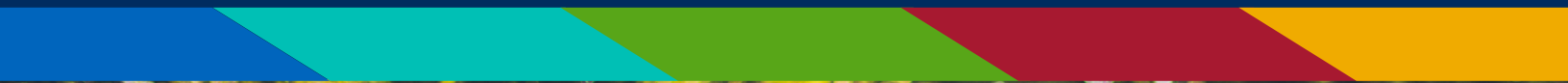


# DALLAS COUNTY HEALTH IMPROVEMENT PLAN

2023-2025



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# Acknowledgements

We would like to thank all those that contributed to this report as well as all of those that will use it to make health improvements in your own communities.

## The Mission

### **Dallas County Health Department**

To promote, protect, and improve the public's health through surveillance, education, care coordination, disease prevention, mobilization of community resources, and enforcement of public health policies and regulations.

### **Dallas County Hospital**

High-quality, personalized care accessible to all.



# Our Community

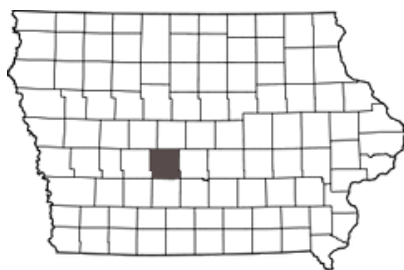
Dallas County, Iowa is part of the Des Moines- West Des Moines Metropolitan Statistical Area (MSA) and lies just west of the state capital & Polk County.

Dallas County is the fastest growing county in Iowa and among the fastest growing counties nationwide. The current population is 99,678, a 51% increase over the last decade.

Dallas County is composed of both small towns and suburban neighborhoods. Approximately two thirds of the population resides in the south eastern corner in West Des Moines, Waukee, Urbandale, & Clive.

Within Dallas County, 11% of residents speak a language other than English in the home. While Spanish is the most frequent language used after English, Asian & Pacific Island languages as well as Indo-European languages are common.

In 2022, Dallas County was ranked the #1 county in Iowa on the County Health Rankings & Roadmaps report for both health outcomes and health factors. Dallas County was also ranked #11 nationally by the U.S. News & World Report 2022 Healthiest Communities.



# Methodology

"A Community Health Assessment and Community Health Improvement Plan (CHA CHIP) is a community-wide process for identifying the most important factors affecting health in the community and developing a plan to improve health by building on community strengths and working on gaps."

*-Iowa Department of Health & Human Services*

Local Boards of Health and nonprofit hospitals are both charged with completing a CHA CHIP. In the spirit of collaboration, Dallas County Health Department and Dallas County Hospital work together to conduct the CHA CHIP every three years.

In 2021, Dallas County participated in a regional CHA with Warren and Polk county hospital and public health leaders. The assessment gathered data from established data sources, key stakeholders, and community members. Eleven areas of opportunity were identified. Dallas County presented the findings to key stakeholders and, through additional survey analysis and partner feedback, identified 5 areas that the people living and working in Dallas County listed as top priorities. **These priorities included: Access to Care, Mental Health, Nutrition & Physical Activity, Heart Disease & Stroke, and Substance Use.**

## Timeline



**2021**

- Gathering of the regional CHA team
- Initial planning discussions
- RFP released
- PRC proposal accepted
- CHA team identifies key stakeholders & approves survey tool
- PRC conducts phone surveys, key stakeholder input and compiles CHA report.
- PRC presents a draft to the CHA team
- CHA team suggests edits



**2022**

- Final Regional CHA is released to the public
- Stakeholders surveyed to provide input regarding Dallas County specific priorities
- Dallas County Top Health Priorities Report released
- Additional data analysis completed to identify inequities
- CHIP drafted and presented to team for review
- Dallas County CHIP released to the public



**2023-2025**

- Implementation of Community Health Improvement Plan
- Data monitoring of CHIP target measures

# Community Health Improvement Planning

While the local public health agency and/or hospitals are charged with completing the Community Health Assessment and Community Health Improvement Plan (CHA CHIP), we want the final product to be something that is beneficial to the community.

This plan was prepared so that agencies could utilize it to improve the health and well-being of Dallas County residents. In order to make lasting systemic change to improve health, collaborative action will be needed from all sectors.

