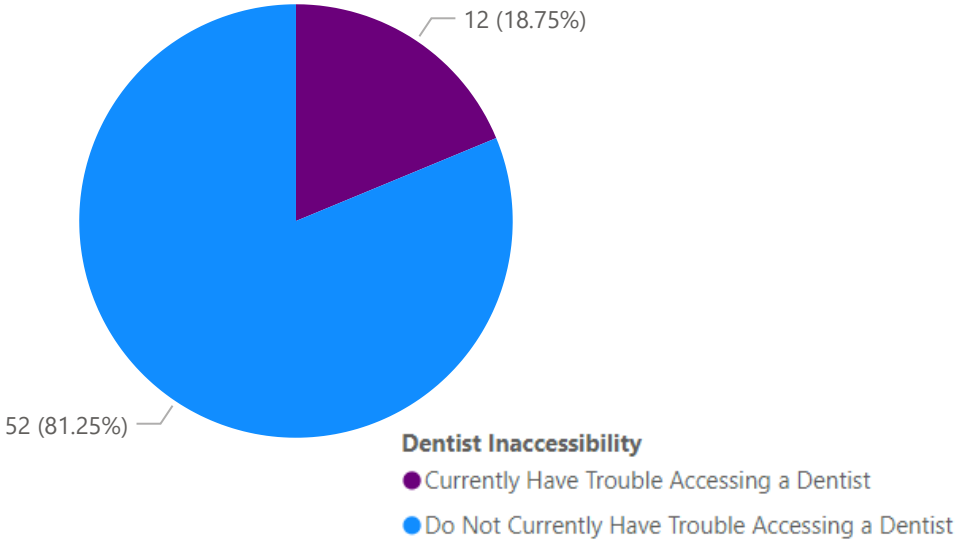
- Currently Have Trouble Accessing a Dentist
- Do Not Currently Have Trouble Accessing a Dentist



Dental Inaccessibility for Insured Respondents

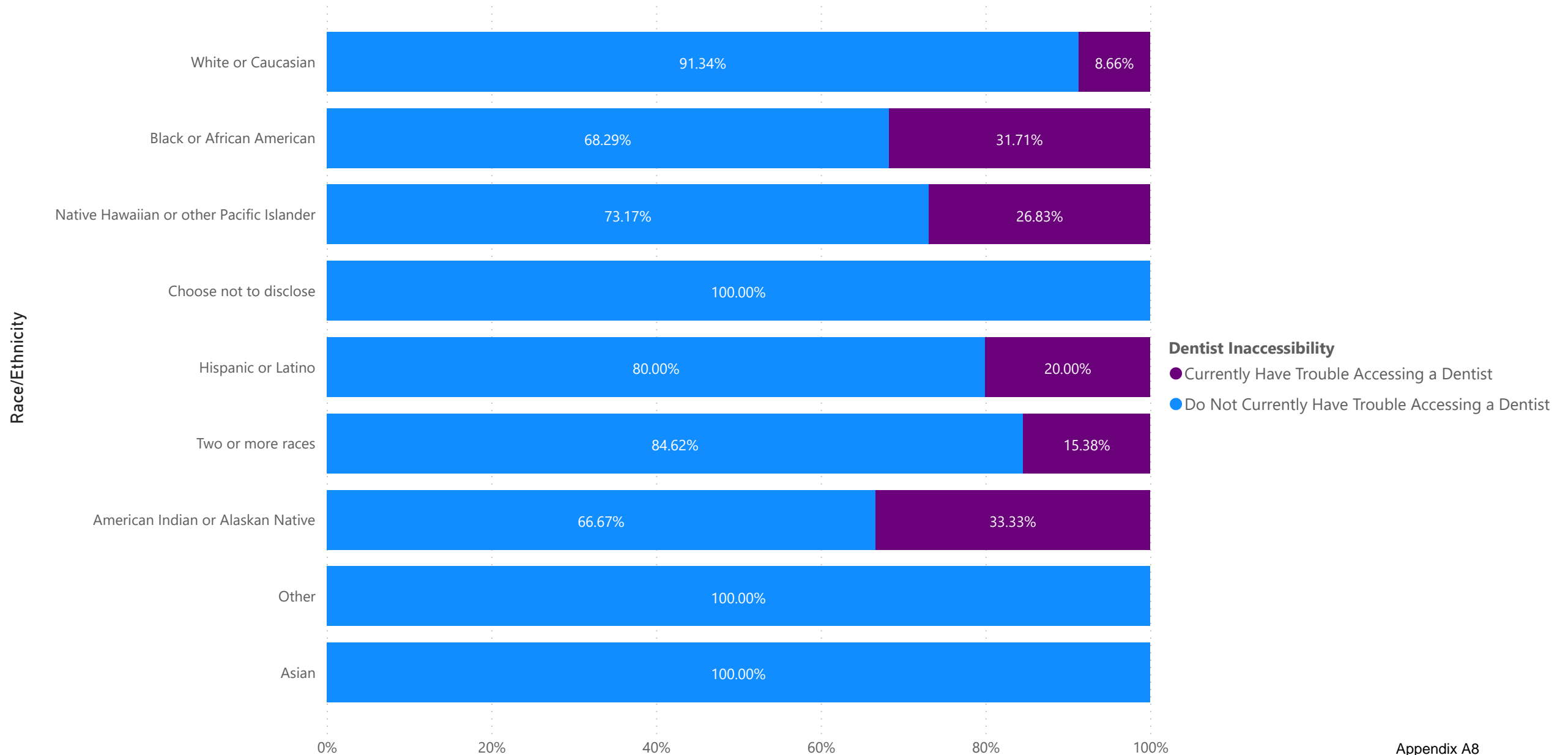


Dental Inaccessibility for Uninsured Respondents



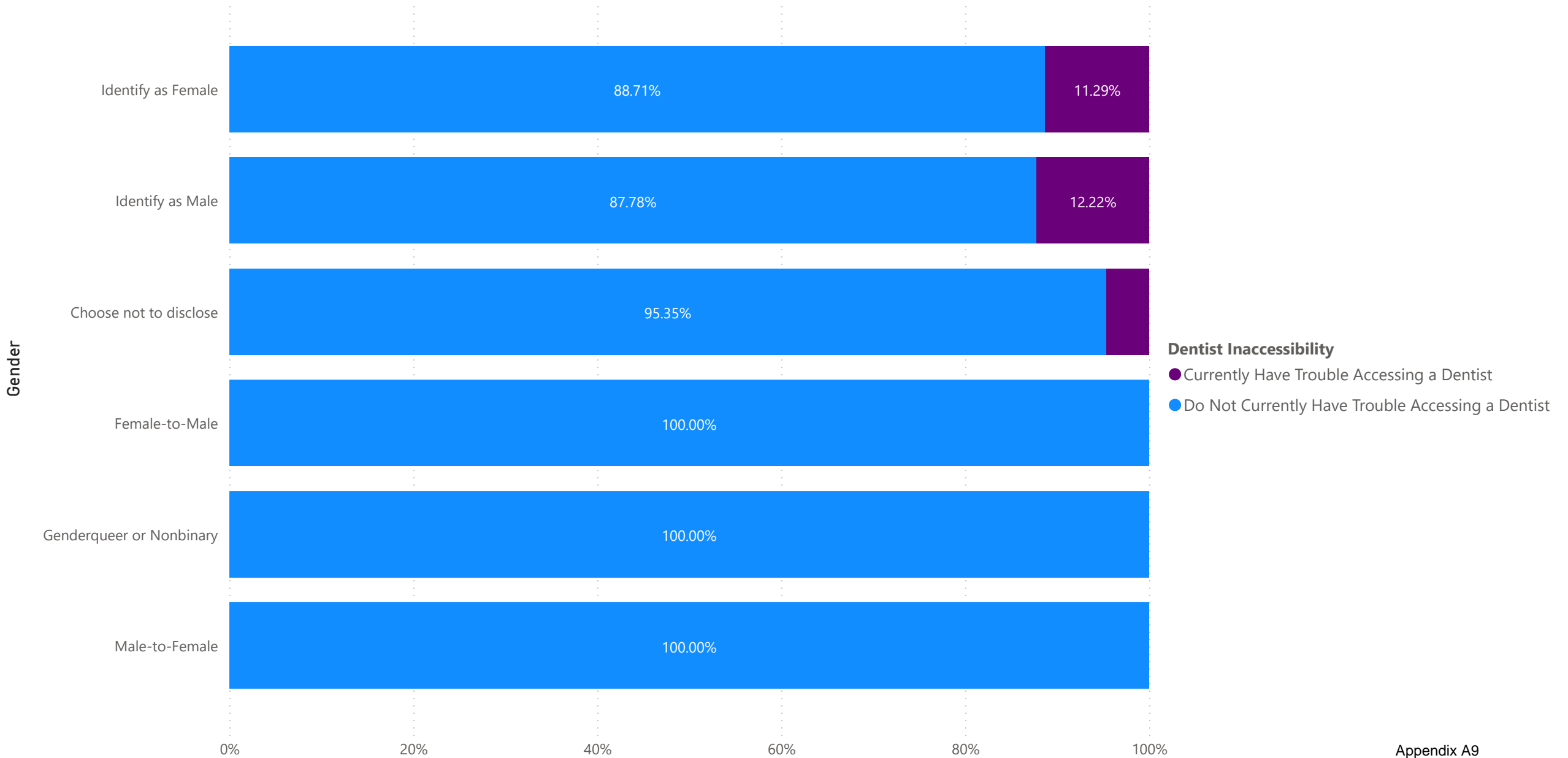
7: Dental Inaccessibility by Race/Ethnicity

% of Respondents Who Reported Trouble Accessing a Dentist



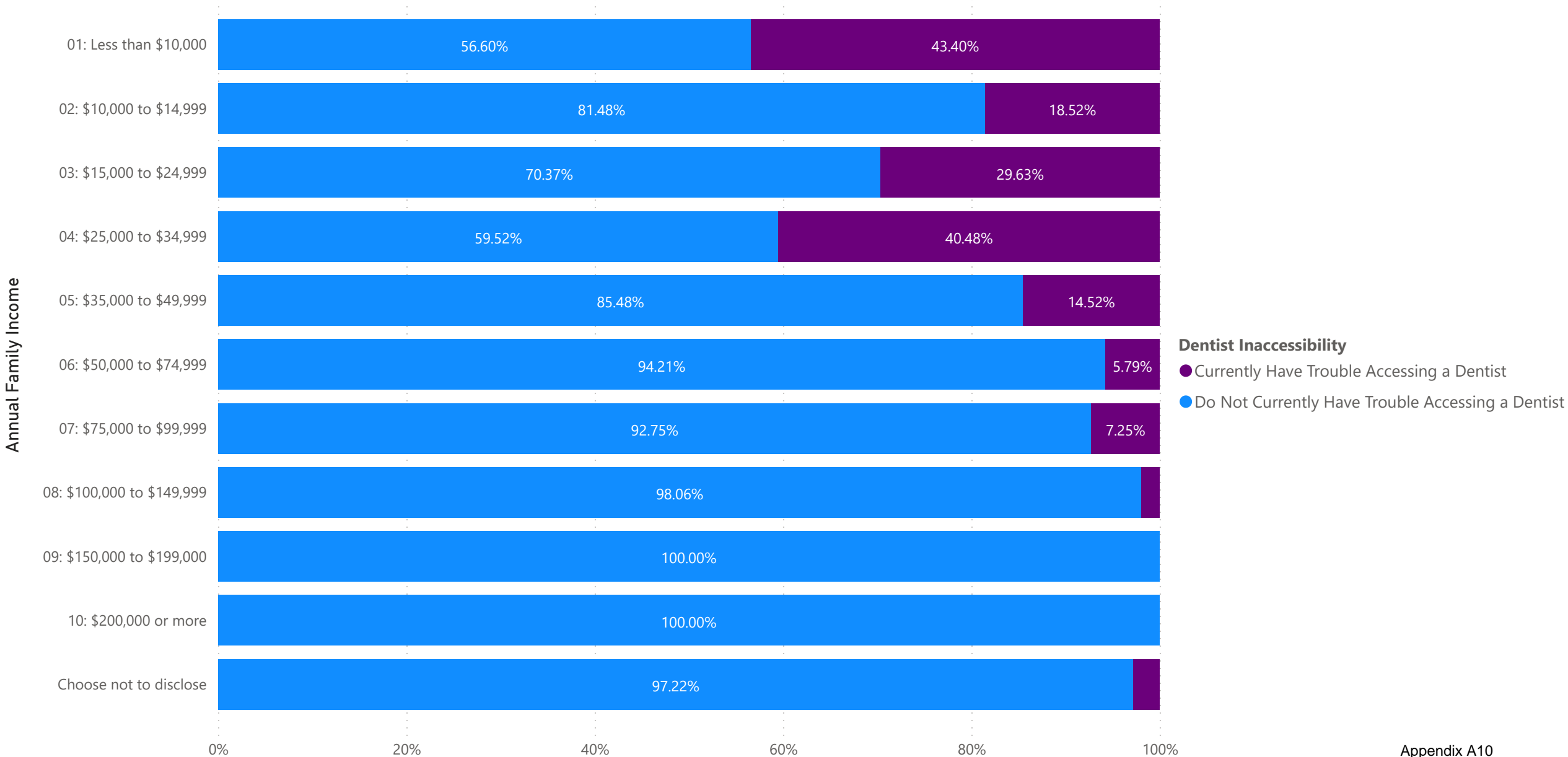
8: Dental Inaccessibility by Gender

% of Respondents Who Reported Trouble Accessing a Dentist



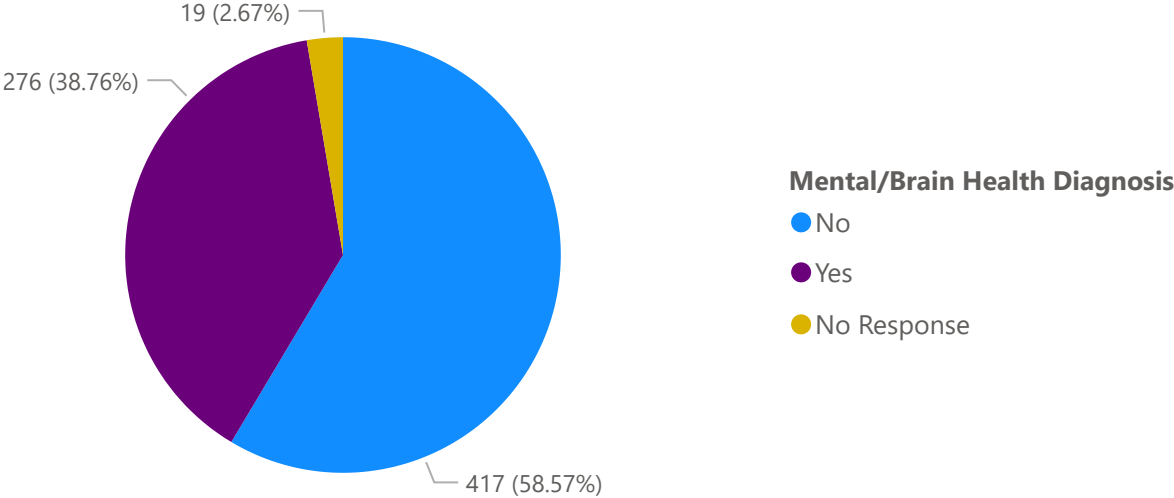
9: Dental Inaccessibility by Annual Family Income

% of Respondents Who Reported Trouble Accessing a Dentist

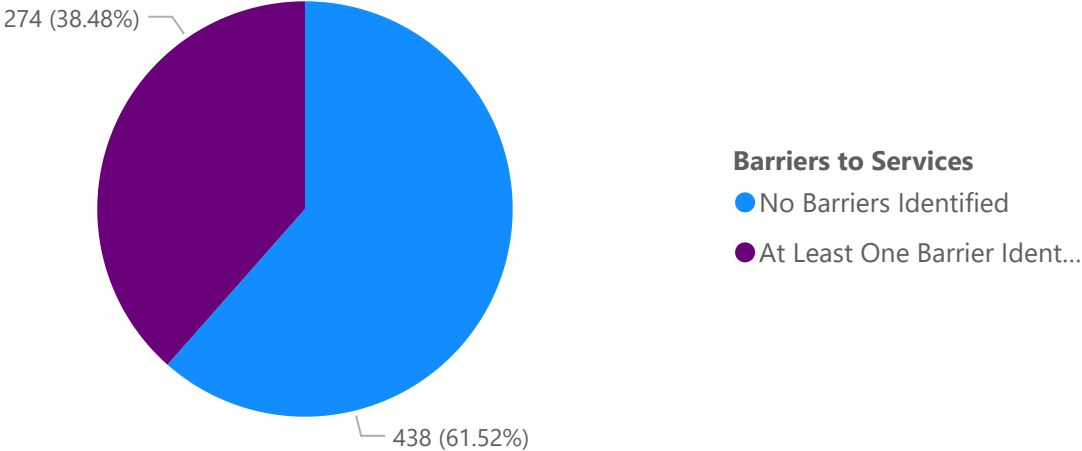


10: Brain/Mental Health Diagnosis and Barriers to Services

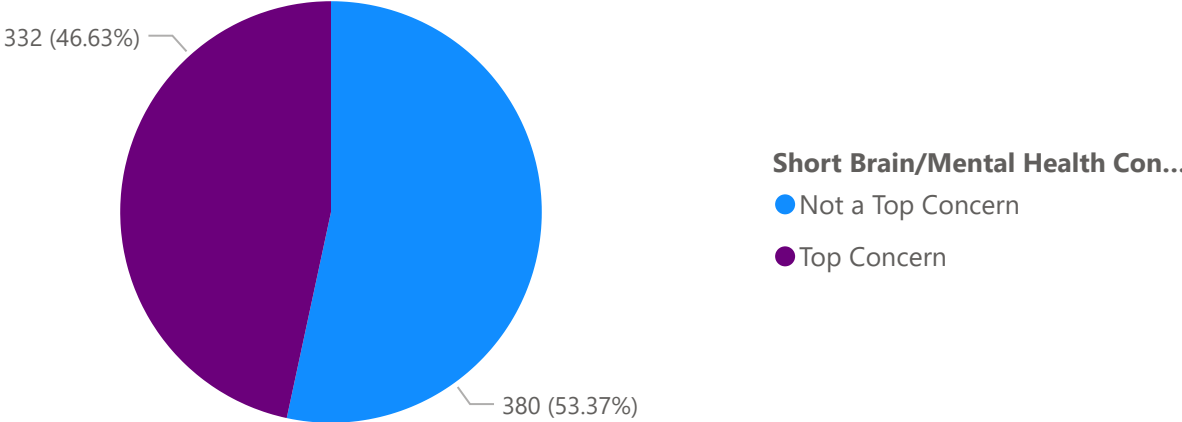
10a. % of Respondents Who Reported Having Had a Mental/Brain Health Diagnosis



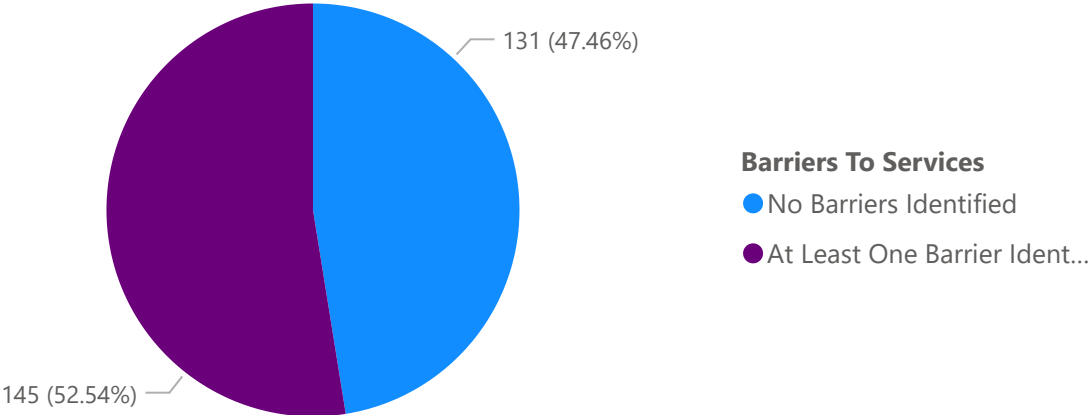
10c. % of Respondents Who Identified at Least One Barrier to Receiving Brain/Mental Health Services



10b. % of Respondents Who Identified Brain/Mental Health as One of the Top Three Health Problems in Their Community

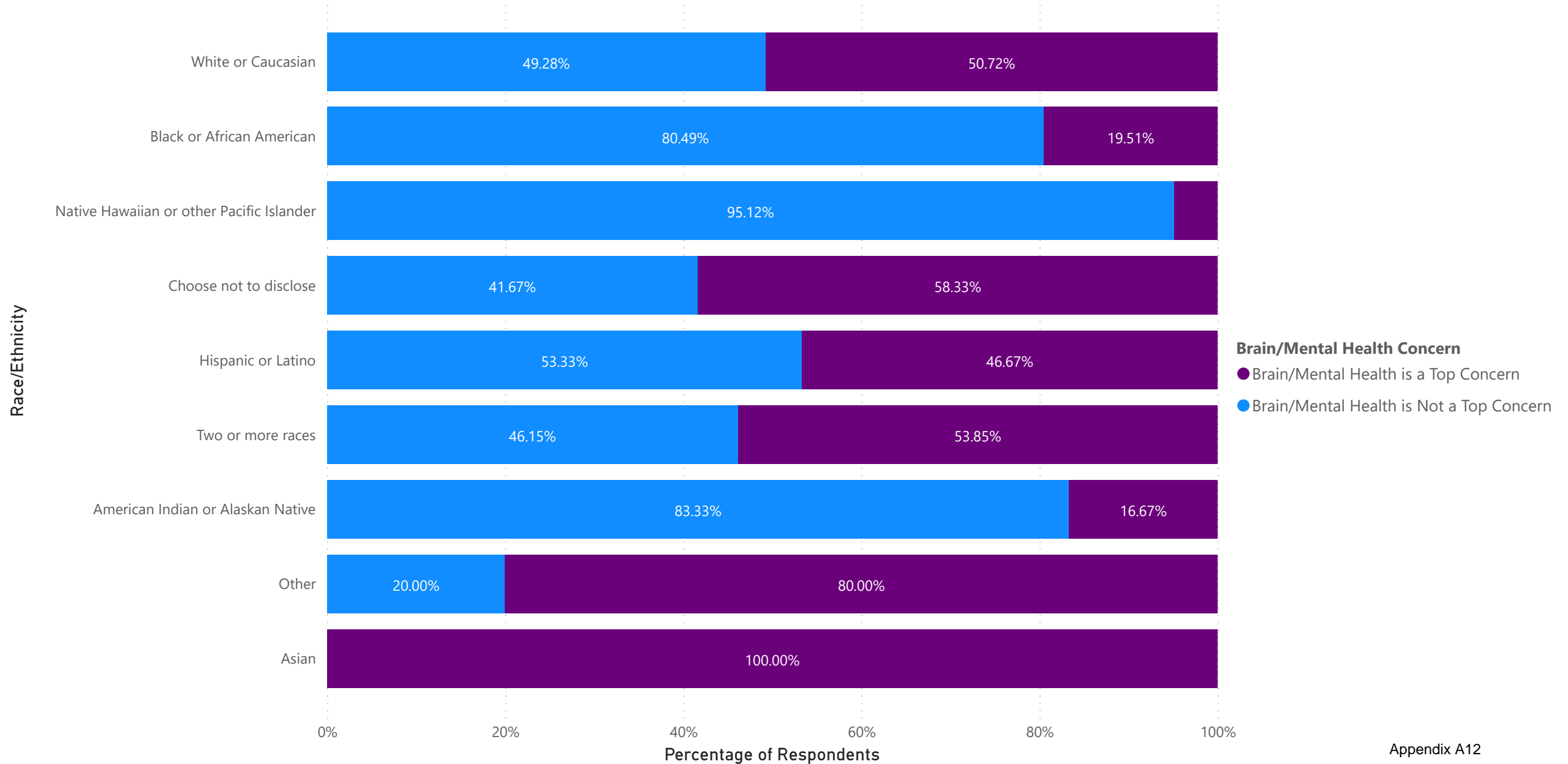


10d. % of Respondents With a Mental/Brain Health Diagnosis Who Identified at Least One Barrier to Receiving Brain/Mental Health Services



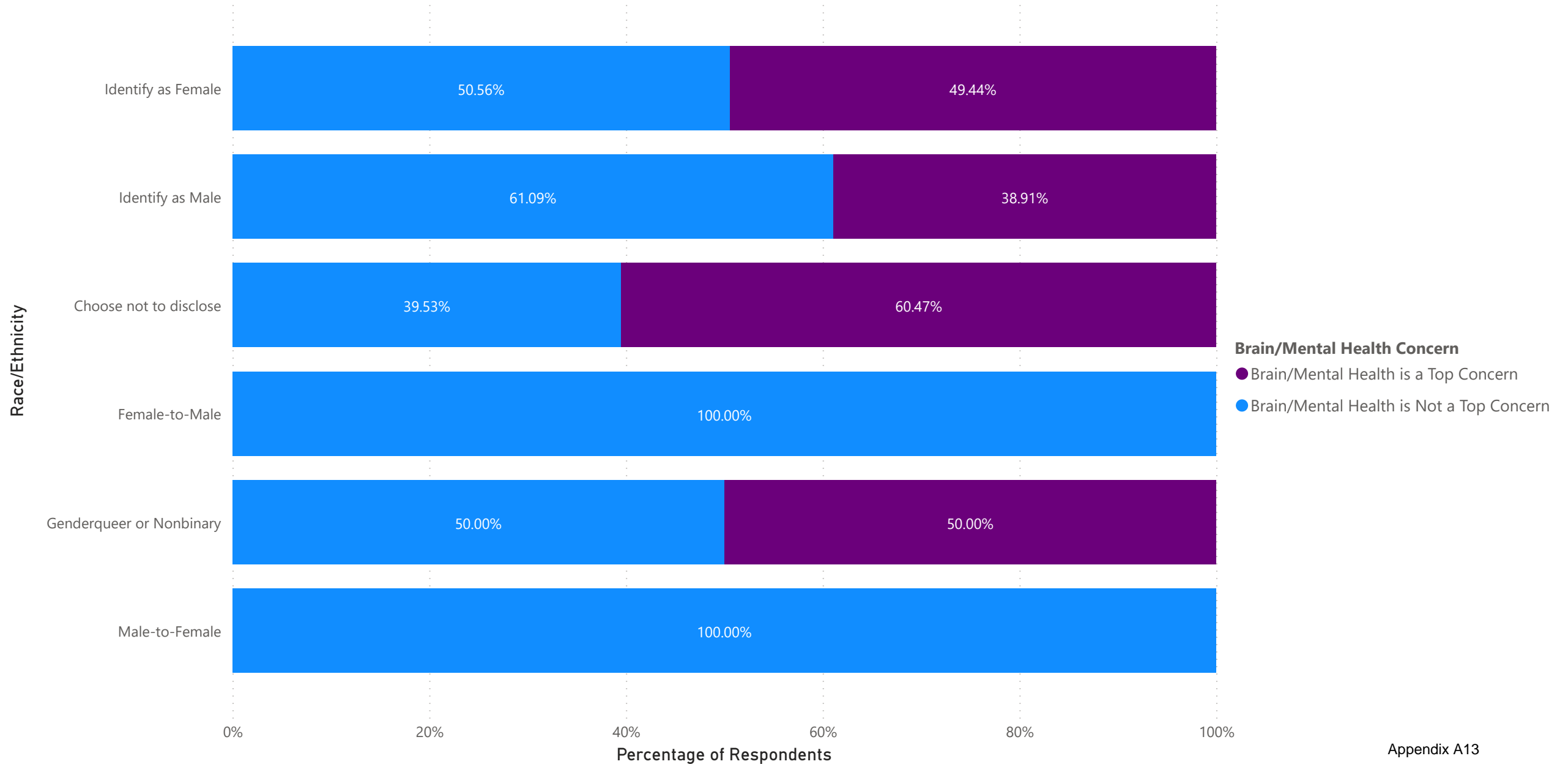
11: Brain/Mental Health Concern by Race/Ethnicity

% of Respondents Who Identified Brain/Mental Health as One of the Top Three Health Problems in Their Community



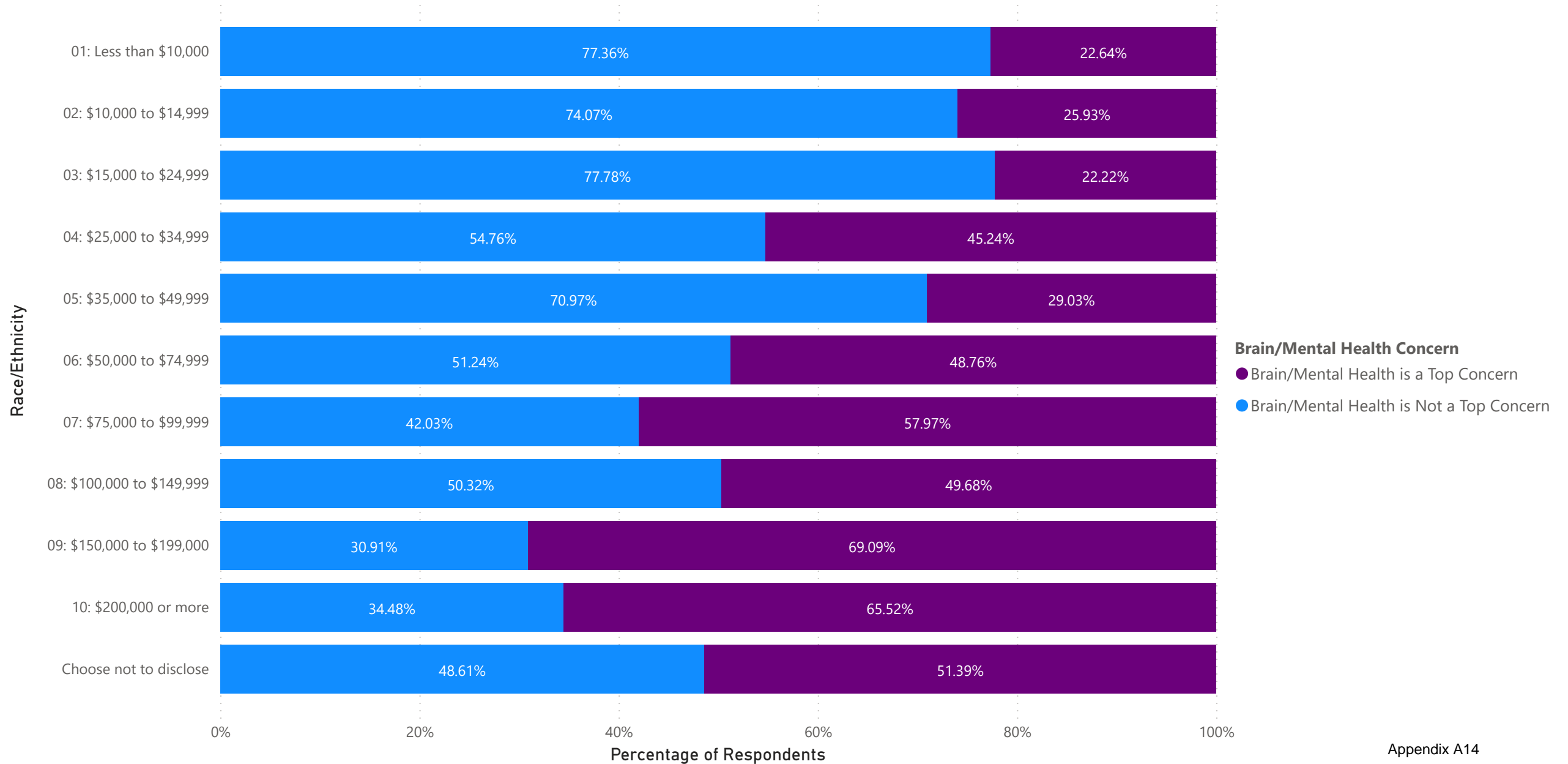
12: Brain/Mental Health Concern by Gender

% of Respondents Who Identified Brain/Mental Health as One of the Top Three Health Problems in Their Community



13: Brain/Mental Health Concern by Annual Family Income

% of Respondents Who Identified Brain/Mental Health as One of the Top Three Health Problems in Their Community

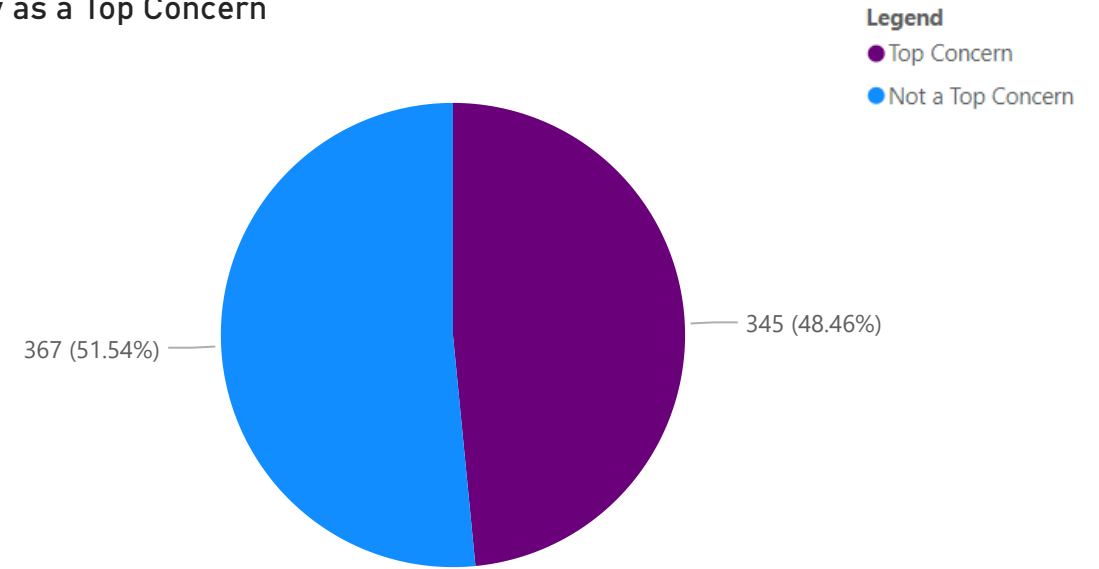


14: Healthy Behaviors

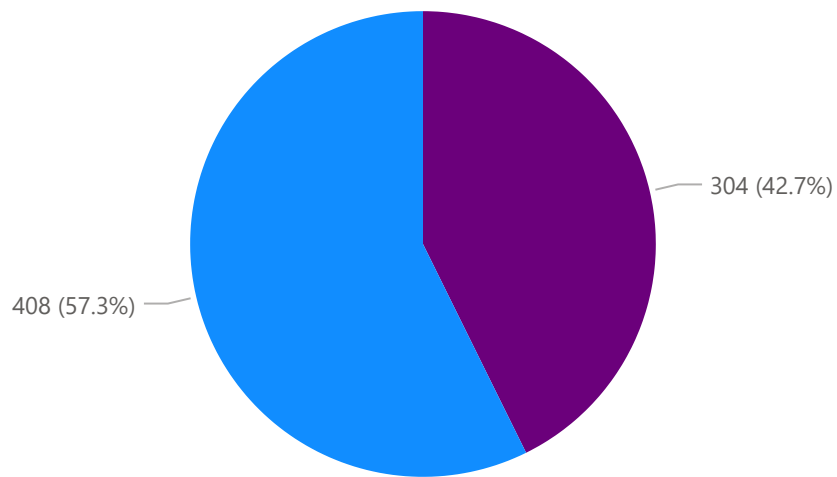
Top Concerns:

What do you feel are the top three (3) health problems in your community?

