

# Community Health Needs Assessment

Conducted in Fiscal Year 2021



# Community Health Needs Assessment

## CONTENTS

Introduction .....	3
Our Vision, Mission and Values .....	3
Mission Statement .....	3
Our Vision .....	3
Our Values .....	3
Executive summary .....	3
CHNA approval .....	4
Review of previous CHNA .....	4
Comments from previous CHNA .....	7
Emergency Preparedness Efforts Addressing COVID-19 Pandemic .....	8
Community description .....	9
Geographic area served .....	9
How population served was identified .....	10
Demographics of population .....	11
Health Facilities .....	12
Services Provided .....	12
Process and Methods .....	12
Significant Community Health Needs .....	13
Steering Committee Members .....	14
Steering Committee Meetings .....	15
Task Force Membership .....	15
County Health Rankings .....	15
Health Outcomes .....	15
Health Factors .....	16
Community Input .....	16
Methods used to solicit input .....	16
Health Department Input .....	16
Representation of medically underserved, low-income, and minority populations .....	16
Community Input Survey Results .....	16
Select Key Findings from Data Review .....	17
Dubuque County Health Portrait 2021, from Community Commons .....	17
Iowa Department of Public Health core measures: .....	17
Dubuque County cancer incidence rates: Iowa Cancer Registry .....	18
2017 Cancer in Iowa, University of Iowa College of Public Health. ....	18
Conclusion .....	19
How to obtain copies .....	20
Contact Information .....	20
Next CHNA Due Date .....	20
Appendix A: Results of Key 2020 CHNA Survey Questions .....	20-23

# Introduction

For the previous three Community Health Needs Assessment cycles, MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center joined the Dubuque County Community Health Needs Assessment – Health Improvement Plan (CHNA-HIP) coalition. This coalition assured broad involvement from many key organizations across our service area. However, due to COVID-19 pandemic, the coalition for this cycle was comprised primarily of MercyOne Dubuque Medical Center, MercyOne Dyersville Medical Center, UnityPoint Finley Hospital, and Hillcrest Family Services as City of Dubuque and Dubuque County Health Department requested and were granted extensions to complete their CHNA process. While pandemic specific demands impacted capacity for city and county involvement in the coalition, both City of Dubuque and Dubuque County Health Department did provide input for this CHNA survey and planning, as well as included the CHNA survey on said websites to assist in dissemination of survey especially to vulnerable populations. MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center participated in all aspects of steering, coordinating and completing the current process.

## OUR VISION, MISSION AND VALUES

### Mission Statement

MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities.

### OUR VISION

MercyOne will set the standard for a personalized and radically convenient system of health services.

### OUR VALUES

**Reverence:** We honor the sacredness and dignity of every person.

**Integrity:** We are faithful to who we say we are.

**Commitment to the Poor:** We stand with and serve those who are poor, especially the most vulnerable.

**Compassion:** Solidarity with one another, capacity to enter into another’s joy or sorrow

**Excellence:** Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

**Justice:** We foster right relationships to promote the common good, including sustainability of the Earth.

**Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

## EXECUTIVE SUMMARY

This Community Health Needs Assessment (CHNA) survey and planning includes input from Dubuque County Health Department and City of Dubuque Health Services. MercyOne Dubuque Medical Center is a community medical-surgical hospital serving the Tri-State area of eastern Iowa, southwest Wisconsin, and northwest Illinois. MercyOne Dyersville Medical Center is a 20-bed critical access hospital serving 17 rural communities in western Dubuque County. Also located in Dubuque County is UnityPoint Health Finley Hospital, another community medical-surgical hospital.

The CHNA process began by convening the steering committee, comprised of representatives from organizations representing a broad variety of community organizations with an interest in health and wellness. The Steering Committee collected primary and secondary data and organized task forces of content experts from the community to analyze and identify priority health needs in the community. The task forces reviewed secondary research consisting of statistical information about disease occurrence, mortality, and behavioral patterns of Dubuque County residents compared to Iowans in general or to previous periods of time. Some of the data sources used for this research were Community Commons, County Health Rankings, United States Census Bureau, Iowa Department of Public Health, Centers for Disease Control and Prevention, Iowa Vital Statistics, and a community input survey updated and designed by the CHNA-HIP coalition for this process.

Based on the secondary research as well as the survey findings, the steering committee reviewed, identified and prioritized, through discussion and consensus, three categories of significant health needs;

1. **Access to Health 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)

These are further addressed in the hospital’s forthcoming Implementation Strategy.

## CHNA APPROVAL

On May 27, 2021, the Board of Trustees for MercyOne Dubuque Medical Center met to discuss the Fiscal Years 2022, 2023, and 2024 Community Health Needs Assessment conducted during Fiscal Year 2021. Upon review, the Board approved this Community Health Needs Assessment. Similarly, The the MercyOne Dyersville Board of Trustees reviewed, electronically, and approved June 2, 2021.

## REVIEW OF PREVIOUS CHNA

In 2018, the MercyOne Dubuque and MercyOne Dyersville CHNA identified several high priority health needs, including:

1. Opioid use and abuse
2. Obesity and overweight
3. Alcohol use and abuse
4. Mental health access
5. Influenza immunization
6. Healthy homes
7. Primary care access
8. Emergency/disaster planning
9. Drinking water protection
10. Dental care access
11. Specialty care access
12. Elder care access
13. HIV/AIDS screening and prevalence
14. STD/STI screening and prevalence

While addressing these high priority health needs, MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center collaborated with UnityPoint Finley Hospital, Crescent Community Health Center, City of Dubuque and Dubuque County Health Department.

### **MercyOne Dubuque Medical Center & MercyOne Dyersville Medical Center**

The 2018 CHNA was conducted in partnership with Dubuque County Health Department, City of Dubuque, Crescent Community Health Center, and UnityPoint Finley Hospital, herein "steering committee." The steering

committee collected information from primary and secondary data sources. Data was also collected through a community input survey in Dubuque County. Surveys were gathered between January 11 and January 22, 2018. The survey, which was available in English and Spanish languages, was offered on-line via "Survey Monkey". The steering committee developed a communications plan to spread the word around the community and ultimately collected 1,052 completed responses. The steering committee then reviewed and compared the survey results to data that was collected. The results and data were consistent with each other, validating both findings. The steering committee then began forming task forces of community experts to evaluate the data, including survey results, and to identify the priority needs for each of the four categories. The steering committee identified and invited community members, experts, and leaders from across the community to participate on the task forces. Each task force reviewed the data, conducted a SWOT analysis, and made recommendations to the steering committee regarding priority needs and focus areas for our health improvement plans. The steering committee then convened to review and adopt the recommendations from the steering committees.

The steering committee sought and considered the needs, input, and concerns of underrepresented persons and populations throughout this process. Serving on the steering committee, Angela Petsche from Crescent Community Health Center and Stacey Killian from UnityPoint Finley Hospital - Dubuque Visiting Nurse Association represented the populations their organizations serve. The primary makeup of these populations are those who are underrepresented in the community: those who are medically underserved, in poverty; and/or from minority populations. In addition, representatives from Dubuque School District, Western Dubuque School District, and Dubuque Early Childhood participated on the task forces and represented the needs and best interests of the youth population that comprises 23% of our community. The steering committee reviewed reported demographic information of those who completed the survey and found distribution by ethnicity, age, income and ZIP code were consistent with the community's demographic profile.