The 2023–2025 Community Health Improvement Plan can be used to:

- Direct strategic planning & agency goals
- Guide & evaluate programming
- Apply for funding
- Communicate need in the county
- Inform policy

However, this plan is not only for agencies. Everyone can play a role in public health. Under each priority area are possible action items for individuals, organizations, communities, and policy makers.


The action items within this plan are certainly not the only ways to positively influence health and well-being in Dallas County. If you have other successes you would like to share, please let us know. We love to highlight health improvement work happening around the county!

# Health Improvement Plan: 2023-2025 Summary



Dallas County Health Department and community partners serving Dallas County have taken the top priorities for Dallas County identified in the Community Health Assessment and created this Community Health Improvement Plan, or CHIP, outlining how we aim to make change over the next three years. Also included are ideas for how individuals, organizations, communities, and policy makers can move the needle with their own community health improvement initiatives. Additional data is available in the appendix, showing trends and regional differences.

The top priorities identified for health improvement between 2023-2025 include access to care, mental health, nutrition & physical activity, heart disease & stroke, and substance use.




**Access to Care Objective:** Increase the proportion of people with a usual primary care provider to assure Dallas County residents have access to ongoing preventative healthcare.

Primary Tracking Measure	Trend	Current	Target
Proportion of people with a usual primary care provider		78%	84%



**Mental Health Objective:** Prevent an increased rate of poor mental health status by improving access to mental wellness resources and services.

Primary Tracking Measure	Trend	Current	Target
Percentage of adults reporting mental health status as "fair/poor"		9.4%	9.4%
Percentage of adults experiencing depression		14.2%	14.2%


Trend data looks retrospectively at the last three available data points.

<b>Key:</b>	 Improving	 Little or No Detectible Change	 Getting Worse
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**Nutrition & Physical Activity Objective:** Increase healthy lifestyle factors and community environments to reduce the risk of chronic health conditions

Primary Tracking Measure	Trend	Current	Target
Percentage of youth that are physically active for 60 minutes 7 days a week		24%	30.6%
Proportion of youth that eat an average of 3 servings of vegetables daily		16%	19.2%

**Heart Disease & Stroke Objective:** Reduce known risk factors for cerebral-cardiovascular diseases to improve quality of life




Primary Tracking Measure	Trend	Current	Target
Rate of coronary heart disease deaths (per 100,000)		139	71.1

**Substance Use Objective:** Reduce tobacco and alcohol use to decrease substance related illness or injury.

Primary Tracking Measures	Trend	Current	Target
Rate of current e-cigarette use in adolescents		6%	5.4%
Proportion of people aged 18 years and older who engaged in binge drinking		21.6%	19.4%

Progress on reaching the target measures will be tracked annually, or as new data is released, and reported at [idph.iowa.gov/Cha-Chip](http://idph.iowa.gov/Cha-Chip)

Trend data looks retrospectively at the last three available data points.

<b>Key:</b>	 Improving	 Little or No Detectible Change	 Getting Worse
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# Access to Care