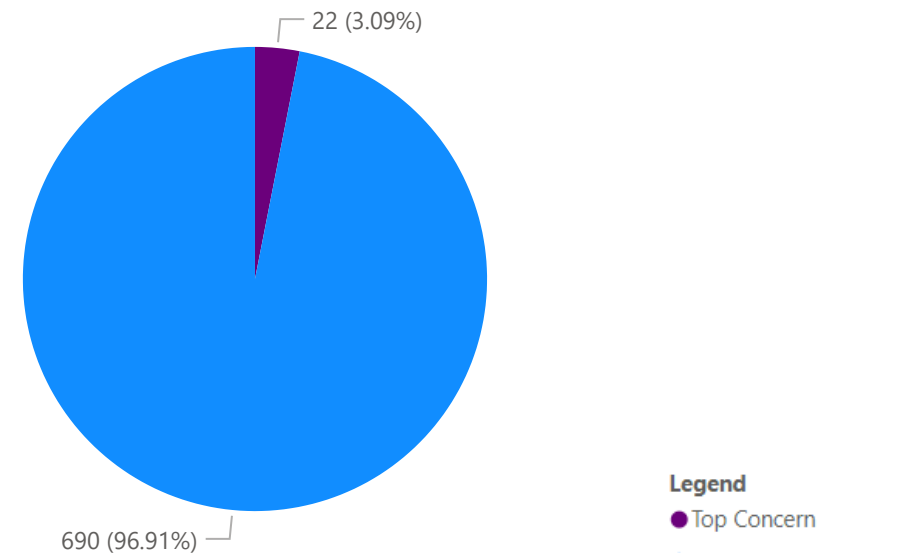
14b. Obesity as a Top Concern



14a. Substance Misuse as a Top Concern



14c. STDs as a Top Concern



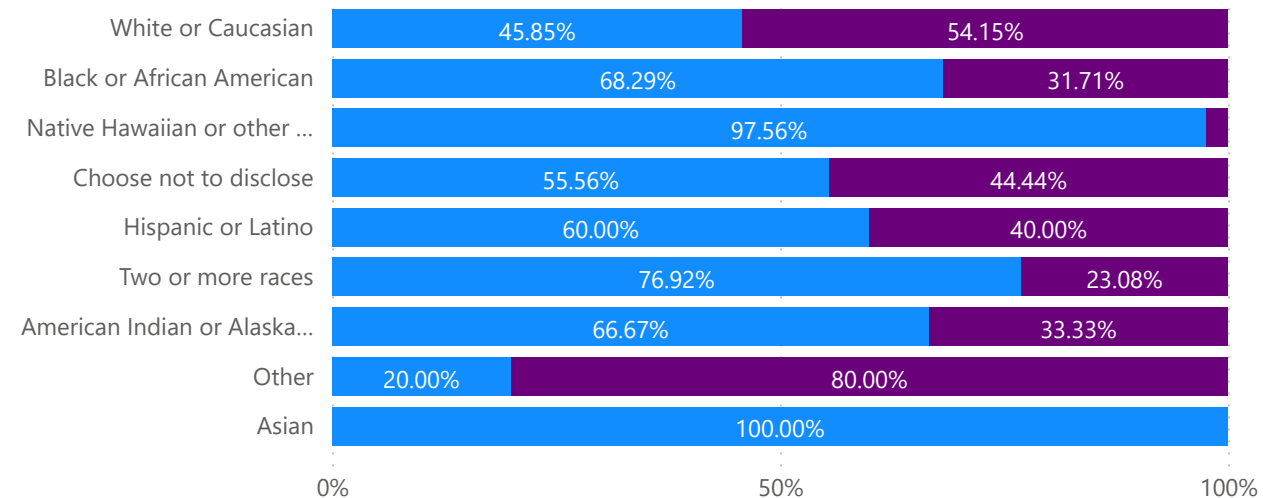
15: Healthy Behaviors by Race/Ethnicity

Top Concerns:

What do you feel are the top three (3) health problems in your community?

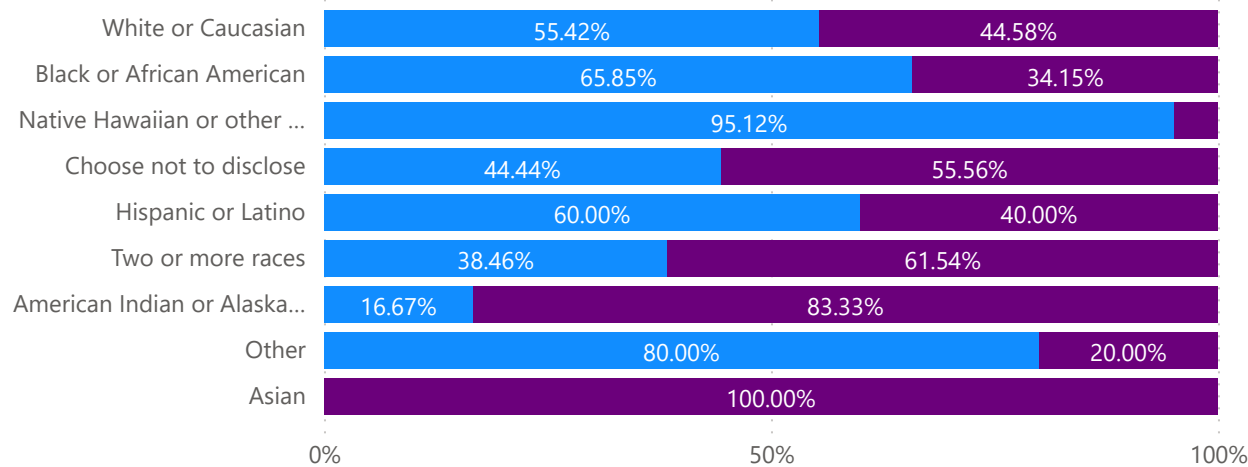
15b. % of Respondents by Race/Ethnicity Who Consider Obesity a Top Concern

Obesity ● Not a Top Concern ● Top Concern



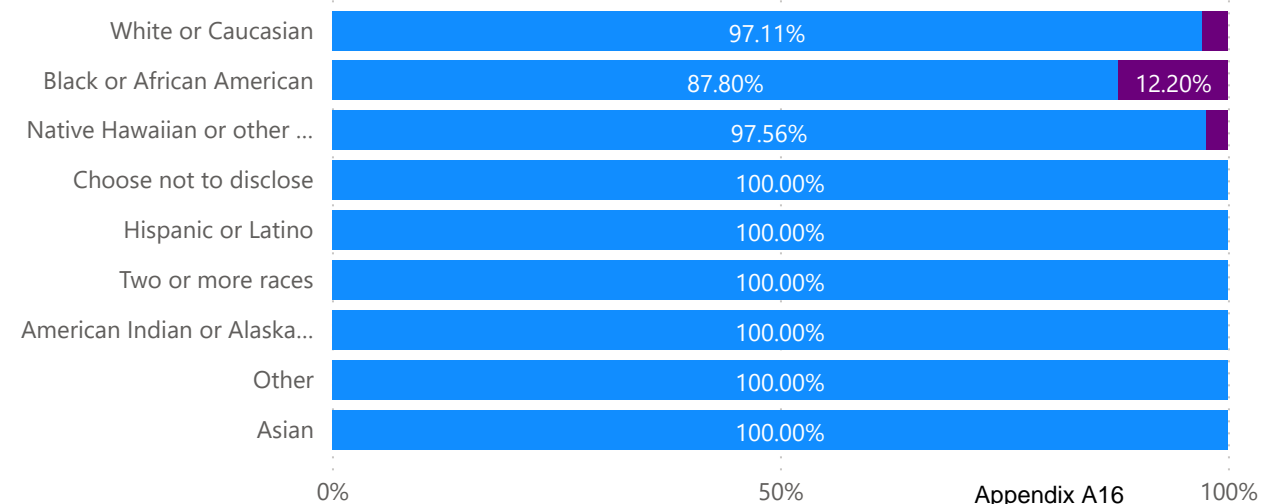
15a. % of Respondents by Race/Ethnicity Who Consider Substance Misuse a Top Concern

Substance Misuse ● Not a Top Concern ● Top Concern



15c. % of Respondents by Race/Ethnicity Who Consider STDs a Top Concern

STDs ● Not a Top Concern ● Top Concern



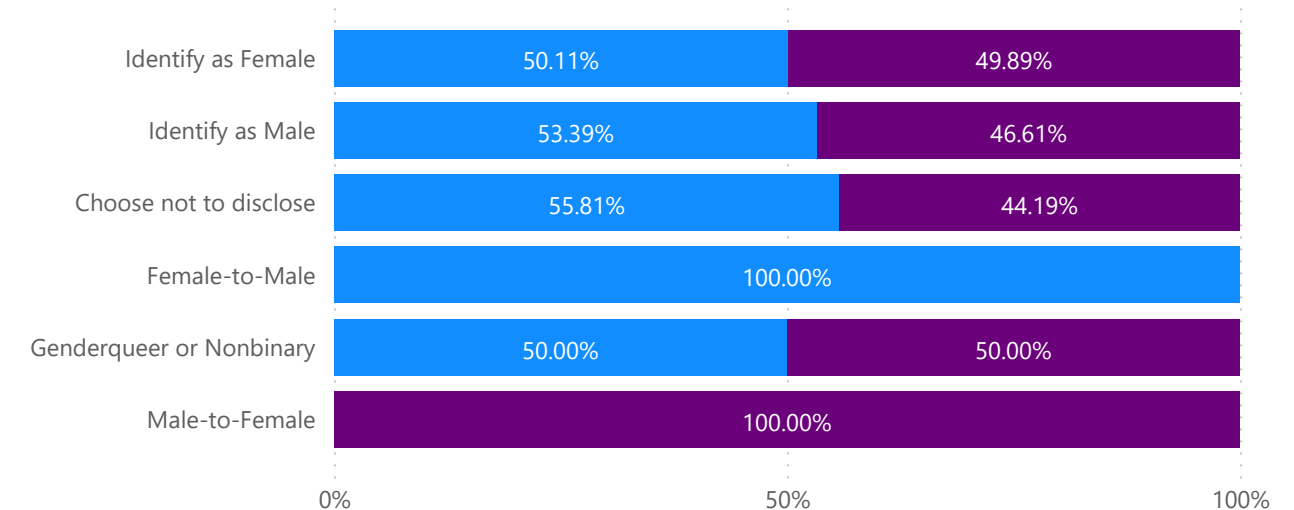
16: Healthy Behaviors by Gender

Top Concerns:

What do you feel are the top three (3) health problems in your community?

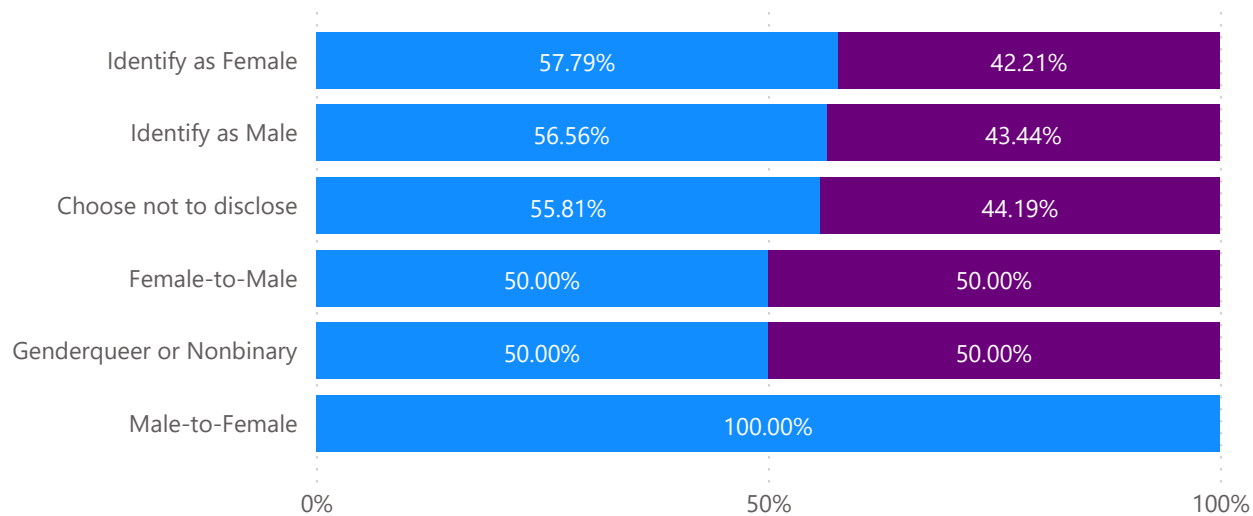
16b. % of Respondents by Gender Who Consider Obesity a Top Concern

Obesity ● Not a Top Concern ● Top Concern



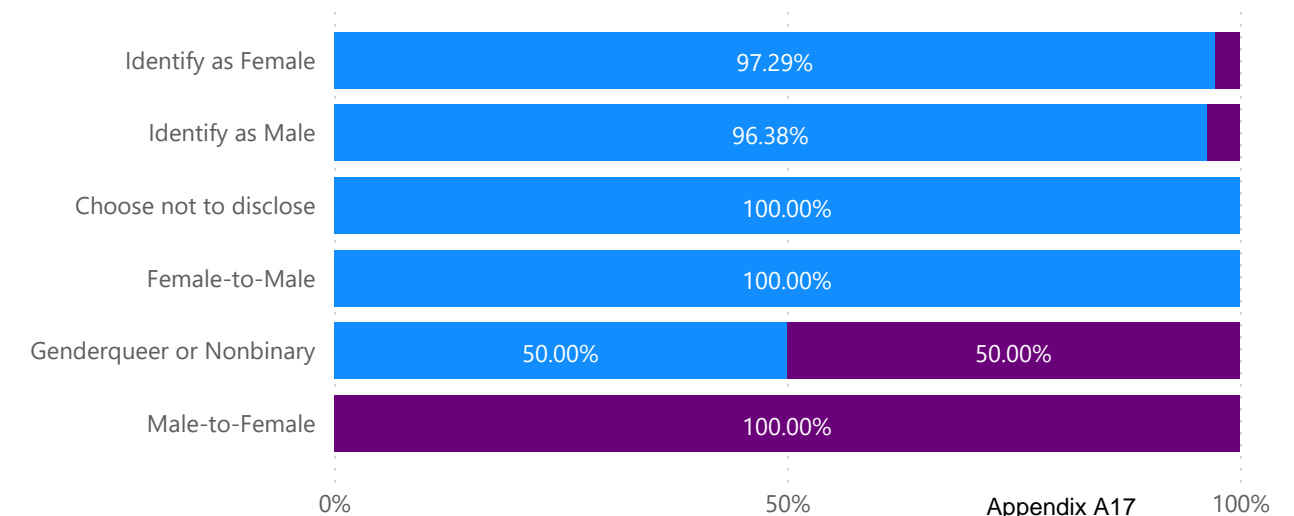
16a. % of Respondents by Gender Who Consider Substance Misuse a Top Concern

Substance Misuse ● Not a Top Concern ● Top Concern



16c. % of Respondents by Gender Who Consider STDs a Top Concern

STDs ● Not a Top Concern ● Top Concern



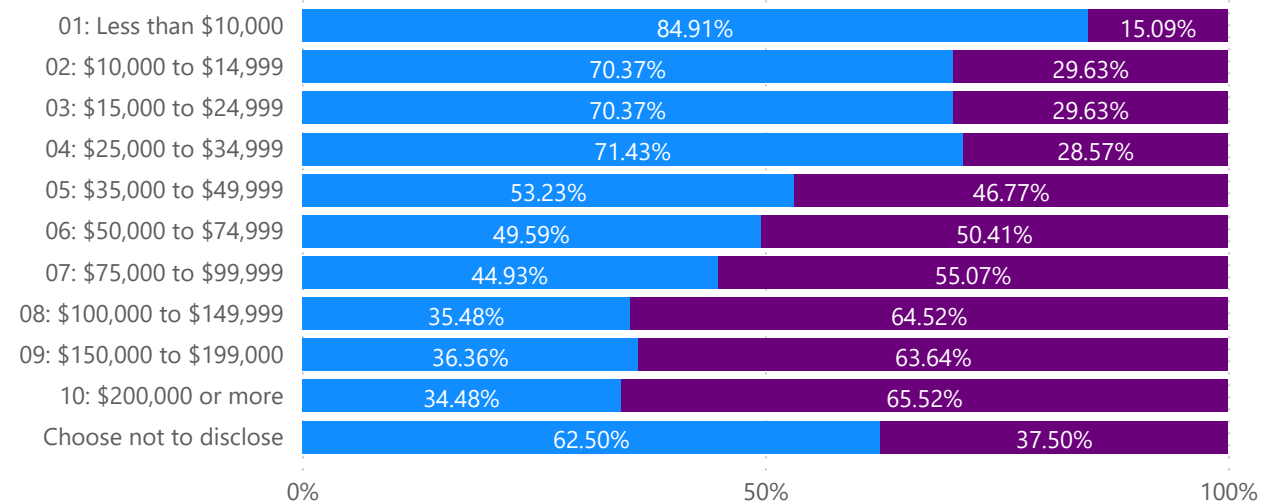
17: Healthy Behaviors by Annual Family Income

Top Concerns:

What do you feel are the top three (3) health problems in your community?

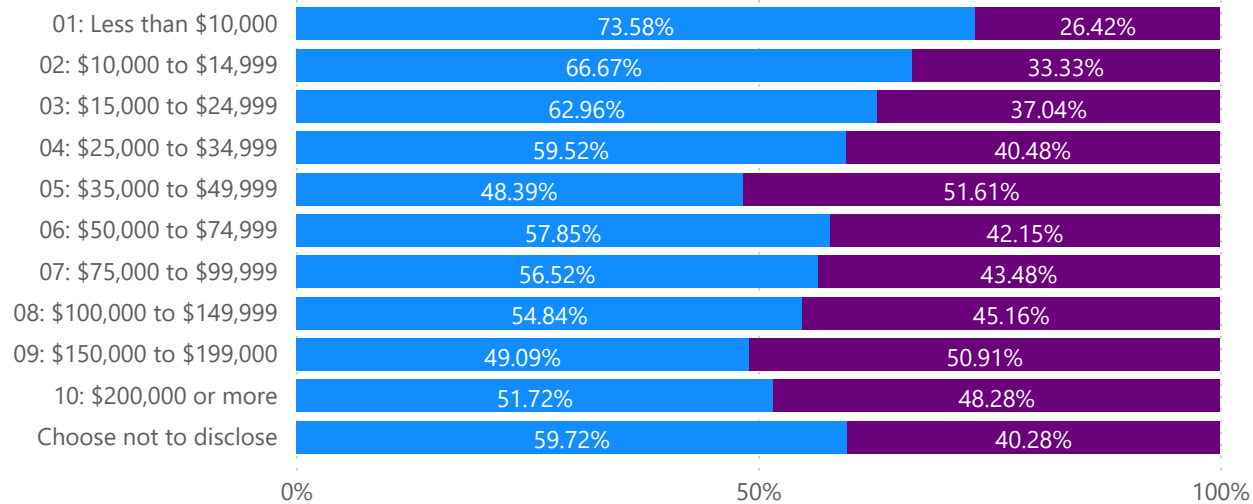
17b. % of Respondents by Income Who Consider Obesity a Top Concern

Obesity ● Not a Top Concern ● Top Concern



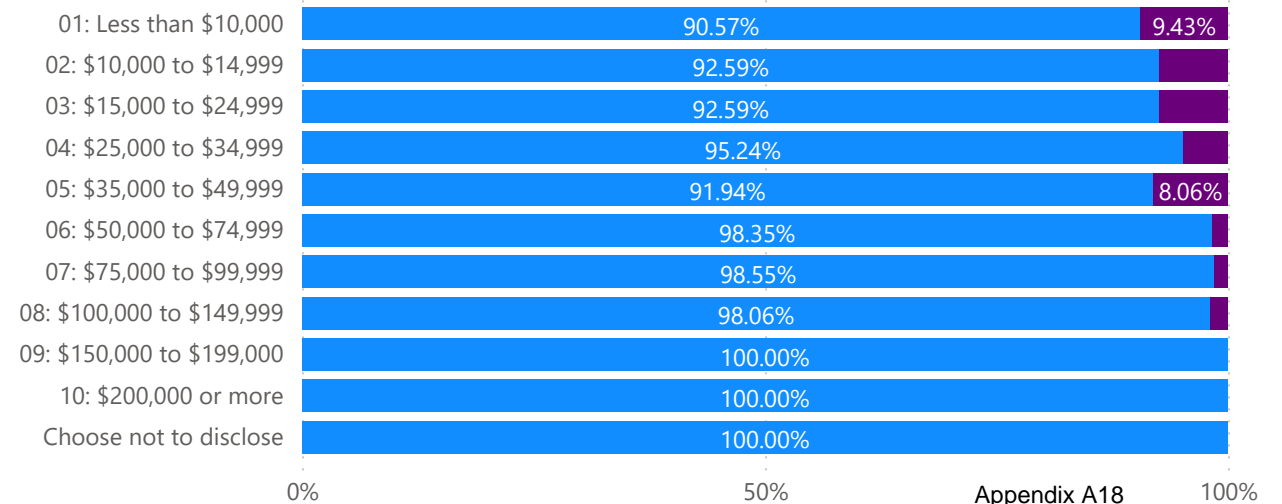
17a. % of Respondents by Income Who Consider Substance Misuse a Top Concern

Substance Misuse ● Not a Top Concern ● Top Concern



17c. % of Respondents by Income Who Consider STDs a Top Concern

STDs ● Not a Top Concern ● Top Concern

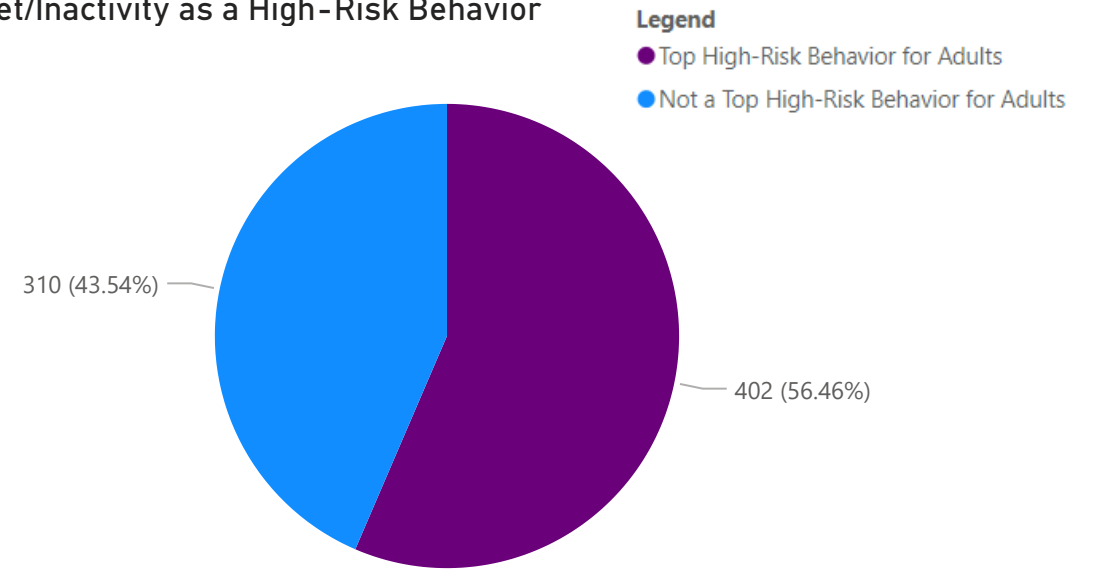


18: High Risk Behaviors

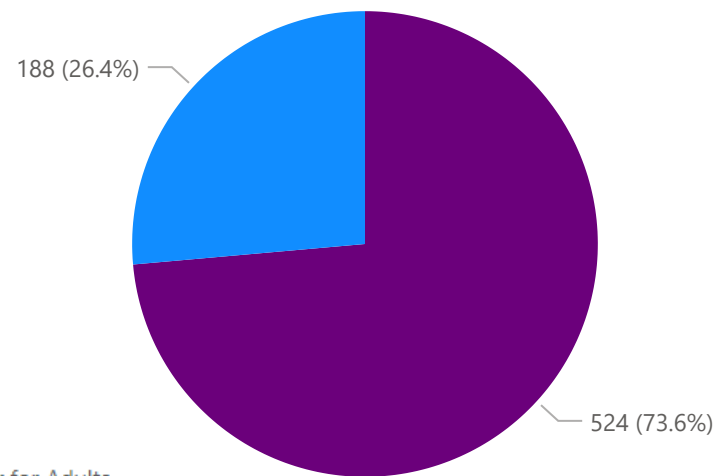
Top High-Risk Behaviors:

What do you feel are the top three (3) ADULT high-risk behaviors in your community?

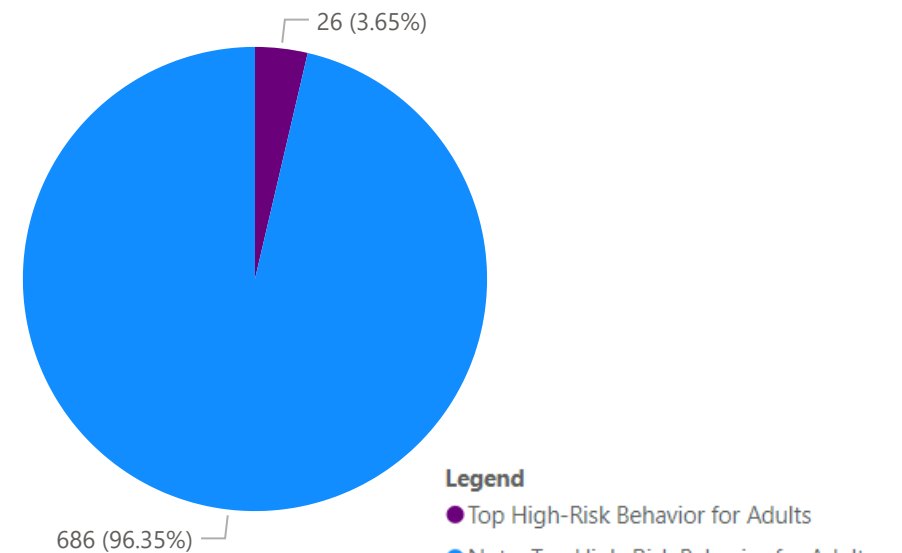
18b. Poor Diet/Inactivity as a High-Risk Behavior



18a. Substance Misuse as a High-Risk Behavior



18c. Unprotected Sex as a High-Risk Behavior

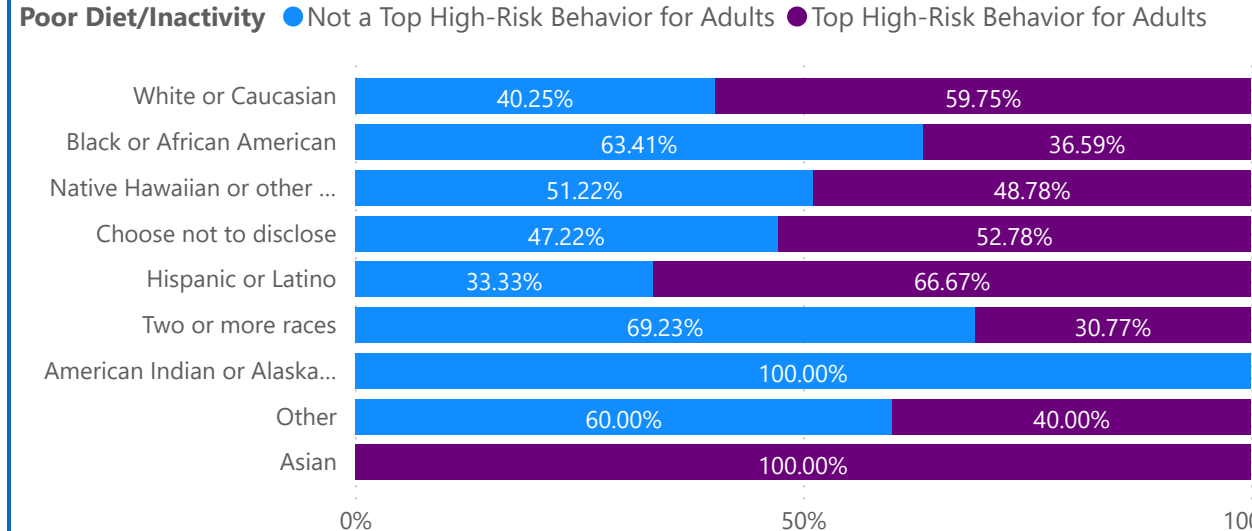


19: High-Risk Behaviors by Race/Ethnicity

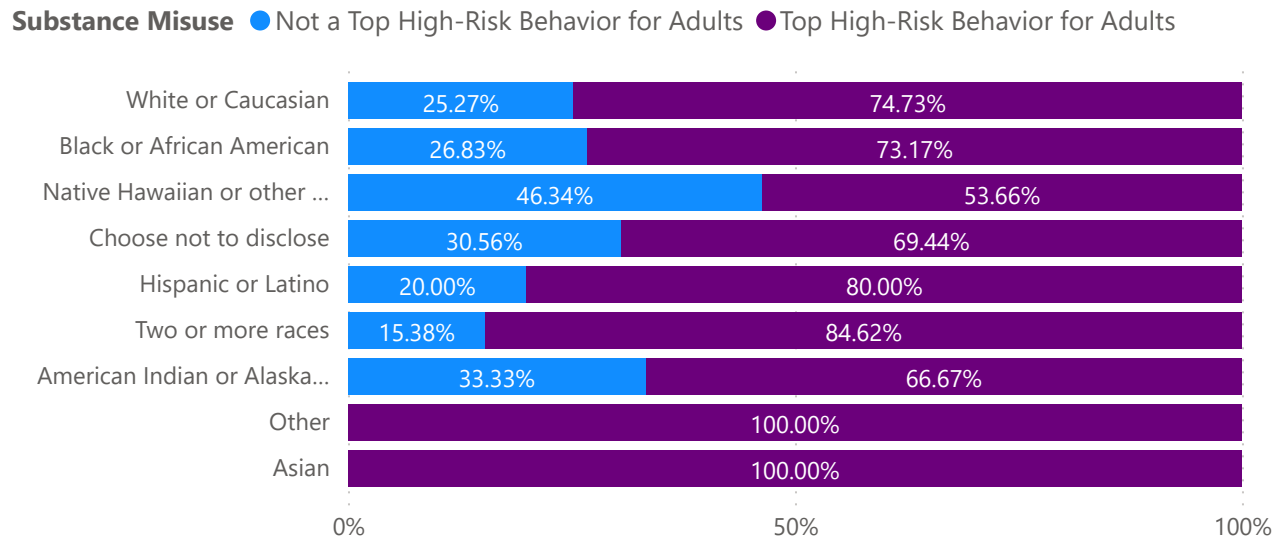
Top High-Risk Behaviors:

What do you feel are the top three (3) ADULT high-risk behaviors in your community?

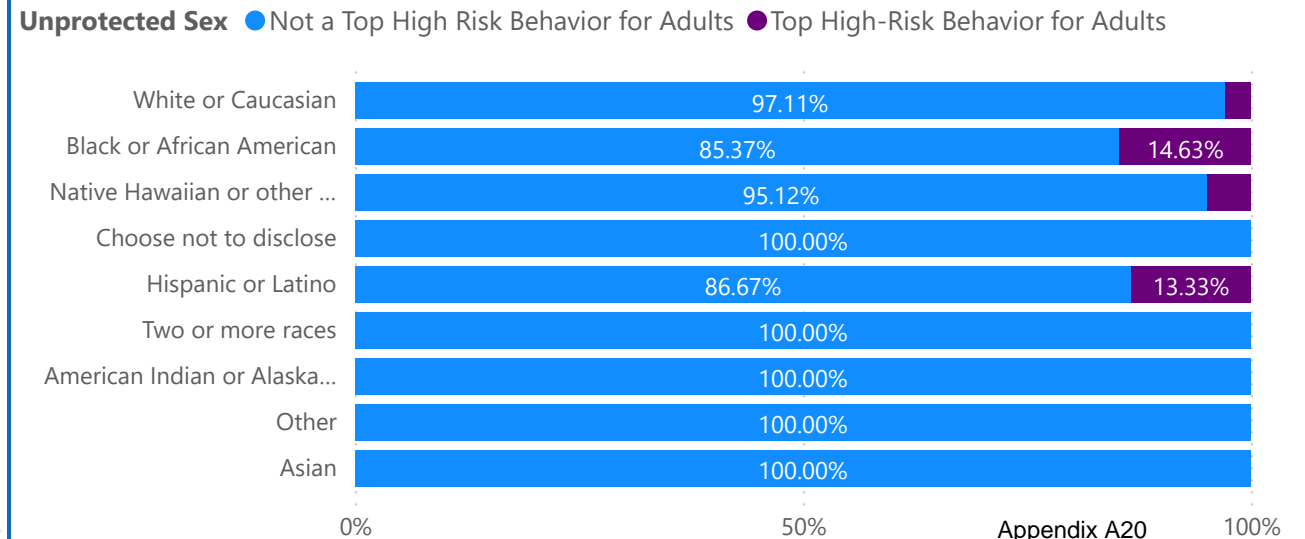
19b. % of Respondents by Race/Ethnicity Who Consider Poor Diet/Inactivity a Top High-Risk Behavior



19a. % of Respondents by Race/Ethnicity Who Consider Substance Misuse a Top High-Risk Behavior



19c. % of Respondents by Race/Ethnicity Who Consider Unprotected Sex a Top High-Risk Behavior



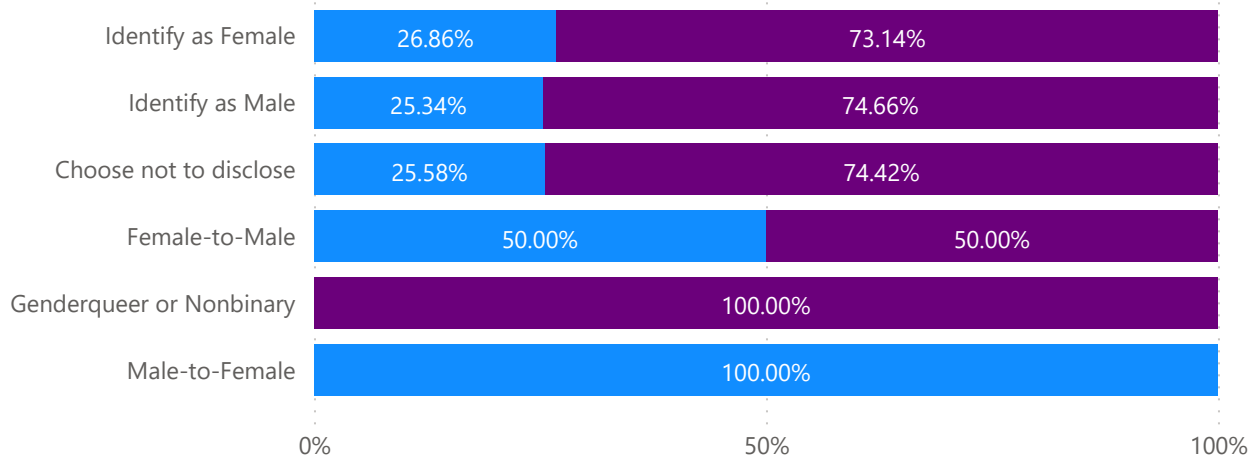
20: High-Risk Behaviors by Gender

Top High-Risk Behaviors:

What do you feel are the top three (3) ADULT high-risk behaviors in your community?