In the MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center Implementation Strategy, the 14 significant health needs identified and prioritized through the CHNA were combined into four categories: 1.) Healthy behaviors and lifestyles; 2.) Disease infection control; 3.) Health care access; and 4.) Environmental health.



**MercyOne Dubuque Medical Center conducted its CHNA with the following non-hospital organizations:**

- City of Dubuque Health Services
- Dubuque County Health Department
- Crescent Community Health Center
- City of Dubuque Leisure Services
- YMCA/YWCA
- Holy Family School District
- HyVee Dietitian Services
- WIC
- Hillcrest Family Services
- Helping Services of NE Iowa
- Dubuque Community Schools
- Visiting Nurse Association
- Medical Associates Clinic
- City of Dubuque Human Rights Department
- ISU Extension
- Asbury City Parks

## MERCYONE DUBUQUE MEDICAL CENTER

MercyOne Dubuque Medical Center was involved in the following projects during fiscal year 2020 to help reduce obesity in our community:

**Growing a healthy community:** MercyOne nurses and dietitians, along with Convivium Urban Farmstead, hosted an interactive day of nutrition education in September 2019 for 40 second-grade students from Audubon Elementary. During the “Growing a Healthy Community” event, 75 students rotated through stations where they participated in hands-on activities such as preparing a nutritious take-home meal and planting green beans for growing at home. They also toured the community gardens and learned about proper nutrition, hydration, serving sizes, food safety, and a lot more in ways that are fun and easy for them to understand.

**Wellness your way scholarships:** MercyOne provided ten scholarships in 2018 and 2019 to individuals to attend our 10-week Wellness Your Way program. The program provided individuals with what they needed to make lasting changes from an expert team including dietitians, wellness coaches, a chef, and fitness experts. Participants learned their personal calorie needs to manage their

weight and how to set goals, plan meals and modify recipes, dine out, exercise, and more.

MercyOne supported the Dubuque County Board of Health and Dubuque Eats Well, which are currently focusing on enhancing local food pantries’ ability to collect and distribute healthy food in order to increase access to, and consumption of healthy foods. MercyOne offered meeting spaces for this group to meet and also had a community education RN actively participate.

MercyOne Dubuque Medical Center’s community education department provided experts for educational opportunities at our local farmer’s market focused around nutrition (November 6, 2019), cancer prevention (October 22, 2019 & November 19, 2019), BP control (February 3 & February 11, 2020), diabetes health (November 6, 2019) and taking your medications. MercyOne also provided community education classes on heart disease prevention on February 24, 2020, healthy eating/nutrition (Mediterranean Diet class had over 100 community members attend) on February 19, 2020, and Alzheimer’s disease on November 12, 2019.

MercyOne Dubuque was actively involved in the Dubuque County Food Policy Council (DCFPC), 2018–2020, which distributed grants from Dubuque County to various organizations. The grants were used to address at least one of the core principals identified in the DCFPC mission statement: health, well-being, environmental resilience, justice and equity as related to food systems in Dubuque County.

MercyOne again sponsored the Mississippi Valley Running Association 5K-10K on March 12, 2020, that encouraged families to take part in their first competitive running race. MercyOne still honored scholarships to recipients but the actual event had to be canceled due to COVID-19.

MercyOne continues to be an active member of Dubuque County Wellness Coalition and a partner of Dubuque Eats Well. With this, MercyOne connected with the Iowa State University Design lab in early 2019 to address community need projects.

Promoted Double-up Bucks incentive program which makes it easier for low income lowans to eat fresh fruits and vegetables while supporting family farmers and growing local economies by matching SNAP dollar spent at the farmer’s market with an additional dollar for fresh fruits and vegetables. Doubled the value of the federal supplemental nutrition assistance program (SNAP). For every “buck” spent on fruits and vegetables at the farmer’s market, a matched dollar was given through the program.

**MercyOne Dubuque Medical Center was involved in the following projects during fiscal year 2020 to help reduce Opioid Use and Abuse and Alcohol Use and Abuse in our community:**

Two Harm Reduction Educational Sessions were offered August 14, 2019 for community leaders from the greater Dubuque Community. MercyOne hosted The Police Education Research Forum “PERF” who presented two sessions and shared harm reduction community solutions for mitigating substance misuse and engaging those with addictive disease into treatment. 81 community leaders attended these sessions from the City of Dubuque, Dubuque County, police department, sheriff’s office, county attorney’s office, city attorney’s office, Department of Corrections, Substance Abuse Services Center, county board of supervisors, local Harm Reduction group, Catholic Charities, Hillcrest Family Services, MercyOne Turning Point Treatment Center, and MercyOne Behavioral Health Care.

MercyOne Dubuque Medical Center facilitates an Opioid Response Team with 78 members; representing city, county, state, and federal stakeholders. The team meets every six weeks and works on advancing lifesaving solutions for Dubuque County and beyond. The Opioid Response Team also includes discussion, process, and solutions for other drugs of misuse; including alcohol misuse. This team continued to work throughout this last fiscal year, however, took a pause from March to June 2020 secondary to COVID-19 pandemic.

MercyOne designed and facilitated a harm reduction needs assessment for Dubuque County. The Syringe Service Program Needs Assessment focused on defining the need for Dubuque County to implement a syringe service program and readiness for same. Findings were presented to the County Board of Health. In this last fiscal year (2020), the Iowa Legislature failed to pass a semantic change to the state’s Paraphernalia Law which prohibits distribution of sterile syringes for the purpose of syringe service program. The Opioid Response Team collaborated with the Iowa Harm Reduction Coalition to learn the science of syringe service programs.

MercyOne presented additional Medication Assisted Treatment training for police, sheriff, and EMS teams.

MercyOne presented additional Medication Assisted Treatment training/work session for Dubuque County Board of Supervisors.

MercyOne Dubuque’s marketing director offered leadership as “Marketing Chair” to Liberty Foundation; supporting the creation of a men and women’s sober living facility in the Dubuque community. This 24-unit

sober living apartment building will provide additional supportive housing for men in the community and new sober housing for women. The unit is scheduled to open in Spring/Summer 2021.

MercyOne provided Naloxone (NARCAN) trainings and equipped all law enforcement as requested by Dubuque County and City of Dubuque, as well as, community members who desired to carry this opioid antagonist due to a loved one’s opioid misuse. MercyOne continued to collaborate with Substance Abuse Services Center to leverage federal funding for the purpose of equipping law enforcement with Naloxone. The Dubuque community has seen a reduction in opioid overdose deaths and law enforcement have noted using the equipped NARCAN to resuscitate multiple individuals who have overdosed on opioids.

**MercyOne was involved in the following projects during fiscal year 2020 to address mental health access in our community:**

Several MercyOne colleagues were involved in local brain health initiatives to improve mental health access, such as; Brain Health Team, Brain Health Now, Access Center Team, and Dubuque County Stakeholders.

Efforts to support Crescent Community Health Center, a local Federally Qualified Community Health Center continued; specifically, adding mental health and substance use disorder care. Meetings were held in Fall 2019 to assure individuals with substance use disorders had timely access to medication-Assisted Treatment (MAT). MercyOne Dubuque Medical Center’s Turning Point Treatment Center medical director met with FQHC providers to discuss Buprenorphine prescribing protocols. The FQHC also enhanced its dental care offerings and care access.