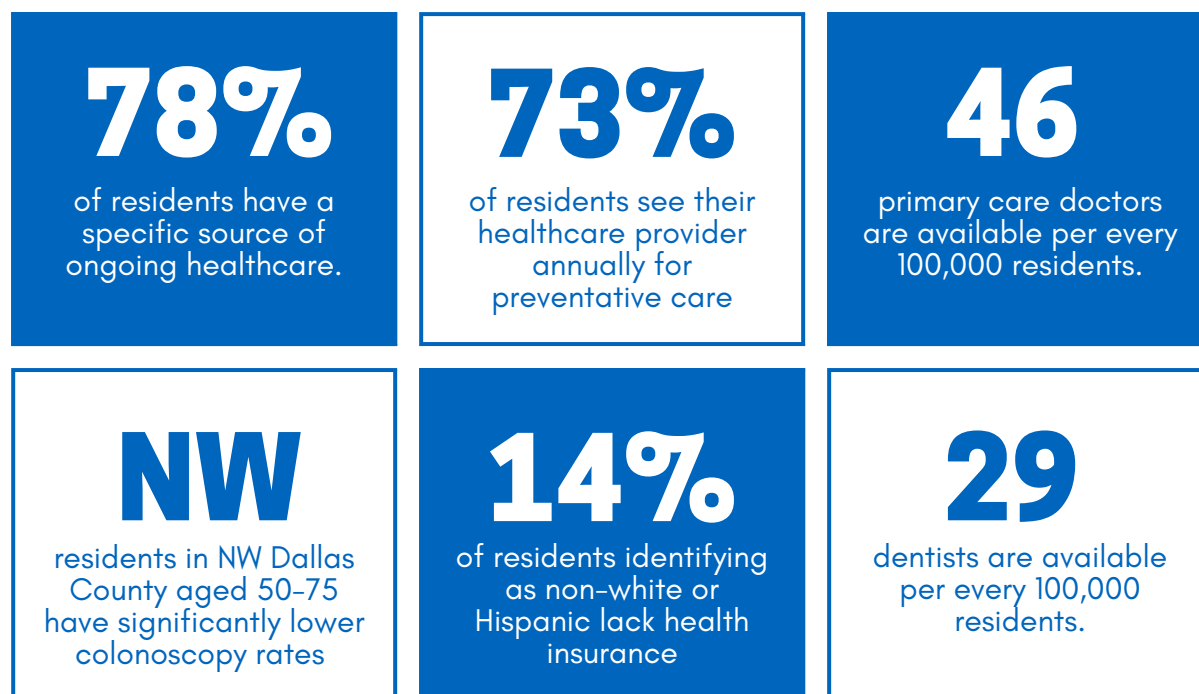
When people do not have access to care, due to barriers, inequities, or lack of resources health conditions often go undiagnosed or unmanaged which can result in poor health outcomes. By addressing access to care issues, we can help improve overall health and well-being.

Among Dallas County survey participants, 83% agreed that access to care was among their top three priorities. Many noted walkability, transportation availability, access to mental health services, and access to specialists as barriers to health.

## Goal

Dallas County residents have access to healthcare services they need at all ages and stages of life.

## What the data shows




Appendix A further breaks down data by geographic and demographic sub-categories.




## Planned Actions for Health Improvement

ACTION STEP	RESPONSIBLE PARTY
Educate on post-pandemic health care coverage changes	Health Navigators
Host and promote SHIP program to assist with open enrollment for Medicare coverage	Dallas County Health Department & Dallas County Hospital
Provide navigation services to address barriers to care and overall well-being in the client's preferred language	Health Navigators; DCH Health Coaches
Collaborate on community-led initiatives that reduce barriers to care (i.e. transportation, accessibility, literacy, & inclusivity initiatives)	Community Health Administrator
Maintain a <u>directory</u> of health resources available to Dallas County residents	Dallas County Health Department
Implement innovative transportation initiatives across the county (Health Connector, Flex Connect, On-Demand services, volunteer services)	HIRTA
Assess existing services and determine expansion opportunities to better serve the needs of Dallas County	Dallas County Hospital
Evaluate access to services to ensure a convenient experience, identify and remove barriers	Dallas County Hospital
Conduct an analysis of transportation barriers to better identify actionable changes	HIRTA; Community Health Administrator
Explore solutions for known access-to-care gaps (e.g. transportation to dialysis care, maternal child health visits for those with limited English proficiency, etc.)	HIRTA; Dallas County Health Department

## Measuring Progress

Primary tracking measures will be assessed throughout 2023–2025 to monitor progress towards our target. Our target metric is aligned with Healthy People 2030 objectives. Trend data looks retrospectively at the last three available data points.

Primary Tracking Measure	Trend	Current	Target
Proportion of people with a usual primary care provider		78%	84%

<b>Key:</b>	 Improving	 Little or No Detectible Change	 Getting Worse
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Access to Care is a broad category that includes addressing physical, behavioral, and systemic barriers to receiving health care services. There are many reasons why people don't have regular medical care. Interventions could span from addressing mis-information/ health literacy, to gathering volunteers to transport folks to needed appointments, to building sidewalks, parks, and food outlets that allow clients to reach goals set with their health care providers.

## Alignment

Our Access to Care goals, objectives, and strategies align with Healthy People 2030–Healthcare Access and Quality, and Healthy Iowans State Health Improvement Plan– Health System Improvement.