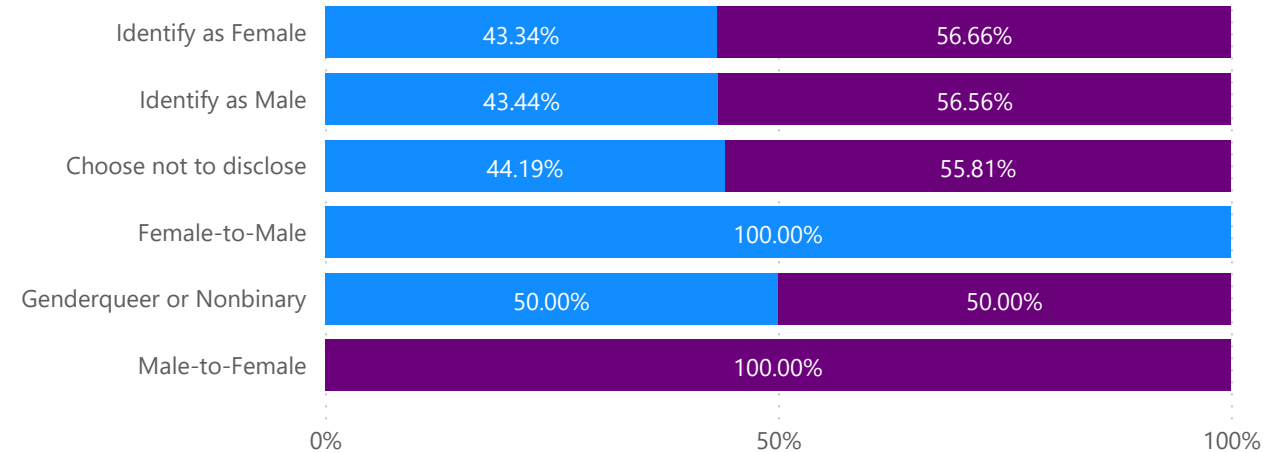
20a. % of Respondents by Gender Who Consider Substance Misuse a Top High-Risk Behavior

Substance Misuse ● Not a Top High-Risk Behavior for Adults ● Top High-Risk Behavior for Adults



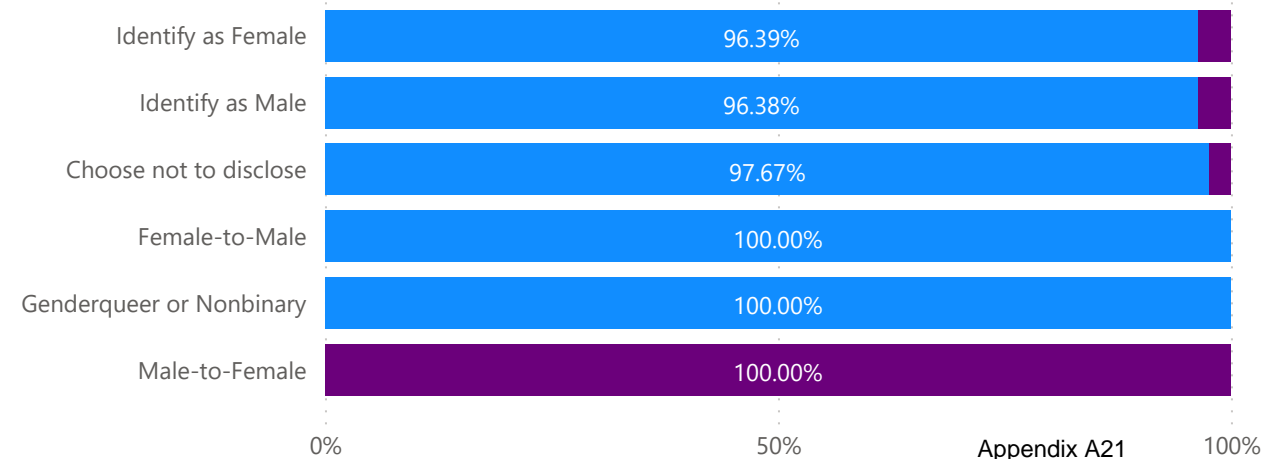
20b. % of Respondents by Gender Who Consider Poor Diet/Inactivity a Top High-Risk Behavior

Poor Diet/Inactivity ● Not a Top High-Risk Behavior for Adults ● Top High-Risk Behavior for Adults



20c. % of Respondents by Gender Who Consider Unprotected Sex a Top High-Risk Behavior

Unprotected Sex ● Not a Top High Risk Behavior for Adults ● Top High-Risk Behavior for Adults



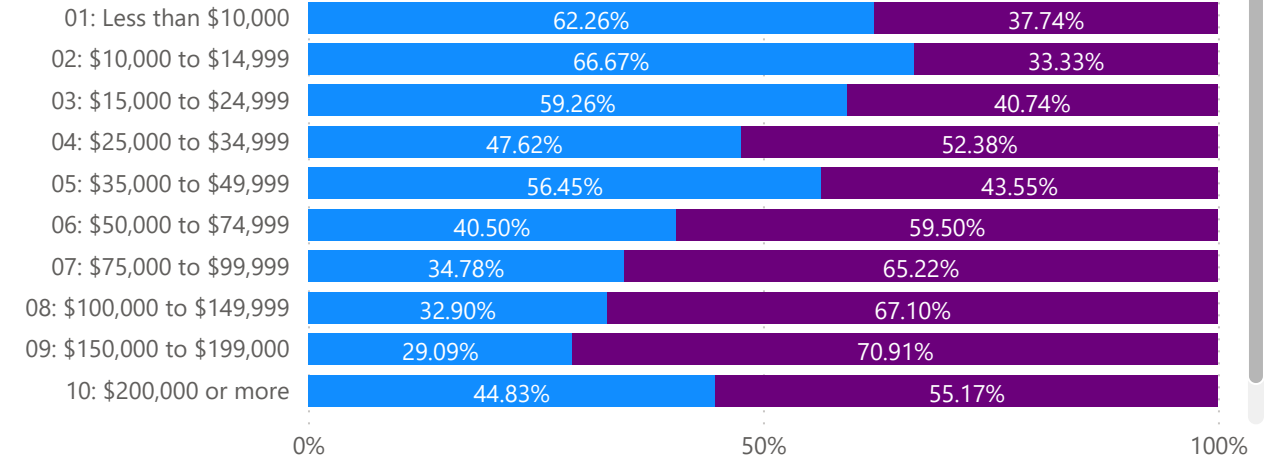
21: High-Risk Behaviors by Annual Family Income

Top High-Risk Behaviors:

What do you feel are the top three (3) ADULT high-risk behaviors in your community?

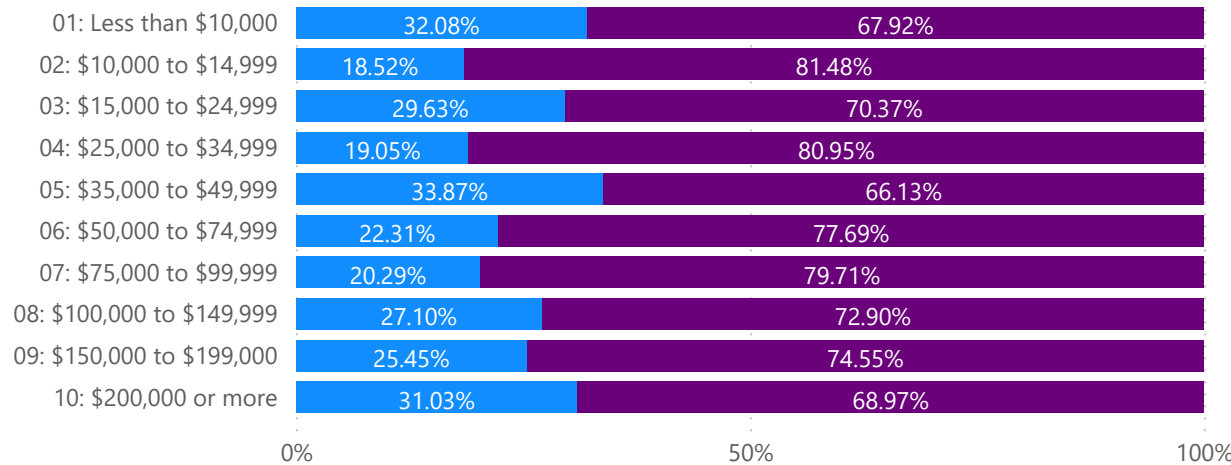
21b. % of Respondents by Income Who Consider Poor Diet/Inactivity a Top High-Risk Behavior

Poor Diet/Inactivity ● Not a Top High-Risk Behavior for Adults ● Top High-Risk Behavior for Adults



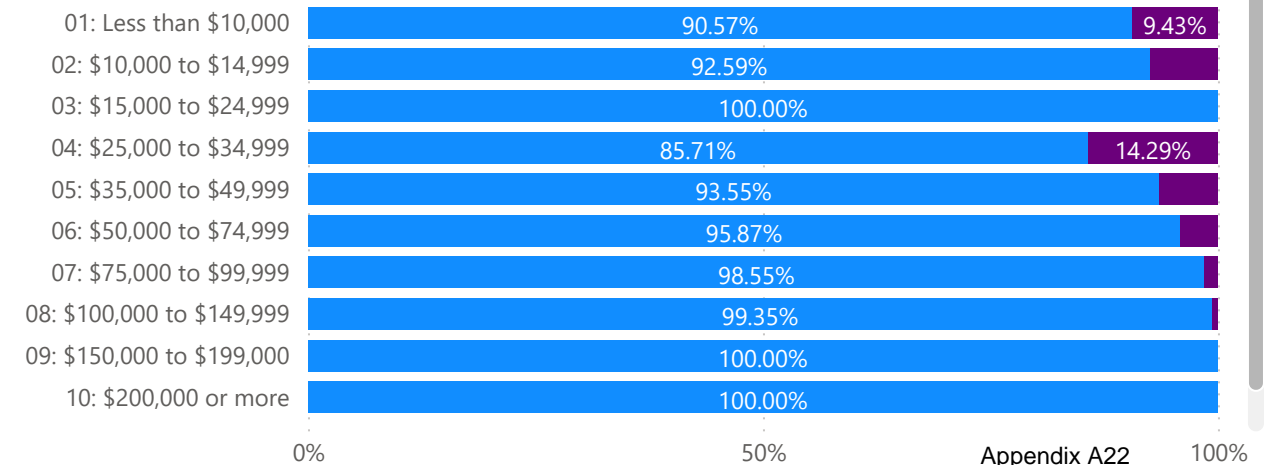
21a. % of Respondents by Income Who Consider Substance Misuse a Top High-Risk Behavior

Substance Misuse ● Not a Top High-Risk Behavior for Adults ● Top High-Risk Behavior for Adults



21c. % of Respondents by Income Who Consider Unprotected Sex a Top High-Risk Behavior

Unprotected Sex ● Not a Top High Risk Behavior for Adults ● Top High-Risk Behavior for Adults



Community Health Survey: Demographic Breakdown

*Chart Explanations, Interpretations, and
Image Descriptions*

Preface: This report is based on a Community Health Survey. These charts and statistics reflect respondents' opinions and feedback about their community provided on a volunteer basis. The information provided here is not based on medical data.

1a: Figure 1a shows the breakdown of responses to the question "Do you feel people in this community are healthier, less healthy, or have maintained health over the last five (5) years?". Over half of all respondents felt that community health declined over the five-year period, while one third believed community health was consistent and an eighth believed their community was healthier than five years prior.

1b: Figure 1b shows that 86% of respondents reported getting a yearly health exam while 13% reported not receiving such an exam.

1c: Figures 1c through 1f demonstrate the demographic information of all survey respondents by age, annual family income, race/ethnicity, and gender respectively. Figure 1c shows a roughly equal make-up of ages 30 to 69, with each decade within that range accounting for around 20% of our respondents. We received fewer respondents from the 19-29 and 70-79 age groups with each accounting for around 10% of respondents. The 0-18 and 80+ demographics each account for less than one percent of our total responses. Due to the small number of respondents among certain groups, this survey should not be used to make broad generalizations about people above the age of 80 or below the age of 18.

1d: Figure 1d shows a somewhat even distribution of annual family incomes among our survey respondents. The income brackets from which we received the most respondents were \$100,000 to \$149,999 and \$50,000 to \$74,999 which accounted for just under 23% and 18% of our respondents respectively. We

received the fewest responses from the \$10,000 to \$14,999, \$15,000 to \$24,999, and greater than \$200,000 brackets which each accounted for about 4% of our responses.

1e: Figure 1e demonstrates the racial and ethnic demographics of our responses which represent slightly greater diversity than the county's population, likely as a result of conscious efforts to increase response rates among minority communities. 81% of our respondents identified themselves as White or Caucasian while 91.9% of people in Dubuque County identified themselves as White alone according to US Census Bureau data for 2022. The Asian population was underrepresented, accounting for 0.15% of our respondents and 1.3% of the county population. The Hispanic or Latino population was also slightly underrepresented, accounting for 2.2% of respondents and 3% of the county population. The Black or African American were slightly overrepresented, accounting for 6% of respondents and 3.8% of the county population. The American Indian or Alaskan Native population was also slightly overrepresented accounting for 0.9% of our respondents and 0.3% of the County population. The Native Hawaiian or other Pacific Islander population was significantly overrepresented, accounting for 6.04% of our respondents and 0.8% of the population. The population who identified with 2 or more options accounted for 1.9% of our respondents as well as 1.9% of the county population. Less than 1% of respondents declined to disclose their race/ethnicity. Due to the small number of respondents among certain groups, this survey should be used to make broad generalizations about the Asian, American Indian or Alaskan Native, Hispanic or Latino, or two or more race communities. Because this survey had only one respondent who identified their race/ethnicity as Asian, this report will not state any generalizations about the Asian community in general.

1f: Figure 1f demonstrates the gendered demographics of our survey responses. Respondents identifying as female accounted for 65% of our responses and 50.4% of the county population. Male identifying respondents accounted for 32% of our respondents. 1.8% of our respondents declined to disclose their gender and a small percentage of respondents identified as Female-to-Male, Male-to-Female, or Genderqueer or Nonbinary. Due to the small number of respondents among certain groups, this survey should not be used to make broad generalizations

about the Female-to-Male, Male-to-Female, or Genderqueer or Nonbinary communities.

2a: Figure 2a displays the health insurance status of survey respondents. 48.8% of respondents report being covered by employer provided health insurance, 30.8% report being covered by Medicare or Medicaid and 11.4% report being covered by private health insurance. 5.9% of respondents did not respond to this question. 1.4% of respondents reported that no one in their family is covered by health insurance. 1.1% of respondents report their child/ren being covered by health insurance while they are not. Another 0.6% of respondents reported that their child/ren are covered by health insurance but did not specify their own insurance status.

2b: Figure 2b shows that 29.8% of respondents who are insured through their employer, Medicare, Medicaid, or private means, report having trouble accessing at least one health service. (General doctors, Dentists, Brain/Mental Health/Spiritual Support/Prescriptions/Food/Health Insurance/etc.)

2c: Figure 2c shows that 37.5% of respondents who are not insured report having trouble accessing at least one health service. (General doctors, Dentists, Brain/Mental Health/Spiritual Support/Prescriptions/Food/Health Insurance/etc.)

3-5: Figures 3-5 demonstrate health insurance status broken down by race/ethnicity, gender, and annual family income respectively. Shades of blue indicate different ways in which respondents are covered by health insurance, while shades of red/orange denote respondents who are not covered themselves. Purple respondents marked that their children are covered but did not specify whether they themselves were.

3: Figure 3 shows that respondents who identify as Black or African American, two or more races, or Native Hawaiian or other Pacific Islander, are the most likely to be covered by either Medicare or Medicaid. Respondents who identify as Hispanic or Latino, or White or Caucasian are the most likely to be covered by employer provided health insurance. Respondents who identify as Native Hawaiian or other Pacific Islander, Black or African American, two or more races, or Hispanic or Latino are the most likely to be uninsured.

4: Figure 4 shows that respondents who identify as female are more likely to be covered by employer provided health insurance and less likely to be covered by Medicare or Medicaid, when compared to respondents who identify as male. Respondents who identify as female are also slightly more likely to be uninsured than male identifying respondents.

5: Figure 5 shows that respondents with lower incomes are significantly more likely to be covered by Medicare or Medicaid, and less likely to be covered by employer provided health insurance than respondents with higher incomes. Respondents with lower incomes are also more likely to be uninsured than higher incomes. However, respondents with incomes between \$25,000 and \$49,999 were more likely to be uninsured than respondents with incomes below \$25,000. This is likely due to the “Cliff Effect” which describes the situation when a person’s income exceeds the threshold for social programs like Medicaid, but is not enough to afford private or employer provided health insurance plans. Zero respondents who reported an annual family income above \$75,000 report being uninsured.

6a: Figure 6a shows that 11.1% of all respondents reported that they were currently having trouble accessing a dentist.

6b: Figure 6b shows that 10.34% of all respondents who are insured by their employer, Medicare, Medicaid, or private insurance reported that they were currently having trouble accessing a dentist.

6c: Figure 6c shows that 18.75% of all respondents who do not have health insurance report that they are currently having trouble accessing a dentist.

7-9: Figures 7 through 9 highlight dental inaccessibility broken down by race/ethnicity, gender, and annual family income respectively.

7: Figure 7 shows that trouble accessing a dentist is most common among respondents who identify as American Indian or Alaskan Native, 33.33% of whom experience inaccessibility. Black or African American respondents report slightly lower rates of inaccessibility at 31.71%, followed by Native Hawaiian or other Pacific Islander (26.83%), Hispanic or Latino (20%), two or more races (15.38%), and White or Caucasian (8.66%).

8: Figure 8 shows that 12.22% of male identifying respondents reported trouble accessing a dentist. Female identifying respondents reported inaccessibility at a slightly lower rate of 11.29%.

9: Figure 9 shows that dental inaccessibility predominantly affects low-income respondents. Those with an annual family income below \$10,000 had the highest rates of dental inaccessibility as 43.4% reported that they are currently having trouble accessing a dentist. Respondents with an income between \$25,000 and \$34,999 experienced greater inaccessibility than those with incomes between \$10,000 and \$24,999. Once again, this is likely due to the “Cliff Effect” as people whose income barely exceeds the thresholds for Medicaid or food or housing subsidies may be less able to afford dental care than people with slightly lower incomes. Only eight respondents with incomes above \$75,000 reported having trouble accessing a dentist.

10a: Figure 10a shows 38.76% of respondents reported having had a mental/brain health diagnosis like Depression, Bi-Polar, or Anxiety at some point in their life. 58.57% reported not having had such a diagnosis, and 2.37% declined to respond.

10b: Figure 10b shows that 46.63% of all survey respondents identified brain/mental health as one of the top three health problems in their community.

10c: Figure 10c shows that 38.48% of all respondents reported that at least one barrier exists which may prevent them from receiving brain/mental health services. Examples of such barriers include access to appointments, costs, lack of transportation, lack of insurance, and social stigma.

10d: Figure 10d shows that, of the group of respondents who reported having had a mental/brain health diagnosis, 52.54% reported that at least one barrier exists which may prevent them from receiving brain/mental health services. Examples of such barriers include access to appointments, costs, lack of transportation, lack of insurance, and social stigma.

11-13: Figures 11 through 13 display the percentage of respondents who identified brain/mental health as one of the top three health problems in their community, broken down by race/ethnicity, gender, and annual family income respectively.

11: Figure 11 shows that 53.85% of respondents who identified as two or more races, identified brain/mental health as one of the top three problems in their community. 50.72% of White or Caucasian respondents identified brain/mental health as a top concern, followed by Hispanic or Latino (46.67%), Black or African American (19.51%), American Indian or Alaskan Native (16.67%) and Native Hawaiian or other Pacific Islander respondents (4.88%).

12: Figure 12 shows that 49.44% of female identifying respondents identified brain/mental health as one of the top three health problems in their community. Male identifying respondents did so at a lower rate of 38.91%.

13: Figure 13 shows that respondents with higher incomes were most likely to identify brain/mental health as one of the top three health problems in their community. Respondents with an annual family income between \$150,000 and \$199,000 were the most likely to identify brain/mental health as a top concern at a rate of 69.09%. Respondents with an income between \$15,000 and \$24,999 and those with an income below \$10,000 were least likely to identify brain/mental health as a top concern at a rate of 22.22% and 22.64% respectively.

14a-14c: Figures 14a through 14c show what percentage of respondents identified issues related to each of the three focuses dealing with health behaviors (Substance Misuse, Nutrition/Inactivity/Obesity, STDs respectively), as being among the top three health problems in their community.

14a: Figure 14a shows that 42.7% of respondents identified substance misuse (tobacco, alcohol, drugs) as one of the top three health problems in their community.

14b: Figure 14b shows that 48.46% of respondents identified obesity as one of the top three health problems in their community.

14c: Figure 14c shows that 3.09% of respondents identified STDs as one of the top three health problems in their community.

15a-15c: Figures 15a through 15c show what percentage of respondents identified certain issues related to each of the three focuses of the task force on healthy behaviors (Substance Misuse, Nutrition/ Inactivity/Obesity, and STD/Unprotected Sex respectively), as being among the top three health problems in their community, broken down by race and ethnicity.

15a: Figure 15a demonstrates that American Indian or Alaskan Native respondents were the most likely to identify substance misuse as one of the top three health problems in their community at a rate of 83.33%, followed by respondents who identify as two or more races (61.54%), White or Caucasian (44.58%), Hispanic or Latino (40%), Black or African American (34.15%) and Native Hawaiian or other Pacific Islander (4.88%).

15b: Figure 15b demonstrates that White or Caucasian respondents were the most likely to identify obesity as one of the top three health problems in their community at a rate of 54.15%, followed by respondents who identify as Hispanic or Latino (40%), American Indian or Alaskan Native (33.33%), Black or African American (31.71%), two or more races (23.08%) and Native Hawaiian or Pacific Islander (2.44%).

15c: Figure 15c demonstrates that Black or African American respondents were the most likely to identify STDs as one of the top three health problems in their community at a rate of 54.15%, followed by respondents who identify as White or Caucasian (2.89%), and Native Hawaiian or other Pacific Islander (2.44%). All respondents of all other racial and ethnic demographics did not identify STDs as one of the top three health problems in their community.

16a-16c: Figures 16a through 16c show what percentage of respondents identified certain issues related to each of the three focuses of the task force on healthy behaviors (Substance Misuse, Nutrition/ Inactivity/Obesity, and STD/Unprotected Sex respectively), as being among the top three health problems in their community, broken down by gender.

16a: Figure 16a shows that male identifying respondents identified substance misuse as one of the top three health problems in their community at a rate of 43.44%, while female identifying respondents did so at a slightly lower rate of 42.21%.

16a: Figure 16a shows that male identifying respondents identified substance misuse as one of the top three health problems in their community at a rate of 43.44%, while female identifying respondents did so at a slightly lower rate of 42.21%.

16b: Figure 16b shows that female identifying respondents identified obesity as one of the top three health problems in their community at a rate of 49.89%, while male identifying respondents did so at a lower rate of 46.61%.

16c: Figure 16c shows that male identifying respondents identified STDs as one of the top three health problems in their community at a rate of 3.42%, while female identifying respondents did so at a slightly lower rate of 2.71%.

17a-17c: Figures 17a through 17c show what percentage of respondents identified certain issues related to each of the three focuses of the task force on healthy behaviors (Substance Misuse, Nutrition/ Inactivity/Obesity, and STD/Unprotected Sex respectively), as being among the top three health problems in their community, broken down by annual family income.

17a: Figure 17a shows that respondents with higher annual family incomes were more likely to identify substance misuse as one of the top three health problems in their community than those with lower annual family incomes. Respondents with incomes between \$35,000 and \$49,999 were the most likely to identify substance misuse as a top concern at a rate of 51.61%, followed by those with incomes between \$150,000 and \$199,999 at a rate of 50.91%. Respondents with incomes less than \$10,000 were the least likely to identify substance misuse as a top concern at a rate of 26.42%, followed by those with incomes between \$10,000 and \$24,999 at a rate of 33.33%.

17b: Figure 17b shows that respondents with higher annual family incomes were more likely to identify obesity as one of the top three health problems in their community than those with lower annual family incomes. Respondents with incomes above \$200,000 were the most likely to identify obesity as a top concern at a rate of 65.52%, followed by those with incomes between \$100,000 and \$149,999 at a rate of 64.52%. Respondents with incomes less than \$10,000 were the least likely to identify obesity as a top concern at a rate of 15.09%, followed by those with incomes between \$25,000 and \$34,999 at a rate of 28.57%.

17c: Figure 17c shows that respondents with lower annual family incomes were more likely to identify STDs as one of the top three health problems in their community than those with higher annual family incomes. Respondents with incomes below \$10,000 were the most likely to identify STDs as a top concern at a rate of 9.43%, followed by those with incomes between \$35,000 and \$49,999 at a

rate of 8.06%. Zero respondents with annual family incomes above \$150,000 identified STDs as a top concern.

18a-18c: Figures 18a to 18c show what percentage of respondents identified certain high-risk behaviors related to each of the three focuses of the task force on healthy behaviors (Substance Misuse, Nutrition/ Inactivity/Obesity, and STD/Unprotected Sex respectively), as being among the top three high-risk behaviors among adults in their community.

18a: Figure 18a shows that 73.6% of respondents identified substance misuse (Alcohol, Illegal Drugs, Prescription Drugs, Tobacco or Vaping) as one of the top three high-risk behaviors among adults in their community.

18b: Figure 18b shows that 56.46% of respondents identified poor diets or physical inactivity as one of the top three high-risk behaviors among adults in their community.

18c: Figure 18c shows that 3.65% of respondents identified unprotected sex as one of the top three high-risk behaviors among adults in their community.

19a-19c: Figures 19a to 19c show what percentage of respondents identified certain high-risk behaviors related to each of the three focuses of the task force on healthy behaviors (Substance Misuse, Nutrition/ Inactivity/Obesity, and STD/Unprotected Sex respectively), as being among the top three high-risk behaviors among adults in their community, broken down by race and ethnicity.

19a: Figure 19a shows that respondents who identify as two or more races were the most likely to identify substance misuse behaviors as being among the top three high-risk behaviors among adults in their community at a rate of 84.62%, followed by respondents who identify as Hispanic or Latino (80%), White or Caucasian (74.73%), Black or African American (73.17%), American Indian or Alaskan Native (66.67%), and Native Hawaiian or other Pacific Islander (53.66%).

19b: Figure 19b shows that respondents who identify as Hispanic or Latino were the most likely to identify poor diets or physical inactivity as being among the top three high-risk behaviors among adults in their community at a rate of 66.67%, followed by respondents who identify as White or Caucasian (59.75%), Native Hawaiian or other Pacific Islander (48.78%), Black or African American (36.59%), two or more races (30.77%) and American Indian or Alaska Native (0%).

19c: Figure 19c shows that respondents who identify Black or African American were the most likely to identify unprotected sex as one of the top three high-risk behaviors among adults in their community at a rate of 14.63%, followed by respondents who identify as Hispanic or Latino (13.33%), Native Hawaiian or other Pacific Islander (4.88%), and White or Caucasian (2.89%). Zero respondents who identify as American Indian or Alaskan Native or two or more races identified unprotected sex as one of the top three high-risk behaviors among adults in their community.

20a-20c: Figures 20a to 20c show what percentage of respondents identified certain high-risk behaviors related to each of the three focuses of the task force on healthy behaviors (Substance Misuse, Nutrition/ Inactivity/Obesity, and STD/Unprotected Sex respectively), as being among the top three high-risk behaviors among adults in their community, broken down by gender.

20a: Figure 20a shows that male identifying respondents are most likely to identify substance misuse behaviors as being among the top three high-risk behaviors among adults in their community at a rate of 74.66%. Female identifying did so at a slightly lower rate of 73.14%.

20b: Figure 20b shows that female identifying respondents are most likely to identify poor diets or physical inactivity as being among the top three high-risk behaviors among adults in their community at a rate of 56.66%. Male identifying did so at a slightly lower rate of 55.56%.

20c: Figure 20c shows that male identifying respondents are most likely to identify unprotected sex as one of the top three high-risk behaviors among adults in their community at a rate of 3.42%. Female identifying did so at a slightly lower rate of 3.41%.

21a-21c: Figures 21a to 21c show what percentage of respondents identified certain high-risk behaviors related to each of the three focuses of the task force on healthy behaviors (Substance Misuse, Nutrition/ Inactivity/Obesity, and STD/Unprotected Sex respectively), as being among the top three high-risk behaviors among adults in their community, broken down by annual family income.

21a: Figure 21a shows that respondents with higher annual family incomes and those with lower annual family incomes were generally just as likely to identify substance misuse behaviors as being among the top three high-risk behaviors among adults in their community than respondents with lower annual family incomes. Respondents with incomes between \$10,000 and \$14,999 were the most likely to identify substance misuse behaviors as top high-risk behaviors at a rate of 81.48%, followed by those with incomes between \$25,000 and \$34,999 at a rate of 80.95%. Respondents with incomes between \$35,000 and \$49,999 were the least likely to identify substance misuse behaviors as top high-risk behaviors at a rate of 66.13%, followed by those with incomes below \$10,000 at a rate of 67.92%

21b: Figure 21b shows that respondents with higher annual family incomes were more likely to identify poor diets or physical inactivity as being among the top three high-risk behaviors among adults in their community than respondents with lower annual family incomes. Respondents with incomes between \$150,000 and \$199,999 were the most likely to identify poor diets or physical inactivity as top high-risk behaviors at a rate of 70.91%, followed by those with incomes between \$100,000 and \$149,999 were the least likely to identify poor diets or physical inactivity as top high-risk behaviors at a rate of 67.1%. Respondents with incomes between \$10,000 and \$14,999 were the least likely to identify poor diets or physical inactivity as top high-risk behaviors at a rate of 33.33%, followed by those with incomes below \$10,000 at a rate of 37.74%.

21c: Figure 21c shows that respondents with lower annual family incomes were more likely to identify unprotected sex as one of the top three high-risk behaviors among adults in their community than respondents with higher annual family incomes. Respondents with incomes between \$25,000 and \$34,999 were the most likely to identify unprotected sex as a top high-risk behavior at a rate of 14.29%, followed by those with incomes below \$10,000 at a rate of 9.43%. Zero respondents with incomes between \$15,000 and \$24,999, or above \$150,000, identified unprotected sex as a top high-risk behavior.

APPENDIX B

Dubuque County Demographics

The steering committee looked at several socio-economic demographic indicators associated with 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 Tract level.

Health Risk Indicators

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

- Population 65+ Years of Age (B11007)
- Population Under 6 Years of Age (S0101)
- School Age Children Ages, 6-17 (S0101)
- Disability Status (S1810)
- Educational Attainment (B15003)
- Local Unemployment (DP03)
- SNAP Recipients (B22010)
- Median Household Income (B19013)
- Racial Minority (B02001)
- Black or African American (B02001)
- Native Hawaiian or Pacific Islander (B02001)
- Hispanic/Latino (B03002)
- Overcrowded Housing Units (B25014)
- Poverty Status by Age (B17017)
- No Health Insurance (S2701)
- No Vehicle Access (S2504)

Information on these indicators was collected at the Census Tract level using American Community Survey 2021 5-year estimates data found at the US Census website, downloaded in an Excel table, imported into ArcGIS Pro, and mapped to the tract geographies. <https://data.census.gov/>

American Community Survey 2021 5-Year Estimates

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.