**MercyOne was involved in the following projects during fiscal year 2020 to address STD/STI and HIV/AIDS Screening and Prevalence in our community:**

MercyOne collaborated with Hillcrest Family Services regarding HIV/AIDS screening and prevalence and STD/STI Screening and Prevalence. The collaboration assisted those with diagnosed substance use disorders receive timely HIV/AIDS testing. We also provided leadership and support for The State of Iowa Infectious Disease Core Team with the goal to reduce HIV and Hepatitis C prevalence in the community.

**Access to Care (primary, specialty, and dental)**

MercyOne addressed this group of needs in Fiscal Year 2020 and 2021 by planning for a mobile medical unit. The Mobile Medical Unit is a fully customized, 30-foot

Winnebago that includes two exam rooms. The Mobile Medical Unit will begin traveling MercyOne's Eastern Iowa Region in Summer 2021 and will provide preventive, primary care, and COVID-19 vaccines to underserved and uninsured individuals.

## MERCYONE DYERSVILLE MEDICAL CENTER

The significant need that was addressed by MercyOne Dyersville Medical Center was obesity. Obesity was characteristic of 29% of Dubuque County adults in 2020. **In Fiscal year 2020, MercyOne was involved in the following projects:**

MercyOne was a sponsor of the Dyersville Community Gaelic Gallop 2 mile/8K fun walk/run and Dyersville Area Relay for Life to assist community members in getting out and walking and running.

MercyOne was a sponsor of the Dyersville Chamber of Commerce Women's nights (April 18, 2018 and April 3, 2019), provided education related to healthy lifestyles, and completed blood pressure screenings for any participant that was interested and anyone with borderline readings was referred to a provider. The Chamber golf outing was also sponsored on June 15, 2018 and June 21, 2019.

## SOCIAL DETERMINANTS OF HEALTH

MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center recognized the importance of screening for and addressing Social Influencers of Health (SloH), such as; affordable housing, access to education, public safety, availability of healthy foods local emergency/health services, and environments free of life-threatening toxins.

Specific efforts focused on collaborations to bring solutions related to food insecurity needs of patients and colleagues. MercyOne worked with Riverbend Food Bank and Our Lady of The Mississippi Abbey Sisters to develop a food pantry onsite at MercyOne. An advisory team was established, much of the planning completed, and the room prepared with refrigerator, freezer, and shelving. The food pantry opened in late October 2020.

From July 1, 2019 to March 2020, significant energy was placed into a vision for a Mobile Medical Unit. A Preserving Our Legacy Grant was applied for and \$250,000.00 was awarded to purchase an RV and for clinic operations. The Mobile Medical Unit is to offer a phased in delivery approach for MercyOne's Eastern

Iowa Region; Phase 1-Preventive Care, Phase 2-Primary Care, Phase 3-Specialty Care. A MercyOne Eastern Iowa Advisory Team was established to further develop the vision and create a "day in the life of the bus.". The overarching goal of the mobile clinic vision was to make health care more accessible to populations who are poor and underserved in the service area of MercyOne Dubuque Medical Center. The mobile medical unit plan was to address lack of reliable transportation, a social influencer of health, by taking health care to the people who need it. Further, the goal was to further assist patients with SloH needs by integrating a community health worker into the mobile health care team. The mobile clinic was to address inequities in health care access by providing preventive, primary care, and specialty care to people who do not currently have access to health screenings and education. While our efforts were halted in late March 2020, secondary to pandemic, we resumed development of this critical need in March 2021. Our Mobile Medical Unit development of this street medicine concept are on schedule to provide this mission driven outreach by Summer 2021.

## MERCYONE DUBUQUE MEDICAL CENTER

MercyOne acknowledges the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. MercyOne did not act on the following health needs:

- **Influenza immunizations:** MercyOne did not directly address this need because other agencies are already having some success in this area and their expertise better positions them to address the need.
- **Environmental health (drinking water protection, and healthy homes):** MercyOne did not directly address this particular group of needs because city and county resources are best able to address these specific needs.
- **Elder care:** MercyOne did not directly address this particular need because of competing priorities.

## WRITTEN COMMENTS

MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center solicited written comments from the community by providing the mailing address on the prior CHNA report. During the FY19-21 cycle, no comments were received.

# Emergency Preparedness Efforts Addressing COVID-19 Pandemic

The COVID-19 pandemic presented as an emergent need in March 2020. MercyOne addressed this emergent need throughout fiscal years 2020 and 2021 and is expected to continue.

Incident Command meetings were facilitated to enhance communication and overall emergency preparedness towards addressing the COVID-19 pandemic. The weekly Incident Command meetings included section chiefs for operations, logistics/supplies, digital support, visitor/staff screening, testing, vaccine, planning, finance, hospital liaison, safety, public information, emergency preparedness/ed, mission/spiritual care, and business recovery, as well as, other medical center leaders. Incident Command members collaborated with local entities to inform our decision making; such as; other hospitals, federal qualified community health center, Dubuque County Health Department, City of Dubuque Public Health Nurse Specialist, Dubuque County Emergency Management, long term care facilities, and local colleges and universities. Incident Command meetings started in March 2020 and continued through 2021.

Screening stations were set up at MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center entrances to screen colleagues, patients, and visitors for fever and COVID-19 symptoms. All entering both medical centers were provided a face mask. At times of high community prevalence, with visitor restrictions in place, mission leader assisted families of patients to connect via phone and video conferencing.

MercyOne Dubuque Medical Center served on a local Pacific Islanders Health Advisory Team. The Marshallese population was disproportionately impacted by COVID-19 oftentimes due to their comorbidities and congregate living arrangements. The team generated solutions to assist this vulnerable population, including; increased public health education, COVID-19 testing, distribution of masks, and lunch and dinner deliveries.

MercyOne Dubuque Medical Center hired two Marshallese interpreters to assist in translation between the treatment team, patient, and Marshallese families. The Marshallese interpreters were pillars in the Marshallese community and assisted in facilitating trust between providers and patients/surrogate decision makers.

The MercyOne Dubuque Medical Center Chief Nursing Officer worked with local manufacturers (i.e. John Deere, Dubuque Mattress Company) to produce needed Personal Protective Equipment (face shields, face masks). The Chief Nursing Officer also provided four COVID-19 preparedness consulting sessions to the local credit union and art museum.

MercyOne Dubuque Medical Center plant engineering and emergency department teams prepared a large tent outside the emergency department to support volume of patients presenting with COVID-19 symptoms. The tent was a preparedness initiative and thankfully was not needed and was deconstructed.

MercyOne Dubuque Medical Center endorsed and participated in an #AllOfUsDubuque Campaign. To beat COVID-19 we needed to come together despite our differences and fight back against the virus, We have faced difficult times before, and have always been at our best when we use our combined strength to make sure that nobody is forgotten or left vulnerable and alone. MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center worked collaboratively with the City of Dubuque, Clarke University, Community Foundation of Greater Dubuque, Crescent Community Health Center, Divine Word College, Dominican Sisters of Sinsinawa, Dubuque Area Congregations United, Dubuque College Access Network, Dubuque Community School District, Dubuque Community YMCA/YWCA, Dubuque for Refugee Children, The Dubuque Pacific Islander Health Project, Dubuque Paradise Church, Assembly of God, Epic Health and Wellness, Fountain of Youth, Loras College, McGraw Hill, Medical Associates Clinic and Health Plans, The Multicultural Family Center, NAACP-Dubuque Chapter, Northeast Iowa Community College, Presentation Lantern Center (Immigrants), Radio Dubuque, River Bend Food Bank, Sisters of Charity of the Blessed Virgin Mary, Sisters of St. Francis, Sisters of the Presentation of Dubuque, The Telegraph Herald, Tri-State Vets, Unitarian Universalist Fellowship of Dubuque, UnityPoint Health, and University of Dubuque.

MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center proudly supported and participated in #MaskUpDBQCounty. The MercyOne Dubuque and MercyOne Dyersville Medical Center President was featured in a local video encouraging the community to protect themselves and others by masking up!

After the state of Iowa was unable to grant Dubuque County's request for a strike team (additional help to mitigate virus) or a Test Iowa site, MercyOne took the lead and organized a targeted testing program along with the



Dubuque County Public Health Incident Management Team. Approximately 1,456 individuals were tested over a three-day period, May 6–8. Those tested included colleagues of long-term care facilities and those identified through contact tracing. The long-term care staff were tested at their facilities, and 325 individuals identified as at-risk of exposure through contact tracing were tested at a testing site that was set up in the parking garage of Grand River Center in Dubuque. Those individuals included a special population in Dubuque who have been hit hard by the virus.

MercyOne supported the Dubuque Community quarantine shelter by providing 100 Blessing Bags and thermal blankets. The blessing bags contained; bath towels, wash cloths, plates/bowls/cups/silverware, box of Kleenex, face masks, hand sanitizer, toiletries; deodorant, toothpaste, shampoo, body wash, soap, toothbrush, comb, snack items; granola bars, applesauce, oatmeal packets, crackers, muffins, hot cocoa, tea, pretzels, Jell-O, fruit chews, drinks, and slipper socks.

MercyOne Dubuque Case Management Team and Population Health Services Organization facilitated calls to patients and colleagues diagnosed with COVID-19. The teams also followed up with persons under investigation (PUI) to assure they had what they needed while quarantining, such as; food, medications, follow up, etc.

MercyOne Dubuque Medical Center created a triage team of nine anonymous physicians to triage scarce resources such as; ventilators, critical care beds, and therapeutics in the event of a COVID-19 surge. Mission Leader facilitated multiple Zoom meetings with this team to review triage guidelines and solidify process for triaging scarce resources in the event of a COVID-19 surge. Clinical informatics team worked diligently with Trinity Health Informatics to create a discreet field in the electronic medical record to chart Sequential Organ Failure Assessment “SOFA” scores, so timely reports could be generated for triage physicians.

MercyOne Dubuque Medical Center’s pharmacy team worked with a local distillery to compound 5,000 bottles of hand sanitizer. The hand sanitizer was used in the hospital, provided to colleagues, and sold in the retail pharmacy for a nominal fee. The pharmacy team also worked with Trinity Health and MercyOne System to review treatment guidelines and drug stock, such as; Remdesivir, steroids, and convalescent plasma. The pharmacy team established free delivery of prescription medications and curbside medication(s) pickup for ease of access during the pandemic. The pharmacy teams were involved in hours of emergency preparedness dialogues with Trinity Health and MercyOne System and

have been positioned well to navigate pandemic.

The MercyOne Dubuque Medical Center’s facilities management team worked to create a designated hallway, on the medical floor, for the treatment of patients diagnosed with COVID-19 but not critically ill requiring care in the intensive care unit. The team created special double doors and air exchange that allowed patients to have their room doors open to mitigate feelings of isolation.

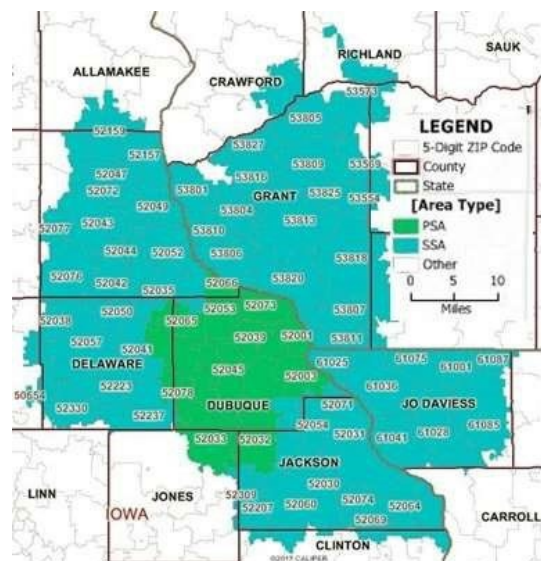
## Community Description

### GEOGRAPHIC AREA SERVED

The primary service area of MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center is Dubuque County, Iowa, which is a federally designated medically underserved area.

MercyOne Dubuque Medical Center serves people residing within a 50-mile radius of Dubuque, Iowa. The service area is relatively homogenous, with a white non-Hispanic population of 92.5% and very low overall population growth.

The major service area is Dubuque, County, but also includes Jackson, Clayton, Lafayette, and Delaware Counties in Iowa, Grant County, Wisconsin, and Jo Daviess County, Illinois. For the purposes of this community assessment, MercyOne’s CHNA committee reviewed information from all seven communities above but decided to primarily focus on Dubuque County as it accounts for the majority of our discharges and allows for closer collaboration with the Community Health Needs Assessment Steering Committee.



## HOW POPULATION SERVED WAS IDENTIFIED

This definition of the community is based on the primary residence of MercyOne Dubuque Medical Center, MercyOne Dyersville Medical Center, and Dubuque's patients: over calendar years 2015–2020, 62.84% of inpatient discharges and 76.56% emergency department discharges were patients from Dubuque County, Iowa.

### MercyOne Dubuque Medical Center

#### Inpatient Discharges by County, Calendar Years 2015–2020

County	2015 CY	2016 CY	2017 CY	2018 CY	2019 CY	2020 CY	Average
Dubuque	63.56%	63.82%	62.69%	63.88%	63.10%	64.91%	63%
Grant (WI)	10.09%	10.28%	9.64%	8.60%	9.18%	8.36%	10%
Jo Daviess (IL)	9.78%	9.74%	9.79%	9.19%	9.47%	8.59%	9%
Jackson	6.75%	6.40%	6.14%	5.93%	6.24%	6.09%	7%
Clayton	2.88%	2.91%	2.89%	3.31%	2.93%	2.80%	3%
Lafayette	1.45%	1.68%	1.87%	2.17%	2.43%	2.33%	2%
Delaware	1.06%	0.84%	1.66%	1.65%	1.91%	1.81%	1%
Other*	4.42%	4.34%	5.33%	5.27%	4.74%	5.11%	5%
<b>Totals</b>	100%	100%	100%	100%	100%	100%	100%

\*253 Counties accounting for <1% annual discharges each

### MercyOne Dubuque Medical Center

#### Emergency Department Discharges by County, Calendar Years 2015–2020

County	2015 CY	2016 CY	2017 CY	2018 CY	2019 CY	2020 CY	Average
Dubuque	75.60%	76.19%	77.27%	76.42%	76.71%	77.05%	76.56%
Jo Daviess	6.79%	6.49%	6.30%	6.23%	6.75%	6.35%	6.48%
Grant	6.18%	6.16%	5.74%	5.96%	5.36%	5.33%	5.77%
Jackson	4.61%	4.39%	4.30%	4.70%	4.85%	4.65%	4.59%
Lafayette	0.96%	0.88%	0.75%	0.79%	0.85%	0.95%	0.86%
Clayton	0.89%	0.74%	0.81%	0.82%	0.95%	0.72%	0.85%
Delaware	0.72%	0.72%	0.70%	0.58%	0.57%	0.59%	0.64%
Other*	4.24%	4.42%	4.12%	4.30%	3.96%	4.36%	4.23%
<b>Totals</b>	100%	100%	100%	100%	100%	100%	100%