## Learn more about Access to Care

The American Public Health Association YouTube series, "That's Public Health", examines the basics of important public health topics. Scan the QR to explore what "access to care" really means.



## Additional actions for Health Improvement

Everyone can play a role in health improvement!

INDIVIDUALS	ORGANIZATIONS
<ul style="list-style-type: none"> <li>• Volunteer with a local transportation group</li> <li>• Volunteer to be a SHIIP counselor</li> <li>• Refer friends/family to the Health Navigation program</li> <li>• Provide volunteer clinical services, administrative services, or supplies to the free clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Adopt a Community Health Worker model</li> <li>• Use interpretation services/linguistically diverse staff</li> <li>• Offer comprehensive health insurance</li> <li>• Allow for paid time off for preventative medical care</li> <li>• Expand telehealth services</li> <li>• Host a SHIIP volunteer</li> </ul>
COMMUNITIES	POLICYMAKERS
<ul style="list-style-type: none"> <li>• Adopt a community paramedicine model</li> <li>• Coordinate a volunteer community transportation initiative</li> <li>• Host mobile or satellite clinics (STI/cancer screening/heart health/vaccination)</li> <li>• Expand quality internet access</li> </ul>	<ul style="list-style-type: none"> <li>• Support comprehensive insurance policies</li> <li>• Address high prescription costs</li> <li>• Assure parity for mental health services</li> <li>• Adopt a Health in All Policies approach</li> </ul>

## Health Improvement in Action!

### *Dallas County Health Navigation*

The Dallas County Health Navigation program assists residents to connect with resources and overcome barriers to health and well-being. In FY22, the Health Navigation team helped over 457 residents successfully resolve 880 needs. This program is open to ALL Dallas County residents at no cost. If you or someone you know could benefit from talking with a Health Navigator, please call 515-993-3750.



*The Dallas County Health Navigation team assists Aging Resources of Central Iowa with distribution of Senior Farmer's Market Nutrition Program benefits each summer.*

# Mental Health

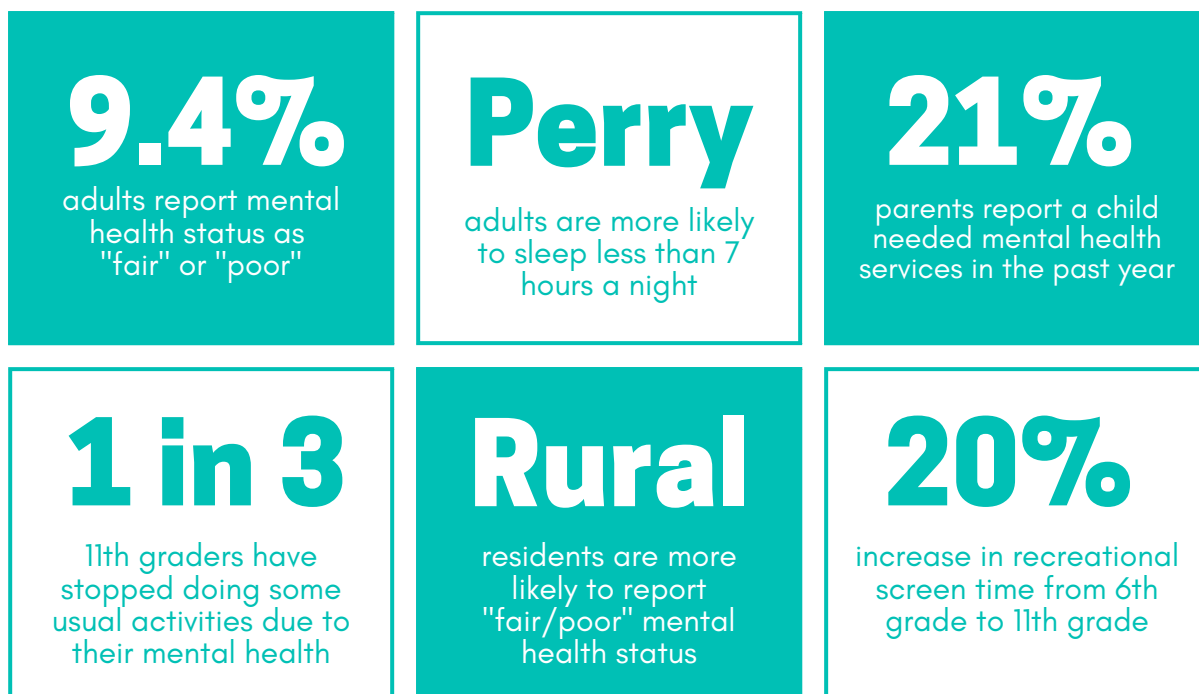
Mental health is a key component of overall wellbeing. Unfortunately, it often isn't acknowledged the same as other aspects of health which can lead to both mental and physical health challenges. The COVID-19 pandemic has increased already rising rates of mental health struggles.