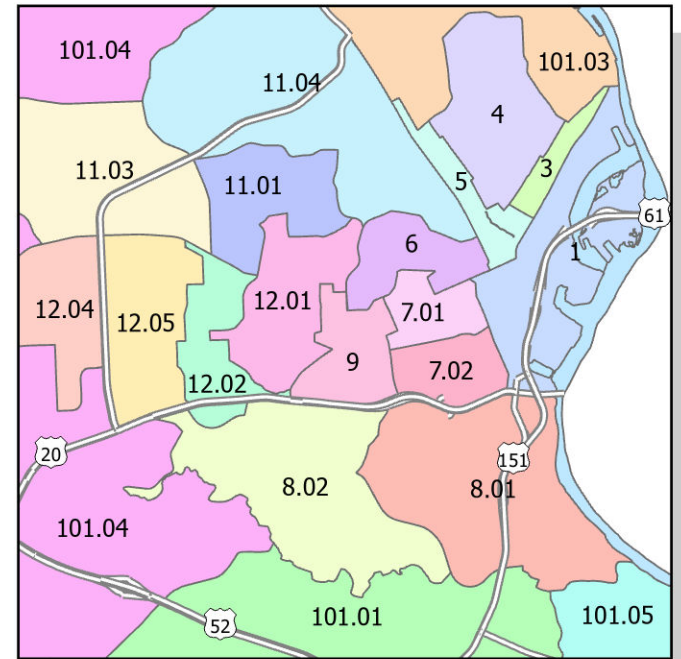
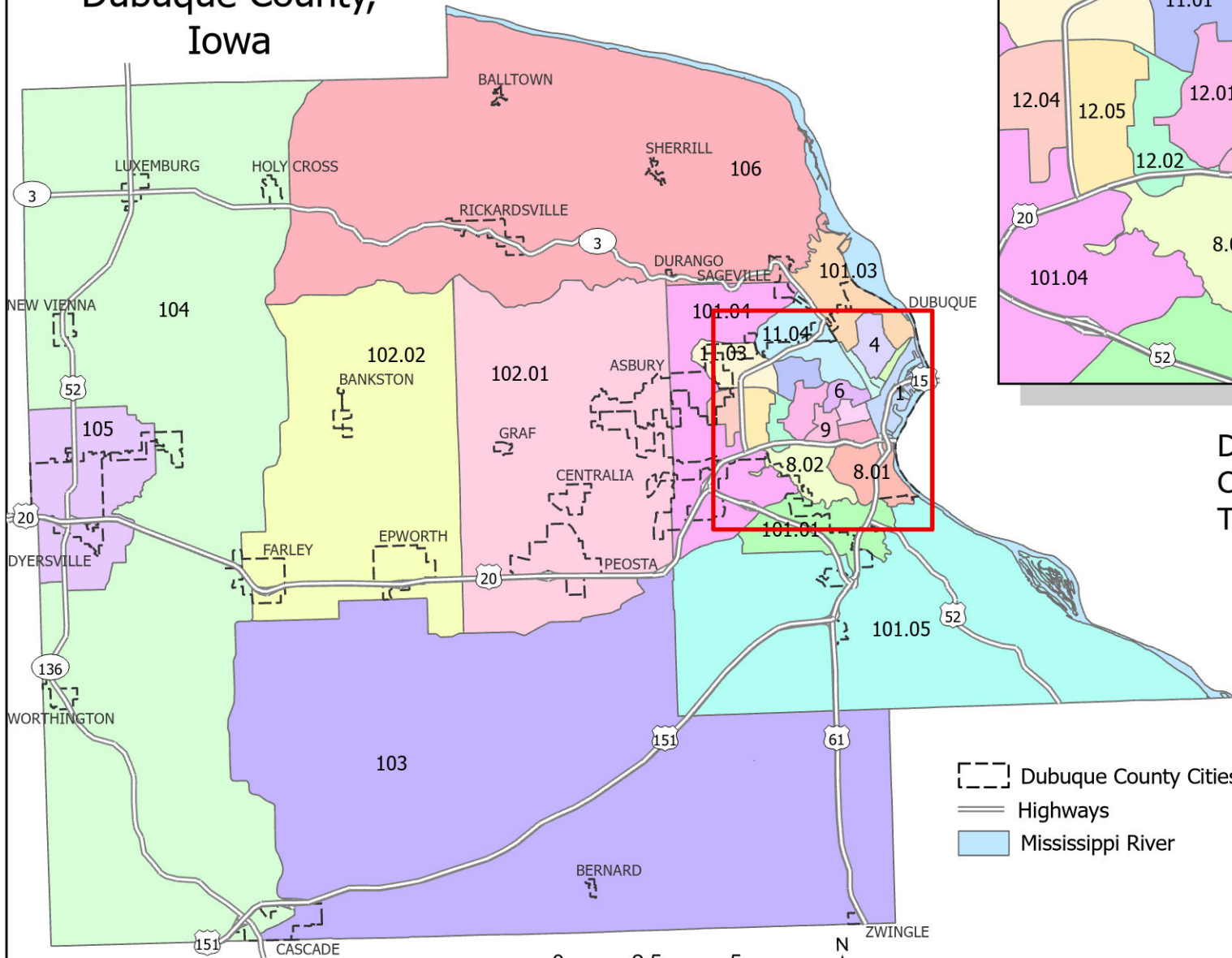
The ACS differs from the Decennial Census by only surveying a sample of persons within a neighborhood or community, whereas the Decennial Census surveys every household in the country. <https://www.census.gov/programs-surveys/acs>

Indicator Maps

The following map series shows each indicator by tract. Each indicator was broken down into a range of values, given an index value, and symbolized by a color range. The last map, titled “Combined Health Risk Indicator” shows the sum of the index values from all 16 of the preceding maps for each tract. Darker areas depict block groups with overall elevated health risk.

Census Tracts

Dubuque County, Iowa



Dubuque County
Census Tracts with
Tract Numbers

- Dubuque County Cities
- Highways
- Mississippi River

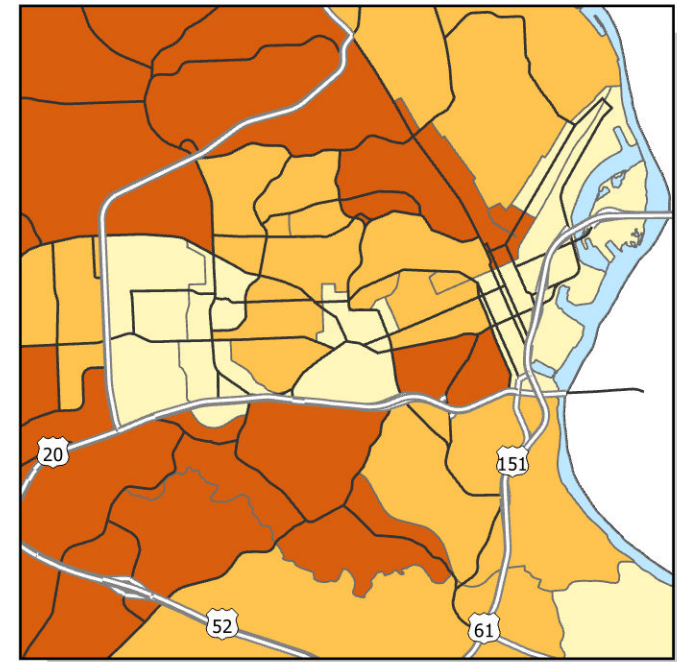
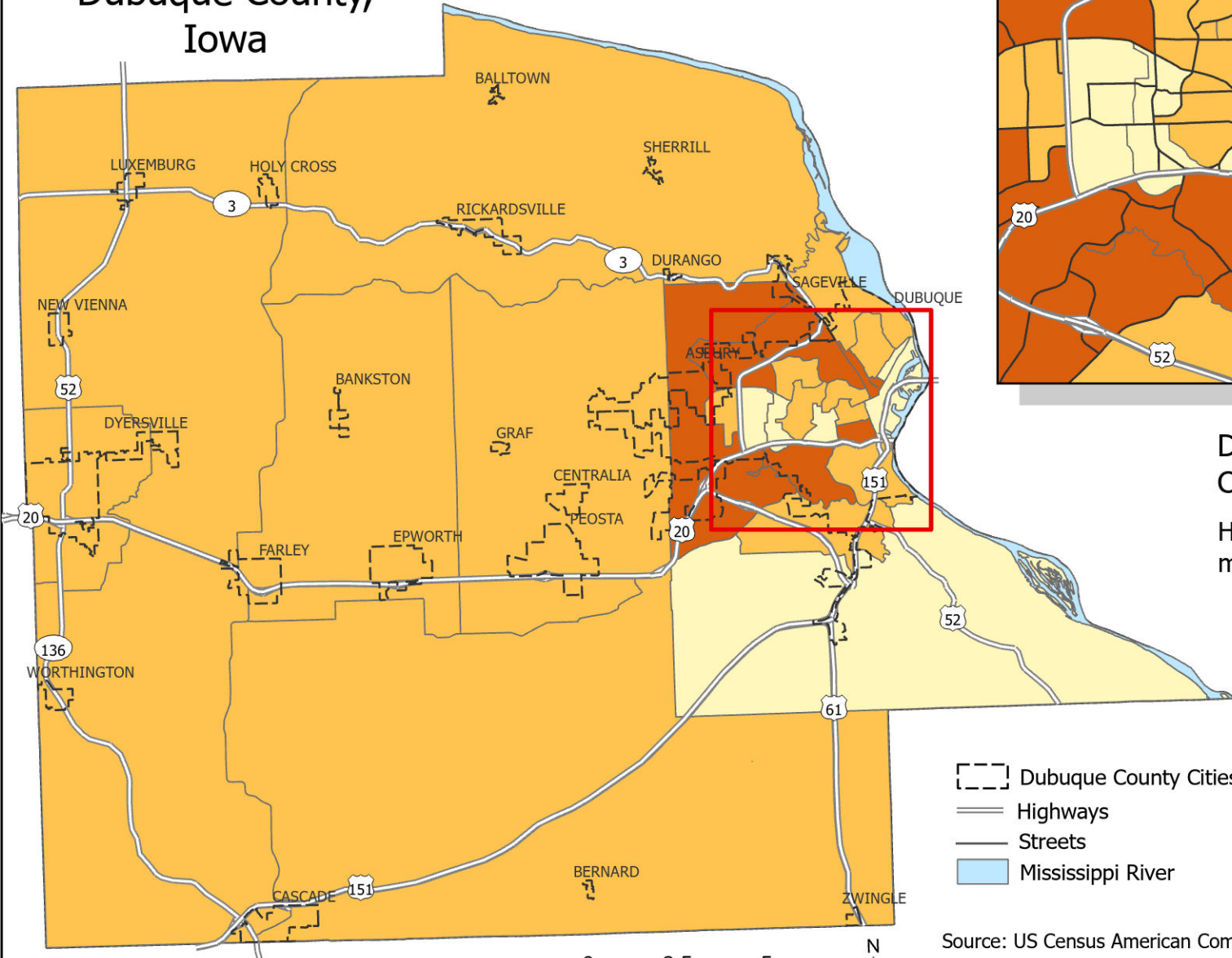
0 2.5 5
Miles



Source: US Census
Created by City of Dubuque Planning Services Staff

Critical Ages: 65 years and over

Dubuque County,
Iowa

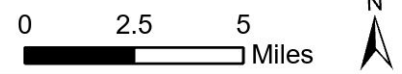


**Dubuque County
Census Tracts**

Households with one or more persons age 65+

Lightest Orange	16.7% - 24.9%	Index Value: 1
Medium Orange	25% - 34.9%	Index Value: 2
Darkest Orange	35% - 44.4%	Index Value: 3

Dubuque County Cities
 Highways
 Streets
 Mississippi River

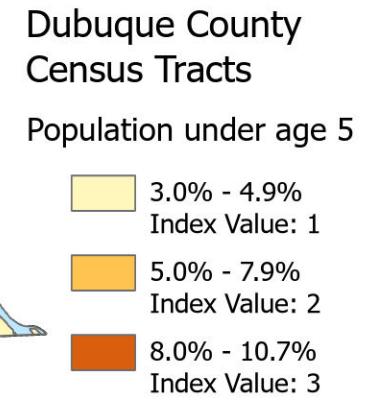
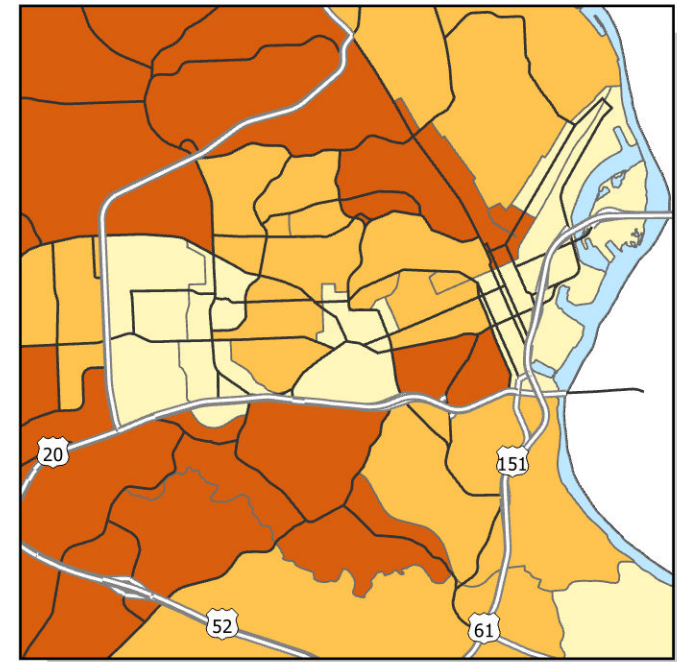
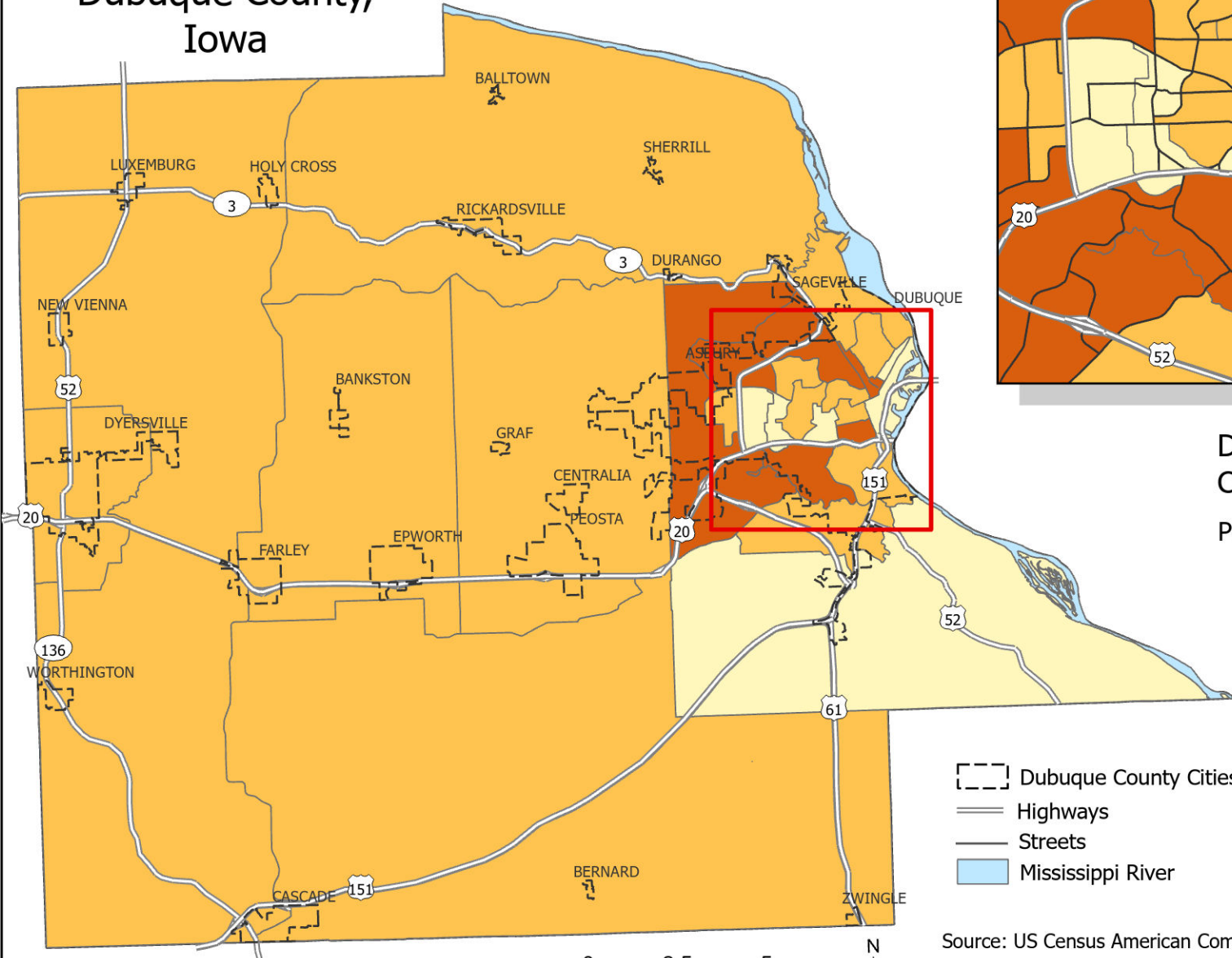


Source: US Census American Community Survey 2021 5-year estimates
Table B11007

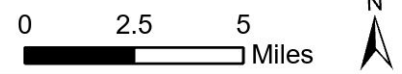
Created by City of Dubuque Planning Services Staff

Critical Ages: Children under 5

Dubuque County,
Iowa



- Dubuque County Cities
- Highways
- Streets
- Mississippi River

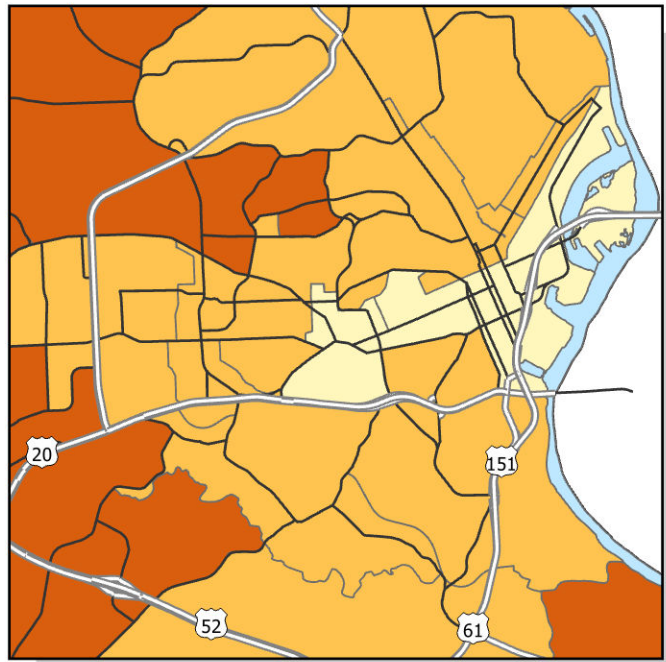
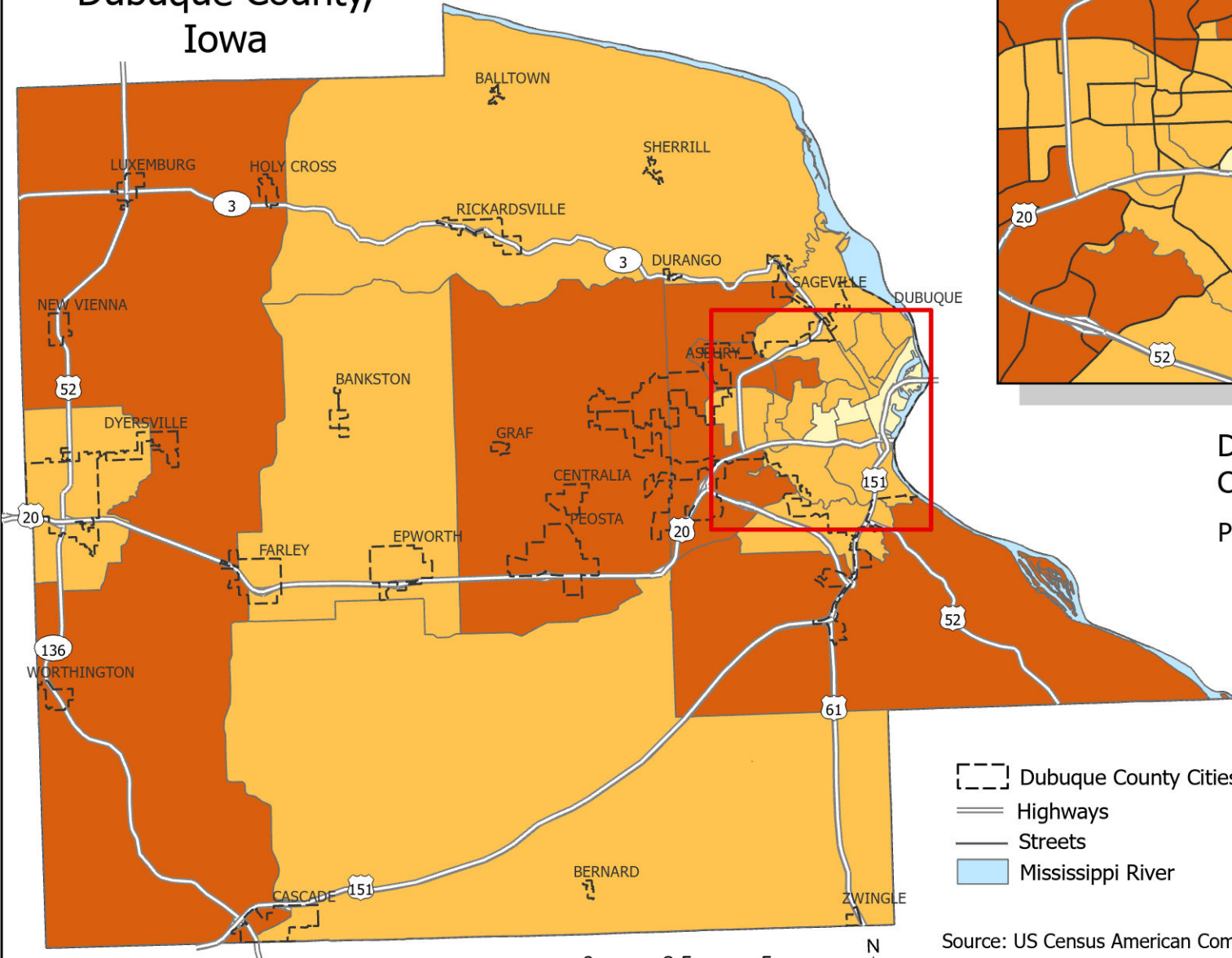


Source: US Census American Community Survey 2021 5-year estimates
Table S0101

Created by City of Dubuque Planning Services Staff

Critical Ages: Children age 5 to 17

Dubuque County,
Iowa

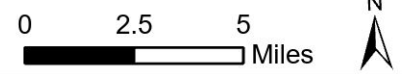


Dubuque County
Census Tracts

Population age 5 to 17

- 5.1% - 11.9%
Index Value: 1
- 12.0% - 18.9%
Index Value: 2
- 19.0% - 26.6%
Index Value: 3

- Dubuque County Cities
- Highways
- Streets
- Mississippi River

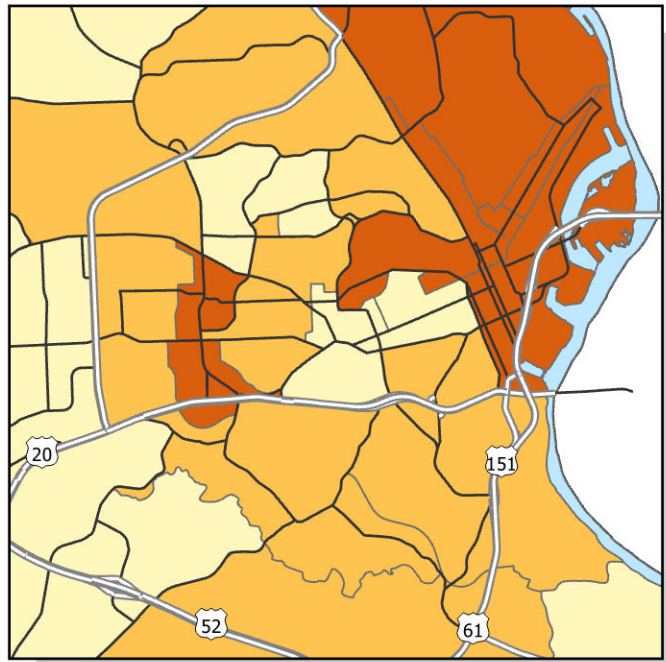
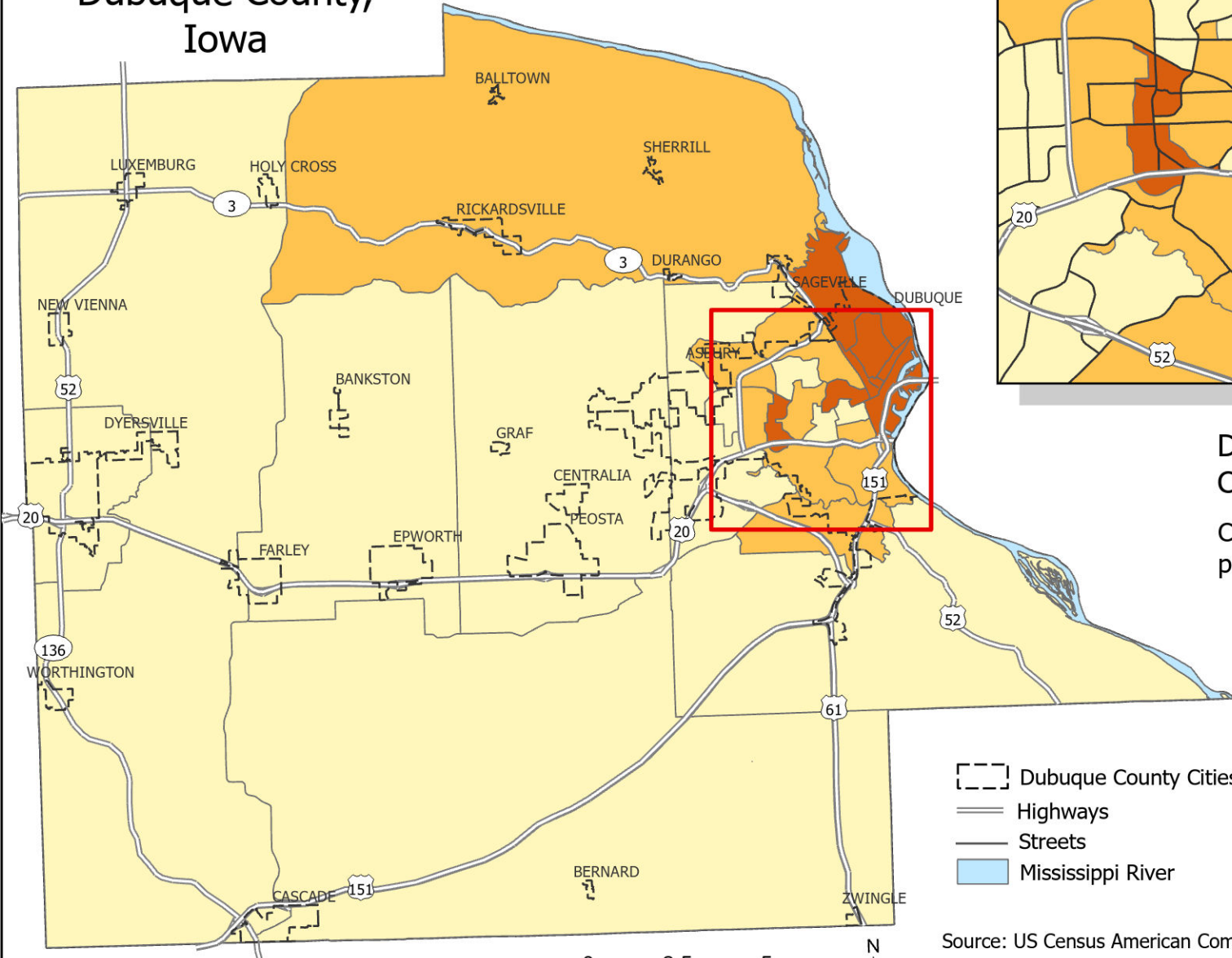


Source: US Census American Community Survey 2021 5-year estimates
Table S0101

Created by City of Dubuque Planning Services Staff

Disability Status

Dubuque County, Iowa

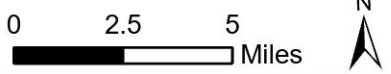


Dubuque County Census Tracts

Civilian noninstitutionalized population with a disability

	4.7% - 9.9% Index Value: 1
	10.0% - 14.9% Index Value: 2
	15.0% - 23.7% Index Value: 3

- Dubuque County Cities
- Highways
- Streets
- Mississippi River

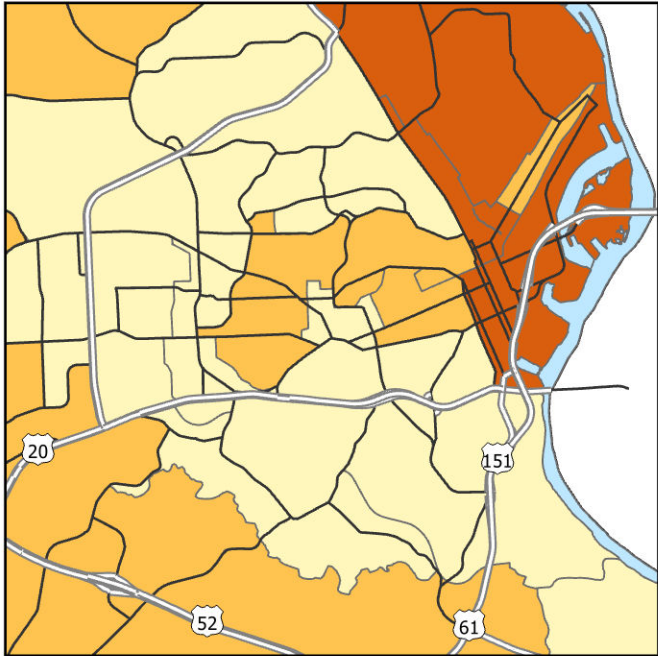
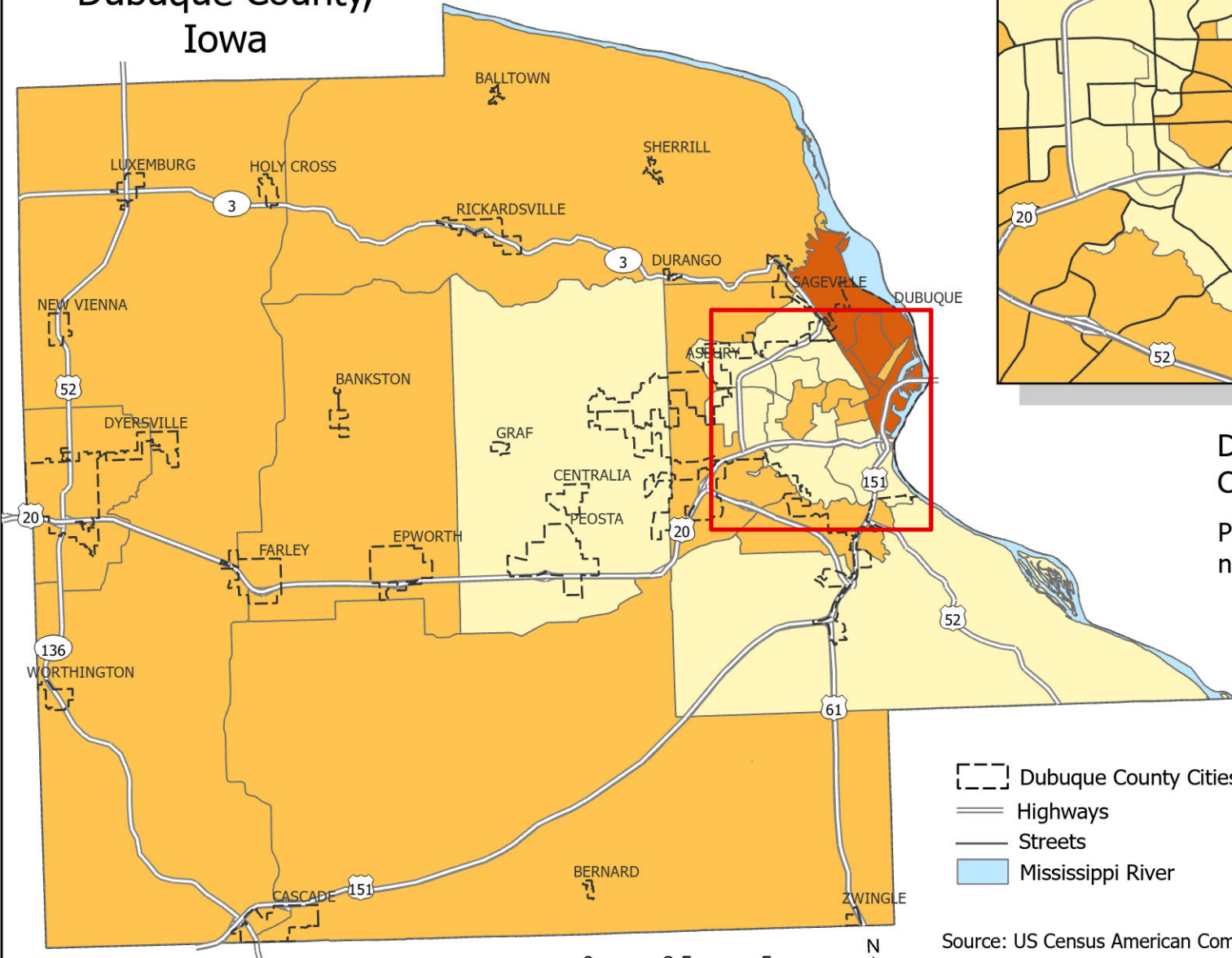


Source: US Census American Community Survey 2021 5-year estimates Table S1810

Created by City of Dubuque Planning Services Staff

Educational Attainment

Dubuque County, Iowa

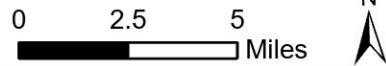


Dubuque County Census Tracts

Population age 25 and over not having a diploma or GED

- 0.8% - 4.9%
Index Value: 1
- 5.0% - 9.9%
Index Value: 2
- 10.0% - 23.3%
Index Value: 3