\*175 Counties accounting for <1% annual discharges each

<b>US Census Bureau Quick Facts</b>	<b>Dubuque County</b>	<b>Iowa</b>	<b>United States</b>
Population estimates, July 1, 2019, (V2019)	97,311	3,155,070	328,239,523
Population, Census, April 1, 2010	93,653	3,046,355	308,745,538
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	3.9%	3.6%	6.3%
Persons under 5 years	6.2%	6.2%	6.0%
Persons under 18 years	22.7%	23.0%	22.3%
Persons 65 years and over	18.3%	17.5%	16.5%
Female persons	50.7%	50.2%	50.8%
White alone	92.5%	90.6%	76.3%
Black or African American alone	3.6%	4.1%	13.4%
American Indian and Alaska Native alone	0.3%	0.5%	1.3%
Asian alone	1.3%	2.7%	5.9%
Native Hawaiian and Other Pacific Islander alone	0.6%	0.2%	0.2%
Two or More Races	1.7%	2.0%	2.8%
Hispanic or Latino	2.6%	6.3%	18.5%
White alone, not Hispanic or Latino	90.3%	85.0%	60.1%
Veterans, 2015-2019	5,465	185,671	18,230,322
Foreign born persons, 2015-2019	2.8%	5.3%	13.6%
Households, 2015-2019	38,210	1,265,473	120,756,048
Persons per household, 2015-2019	2.43	2.40	2.62
Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	4.3%	8.3%	21.6%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	92.7%	92.1%	88.0%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	30.8%	28.6%	32.1%
With a disability, under age 65 years, 2015-2019	7.3%	7.9%	8.6%
Persons without health insurance, under age 65 years	4.5%	6.0%	9.5%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	67.9%	67.3%	63.0%
In civilian labor force, female, percent of population age 16 years+, 2015-2019	64.2%	62.9%	58.3%
Mean travel time to work (minutes), workers age 16 years+, 2015-2019	16.7	19.3	26.9
Median household income (in 2019 dollars), 2015-2019	\$63,031	\$60,523	\$62,843
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$32,905	\$32,176	\$34,103
Persons in poverty	10.7%	11.2%	10.5%
<b>Source:</b> US Census Bureau QuickFacts, <a href="http://www.census.gov">www.census.gov</a>			

## HEALTH FACILITIES

Three hospitals are located in Dubuque County:

- MercyOne Dubuque Medical Center
- MercyOne Dyersville Medical Center
- 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 Medical Center is the leading hospital in the tri-states, with the most comprehensive cardiology center in the area and the only level II regional neonatal intensive care unit. Other services include a trauma center, a CARF-accredited inpatient rehabilitation unit, home health care, orthopedics, cancer care, retail pharmacies, palliative care, and a wide range of outpatient and community services. MercyOne Dyersville Medical Center operates a 40-bed nursing home.

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 (pt/ot/speech), ambulatory surgery, home care, 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. 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.

## Process and Methods for Identifying and Prioritizing Needs

This CHNA was conducted in partnership with MercyOne Dyersville Medical Center, UnityPoint Finley Hospital, and Hillcrest Family Services herein "steering committee"—with advisement from City of Dubuque and Dubuque County Health Department (whom received extensions of their CHNA cycles respectively secondary to pandemic).

The steering committee collected information from primary and secondary data sources. Data was also

collected through a community input survey in Dubuque County. Surveys were gathered between November 17, 2020 and January 4, 2021. The survey was offered on-line via "Survey Monkey" and was available in English and Spanish languages. The steering committee developed a communications plan to spread the word around the community and ultimately 1,355 completed responses were collected—an increase in response rate from the previous cycle. Summary results, key questions, and responses are highlighted at the conclusion of this document.

When the steering committee first met, they reviewed the previous CHNA/HIP documents for MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center, UnityPoint Health Finley and for the County of Dubuque. Hillcrest Family Services had not completed a previous CHNA.

The CHNA process included gathering both qualitative and quantitative data. It is important to note that, while most of the data is health specific, MercyOne acknowledges that many extraneous variables affect individual and population health. Most notably, the social determinants of health (poverty, education, employment, etc.) can have a significant impact on health status, and the Steering Committee has collected a wide variety of data that reflects these indicators. Together, the qualitative and quantitative data points will inform MercyOne's decision making regarding short-term and long-term resource allocation.

## METHODOLOGY

The steering committee reviewed, revised, and improved upon the survey from in the previous CHNA-HIP cycle. In the review process, the steering committee also collected and reviewed community input surveys from other hospitals and communities as a comparison for improving the comprehensiveness of our tool.

The steering committee then reviewed and compared the survey results to the collected data. The results and data were consistent with each other, validating both findings. The 13 needs were reduced to 3 based on prioritized health needs that were developed from analyzing the responses from the community health needs survey against a differential process.

**During the analysis, five key questions from the community health needs survey were identified as areas of focus:**

1. What are the 3 most important factors for a healthy community?



2. What are the top 3 health problems in the community?
3. What are 3 risky behaviors relative to adult behavior in your community?
4. What are the top 3 health concerns relative to children's health?
5. What are the top 3 public health services you would like to see in your community?

The top five responses from the five questions listed were compiled into a list of 25 potential areas of concern. From the list of 25, closely related responses were grouped together to create a better-defined list of 13 areas of concern.

After obtaining a list of the 13 areas of concern from the survey, a need differential was calculated for each data indicator, comparing quantitative data indicators from the service area to County Health Rankings in Iowa, Illinois, and Wisconsin. The need differential was calculated by using the following formula:

$$\text{Need Differential} = (\text{current rate} - \text{benchmark rate}) / \text{current rate} \times 100$$

## PRIORITIZATION OF SIGNIFICANT NEEDS

After the top 13 needs were identified, they were presented to the Steering Committee. The Steering Committee prioritized the top health needs based on the need differential and on their area of expertise and knowledge of the community. The Steering Community was instrumental in identifying the priority areas as this is the group that collectively can help address the needs with the maximum community impact.

**The following 13 categories were identified from the community survey and steering community input.**

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

## Significant Community Health Needs to be Addressed

Given the current ongoing status of the COVID-19 pandemic, the Steering Committee felt it was best to bundle areas of concern and address a smaller number of areas focusing on quality and imminent priority in pandemic and pandemic recovery versus quantity. **The top 3 needs, based on need differential, that will be addressed are:**

1. Access to health care (including cancer, heart disease/stroke, health care promotion, flu shots, covid-19 vaccines)
2. Obesity (access to nutritional foods, healthy diets)
3. Brain health (including substance misuse)

After the top 3 needs were identified, the steering committee identified and invited community members, experts, and leaders from across the community to participate on the three priority task forces. Each task force will review the data, conduct a SWOT analysis, and make recommendations to the steering committee regarding strategy for our health improvement plans.