Two thirds of Dallas County survey participants marked Mental Health as one of their top three priorities for Dallas County health improvement efforts. It was noted that access to mental health providers was an issue with many individuals having to travel to seek care. Emphasis was also placed on basic mental health education/awareness, creating environments that foster overall health, and focusing especially on the needs of youth.

## Goal

Dallas County residents have the knowledge, tools, and services available to achieve or maintain optimal mental health status.

## What the data shows



Appendix A further breaks down data by geographic and demographic sub-categories.

## Planned Actions for Health Improvement

PROPOSED ACTION STEP	RESPONSIBLE PARTY
Connect individuals with mental health service providers that meet their needs (e.g. language, gender, cultural, etc.)	Health Navigators; Heart of Iowa Community Services
Implement an awareness campaign on mental health literacy, local services, stigma reduction & resources	Community Health Administrator
Promote state and local mental health trainings (e.g. MHFA, ASIST, QPR, etc.)	Community Health Administrator; Health Navigators
Collaborate with Dallas County communities to create systems, policy, and environmental changes that promote health & wellbeing.	Community Health Administrator; Wellmark Healthy Hometown team
Train and implement Crisis Intervention Team (CIT) services across the county	Heart of Iowa Community Services
Develop a children's mental health access center	Heart of Iowa Community Services
Coordinate care for individuals needing hospital evaluation for inpatient care	Heart of Iowa Community Services; Dallas County Hospital
Convene a Mental Health Workgroup of mental health professionals in Dallas County that includes representation from underserved populations	Dallas County Hospital



Dallas County Health Navigation Team completed Mental Health First Aid Training in 2022.

## Measuring Progress

Primary tracking measures will be assessed throughout 2023–2025 to monitor progress towards our target. Our targets are set to match the 2020 rates, with the goal to prevent the worsening of mental health outcomes. Trend data looks retrospectively at the last three available data points.

Primary Tracking Measure	Trend	Current	Target
Percentage of adults reporting mental health status as "fair/poor"		9.4%	9.4%
Percentage of adults experiencing depression		14.2%	14.2%

<b>Key:</b>	Improving	Little or No Detectible Change	Getting Worse
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Dallas County residents have experienced numerous traumatic events, causes for burnout, and general stressors over the past several years. Our objective is to increase access to mental wellness so fewer Dallas County residents experience unsupported mental health challenges. In doing so we hope to prevent an increase in people reporting fair/poor mental health.

## Alignment

Our Mental Health goals, objectives, and strategies align with Surgeon General's Advisory on Youth Mental Health, Healthy People 2030, National Strategy for Suicide Prevention, and the Iowa Plan for Suicide Prevention.



Dallas County Health  
Department staff wear green for  
Mental Health Awareness Day

## Additional actions for Health Improvement

Everyone can play a role in health improvement!

INDIVIDUALS	ORGANIZATIONS
<ul style="list-style-type: none"> <li>• Become a Make It OK ambassador</li> <li>• Train in Mental Health First Aid</li> <li>• Attend a suicide prevention training (ASIST, QPR, etc.)</li> <li>• Reduce the stigma by talking about mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Provide paid leave for mental health care</li> <li>• Offer mental health insurance benefits</li> <li>• Launch a workplace wellness program</li> <li>• Host trainings (QPR, MHFA, ASIST, etc.)</li> <li>• Implement trauma-informed practices</li> <li>• Create culture that prioritizes wellbeing</li> </ul>
COMMUNITIES	POLICYMAKERS
<ul style="list-style-type: none"> <li>• Utilize the Mobile Crisis and CIT programs</li> <li>• Design supportive spaces that create a sense of belonging</li> <li>• Recruit mental health practitioners to your community</li> <li>• Offer quality internet services that would support a telehealth appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Support comprehensive insurance policies</li> <li>• Address high prescription costs</li> <li>• Fund state mental health services</li> <li>• Improve coordination across all levels of government to address mental health needs</li> <li>• Assure parity for mental health services</li> <li>• Adopt a Health in All Policies approach</li> </ul>