- Dubuque County Cities
- Highways
- Streets
- Mississippi River

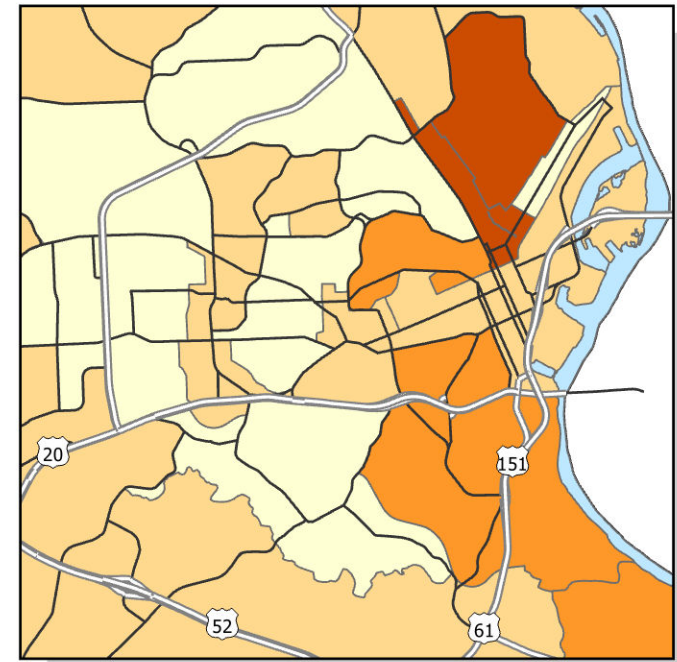
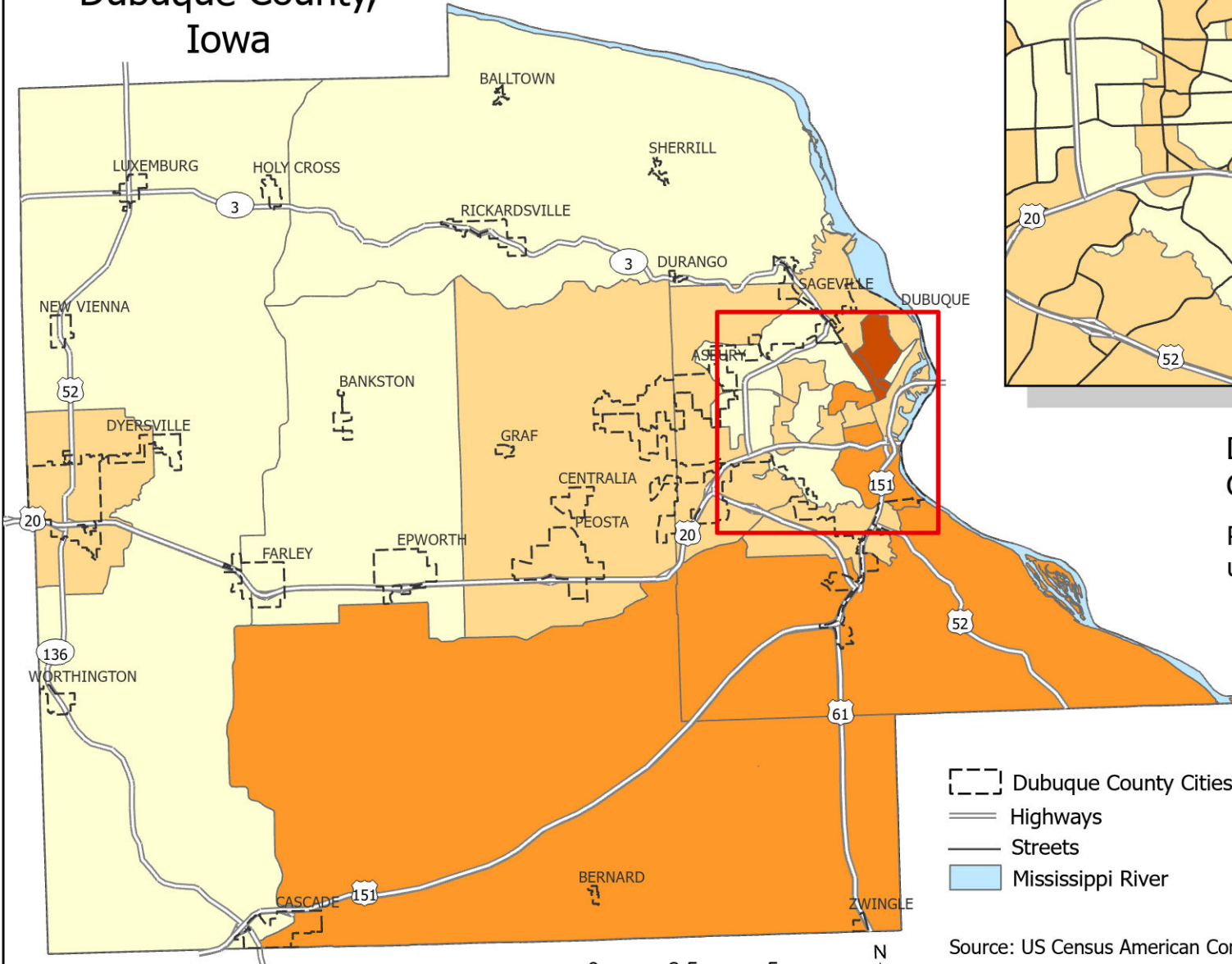


Source: US Census American Community Survey 2021 5-year estimates
Table B15003

Created by City of Dubuque Planning Services Staff

Unemployment

Dubuque County, Iowa

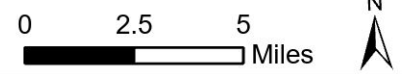


Dubuque County Census Tracts

Percent of workforce unemployed

- 0.3% - 1.4%
Index Value: 1
- 1.5% - 2.9%
Index Value: 2
- 3% - 4.9%
Index Value: 3
- 5% - 17.3%
Index Value: 4

- Dubuque County Cities
- Highways
- Streets
- Mississippi River

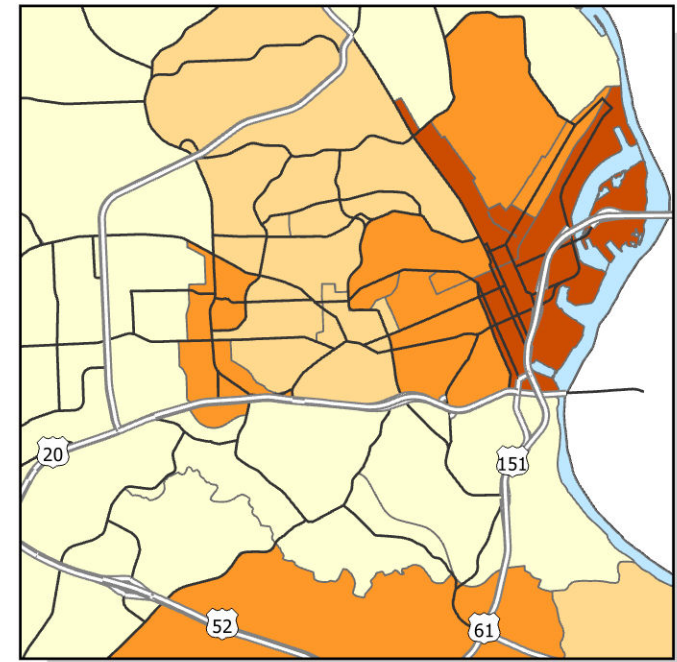
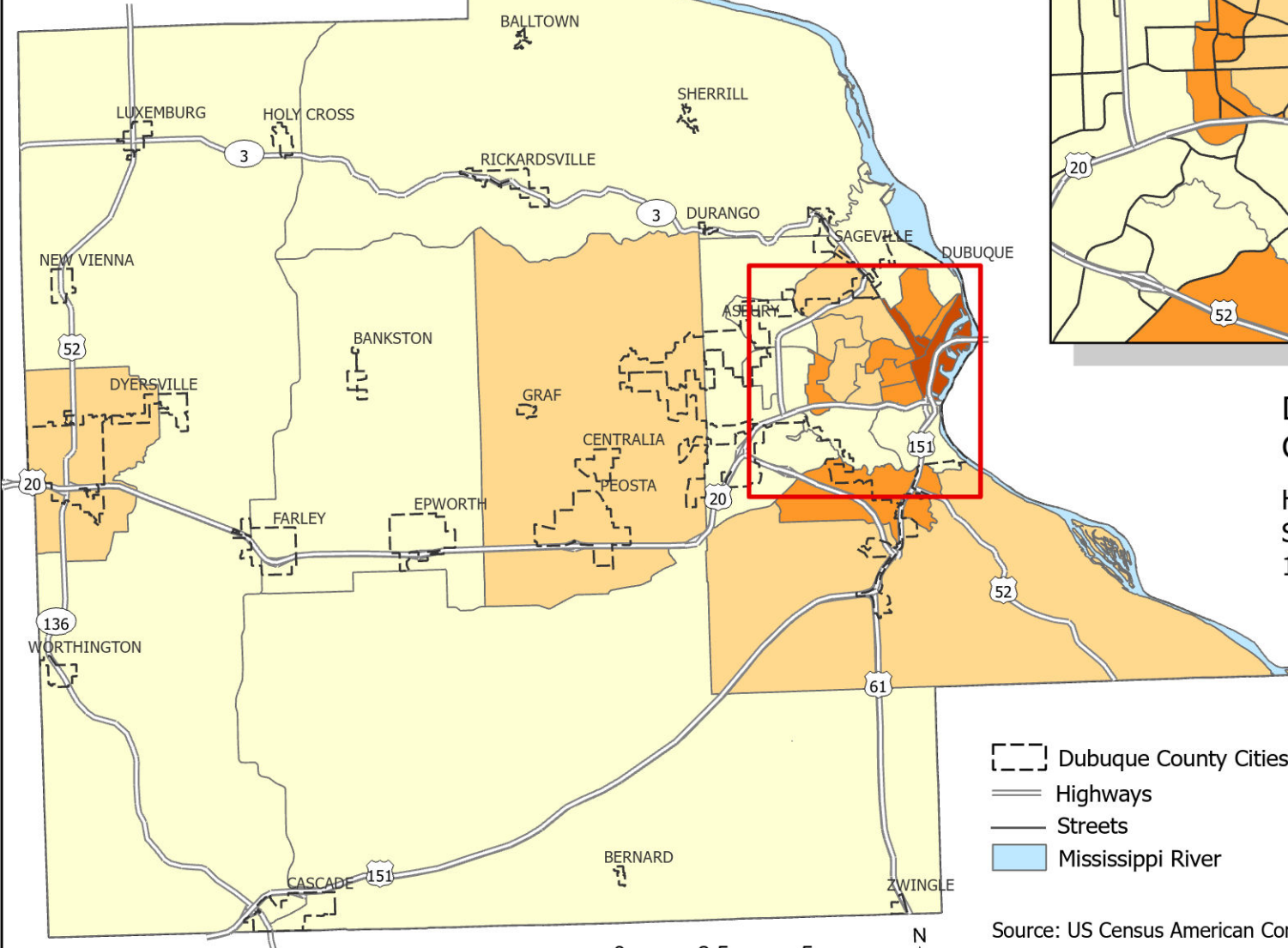


Source: US Census American Community Survey 2021 5-year estimates
Table DP03

Created by City of Dubuque Planning Services Staff

Food Stamps/SNAP

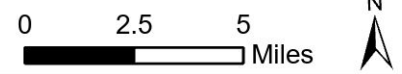
Dubuque County,
Iowa



Dubuque County
Census Tracts
Household received Food
Stamps/SNAP in the past
12 months

- 0.0% - 4.9%
Index Value: 1
- 5.0% - 9.9%
Index Value: 2
- 10.0% - 19.9%
Index Value: 3
- 20.0% - 35.7%
Index Value: 4

- Dubuque County Cities
- Highways
- Streets
- Mississippi River

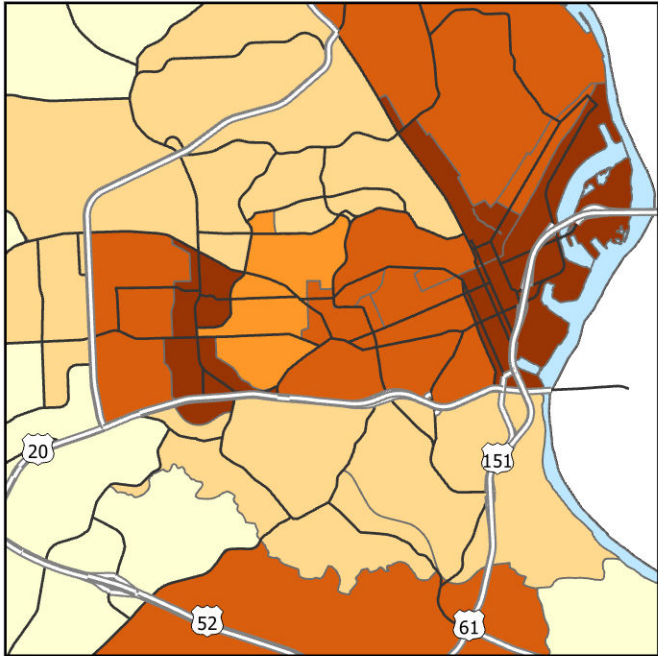
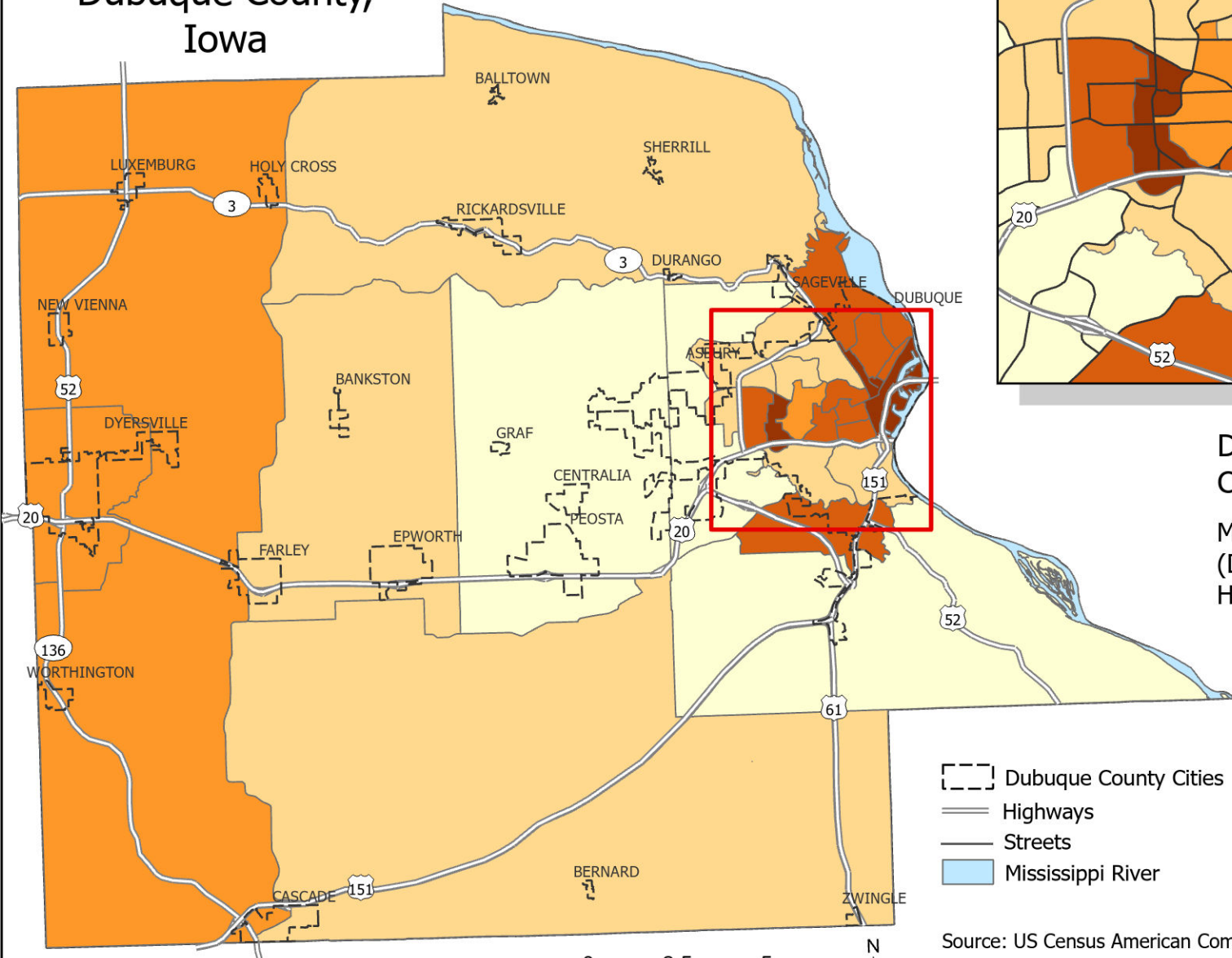


Source: US Census American Community Survey 2021 5-year estimates
Table B22010

Created by City of Dubuque Planning Services Staff

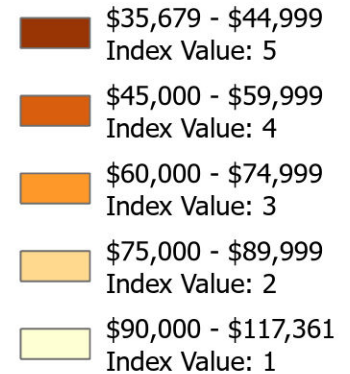
Median Household Income

Dubuque County,
Iowa

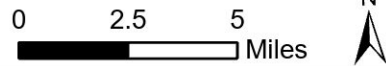


Dubuque County Census Tracts

Median Household Income
(Dubuque County Median
Household Income: \$68,198)



- Dubuque County Cities
- Highways
- Streets
- Mississippi River

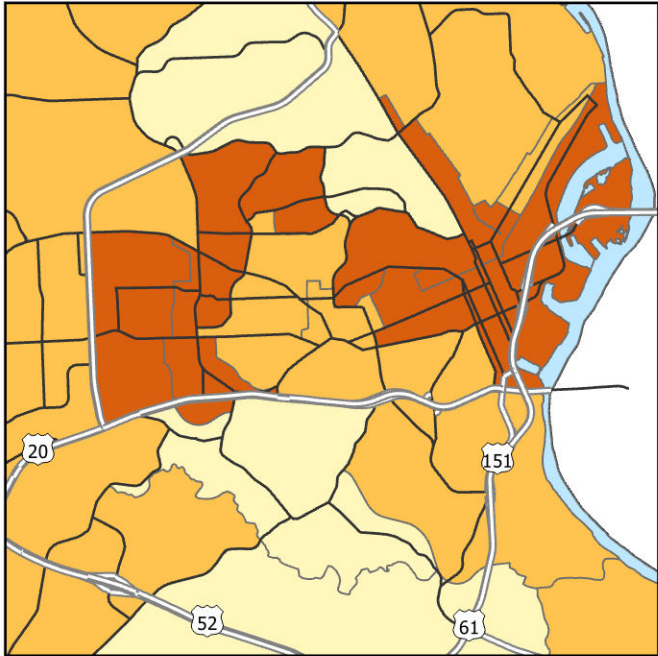
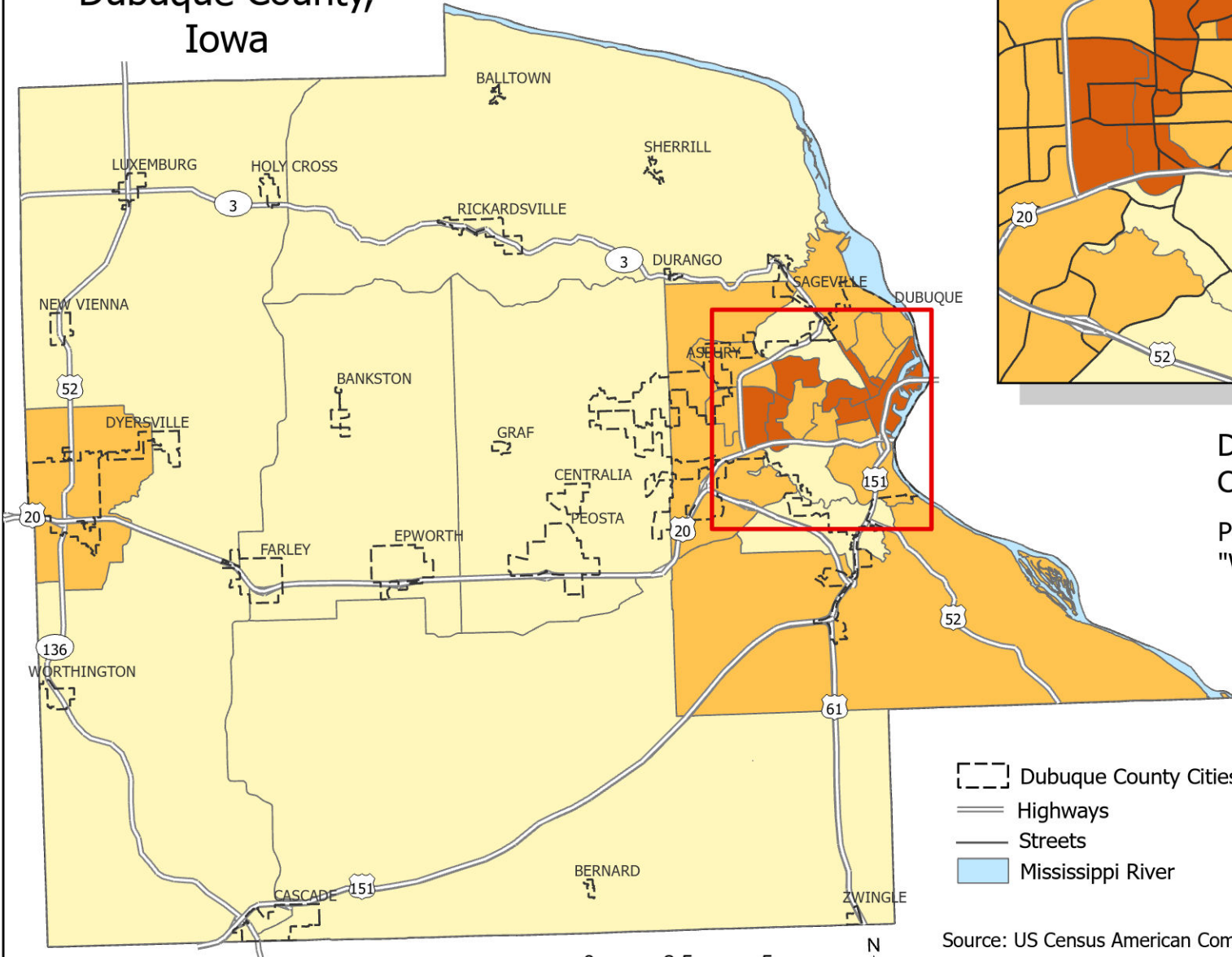


Source: US Census American Community Survey 2021 5-year estimates
Table B19013

Created by City of Dubuque Planning Services Staff

Racial Minority

Dubuque County, Iowa



Dubuque County Census Tracts

Population whose race is not "White alone"

- 0.6% - 4.9%
Index Value: 1
- 5.0% - 11.9%
Index Value: 2
- 12.0% - 28.3%
Index Value: 3

- Dubuque County Cities
- Highways
- Streets
- Mississippi River

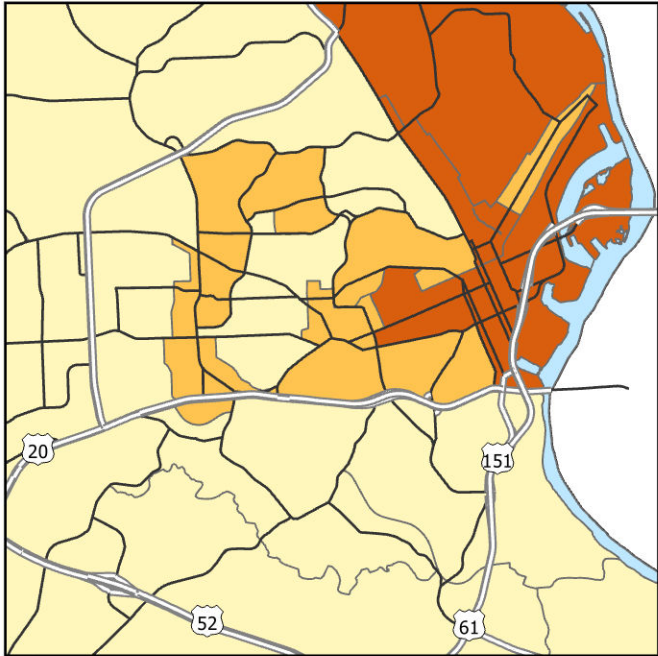
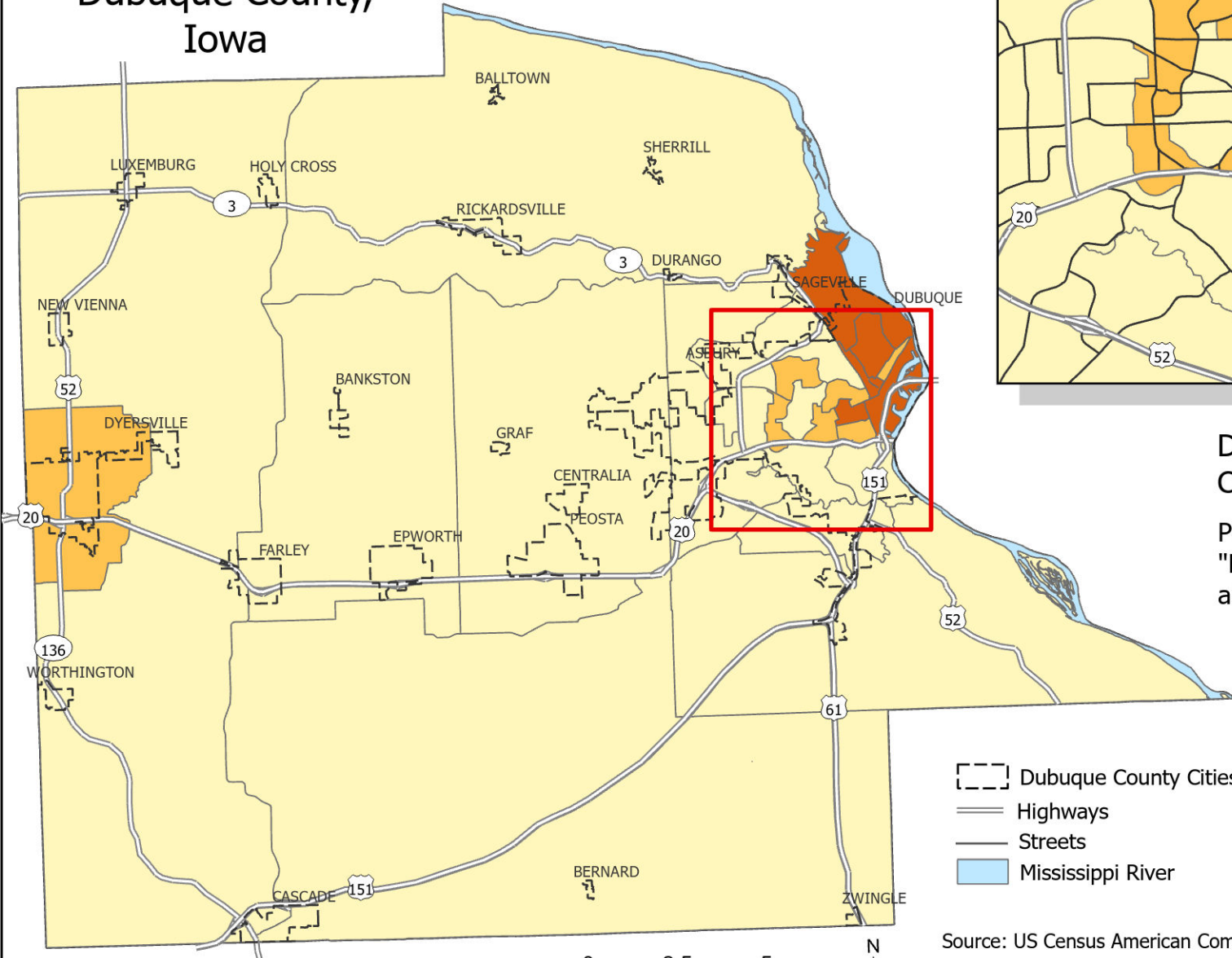


Source: US Census American Community Survey 2021 5-year estimates
Table B02001

Created by City of Dubuque Planning Services Staff

Black or African American

Dubuque County,
Iowa

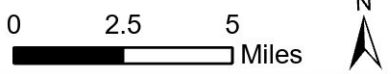


Dubuque County Census Tracts

Population whose race is
"Black or African American
alone"

- 0.0% - 1.9%
Index Value: 1
- 2.0% - 6.9%
Index Value: 2
- 7.0% - 11.3%
Index Value: 3

- Dubuque County Cities
- Highways
- Streets
- Mississippi River

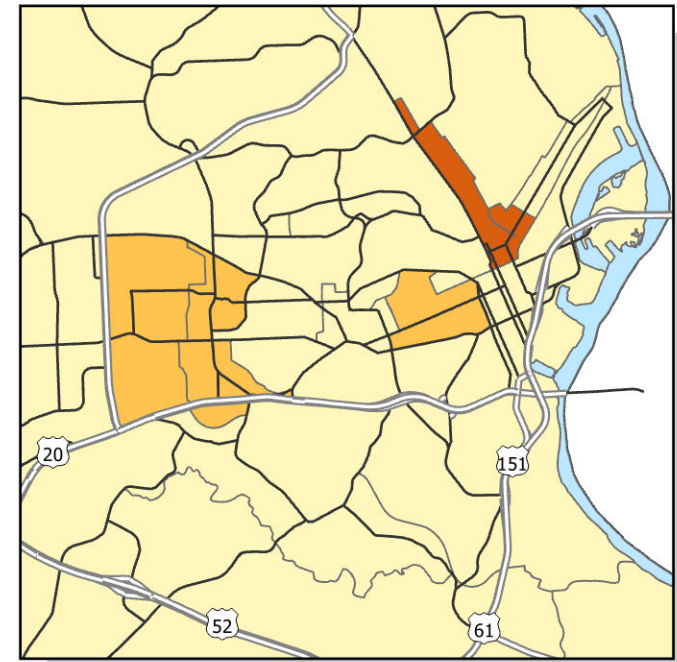
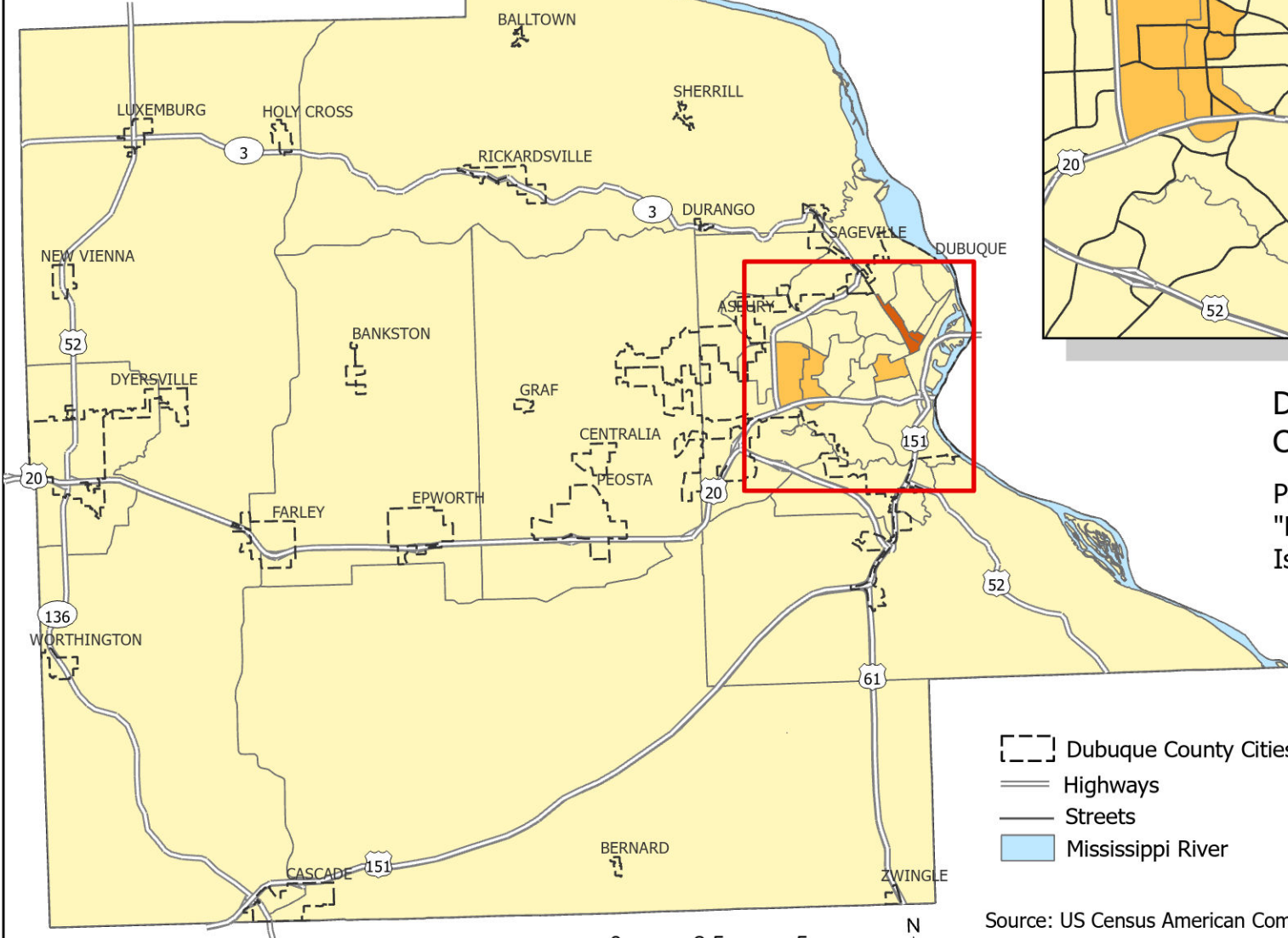


Source: US Census American Community Survey 2021 5-year estimates
Table B02001

Created by City of Dubuque Planning Services Staff

Native Hawaiian or Pacific Islander

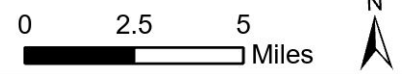
Dubuque County,
Iowa



**Dubuque County
Census Tracts**
Population whose race is
"Native Hawaiian or Pacific
Islander alone"

- 0.0% - 0.9%
Index Value: 1
- 1.0% - 3.9%
Index Value: 2
- 4.0% - 8.1%
Index Value: 3