## DESCRIPTION AND ANALYSIS OF SIGNIFICANT HEALTH NEEDS FY22-24

### Access to health care (including cancer, heart disease/stroke, healthcare promotion, flu shots, vaccines)

Though uninsured rates are low, many surveyed, indicated challenges with accessing primary care related to insurance, transportation, and availability.

#### Barriers/Gaps that have been identified with Access to Care:

1. Availability of funding
2. Limited access to brain health services
3. Limited number of providers and appointments
4. Insurance limitations
5. Stigma or misinformation related to health conditions

6. Pandemic
7. Specialty care; ob, bariatric, neuro
8. Transition of care—limited home care in rural areas
9. Possible health care staffing shortages due to COVID-19
10. Transportation to appointments
11. Limited family medicine in rural areas
12. Computer access and literacy

### **Obesity (access to nutritional foods, healthy diets)**

Over 40% adults in the community report being overweight.

#### **Barriers/Gaps that have been identified with obesity:**

1. Higher percentage of overweight population
2. No official organization to lead change or follow up on progress with obesity
3. Duplication of efforts by many organizations due to lack of centralized efforts
4. Two food deserts in Dubuque
5. High percentage of fast food restaurants—state average 63/100,000 population (Dubuque 75)
6. Low number of community gardens
7. Weight loss programs have been discontinued due to lack of participation
8. Lack of funding for programming, community gardens, etc.
9. Population’s tendency towards physical inactivity
10. Community influencers own fast food restaurants
11. Pandemic

### **Brain health (including substance misuse)**

We have many brain health resources in the community, but there are significant access challenges related back to awareness of services, provider availability, and insurance coverages.

#### **Barriers/Gaps that have been identified with brain health (including substance misuse);**

1. The process in how the community accesses help
2. Timelines to access to care—what happens to patients

while waiting

3. Follow up from referral, did the patient arrive to appointment? Did they receive care?
4. Transportation
5. Patients falling through cracks
6. Smoother transitions needed between levels of care
7. Lack of residential placement/treatment opportunities
8. Lack of number of beds across State of Iowa
9. Coverage of telehealth options
10. Reimbursement rates, no change in reimbursement rates for years
11. Cultural norms within the greater Dubuque/Dyersville Area
12. Community readiness to address cultural norms is low
13. Lack of education regarding use of substances
14. Accessibility to alcohol, gambling due to legislature changes
15. Staffing, workforce shortages
16. Coverage of preventive interventions
17. Enhanced need due to trauma, disconnectedness, anxiety of pandemic.

## **STEERING COMMITTEE MEMBERS**

**Malissa Sprenger**, MercyOne Dubuque Medical Center & MercyOne Dyersville Medical Center

**Michelle Arensdorf**, MercyOne Dubuque Medical Center & MercyOne Dyersville Medical Center

**Gwen Hall Driscoll**, MercyOne Dubuque Medical Center & MercyOne Dyersville Medical Center

MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center are two of the three hospitals serving the Dubuque area. Today, MercyOne is the leading hospital in the tri-states, with the most comprehensive cardiology center in the area and the only level II regional neonatal intensive care unit.

**Carol Cross**, UnityPoint Finley Hospital

UnityPoint Finley Hospital is one of the three hospitals serving the Dubuque area and has been serving the community for over 100 years.

**Stacey Killian**, UnityPoint Finley Hospital, Visiting Nurse Association

The VNA mission is to meet public health needs one person, one family, one community at a time.

**Janae Schmitt**, Hillcrest Family Services

**Mariah Schrack**, Hillcrest Family Services

Hillcrest Family Services is a non-profit organization that provides a continuum of brain health services to educate, coordinate services, and deliver treatment to individuals with brain health needs.

**Patrice Lambert**, Dubuque County Health Department (advisory)

The Dubuque County Health Department was established in 1968 with a mission to protect, promote, and enhance the health and well-being of all people and the environment in Dubuque County. The Dubuque County Health Department currently subcontracts health services through the Visiting Nurse Association and Hillcrest Family Services.

**Mary Rose Corrigan**, City of Dubuque (advisory)

The Health Services Department collaborates in community health assessment, assurance, and policy development to ensure the public's health. Its prime responsibility is to plan programs, develop and implement policies and ordinances based on community health needs, and respond to related health issues and emergencies as required, all in collaboration with community partners

## STEERING COMMITTEE MEETINGS

- August 25, 2020
- January 15, 2021
- January 25, 2021
- January 29, 2021
- February 5, 2021
- March 18, 2021
- April 9, 2021
- April 12, 2021

## TASK FORCE MEMBERSHIP

The steering committee invited the following community organizations to participate and share their expertise on each of the three priority task forces:

**Access to health care:** MercyOne Dubuque Medical Center, MercyOne Dyersville Medical Center, Crescent Community Health Center, Dubuque County Board of Health, Dubuque County Emergency Management, Hillcrest Family Services, Medical Associates, UnityPoint Health System.

**Obesity** (access to nutritional foods, healthy diets): UnityPoint Health System, MercyOne Dubuque Medical Center, Riverbend Food Bank, Dubuque Food Policy Council, Convivium Urban Farmstead, Project Rooted.

**Brain Health** (including substance misuse): Hillcrest Family Services, Brain Health Now, ZTM Sober Living, Substance Abuse Services Center, Visiting Nurse Association, UnityPoint Health System, Crescent Community Health Center, MercyOne Turning Point Treatment Center, MercyOne Dubuque Medical Center.

## COUNTY HEALTH RANKINGS

County Health Rankings ([www.CountyHealthRankings.org](http://www.CountyHealthRankings.org)), provides comparative rankings and data for a variety of different health factors and health outcomes. These rankings are an effort to highlight the importance of many different factors in determining the health of a population. County Health Rankings is a project supported by Robert Wood Johnson foundation and University of Wisconsin Population Health Institute.

## HEALTH OUTCOMES

Health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. According to County Health

Rankings 2020, Dubuque County ranks 23 out of 99 counties in Iowa in health outcomes.



Rank 1-25 Rank 26-50 Rank 51-74 Rank 75-99

## HEALTH FACTORS

Health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. According to County Health Rankings 2020, Dubuque County Ranks 63 out of 99 counties in Iowa in health factors.

## Community Input

### METHODS USED TO SOLICIT INPUT

The primary methods for community wide input included: steering committee involvement, task forces, and the community-wide survey. Please see Appendix A for results of this input. In addition to soliciting community wide input, the steering committee also invited broad representation for the task forces and welcomed involvement throughout the process.

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

### HEALTH DEPARTMENT INPUT

The steering committee obtained input from multiple departments of health throughout this process. First, the Dubuque County Health Department Director and the City of Dubuque Public Health Specialist were advisory members of the steering committee. Second, we reviewed the Community Health Needs Assessment and Community Health Improvement Plans for Grant County, Wisconsin and Jo Daviess County, Illinois to assure we were taking into consideration other priority needs in our region though they are beyond our primary service area for the purposes of our needs assessment process. We found the priority needs listed in these two assessments overlap and align well with the priority needs identified in the 2020 CHNA.

## Representation of medically underserved, low-income, and minority populations

The steering committee sought and considered the needs, input, and concerns of underrepresented persons and populations throughout this process, including, those who are medically underserved, in poverty; and/or from minority populations. In addition, representatives from various agencies were able to represent the unique needs of the populations they serve with specific emphasis on those who are underserved. The steering committee reviewed reported demographic information of those who completed the survey and found that distribution by ethnicity, age, income and ZIP code were consistent with the community's demographic profile.