Find even more action items in the Surgeon General's [Advisory on Youth Mental Health!](#)

## Learn more about Mental Health

### Find Support Online

Project Recovery Iowa  
[ProjectRecoveryIowa.org](http://ProjectRecoveryIowa.org)

Iowa Concern Hotline  
Call 1-800-447-1985

Your Life Iowa  
Call 855-581-8111 or visit  
[YourLifeIowa.org](http://YourLifeIowa.org)

988 Crisis Lifeline  
Call/text 988

### Find In-Person Support

Safe Harbor Crisis Center  
Call 515-642-4125

Mobile Crisis Response  
Call 911

Clive Behavioral Health  
Call 844-680-0504 or visit  
[CliveBehavioral.com](http://CliveBehavioral.com)

### Educational Resources

NAMI Iowa  
[NAMIIowa.org](http://NAMIIowa.org)

Mindspring Mental Health Alliance  
[MindspringHealth.org](http://MindspringHealth.org)

Mental Health America  
[MHANational.org](http://MHANational.org)

Make It OK  
[MakeItOK.org](http://MakeItOK.org)



# Nutrition & Physical Activity

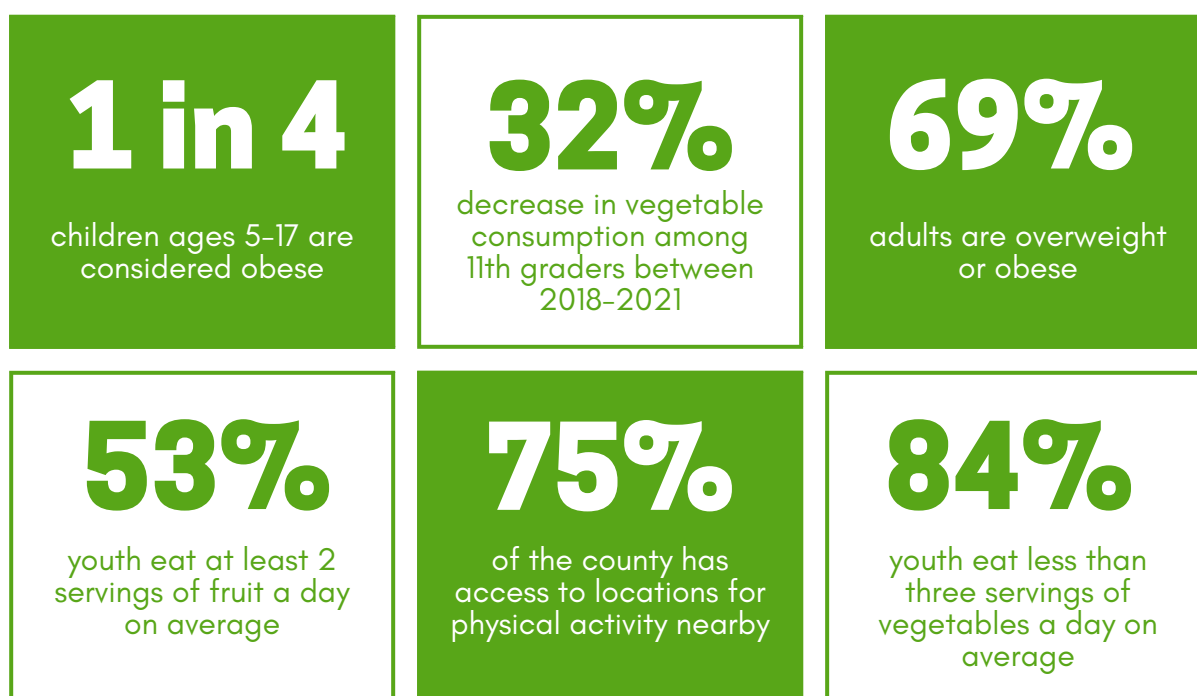
Healthy eating and exercise are well established components of chronic disease prevention and health promotion activities. However, most Americans do not meet recommendations for either nutrition or physical activity.