- Dubuque County Cities
- Highways
- Streets
- Mississippi River

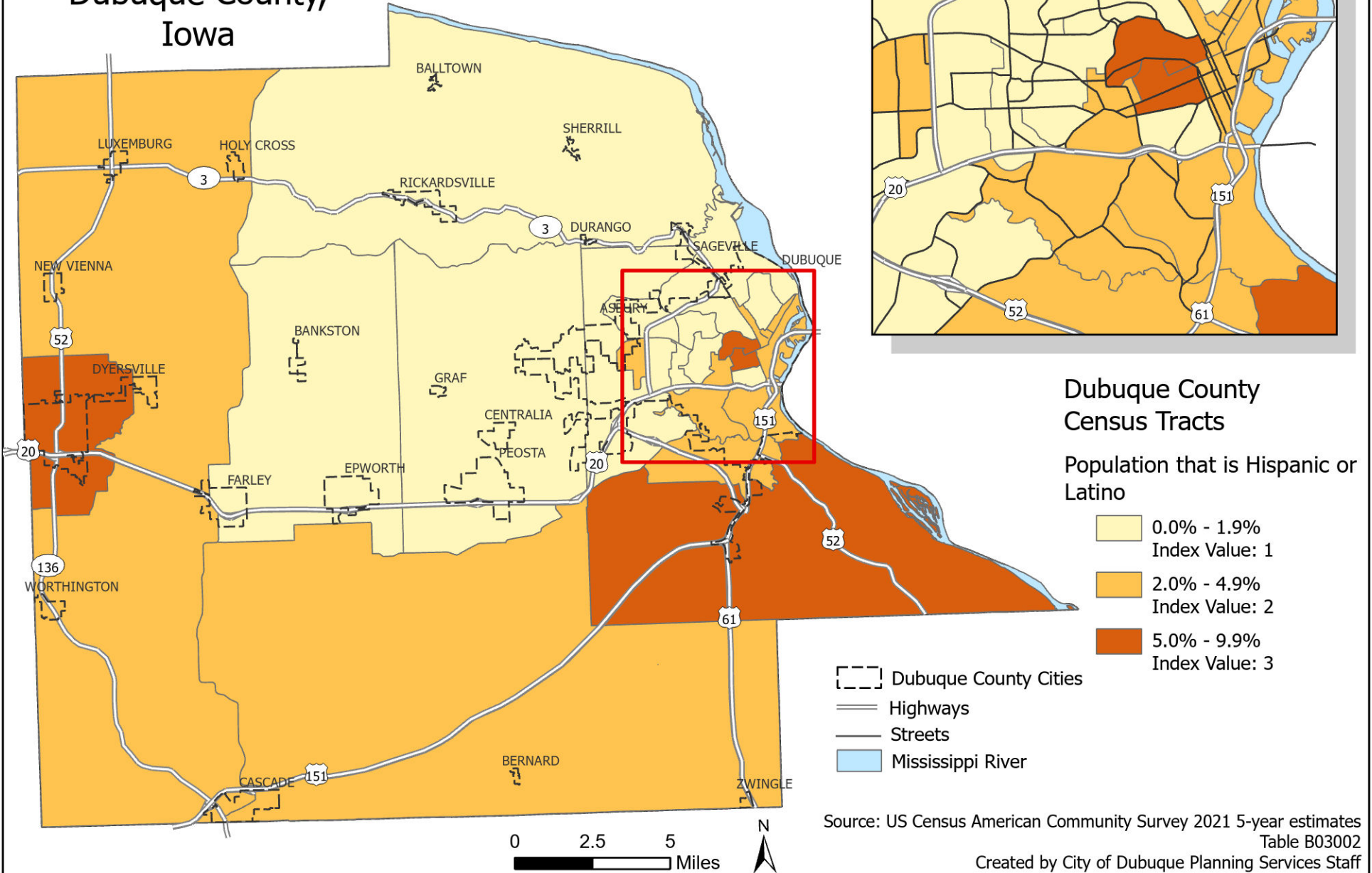


Source: US Census American Community Survey 2021 5-year estimates
Table B02001

Created by City of Dubuque Planning Services Staff

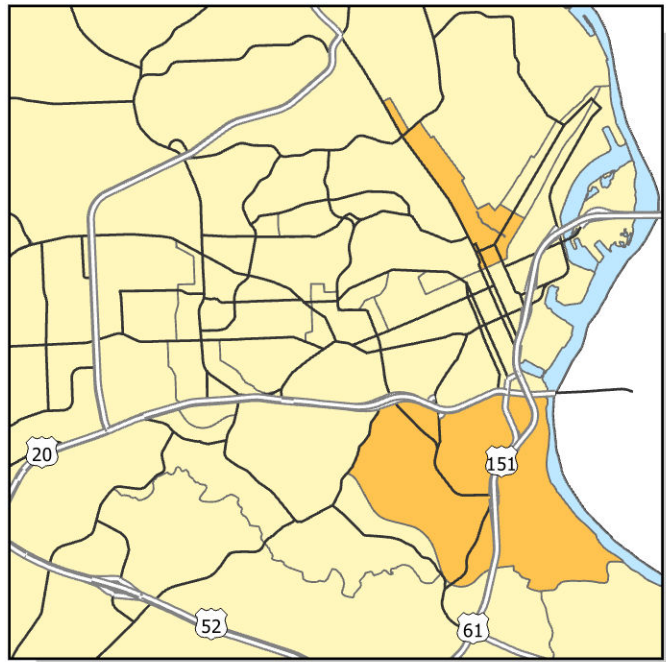
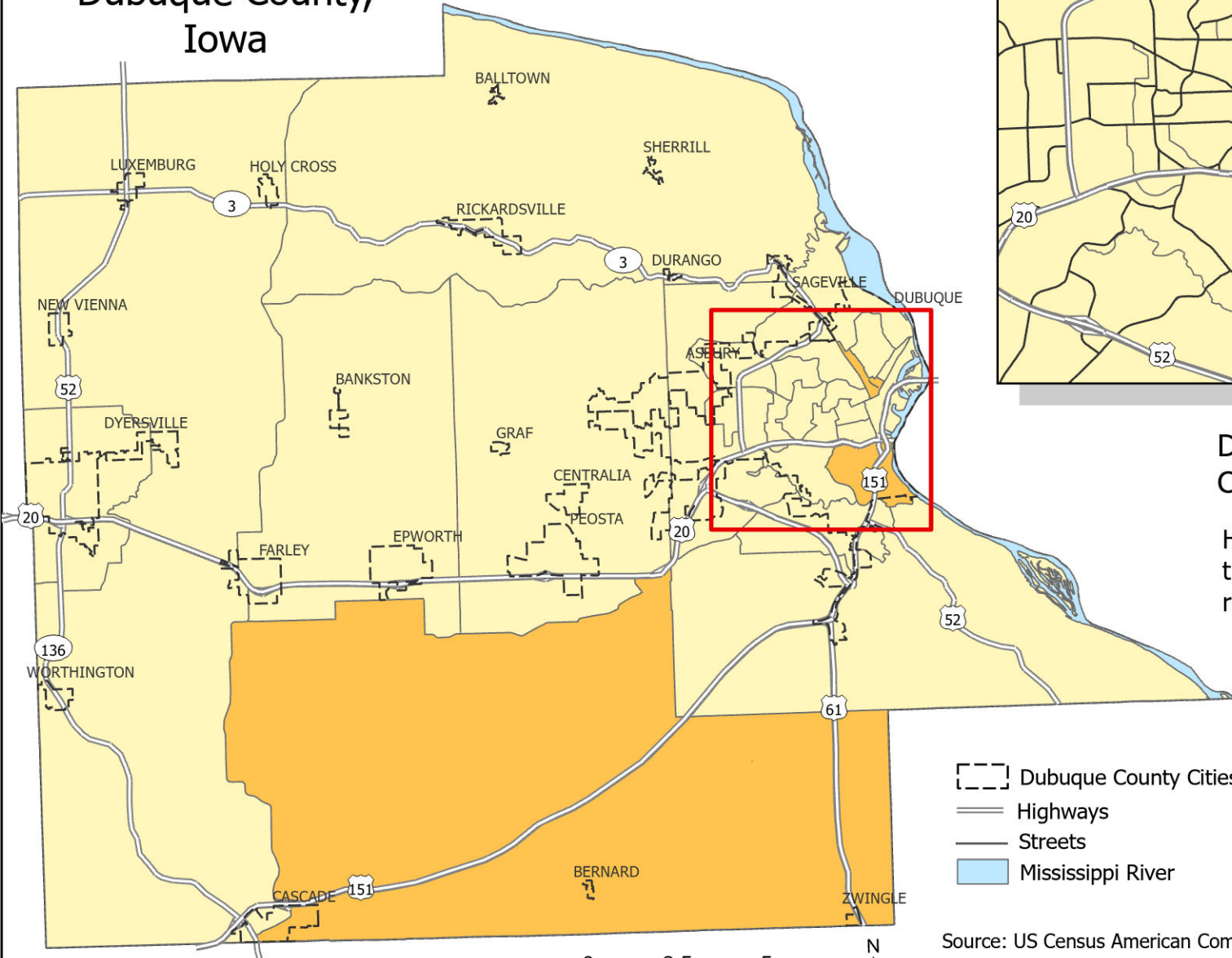
Hispanic or Latino

Dubuque County, Iowa



Overcrowded Housing

Dubuque County, Iowa

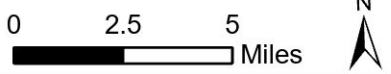


Dubuque County Census Tracts

Housing units with more than 1.5 occupants per room

- 0% - 0.9%
Index Value: 1
- 1% - 2.1%
Index Value: 2

- Dubuque County Cities
- Highways
- Streets
- Mississippi River

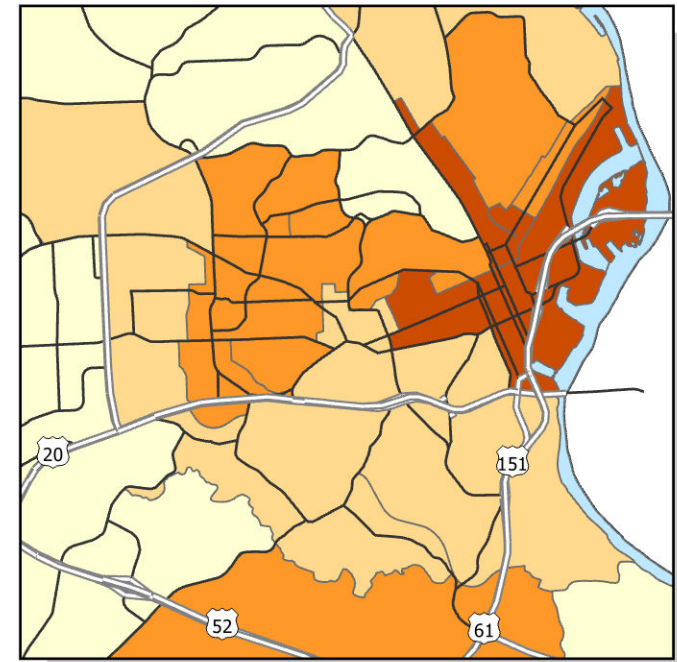
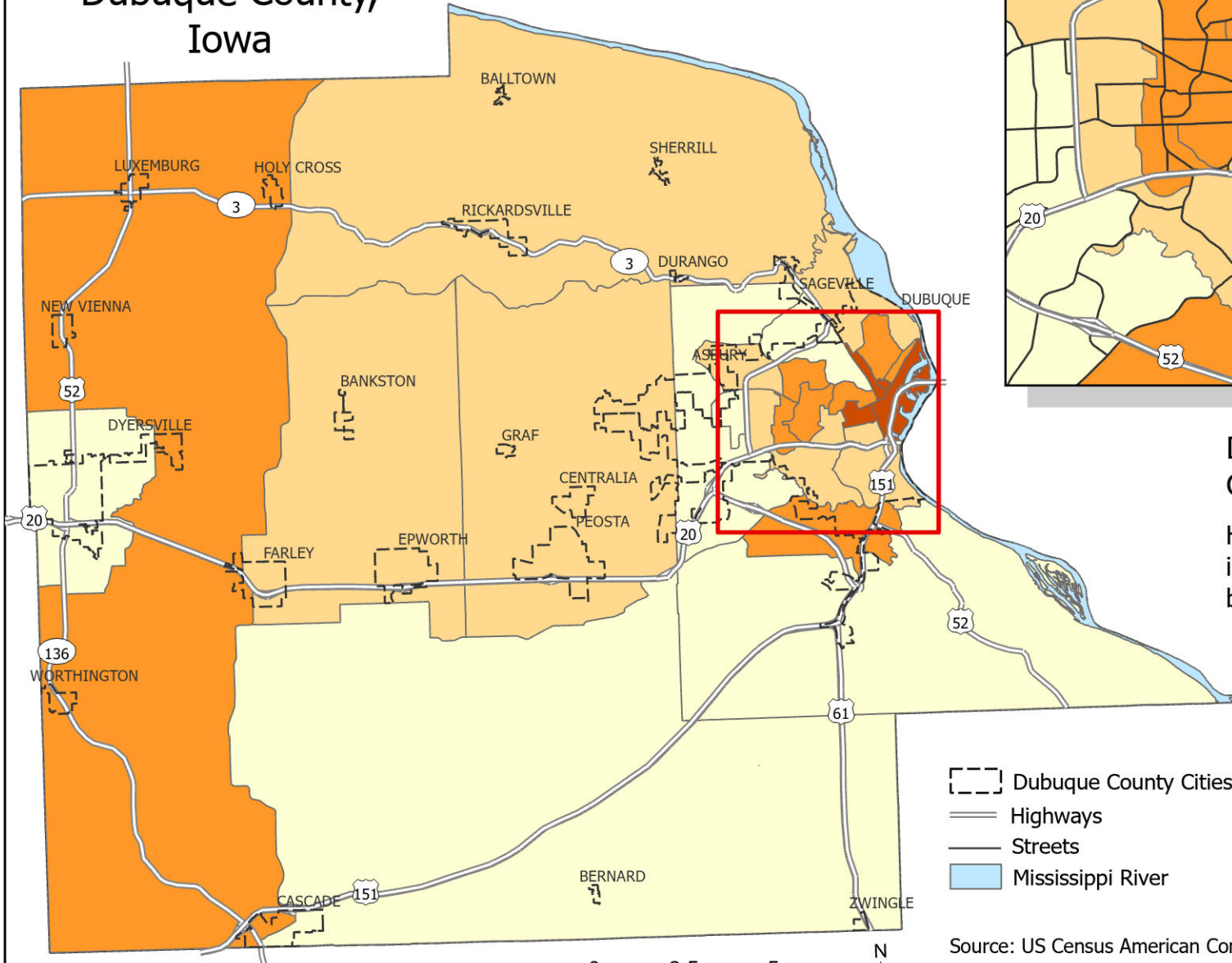


Source: US Census American Community Survey 2021 5-year estimates Table B25014

Created by City of Dubuque Planning Services Staff

Household Poverty Status

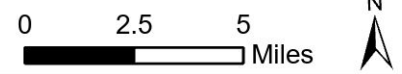
Dubuque County, Iowa



**Dubuque County
Census Tracts**
Households with Income
in the past 12 months
below the Poverty Level

- 3.1% - 4.9%
Index Value: 1
- 5.0% - 9.9%
Index Value: 2
- 10.0% - 19.9%
Index Value: 3
- 20.0% - 27.3%
Index Value: 4

- Dubuque County Cities
- Highways
- Streets
- Mississippi River

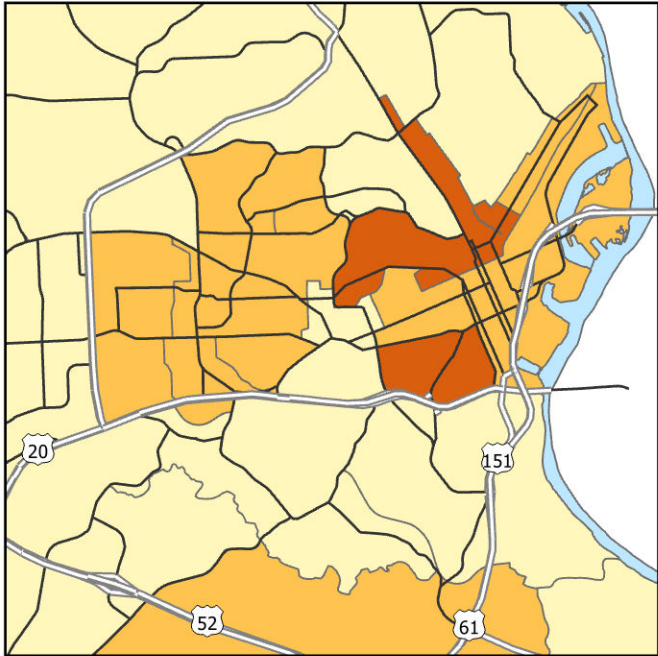
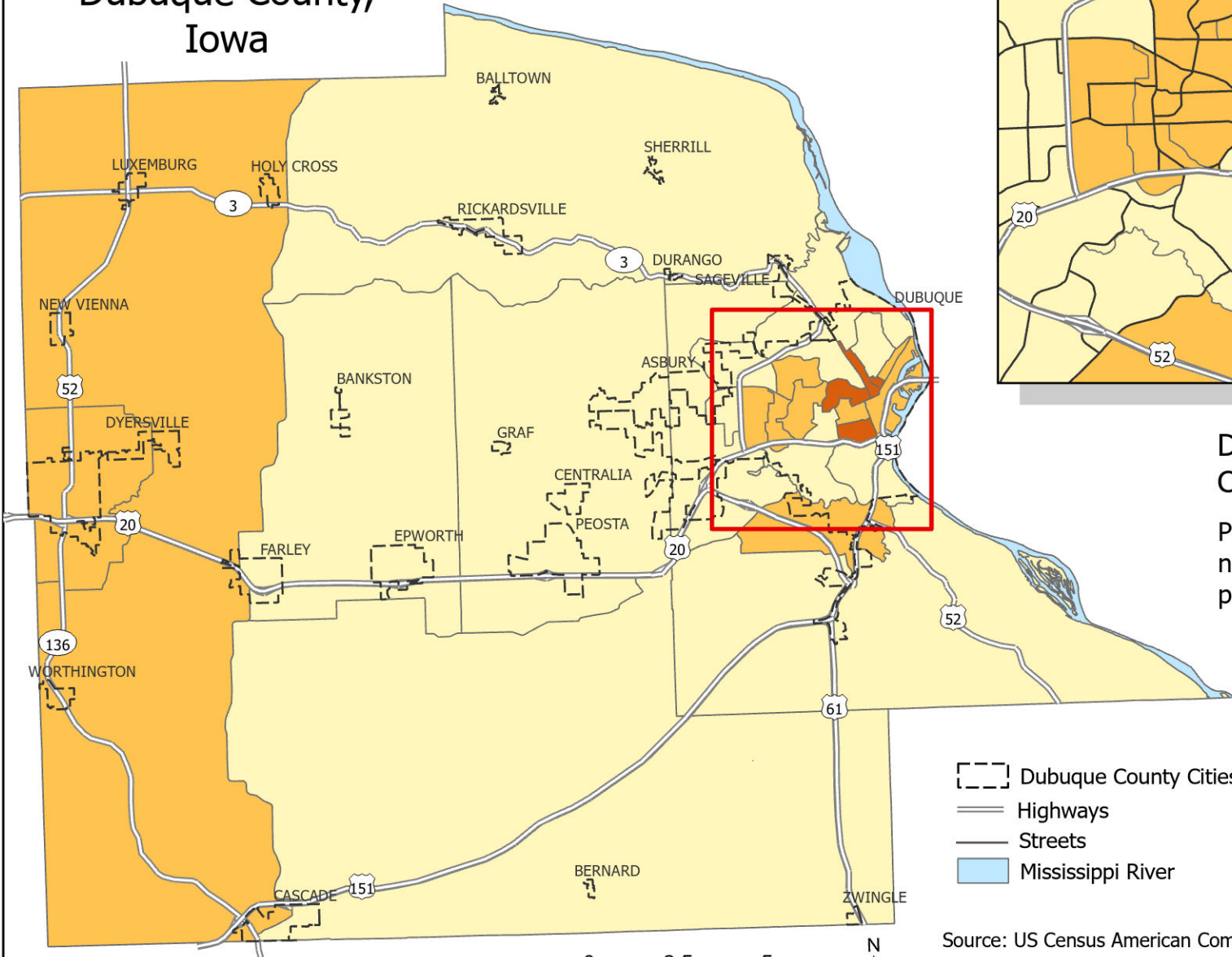


Source: US Census American Community Survey 2021 5-year estimates
Table B17017

Created by City of Dubuque Planning Services Staff

No Health Insurance

Dubuque County, Iowa

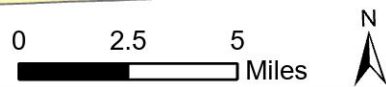


Dubuque County Census Tracts

Percent Uninsured of civilian noninstitutionalized population

- 0.2% - 2.9%
Index Value: 1
- 3.0% - 5.9%
Index Value: 2
- 6.0% - 10.9%
Index Value: 3

- Dubuque County Cities
- Highways
- Streets
- Mississippi River

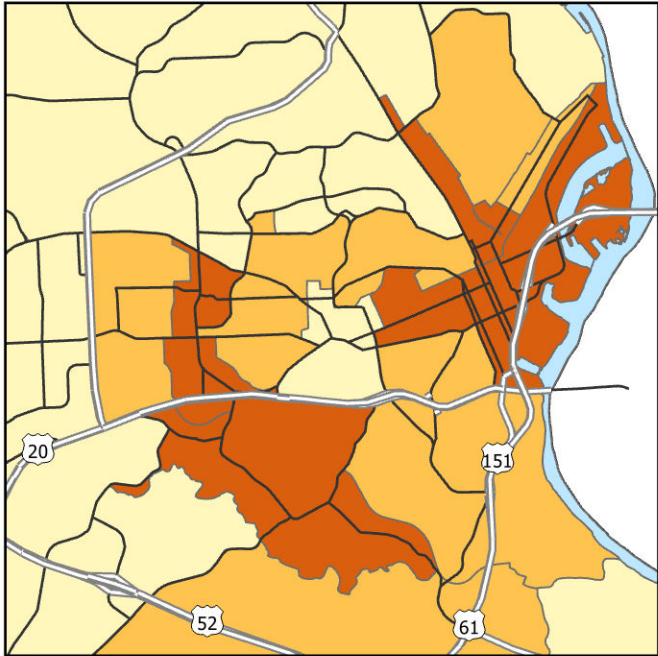
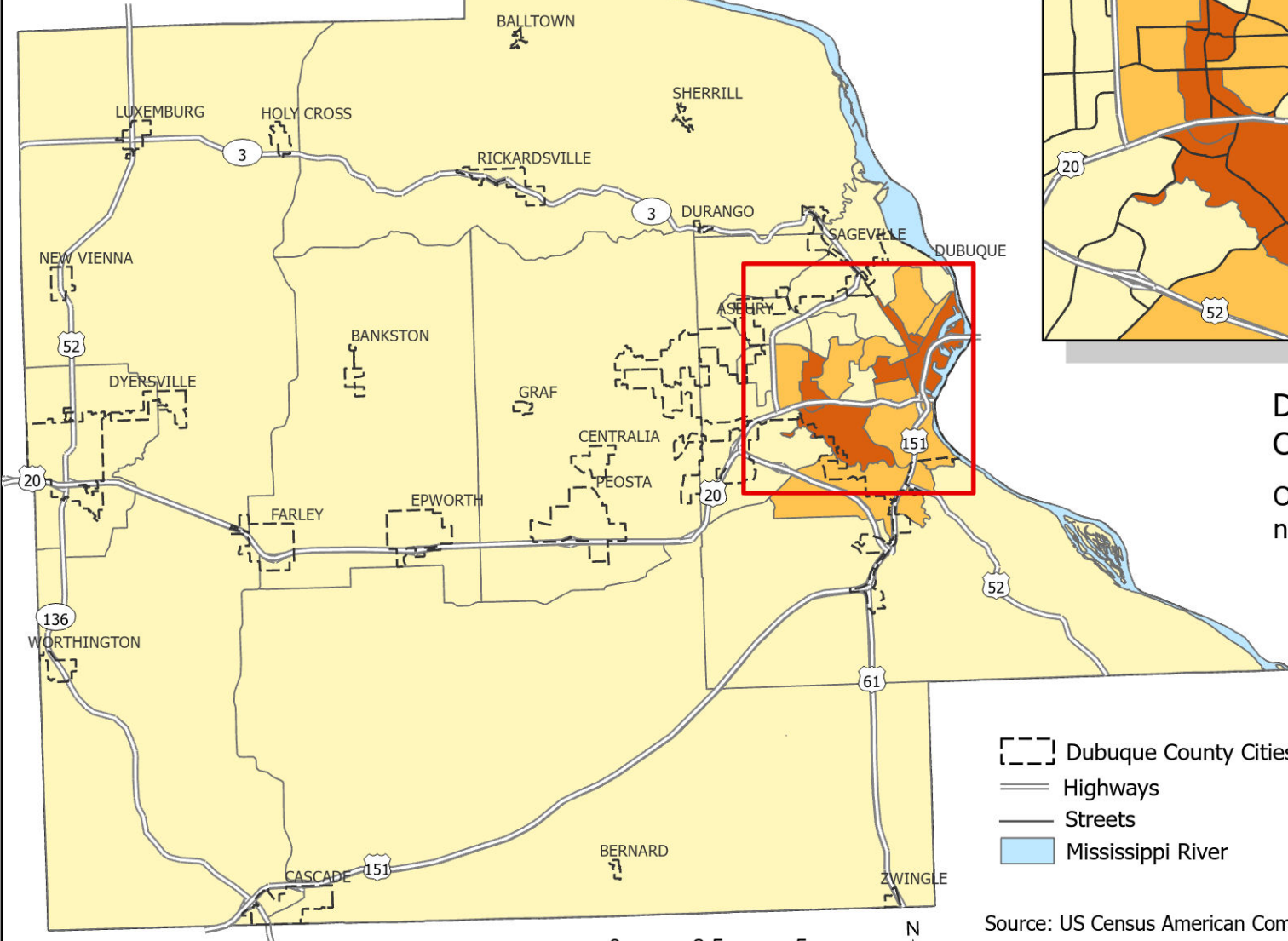


Source: US Census American Community Survey 2021 5-year estimates Table S2701

Created by City of Dubuque Planning Services Staff

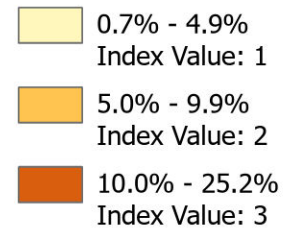
No Vehicle Access

Dubuque County,
Iowa

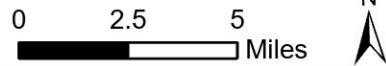


Dubuque County Census Tracts

Occupied housing units with
no vehicle available



- Dubuque County Cities
- Highways
- Streets
- Mississippi River

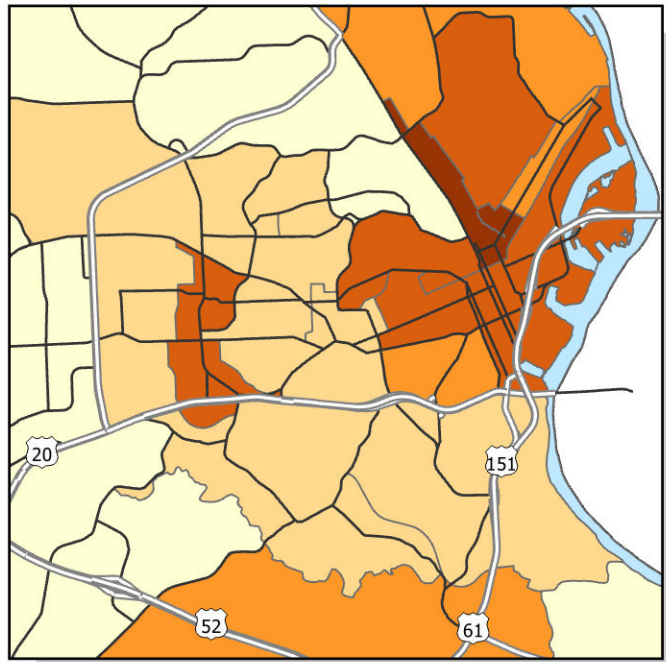
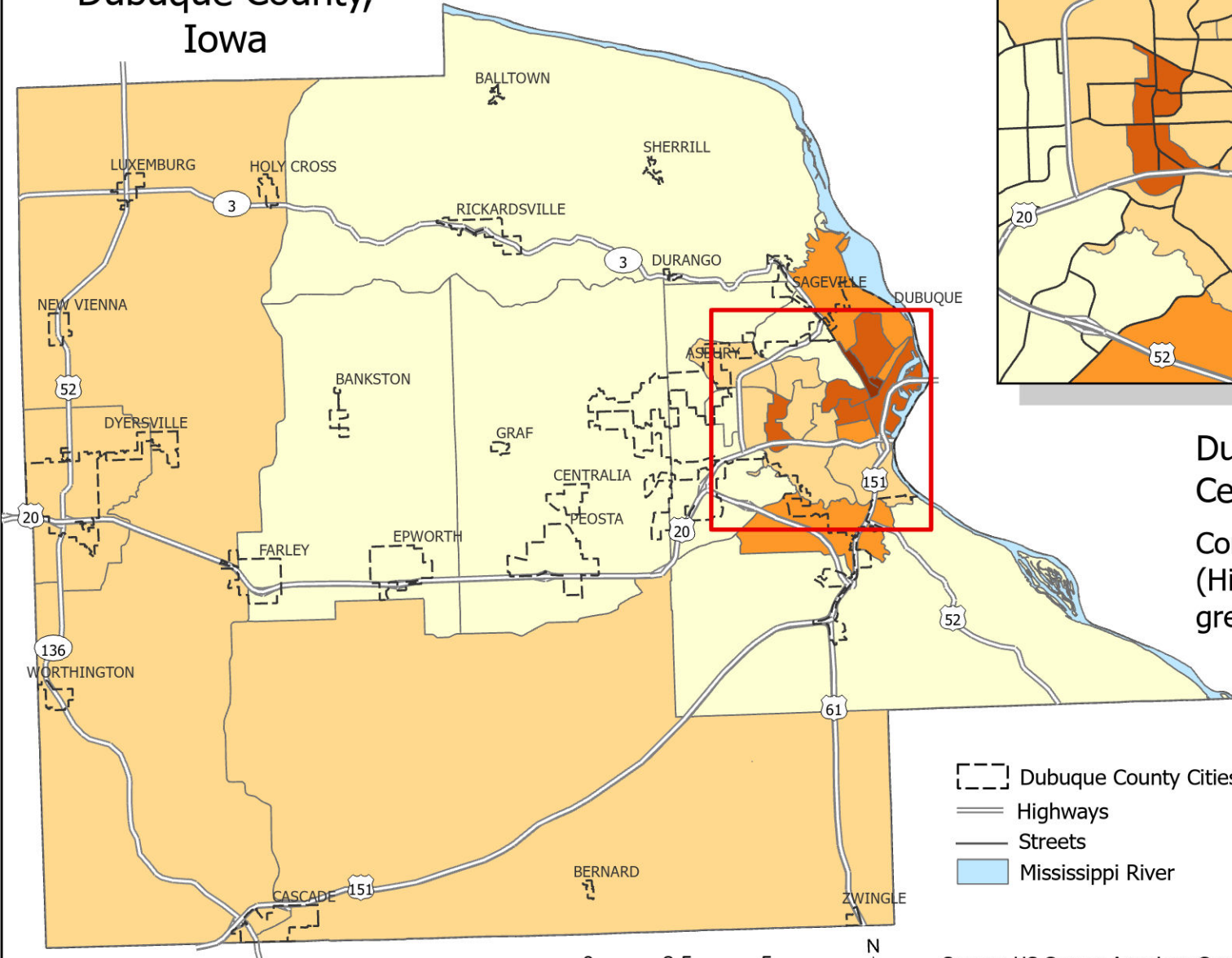


Source: US Census American Community Survey 2021 5-year estimates
Table S2504

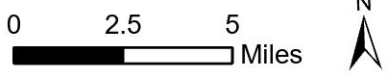
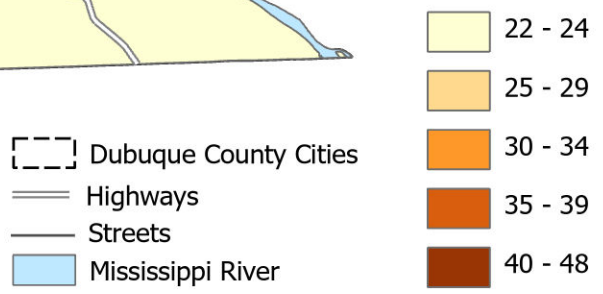
Created by City of Dubuque Planning Services Staff

Combined Health Risk Indicator

Dubuque County, Iowa



Dubuque County
Census Tracts
Combined Index
(Higher score indicates
greater health risk)



Source: US Census American Community Survey 2021 5-year estimates
Created by City of Dubuque Planning Services Staff

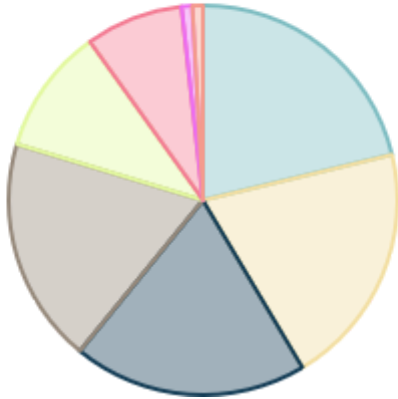
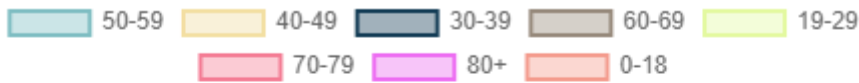
Report for "Community Health Needs"

May 24th 2023, 8:30:05 am

This form has been submitted a total of **711** times.

1. Age

678 out of 711 people answered this question.



50-59 144 / 711 (20.3%)



40-49 137 / 711 (19.3%)



30-39 132 / 711 (18.6%)



60-69 127 / 711 (17.9%)



19-29 71 / 711 (10.0%)



70-79 55 / 711 (7.7%)



80+ 6 / 711 (0.8%)



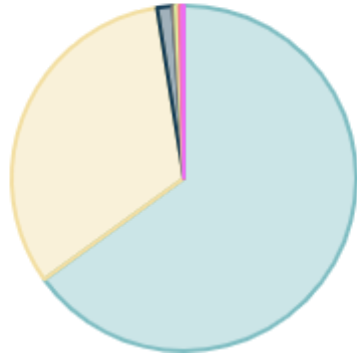
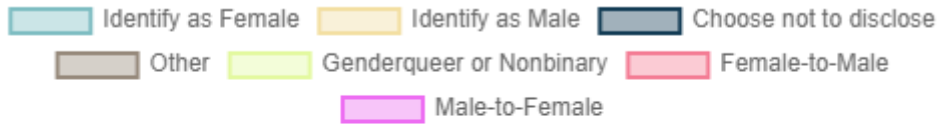
0-18

6 / 711 (0.8%)



2. Gender

678 out of **711** people answered this question.