### COMMUNITY INPUT SURVEY RESULTS

Community Input Survey results were taken into consideration when prioritizing which needs to focus on for the term of this CHNA-HIP.

The survey tool was originally designed for the previous CHNA-HIP process. The steering committee reviewed various community input surveys when revising the survey tool for this cycle. Most questions were revised, though to varying degrees; including eliminating stigmatizing language (i.e., changing mental illness to brain health) and adding COVID-19 pandemic specific questions.

The steering committee had two primary goals for the community input survey. First, to identify which community health needs, identified through the data collection process, were of highest priorities in the community to address. Second, we aimed to solicit community input regarding any needs that we had missed that community members believed needed to be addressed in the coming 3-5 years. It was suspected that needs would be heightened secondary to COVID-19 pandemic.

The steering committee also had the survey translated into Spanish language to make the survey more accessible. This survey cycle, no responses were received using the Spanish translation (as opposed to two responses last cycle). Paper copies of the survey were also available for those without computer access. In the next cycle, the steering committee will look to expand language availability to meet the evolving needs of the community, including Marshallese "Ebon" Micronesian language.



## SELECT KEY FINDINGS FROM QUANTITATIVE DATA REVIEW

### Dubuque County and Iowa Health Data from County Health Rankings ([countyhealthrankings.org](https://countyhealthrankings.org)), 2021.

- In Dubuque County, 24% of adults report physical inactivity, compared to 23% throughout Iowa.
- The sexually transmitted infection rate for Dubuque County (441.1 per 100,000) is lower than the statewide rate (466.7 per 100,000).
- In Dubuque County, 4% of adults are uninsured compared to a statewide average of 6%.
- The per capita ratio of primary care physicians to population is higher than the statewide average (1,240:1 for Dubuque compared to 1360:1 for Iowa).
- Dubuque County (8.5) reported a higher rate of air pollution – air particulate matter than the state (7.5).
- Dubuque County (11%) had a lower percentage of the population driving longer commutes alone than the statewide percentage (21%).
- Dubuque County reported no drinking water violations.

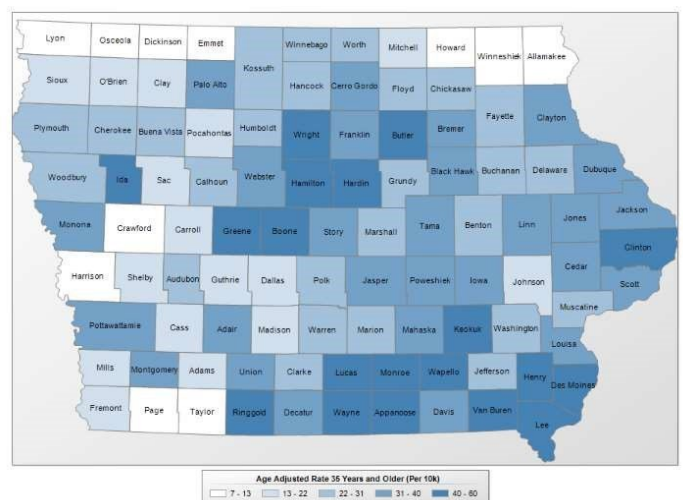
### Health Portrait 2021, from Community Commons City Health Dashboard ([communitycommons.org/chna](https://communitycommons.org/chna)).

- 35.4% of Dubuque’s adults report being obese, compared to an average of 30.4% across the Dashboard cities.
- 11.8% of Dubuque’s adults reported frequent mental distress, compared to an average of 14% across the Dashboard cities.
- 24.9% of Dubuque’s adults reported binge drinking, compared to an average of 17.9% across the Dashboard cities.
- 22.9% of Dubuque’s adults reported being physically inactive in the past 30 days, compared to an average of 23.9% across the Dashboard cities.

- 5.9% of Dubuque’s population under age 65 were uninsured, compared to an average of 11% across the Dashboard
- 33.4% of Dubuque’s adults aged 65+ reported receiving preventive services, compared to an average of 29.9% across the Dashboard cities.
- 29% of Dubuque’s adults reported having high blood pressure, compared to an average of 29.6% across the Dashboard cities.
- 9.4% of Dubuque’s adults reported having diabetes, compared to an average of 10.3% across the Dashboard cities.
- 17% of Dubuque’s adults reported smoking, compared to an average of 16.7% across the Dashboard cities.
- Dubuque had a walkability score of 39.8, compared to an average of 41.3 across the Dashboard cities.
- 78.1% of Dubuque’s residents had limited access to healthy food, compared to an average of 63.9% across the Dashboard cities.
- 64.4% of Dubuque’s residents had park access, compared to an average of 59.9% across the Dashboard cities.

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

Age adjusted heart attacks per 10,000 population.



## DUBUQUE COUNTY INVASIVE CANCER INCIDENCE RATES:

(Iowa Cancer Registry) 2012-2016 (based on data released November 2019)

### Malignant cancer frequency and incidence age-adjusted rates by year in Dubuque County, 2012-2016

	Year	Rate	Count	Pop
Dubuque County (19061)	2012	475	542	95,128 IA
Dubuque County (19061)	2013	464.08	542	95,888 IA
Dubuque County (19061)	2014	526.10	626	96.408 IA
Dubuque County (19061)	2015	498.78	598	96,813 IA
Dubuque County (19061)	2016	483.45	578	96,704 IA

Rates are per 100,000 and age-adjusted to the 2000 US Standard Million Population-Data Accessed April 29, 2021. Based on data released November 2019

## 2017 CANCER IN IOWA, UNIVERSITY OF IOWA COLLEGE OF PUBLIC HEALTH.



## HEALTH IN DYERSVILLE, IOWA

[bestplaces.net/health/city/iowa/dyersville](https://bestplaces.net/health/city/iowa/dyersville)

The health of a city has many different factors. It can refer to air quality, water quality, risk of getting respiratory disease or cancer. The people you live around can also affect your health as some places have lower or higher rates of physical activity, increased alcohol intake, smoking, obesity, and cancer rates.

### PHYSICIANS PER CAPITA

There are 233 physicians per 100,000 population in Dyersville. The US average is 210 per 100,000 people.

### HEALTH COST INDEX

The annual Best Places Health Cost Index for the Dyersville area is 120.1 (lower=better). The US average is 100.

120.1 / 100

Example: 110 = 10% more expensive than national average.

### WATER QUALITY INDEX

The annual Best Places Water Quality Index for the Dyersville area is 50 (100=best). The US average is 55.

50 / 100

Note that this is a measure of Watershed quality, not the water that comes from your faucet. The EPA has stated that a healthy watershed is closely related to drinking water quality. The EPA has a complex method of measuring watershed quality using 15 indicators such as pH, chemicals, metals, and bacteria.

### SUPERFUND INDEX

The annual Best Places Superfund Index for the Dyersville area is 85 (100=best). The US average is 87.

85 / 100

The EPA's Superfund program is responsible for cleaning up some of our nation's most contaminated land. Our index is based on the number of active Superfund sites (over 15,000 in the United States), with particular attention paid to those on the National Priorities List which pose the greatest health danger.

## QUICK FACTS

Commuting can effect your health. The average person in Dyersville commutes 16.7 minutes one-way, which is shorter than the US average of 26.4 minutes.

### AIR QUALITY INDEX

The annual Best Places Air Quality Index for the Dyersville area is 81 (100=best). The US average is 58.