Identify as Female 441 / 711 (62.0%)



Identify as Male 220 / 711 (30.9%)



Choose not to disclose 10 / 711 (1.4%)



Other 2 / 711 (0.3%)



Genderqueer or Nonbinary 2 / 711 (0.3%)



Female-to-Male 2 / 711 (0.3%)

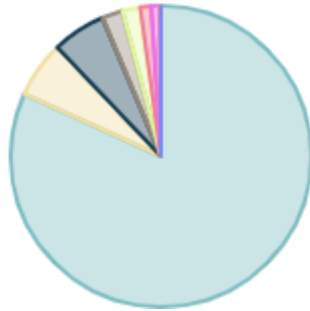


Male-to-Female 1 / 711 (0.1%)



4. Race/Ethnicity

676 out of **711** people answered this question.



White or Caucasian 553 / 711 (77.8%)



Black or African American 41 / 711 (5.8%)



Native Hawaiian or other Pacific Islander 39 / 711 (5.5%)



Hispanic or Latino 15 / 711 (2.1%)



Two or more races 13 / 711 (1.8%)



Other 8 / 711 (1.1%)



American Indian or Alaskan Native 6 / 711 (0.8%)



Asian 1 / 711 (0.1%)

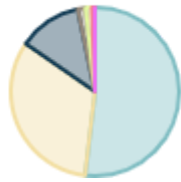
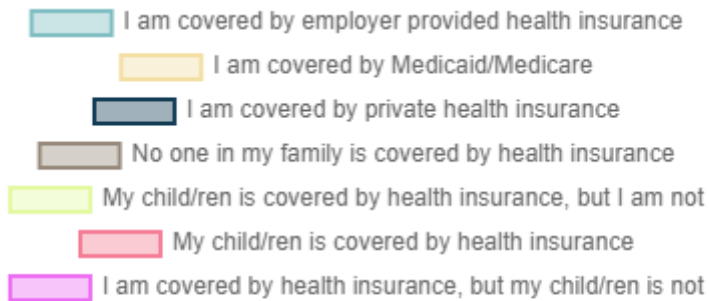


Middle Eastern, North African, or Arab 0 / 711 (0.0%)



6. Health Insurance Status

669 out of **711** people answered this question.



I am covered by employer provided health insurance 347 / 711 (48.8%)



I am covered by Medicaid/Medicare 219 / 711 (30.8%)



I am covered by private health insurance 81 / 711 (11.4%)



No one in my family is covered by health insurance 10 / 711 (1.4%)



My child/ren is covered by health insurance, but I am not 8 / 711 (1.1%)



My child/ren is covered by health insurance 4 / 711 (0.6%)

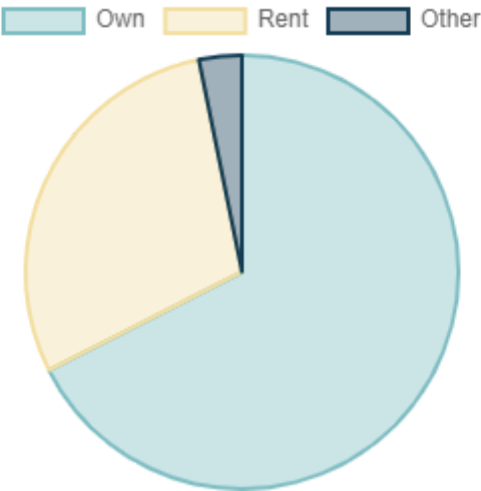


I am covered by health insurance, but my child/ren is not 0 / 711 (0.0%)



9. Do you own or rent?

656 out of 711 people answered this question.



Own 443 / 711 (62.3%)



Rent 192 / 711 (27.0%)

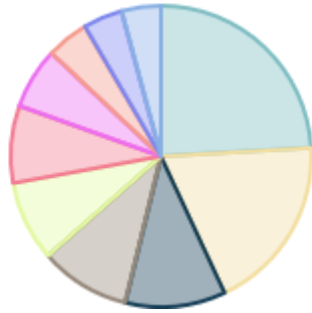
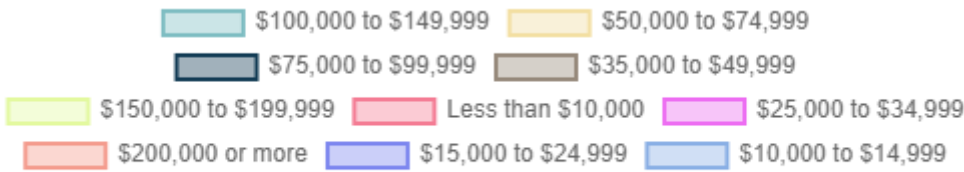


Other 21 / 711 (3.0%)



10. What is your family's gross annual income before taxes?

639 out of 711 people answered this question.



\$100,000 to \$149,999 154 / 711 (21.7%)



\$50,000 to \$74,999 121 / 711 (17.0%)



\$75,000 to \$99,999 69 / 711 (9.7%)



\$35,000 to \$49,999 62 / 711 (8.7%)



\$150,000 to \$199,999 55 / 711 (7.7%)



Less than \$10,000 53 / 711 (7.5%)



\$25,000 to \$34,999 42 / 711 (5.9%)



\$200,000 or more

29 / 711 (4.1%)



\$15,000 to \$24,999

27 / 711 (3.8%)



\$10,000 to \$14,999

27 / 711 (3.8%)



11. Do you currently have trouble accessing any of the following? (Select all that apply)

228 out of **711** people answered this question.



Brain/Mental health 90 / 711 (12.7%)



Dentist 79 / 711 (11.1%)



Food 49 / 711 (6.9%)



General health care/Doctor 47 / 711 (6.6%)



Prescriptions 45 / 711 (6.3%)



Other 27 / 711 (3.8%)



Health insurance 21 / 711 (3.0%)



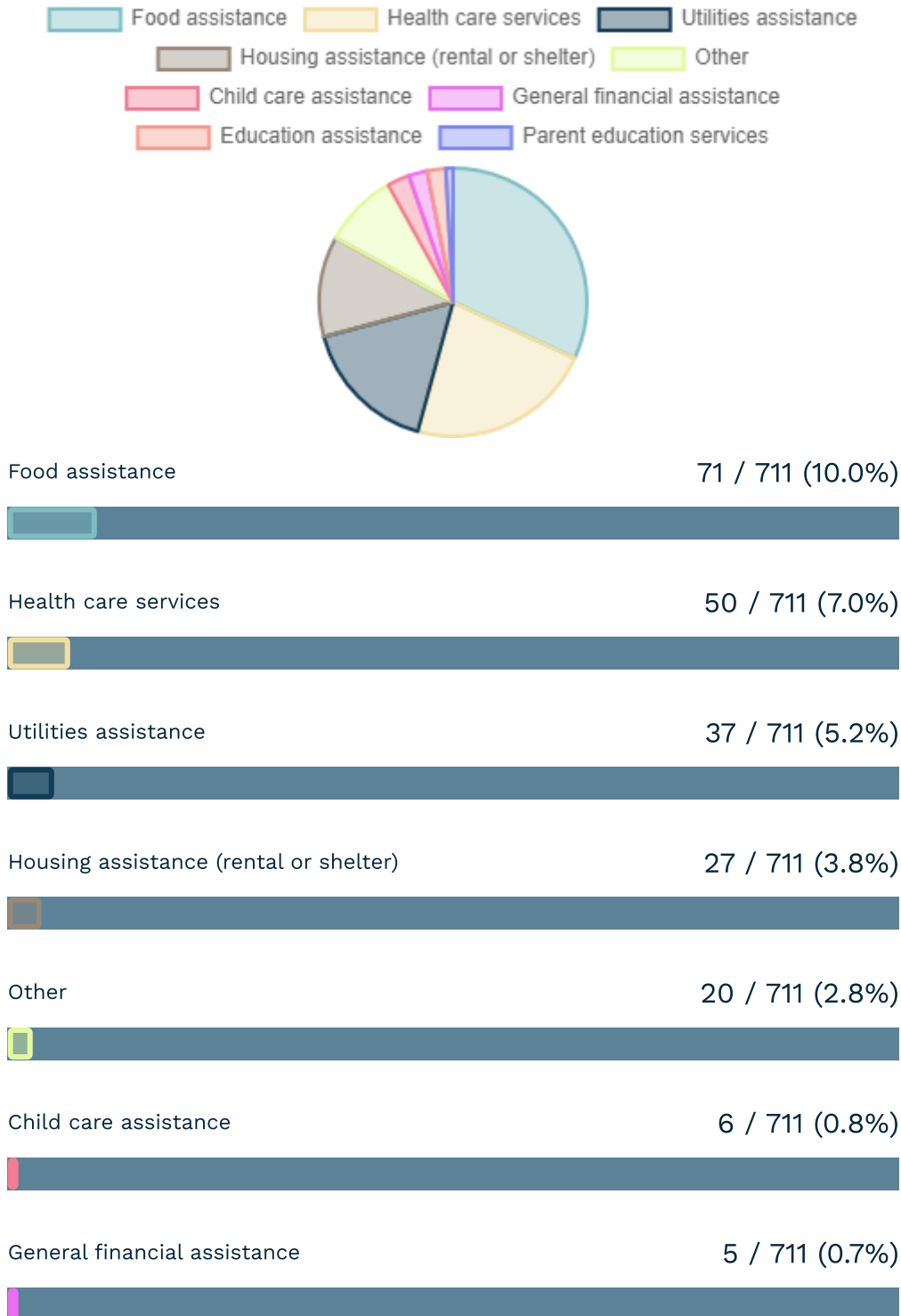
Spiritual support

20 / 711 (2.8%)



12. Are you currently receiving services from any local organizations? (Select all that apply)

145 out of **711** people answered this question.



Education assistance 5 / 711 (0.7%)



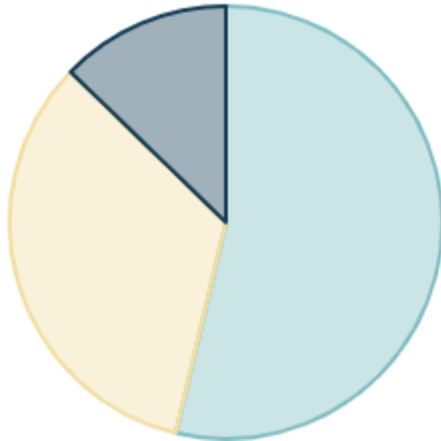
Parent education services 2 / 711 (0.3%)



13. Do you feel people in this community are healthier, less healthy, or have maintained health over the last five (5) years?

698 out of **711** people answered this question.

Less Healthy Maintained Health More Healthy



Less Healthy 375 / 711 (52.7%)



Maintained Health 234 / 711 (32.9%)



More Healthy 89 / 711 (12.5%)



14. What do you feel are the top three (3) most important factors in a healthy community?

701 out of **711** people answered this question.



Access to health care (family doctor, hospital, or services) 451 / 711 (63.4%)



Affordable housing 260 / 711 (36.6%)



Access to brain/mental health services 258 / 711 (36.3%)



Access to healthy foods 205 / 711 (28.8%)



Jobs and healthy economy 192 / 711 (27.0%)



Low crime/Safe neighborhoods 140 / 711 (19.7%)



Access to physical activity or exercise 110 / 711 (15.5%)



Clean environment 105 / 711 (14.8%)



Access to substance use disorder services 65 / 711 (9.1%)



Parks and recreation 56 / 711 (7.9%)



Access to transportation 53 / 711 (7.5%)



Child and domestic abuse prevention 50 / 711 (7.0%)



Religious or spiritual values 45 / 711 (6.3%)



Race relations 35 / 711 (4.9%)

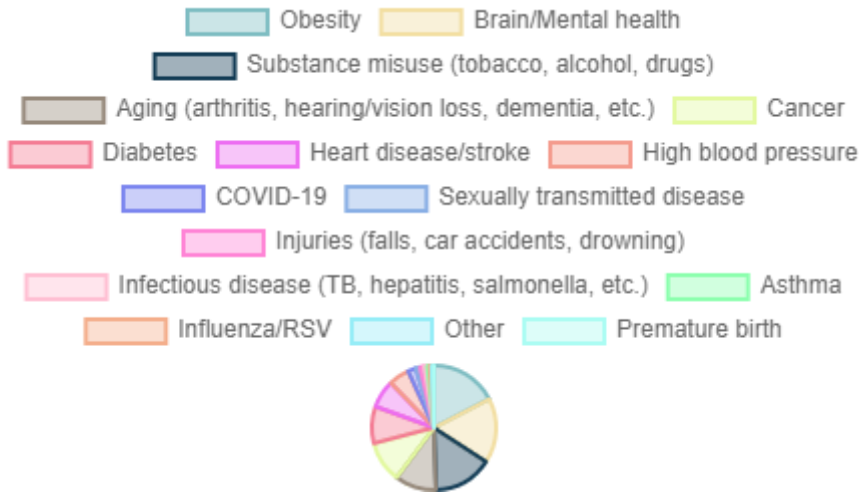


Other 27 / 711 (3.8%)



15. What do you feel are the top three (3) health problems in your community?

679 out of 711 people answered this question.



Obesity 345 / 711 (48.5%)



Brain/Mental health 332 / 711 (46.7%)



Substance misuse (tobacco, alcohol, drugs) 304 / 711 (42.8%)



Aging (arthritis, hearing/vision loss, dementia, etc.) 213 / 711 (30.0%)



Cancer 212 / 711 (29.8%)

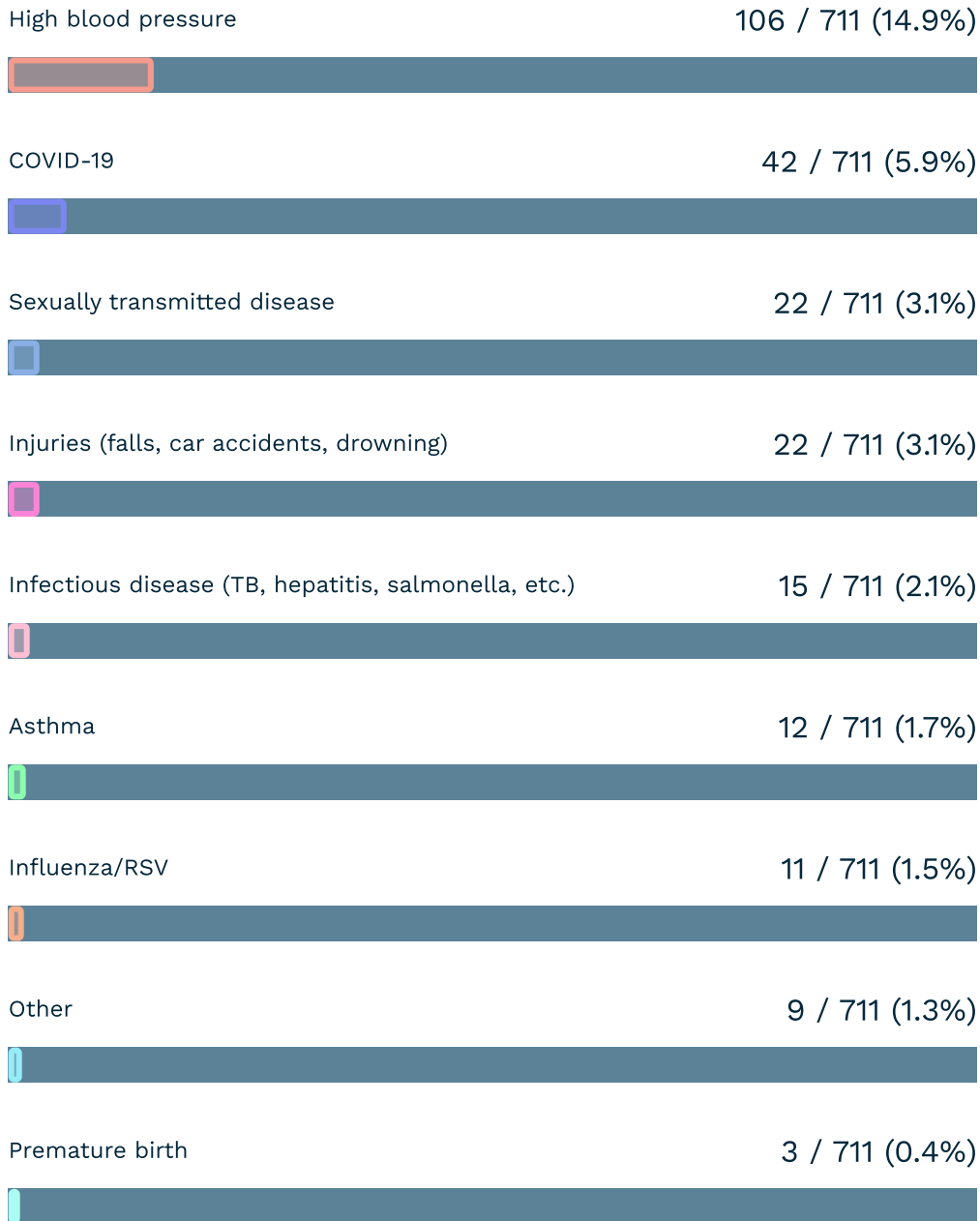


Diabetes 190 / 711 (26.7%)



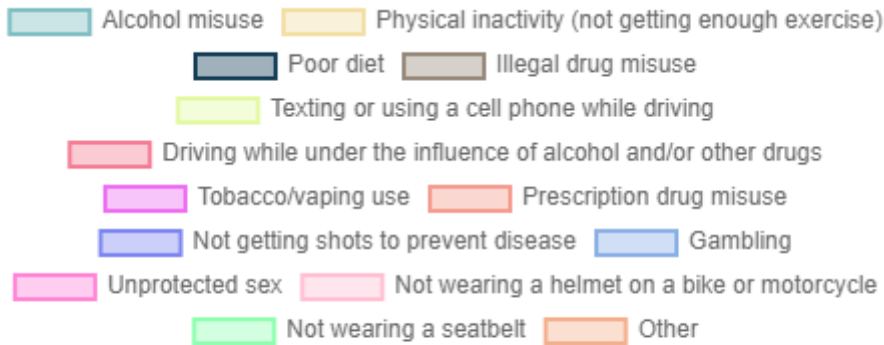
Heart disease/stroke 144 / 711 (20.3%)





16. What do you feel are the top three (3) ADULT high-risk behaviors in your community?

653 out of 711 people answered this question.



Alcohol misuse 375 / 711 (52.7%)



Physical inactivity (not getting enough exercise) 309 / 711 (43.5%)



Poor diet 261 / 711 (36.7%)



Illegal drug misuse 240 / 711 (33.8%)



Texting or using a cell phone while driving 182 / 711 (25.6%)

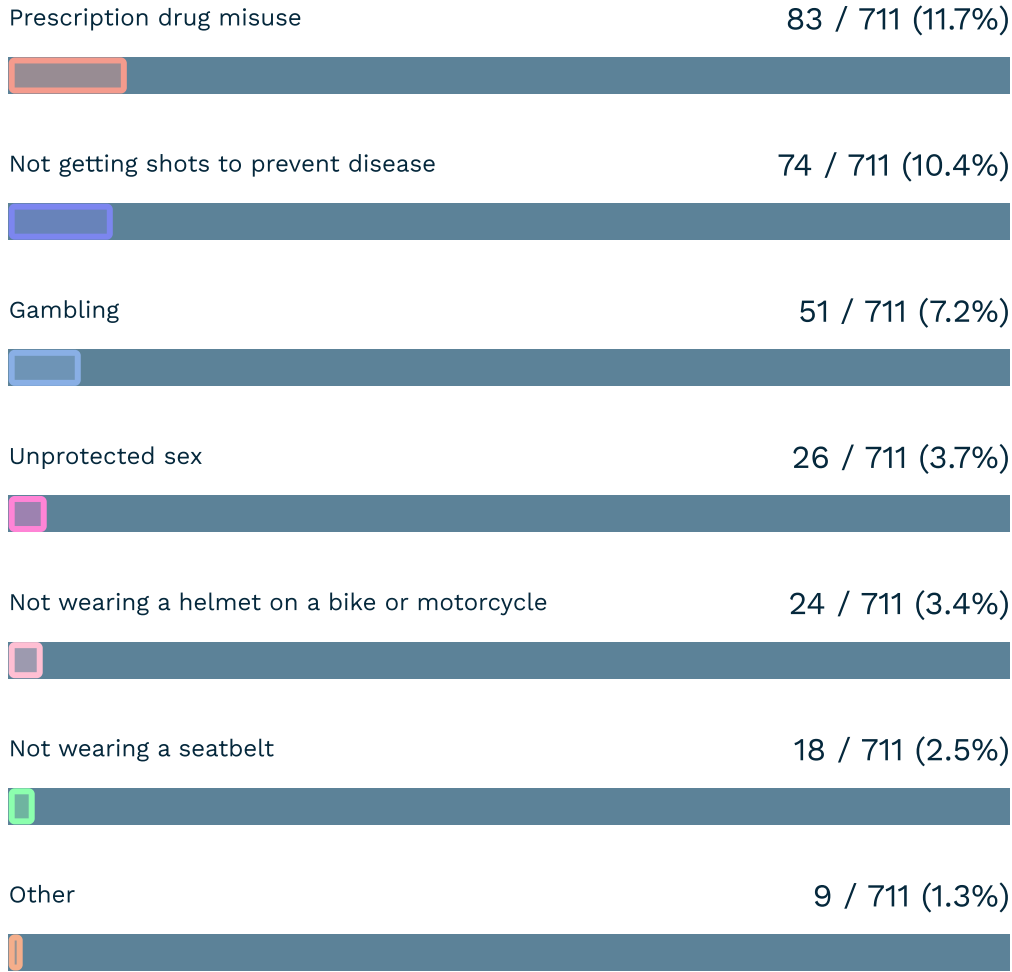


Driving while under the influence of alcohol and/or other drugs 170 / 711 (23.9%)



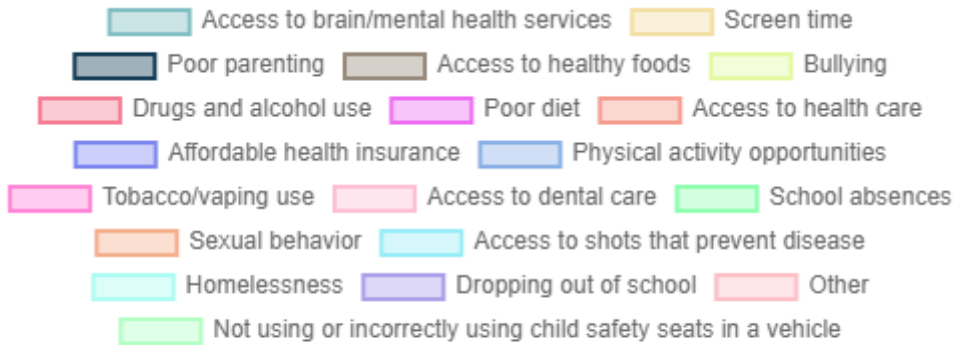
Tobacco/vaping use 90 / 711 (12.7%)





17. What do you feel are the top three (3) health concerns for CHILDREN (0-17 years old) in your community?

654 out of 711 people answered this question.



Access to brain/mental health services 277 / 711 (39.0%)



Screen time 258 / 711 (36.3%)



Poor parenting 218 / 711 (30.7%)



Access to healthy foods 165 / 711 (23.2%)



Bullying 150 / 711 (21.1%)

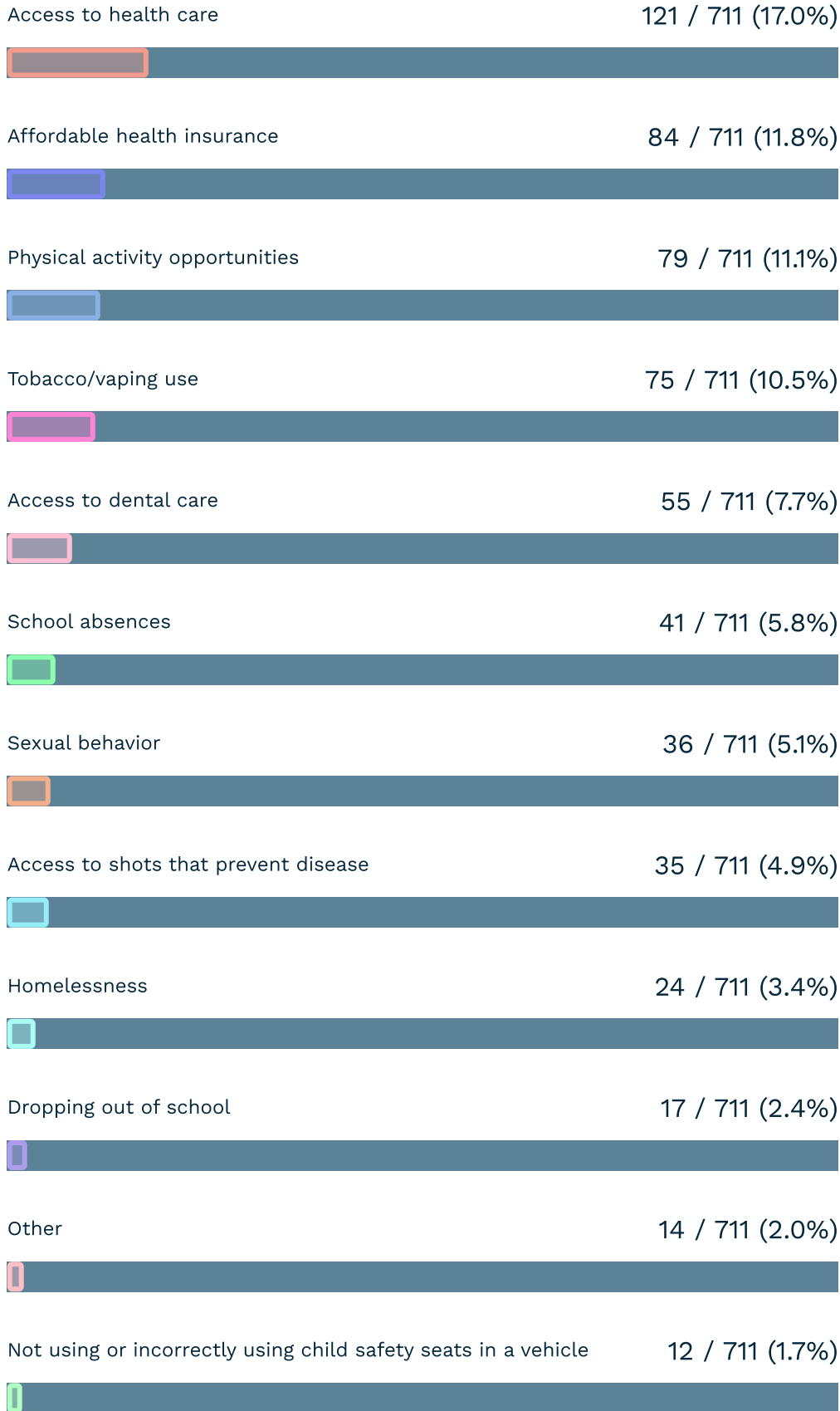


Drugs and alcohol use 138 / 711 (19.4%)



Poor diet 125 / 711 (17.6%)

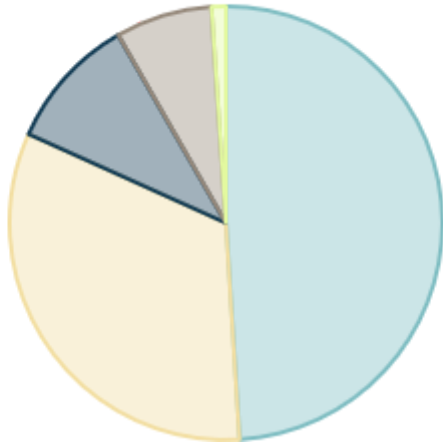




18. On a scale of one to five, rate your personal health.

651 out of **711** people answered this question.

4 3 5 - Excellent Health 2 1 - Poor Health



4 319 / 711 (44.9%)



3 213 / 711 (30.0%)



5 - Excellent Health 65 / 711 (9.1%)



2 47 / 711 (6.6%)

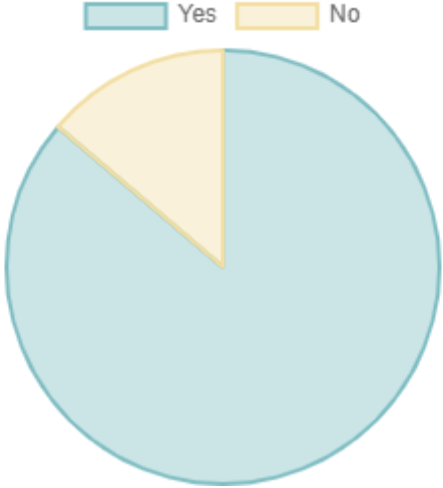


1 - Poor Health 7 / 711 (1.0%)



19. Do you get a yearly health exam?

652 out of 711 people answered this question.



Yes 562 / 711 (79.0%)

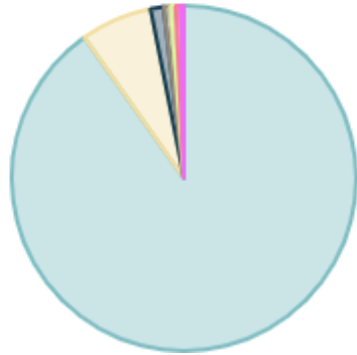
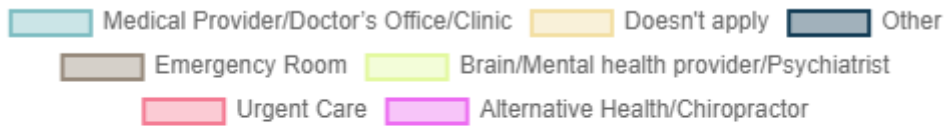


No 90 / 711 (12.7%)



20. Where do you go for a yearly health exam?

642 out of **711** people answered this question.



Medical Provider/Doctor's Office/Clinic 579 / 711 (81.4%)



Doesn't apply 43 / 711 (6.0%)



Other 8 / 711 (1.1%)



Emergency Room 4 / 711 (0.6%)



Brain/Mental health provider/Psychiatrist 3 / 711 (0.4%)



Urgent Care 3 / 711 (0.4%)



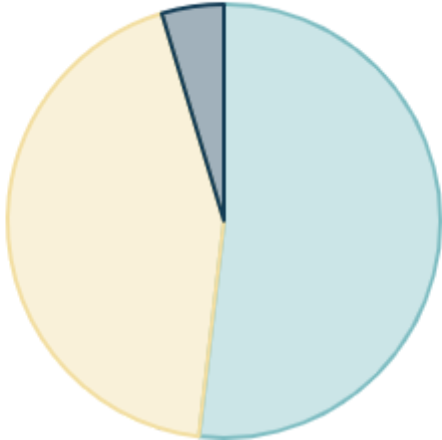
Alternative Health/Chiropractor 2 / 711 (0.3%)



21. Do your children get a yearly health exam?

646 out of 711 people answered this question.

Doesn't Apply Yes No



Doesn't Apply 335 / 711 (47.1%)



Yes 281 / 711 (39.5%)

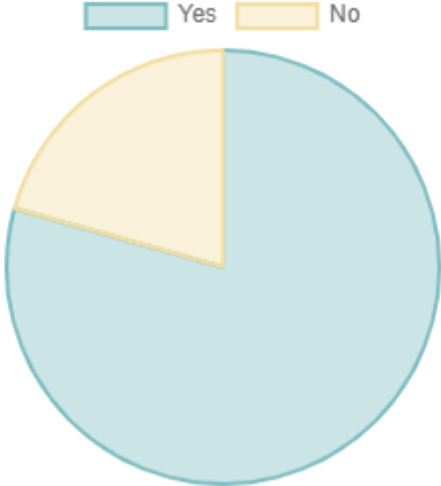


No 30 / 711 (4.2%)

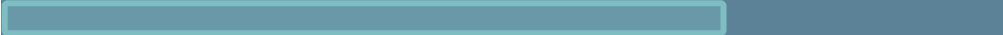


22. Do you go to the dentist regularly (1-2 times per year)?

649 out of 711 people answered this question.



Yes 515 / 711 (72.4%)

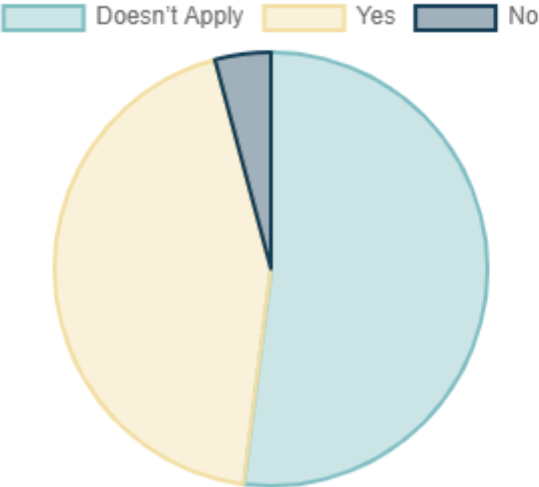


No 134 / 711 (18.8%)



23. Does your child/children to the dentist regularly (1-2 times per year)?

646 out of 711 people answered this question.



Doesn't Apply 336 / 711 (47.3%)



Yes 283 / 711 (39.8%)

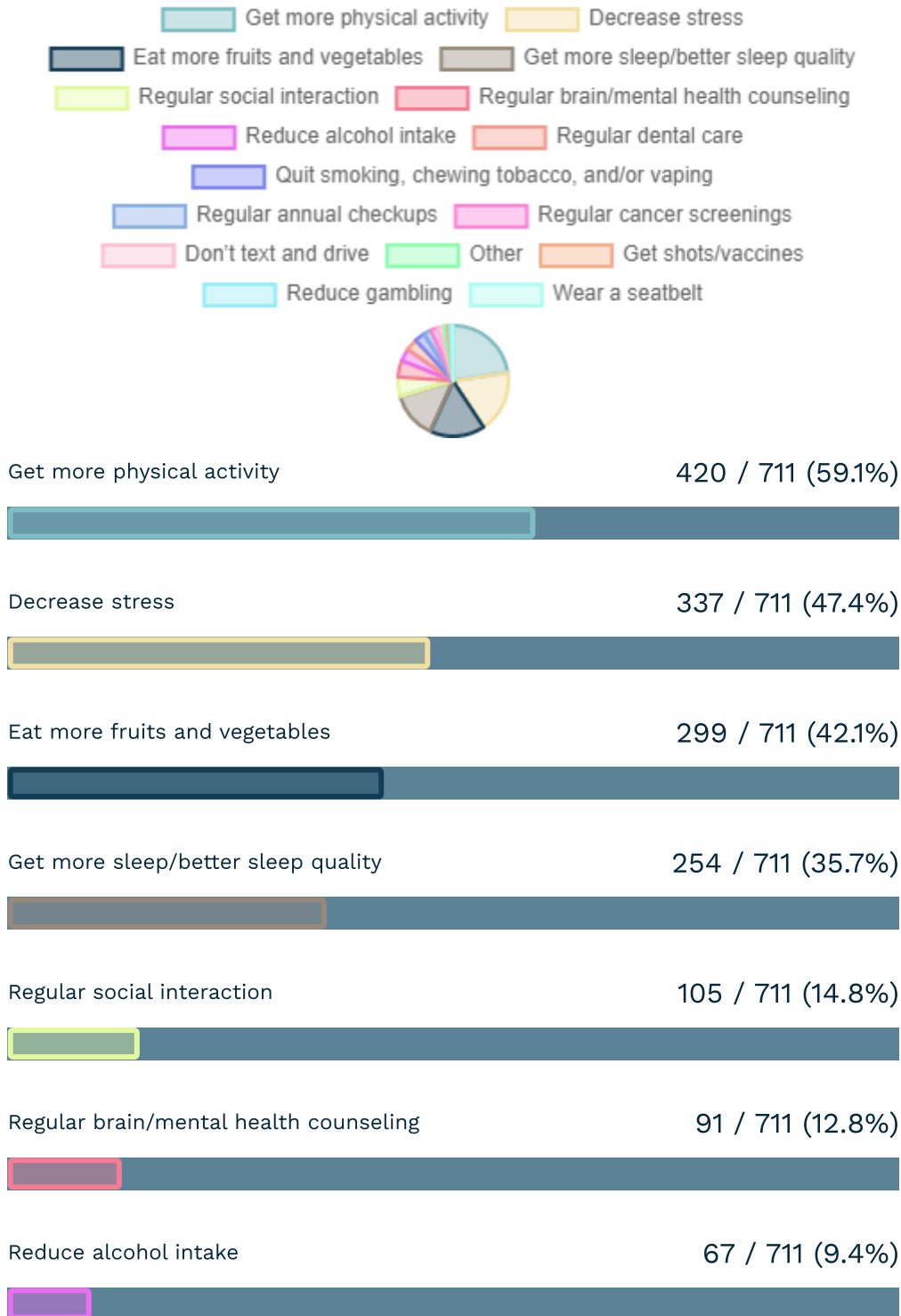


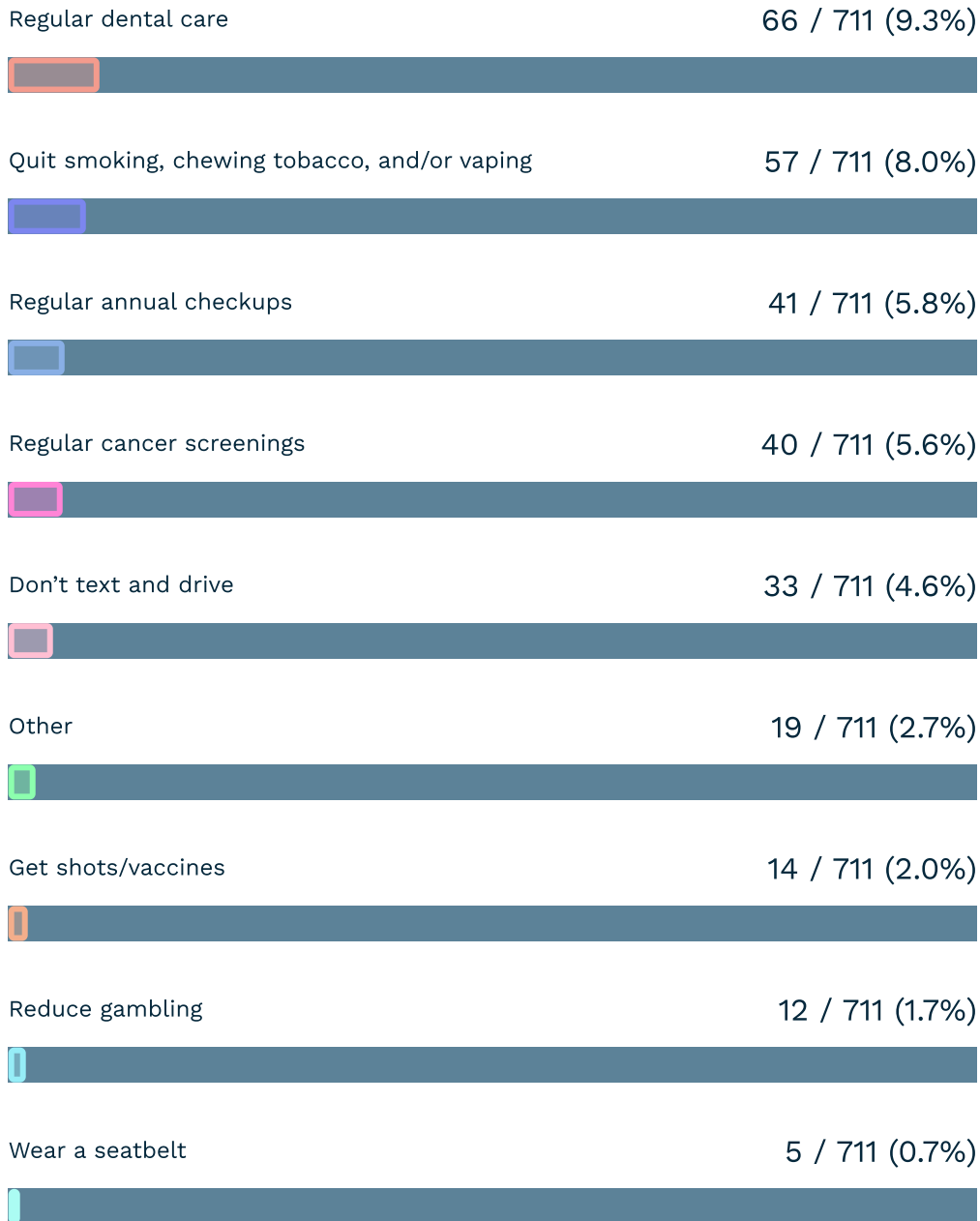
No 27 / 711 (3.8%)



24. What three (3) healthy behaviors would you like to start or improve?

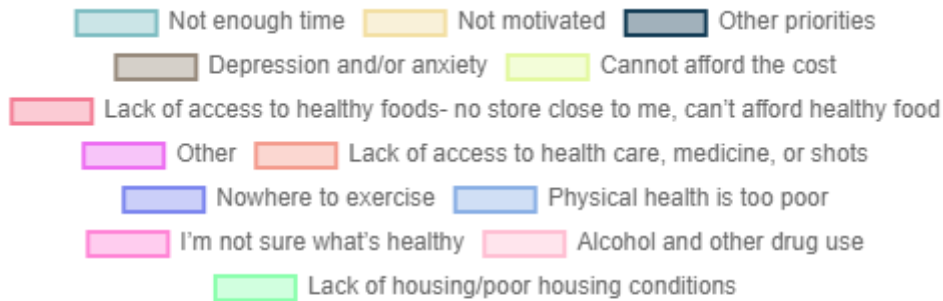
648 out of **711** people answered this question.





25. What prevents you from being healthier? (Select all that apply)

606 out of 711 people answered this question.



Not enough time 289 / 711 (40.6%)



Not motivated 241 / 711 (33.9%)



Other priorities 231 / 711 (32.5%)



Depression and/or anxiety 167 / 711 (23.5%)



Cannot afford the cost 138 / 711 (19.4%)



Lack of access to healthy foods- no store close to me, can't afford healthy food 56 / 711 (7.9%)



Other 45 / 711 (6.3%)



Lack of access to health care, medicine, or shots 41 / 711 (5.8%)



Nowhere to exercise 38 / 711 (5.3%)



Physical health is too poor 36 / 711 (5.1%)



I'm not sure what's healthy 35 / 711 (4.9%)



Alcohol and other drug use 24 / 711 (3.4%)



Lack of housing/poor housing conditions 14 / 711 (2.0%)



26. What would help you or your family start or maintain a healthy lifestyle? (Select all that apply)

591 out of 711 people answered this question.



Recreational paths, trails, sidewalks 272 / 711 (38.3%)



Wellness and fitness facilities I can afford 238 / 711 (33.5%)



Fresh food and produce available 226 / 711 (31.8%)



Community physical activity programs (water aerobics, volleyball, basketball league, fitness classes) 191 / 711 (26.9%)



Health education classes (Diabetes prevention/management, heart disease, arthritis, cooking, etc.) 161 / 711 (22.6%)



Workplace wellness programs 153 / 711 (21.5%)



Other 65 / 711 (9.1%)



Transportation to local fitness center 35 / 711 (4.9%)



Transportation to food markets/grocery store 29 / 711 (4.1%)

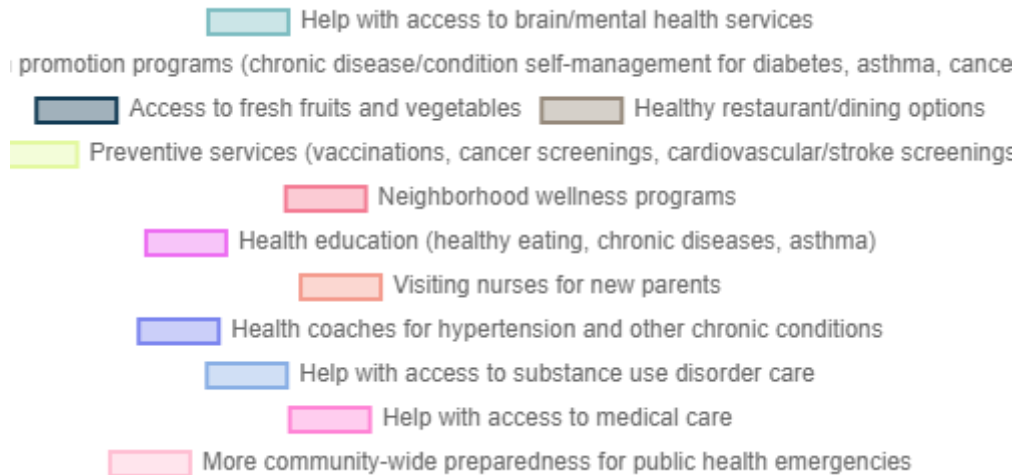


Transportation to medical care 25 / 711 (3.5%)



27. What are the top three (3) public health services you would like to see in your community?

624 out of **711** people answered this question.



Help with access to brain/mental health services 243 / 711 (34.2%)



Health promotion programs (chronic disease/condition self-management for diabetes, asthma, cancer, arthritis, etc.) 185 / 711 (26.0%)



Access to fresh fruits and vegetables 157 / 711 (22.1%)



Healthy restaurant/dining options 139 / 711 (19.5%)

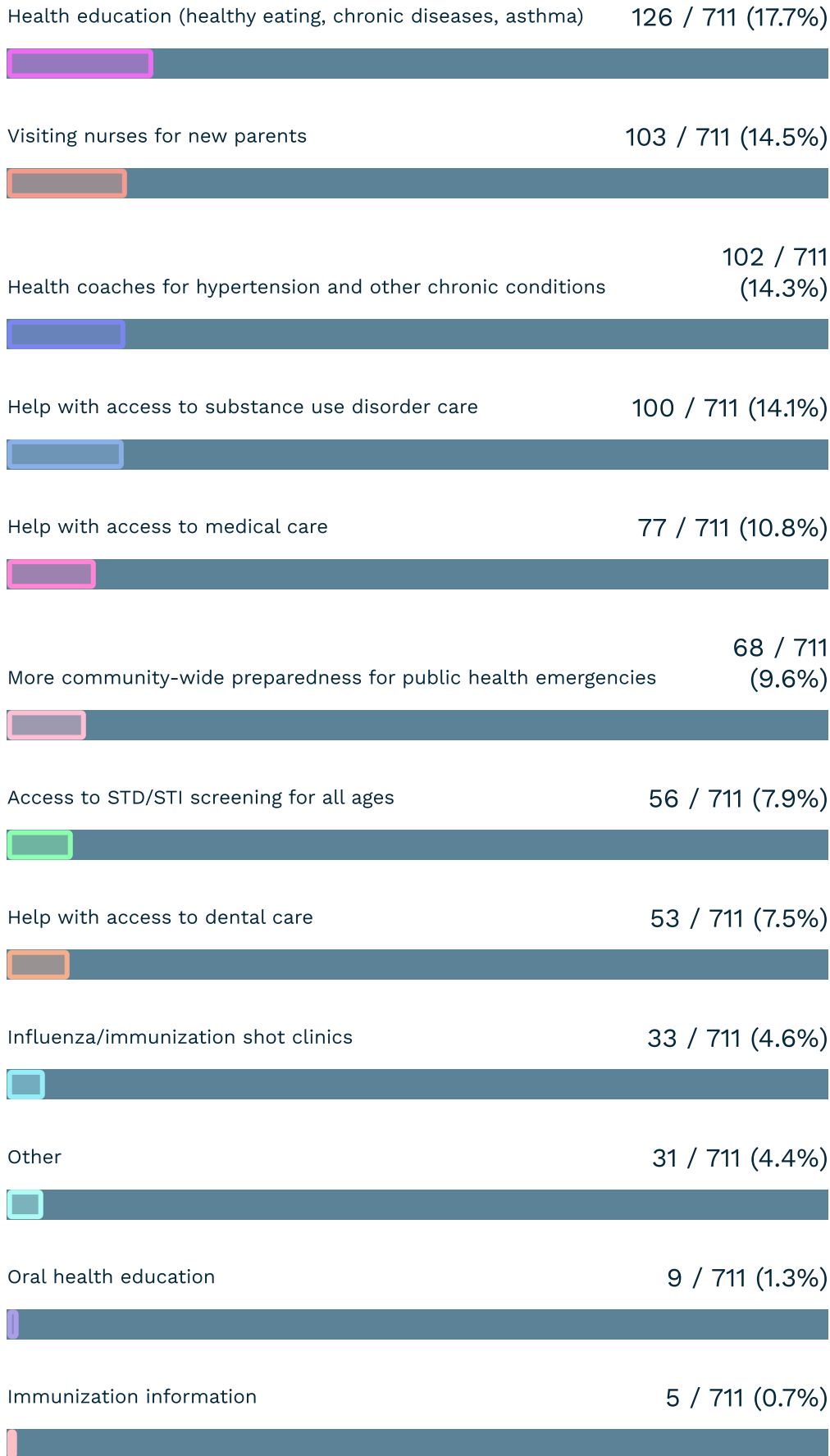


Preventive services (vaccinations, cancer screenings, cardiovascular/stroke screenings) 135 / 711 (19.0%)



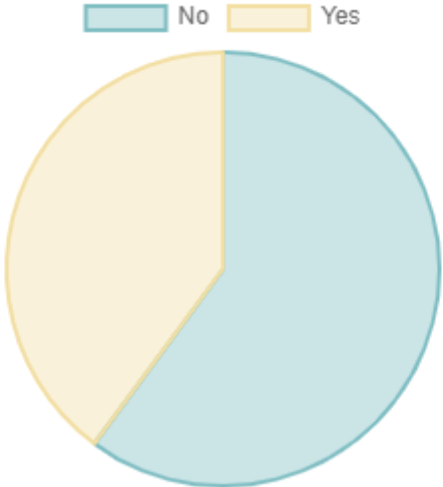
Neighborhood wellness programs 128 / 711 (18.0%)





28. Have you ever had a mental/brain health diagnosis? (e.g. depression, bi-polar, anxiety)

692 out of 711 people answered this question.



No 416 / 711 (58.5%)







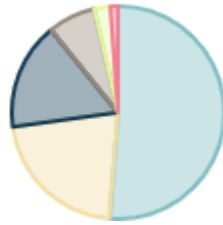
Yes 276 / 711 (38.8%)



29. How would you describe your overall mental health?

692 out of 711 people answered this question.

-  I am happy on a regular basis and can manage the stress of my everyday life.
-  I have brain health symptoms/diagnoses, receive help and/or am on medication
-  I am being treated for brain health /mental health, but still need more.
-  I have brain health symptoms/diagnoses and have received treatment in an inpatient sett



I am happy on a regular basis and can manage the stress of my everyday life. 355 / 711 (49.9%)



I am sometimes/often lonely, depressed and/or anxious and seek social activity to feel connected (e.g. go to church, volunteer, exercise) 149 / 711 (21.0%)



I have brain health symptoms/diagnoses, receive help and/or am on medication 113 / 711 (15.9%)



I struggle with loneliness, depression and/or anxiety and it impacts me often. I receive help to work through these issues, but do not take medication. 50 / 711 (7.0%)



I am being treated for brain health /mental health, but still need more. 17 / 711 (2.4%)



I have brain health symptoms/diagnoses and have received treatment in an inpatient setting. 8 / 711 (1.1%)



30. Is anything preventing you from receiving brain/mental health services? (Select all that apply)

545 out of 711 people answered this question.



I do not need treatment 272 / 711 (38.3%)



Feeling ashamed or uncomfortable talking about personal issues 89 / 711 (12.5%)



Services are too expensive 78 / 711 (11.0%)



Have tried and it takes too long to get an appointment 76 / 711 (10.7%)



Other 51 / 711 (7.2%)



Have tried brain health services and not successful 48 / 711 (6.8%)



No insurance coverage 43 / 711 (6.0%)



I don't know if my insurance covers brain/mental health 39 / 711 (5.5%)



Lack of transportation 16 / 711 (2.3%)



31. Prior to your 18th birthday, have you experienced the following? (Select all that apply)

387 out of **711** people answered this question.

- Did a parent or adult in your home ever swear at you, insult you, or put you down?
- Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?
- Did you live with anyone who was depressed, mentally ill, or attempted suicide?
- Did you lose a parent through divorce, abandonment, death, or other reason?
- Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
- Did you experience unwanted sexual contact?
- Did you feel that no one in your family loved you or thought you were special?
- Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?
- Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
- Did you live with anyone who went to jail or prison?



Did a parent or adult in your home ever swear at you, insult you, or put you down? 173 / 711 (24.3%)



Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs? 171 / 711 (24.1%)



Did you live with anyone who was depressed, mentally ill, or attempted suicide? 131 / 711 (18.4%)



Did you lose a parent through divorce, abandonment, death, or other reason? 120 / 711 (16.9%)



Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? 108 / 711 (15.2%)



Did you experience unwanted sexual contact? 93 / 711 (13.1%)



Did you feel that no one in your family loved you or thought you were special? 90 / 711 (12.7%)



Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other? 88 / 711 (12.4%)



Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you? 52 / 711 (7.3%)



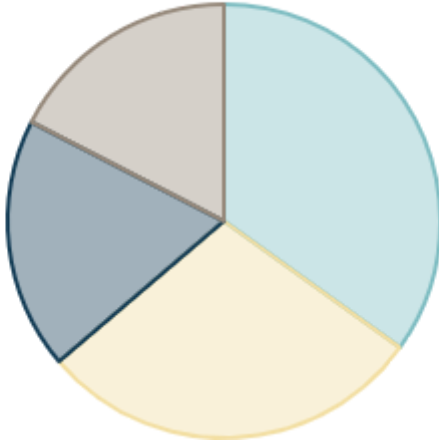
Did you live with anyone who went to jail or prison? 36 / 711 (5.1%)



32. Do you believe that these experiences have affected your health?

533 out of **711** people answered this question.

Some No Not much A lot



Some 186 / 711 (26.2%)



No 154 / 711 (21.7%)



Not much 100 / 711 (14.1%)

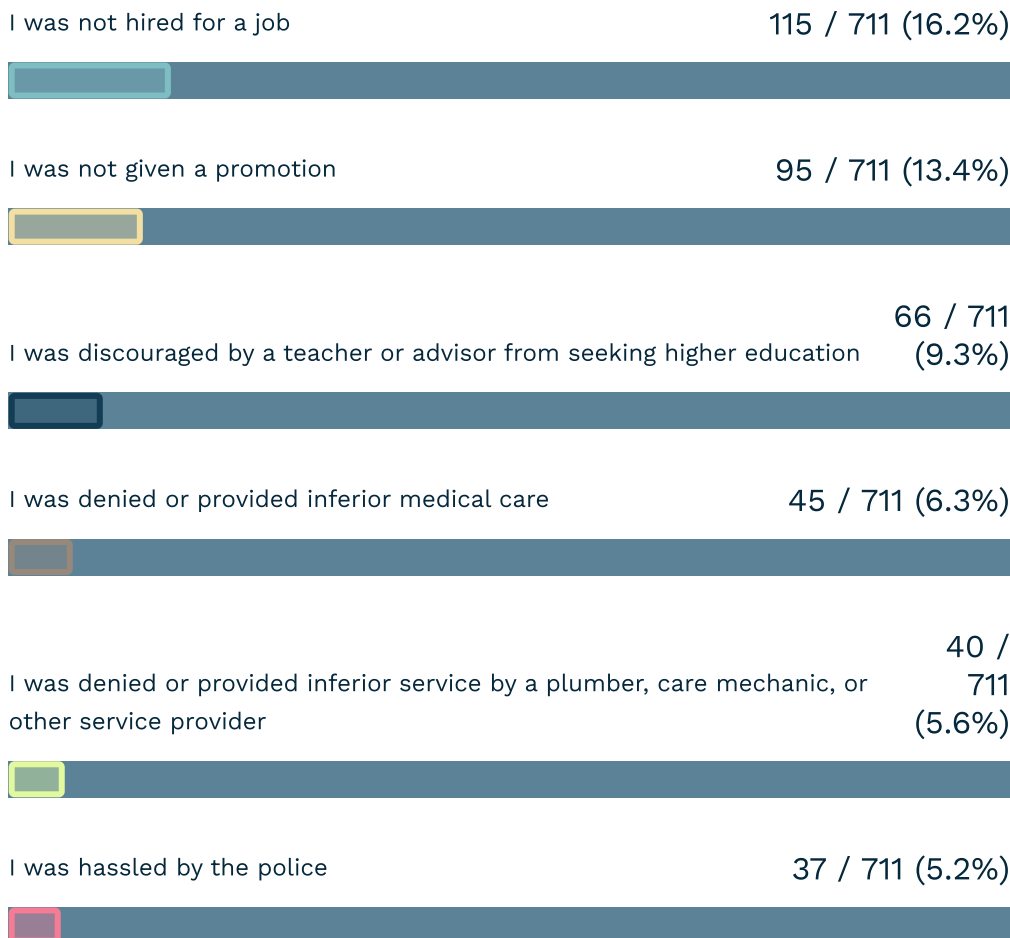
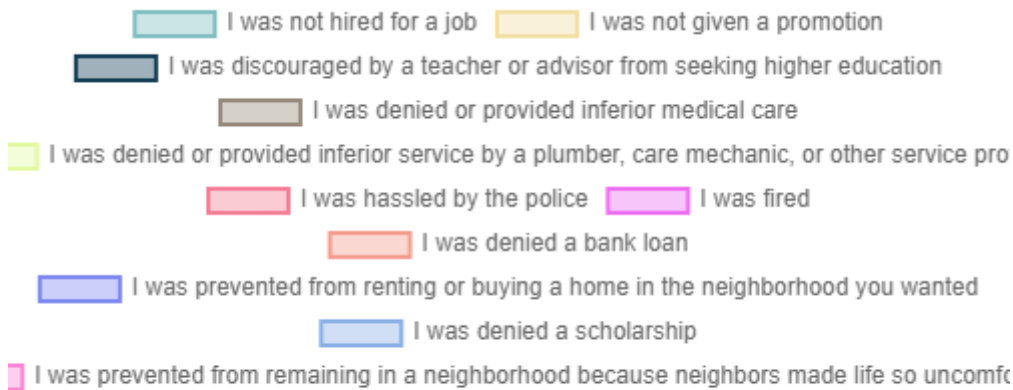


A lot 93 / 711 (13.1%)



33. Have you ever felt discriminated against in any of the following ways because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics? (Select all that apply)

275 out of 711 people answered this question.



I was fired 37 / 711 (5.2%)



I was denied a bank loan 31 / 711 (4.4%)



I was prevented from renting or buying a home in the neighborhood you wanted 28 / 711 (3.9%)



I was denied a scholarship 23 / 711 (3.2%)



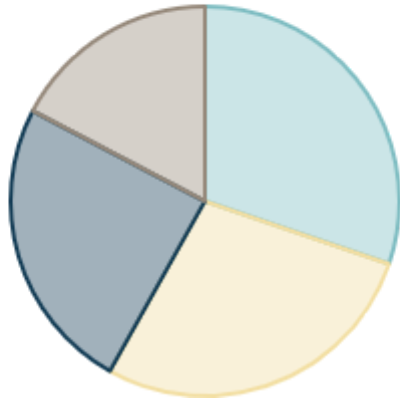
I was prevented from remaining in a neighborhood because neighbors made life so uncomfortable 21 / 711 (3.0%)



34. How important is it to you that your health care providers understand or share your race/ethnicity, gender, religion, beliefs, or native language?

652 out of **711** people answered this question.

Very important Moderately important Not important
Slightly important



Very important 197 / 711 (27.7%)



Moderately important 182 / 711 (25.6%)



Not important 160 / 711 (22.5%)



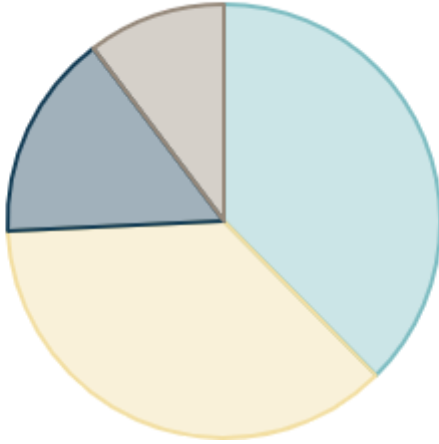
Slightly important 113 / 711 (15.9%)



35. How often in the last 24 months were you able to see health care providers who were like you in any of these ways?

649 out of **711** people answered this question.

Most of the time Always Some of the time Never



Most of the time 244 / 711 (34.3%)



Always 238 / 711 (33.5%)



Some of the time 100 / 711 (14.1%)

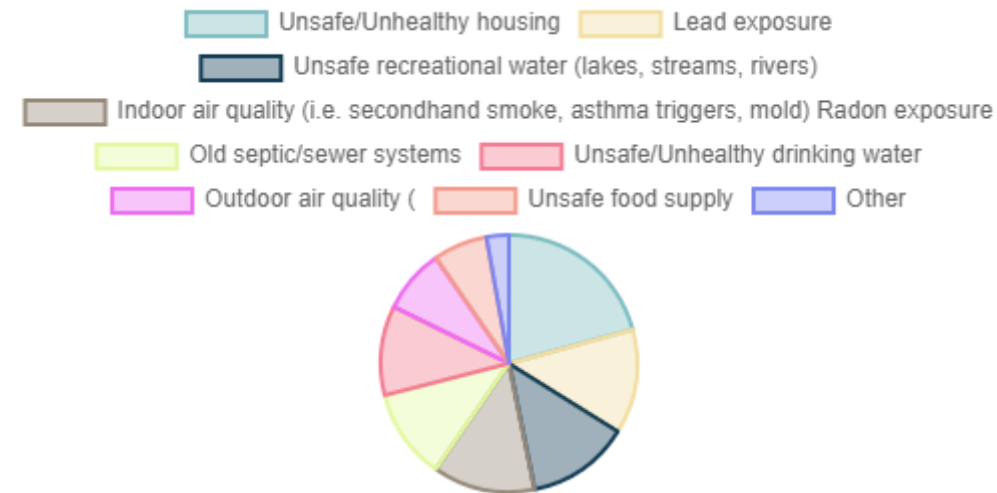


Never 67 / 711 (9.4%)



36. What do you feel are the environmental threats of your community (Select all that apply)

524 out of 711 people answered this question.



Unsafe/Unhealthy housing 234 / 711 (32.9%)



Lead exposure 148 / 711 (20.8%)



Unsafe recreational water (lakes, streams, rivers) 146 / 711 (20.5%)



Indoor air quality (i.e. secondhand smoke, asthma triggers, mold) Radon exposure 145 / 711 (20.4%)



Old septic/sewer systems 128 / 711 (18.0%)



Unsafe/Unhealthy drinking water 127 / 711 (17.9%)



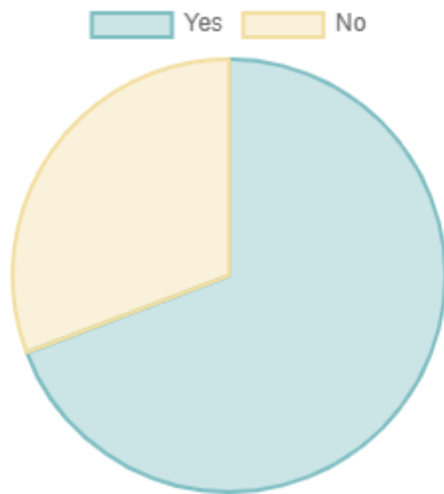
Outdoor air quality (91 / 711 (12.8%)





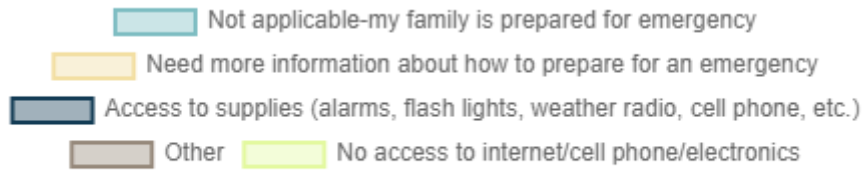
37. Are you/your family prepared for a natural or man-made disaster? (ie tornado, ice storm, flood, pandemic)

682 out of **711** people answered this question.



38. What prevents you from being prepared for an emergency? (Select all that apply)

486 out of 711 people answered this question.



Not applicable-my family is prepared for emergency 248 / 711 (34.9%)



Need more information about how to prepare for an emergency 173 / 711 (24.3%)



Access to supplies (alarms, flash lights, weather radio, cell phone, etc.) 89 / 711 (12.5%)



Other 26 / 711 (3.7%)



No access to internet/cell phone/electronics 21 / 711 (3.0%)





COUNTY

Dubuque, IA

2023



Rank #21 of 99 ranked counties in Iowa

Health Outcomes

Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.

Dubuque (DU) is ranked among the healthiest counties in Iowa (Highest 75%-100%).



Health Factors

Many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.

Dubuque (DU) is ranked in the higher middle range of counties in Iowa (Higher 50%-75%).





County Demographics









The health of a place results from past and present policies and practices. The land known as Dubuque County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."















Dubuque County, Iowa is Metropolitan (intersecting an urban core area of 50,000 or more population) and is connected to the city of Dubuque. In Dubuque County, 27% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people). Dubuque County contains neighborhoods which experienced intentional disinvestment through Federal HOLC Redlining between 1935 and 1940.





[Show More](#)

County Snapshot

Show areas to explore Show areas of strength Trends Available

Health Outcomes				
Length of Life			Iowa	United States 
Premature Death		5,600	6,500	7,300
Quality of Life			Iowa	United States 
Poor or Fair Health		11%	12%	12%
Poor Physical Health Days		2.6	2.8	3.0
Poor Mental Health Days		4.3	4.4	4.4
Low Birthweight		6%	7%	8%
Additional Health Outcomes (not included in overall ranking)			Iowa	United States 
Life Expectancy		80.1	78.7	78.5
Premature Age-Adjusted Mortality		290	340	360
Child Mortality		40	50	50
Infant Mortality		4	5	6
Frequent Physical Distress		8%	8%	9%
Frequent Mental Distress		14%	14%	14%
Diabetes Prevalence		8%	9%	9%
HIV Prevalence		92	111	380
Health Factors				
Health Behaviors			Iowa	United States 
Adult Smoking		16%	17%	16%
Adult Obesity		36%	37%	32%
Food Environment Index		8.6	8.6	7.0
Physical Inactivity		20%	23%	22%
Access to Exercise Opportunities		83%	79%	84%
Excessive Drinking		27%	25%	19%
Alcohol-Impaired Driving Deaths		19%	27%	27%
Sexually Transmitted Infections		471.7	478.5	481.3
Teen Births		15	16	19
Additional Health Behaviors (not included in overall ranking)			Iowa	United States 
Food Insecurity		8%	7%	12%

Limited Access to Healthy Foods		6%	6%	6%
Drug Overdose Deaths		10	11	23
Insufficient Sleep		31%	32%	33%
Clinical Care			Iowa	United States 
Uninsured		5%	6%	10%
Primary Care Physicians		1,270:1	1,360:1	1,310:1
Dentists		1,200:1	1,430:1	1,380:1
Mental Health Providers		550:1	530:1	340:1
Preventable Hospital Stays		5,618	2,400	2,809
Mammography Screening		52%	47%	37%
Flu Vaccinations		60%	57%	51%
Additional Clinical Care (not included in overall ranking)			Iowa	United States 
Uninsured Adults		6%	7%	12%
Uninsured Children		2%	3%	5%
Other Primary Care Providers		740:1	800:1	810:1
Social & Economic Factors			Iowa	United States 
High School Completion		94%	93%	89%
Some College		75%	70%	67%
Unemployment		4.4%	4.2%	5.4%
Children in Poverty		9%	12%	17%
Income Inequality		4.1	4.2	4.9
Children in Single-Parent Households		23%	21%	25%
Social Associations		11.0	14.5	9.1
Injury Deaths		60	70	76
Additional Social & Economic Factors (not included in overall ranking)			Iowa	United States 
High School Graduation		90%	92%	87%
Disconnected Youth		5%	6%	7%
Reading Scores		3.1	3.1	3.1

Math Scores		3.1	3.1	3.0
School Segregation		0.11	0.18	0.25
School Funding Adequacy		\$3,779	\$1,562	\$1,062
Gender Pay Gap		0.77	0.78	0.81
Median Household Income		\$74,000	\$65,600	\$69,700
Living Wage		\$42.72	\$42.39	
Children Eligible for Free or Reduced Price Lunch		38%	41%	53%
Residential Segregation - Black/White		58	62	63
Child Care Cost Burden		24%	26%	27%
Child Care Centers		7	8	7
Homicides		1	3	6
Suicides		14	16	14
Firearm Fatalities		6	10	12
Motor Vehicle Crash Deaths		8	11	12
Juvenile Arrests		50	37	24
Voter Turnout		73.1%	72.9%	67.9%
Census Participation		72.9%		65.2%
Physical Environment			Iowa	United States 
Air Pollution - Particulate Matter		9.1	7.4	7.4
Drinking Water Violations		Yes		
Severe Housing Problems		12%	12%	17%
Driving Alone to Work		81%	79%	73%
Long Commute - Driving Alone		12%	21%	37%
Additional Physical Environment (not included in overall ranking)			Iowa	United States 
Traffic Volume		389	354	505
Homeownership		74%	72%	65%
Severe Housing Cost Burden		10%	10%	14%
Broadband Access		87%	85%	87%

Note: Blank values reflect unreliable or missing data.