81 / 100

This is based on new measures of hazardous air pollutants from the EPA, called the National Air Toxics Assessment. This analysis models respiratory illness and cancer risk down to the zip code level, providing better detail and insight than the previous analysis based solely on results from air monitoring stations.

## Conclusion

This assessment is an effort to analyze the current state of health and socioeconomic factors in the MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center service area.

Limitations and inconsistencies in available data can make it challenging to accurately compare indicator performance between the local communities, the state and the nation as a whole. As areas of concern are selected for further conversation about community collaboration and community benefit planning, additional data may be sought if needed. There are some indicators where local-level data was not available and this assessment may point out areas for future data collection.

## IMPLEMENTATION STRATEGY

The identified priority needs will be incorporated into a MercyOne Dubuque Medical Center and a MercyOne Dyersville Medical Center Community Benefit Implementation Strategy which will inventory current efforts and recommend additional services and collaborative efforts to significant health needs. Once drafted, the Community Benefit Implementation Plan will be presented to the MercyOne Dubuque Medical Center Board of Trustees and MercyOne Dyersville Medical Center Board of Trustees for input and approval, after which objectives and targets will be established to integrate into both hospital's operating plans and budgets.

## HOW TO OBTAIN COPIES

This Community Health Needs Assessment will be posted to the MercyOne website: <https://www.mercyone.org/dubuque/about-us/community-benefit/community-health-needs-assessment>. Paper copies of this document are available upon request by visiting the Information Desk at either MercyOne Dyersville Medical Center or MercyOne Dubuque Medical Center. You can also write or call the Office of the President to request a copy of the document.

Office of the President  
 MercyOne Dubuque Medical Center  
 250 Mercy Drive  
 Dubuque, Iowa 52001  
 Phone: 563-589-8037

## CONTACT INFORMATION

MercyOne invites your feedback regarding this Community Health Needs Assessment. If you would like to share your feedback with us, please contact the Office of the President for MercyOne Dubuque Medical Center and MercyOne Dyersville Medical Center by phone or by mail (below).

Office of the President  
 MercyOne Dubuque Medical Center  
 250 Mercy Drive  
 Dubuque, Iowa 52001  
 Phone: 563-589-8037

## NEXT CHNA DUE DATE

The next Community Health Needs Assessment will be scheduled for completion by June 30, 2024.

# Appendix A: Results of Key 2020 CHNA Survey Questions

**Question: What do you feel are the top three (3) most important factors in a healthy community? (Check exactly 3 below)**

Answer Choices	Responses	
Access to Health Care	77.20%	1,046
Affordable Housing	13.80%	187
Access to Transportation	3.62%	49
Arts and Cultural Events	0.66%	9
Clean Environment	12.92%	175
Race Relations	2.95%	40
Jobs and Healthy Economy	40.81%	553
Safe Place to Raise Children	16.31%	221
Schools	12.32%	167
Access to Nutritional Foods	20.59%	279
Access to Physical Activity or Exercise	17.20%	233
Low Crime/ Safe Neighborhoods	15.87%	215
Child Abuse Prevention	2.21%	30
Domestic Abuse Prevention	1.40%	19
Access to Brain Health Services	17.49%	237
Access to Substance Use Disorder Services	7.16%	97
Parks and Recreation	4.72%	64
Religious and Spiritual Values	10.63%	144
Family Life	18.97%	257
Other (please specify)	3.17%	43
	<b>Answered</b>	<b>1,355</b>



**Question: What do you feel are the top three (3) health problems in the community?  
(Check exactly 3 below)**

Answer Choices	Responses	
Aging (arthritis, hearing/vision loss, dementia, etc.)	41.48%	562
Asthma	1.03%	14
Cancer	39.85%	540
Diabetes	27.60%	374
Heart Disease/Stroke	34.76%	471
High Blood Pressure	17.05%	231
Infectious Disease	14.24%	193
Injuries (falls, car accidents, drowning)	2.88%	39
Obesity	55.13%	747
Sexually Transmitted Disease	1.03%	14
Premature Birth	0.30%	4
Brain Heath	26.79%	363
Substance Misuse	31.00%	420
Other (please specify)	6.86%	93
	<b>Answered</b>	<b>1,355</b>

**Question: What are three (3) risky behaviors relative to adult behavior in your community?  
(Check exactly 3 below)**

Answer Choices	Responses	
Alcohol Misuse	58.37%	739
Driving While Under the Influence of Alcohol and/or Other Drugs	35.07%	444
Dropping Out of School	3.40%	43
Illegal Drug Misuse	39.10%	495
Not Getting Shots to Prevent Disease	13.27%	168
Not Wearing a Hat on a Bike or Motorcycle	6.71%	85
Not Wearing a Seatbelt	1.90%	24
Physical Inactivity	52.76%	668
Prescription Drug Misuse	12.56%	159
Texting or Using a Cell Phone While Driving	47.24%	598
Unprotected Sex	2.84%	36
Use of Tobacco, Vaping	21.41%	271
Other (please specify)	5.37%	68
	<b>Answered</b>	<b>1,355</b>

**Question: What are the top three (3) health concerns relative to children’s health?  
(Check exactly 3 below)**

Answer Choices	Responses	
Access to Health Care	18.17%	230
Access to Brain Health Services	16.27%	206
Access to Shots that Prevent Disease	5.61%	71
Affordable Fresh Foods	15.17%	192
Affordable Health Insurance	28.04%	355
Bullying	29.54%	374
Child Care/Day Care Availability	21.80%	276
Healthy Diets	27.65%	350
Nutritious School Lunch	4.98%	63
Physical Activity Opportunities	14.06%	178
Sexual Behavior	3.55%	45
Screen Time	36.89%	467
Structured, Safe, or Supported Living Environment	22.51%	285
Substance Misuse	7.82%	99
Not Using Child Safety Seats in Vehicle	1.26%	16
Access to Dental Care	2.29%	29
Poor Parenting Skills	32.94%	417
Access to Maternal Health Care	1.90%	24
Access to Family Planning	1.82%	23
Access to Well Child Care	2.21%	28
School Absences	3.79%	48
Other (please specify)	1.74%	22
	<b>Answered</b>	<b>1,355</b>

**Question: What are the top three (3) public health services you would like to see in your community?  
(Check exactly 3 below)**

Answer Choices	Responses	
Visiting Nurses for New Patients	15.91%	176
More Citywide Preparedness for Natural Disasters	15.55%	172
Free Confidential STD/STI Screening	6.96%	77
Health Promotion Programs (Chronic Disease Self-Management)	36.44%	403
Preventive Services (Vaccinations, Cancer Screenings, Cardiovascular/Stroke Screenings)	43.67%	483
Health Coaches for Hypertension Control	11.48%	127
Access to Fresh Fruits and Vegetables	20.25%	224
Influenza Shot Clinics	7.78%	86
Health Education (Healthy Eating, Chronic Diseases, Asthma)	33.18%	367
Neighborhood Wellness Programs	24.95%	276
Help with Access to Medical Care	13.74%	152
Help with Access to Brain Health Services	31.92%	353
Help with Access to Substance Use Disorder Care	15.64%	173
Immunization Information	4.88%	54
Oral Health Education	3.07%	34
Help with Access to Dental Care	8.32%	92
Other (please specify)	6.24%	69
	<b>Answered</b>	<b>1,106 (249 skipped)</b>