Among Dallas County residents surveyed, a third stated that Nutrition & Physical Activity was among their top three priorities for Dallas County health improvement efforts. Respondents emphasized a desire for improved walkability, expansion of current community garden and farmers market programs, and continued education/awareness building.

## Goal

Dallas County residents have the knowledge and access to meet national nutrition and physical activity standards and maintain a healthy weight.

## What the data shows



Appendix A further breaks down data by geographic and demographic sub-categories.

## Planned Actions for Health Improvement

ACTION STEP	RESPONSIBLE PARTY
Provide culturally inclusive evidence-based nutrition education programming to youth and adults (e.g. Pick A Better Snack, Kids in the Kitchen, Healthy & Homemade)	Dallas County Health Department; ISU Extension & Outreach in Dallas County
Align with existing statewide programs (e.g. DNR Challenges, Live Healthy Iowa, 5-2-1-0, Hy-Vee KidsFit)	Dallas County Health Department
Assist community partners in planning and implementing evidence-based policies and environmental changes to support physical activity (e.g. Complete Streets, Safe Routes to School, Walkability assessments, Accessible Playscapes)	Community Health Administrator; Wellmark Healthy Hometown
Implement a culturally sensitive awareness campaign on the importance of fruit & vegetable consumption and physical activity for overall wellness.	Community Health Administrator
Promote community-based food security programs and initiatives (e.g. Summer Meal Meet-Ups, Double Up Food Bucks, Senior Farmer's Market Nutrition Program, WIC, Pop Up Produce, Food Recovery)	Dallas County Health Department



The Pick A Better Snack team helps support a school garden with Farm to School lessons every summer to help students get excited about fruits & vegetables.

## Measuring Progress

Primary tracking measures will be assessed throughout 2023–2025 to monitor progress towards our target. Our physical activity target is aligned with the Healthy People 2030 objectives. The nutrition target is set using a percent improvement strategy. Trend data looks retrospectively at the last three available data points.

Primary Tracking Measure	Trend	Current	Target
Proportion of youth that are physically active for 60 minutes 7 days a week		24%	30.6%
Proportion of youth that eat an average of 3 servings of vegetables daily		16%	19.2%

<b>Key:</b>	Improving	Little or No Detectible Change	Getting Worse
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## Alignment

Our Nutrition & Physical Activity goals, objectives, and strategies align with Healthy Iowans– State Health Improvement Plan, Dietary Guidelines for Americans, Physical Activity Guidelines for Americans, Healthy People 2030, Iowa Bicycle & Pedestrian Long Range Plan, and National Strategy on Hunger, Nutrition, and Health.

## Health Improvement in Action!

*Harnessing the Power of Iowa's Libraries Initiative*

Perry Public Library represented rural libraries in a statewide pilot to showcase how public health initiatives can be accessed in public libraries.

The library implemented:

- A StoryWalk® to get people moving
- A food recovery program to increase access to healthy foods
- Programming to improve health literacy (cooking classes, book clubs, and taste test events)



## Additional actions for Health Improvement

Everyone can play a role in health improvement!

INDIVIDUALS	ORGANIZATIONS
<ul style="list-style-type: none"> <li>• Plant a vegetable garden                             <ul style="list-style-type: none"> <li>◦ Grow a Row for a local pantry</li> </ul> </li> <li>• Join a walking group</li> <li>• Walk/bike short distances instead of driving</li> <li>• Plan active outings</li> <li>• Cook &amp; eat together as a family</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in Double Up Food Bucks, SNAP, and other nutrition initiatives.</li> <li>• Register as a 5-2-1-0 Workplace</li> <li>• Sponsor a community garden</li> <li>• Opt for non-food rewards</li> <li>• Participate in Pick A Better Snack (schools)</li> <li>• Conduct an assessment on vending options within your organization (e.g. NEMS-V)</li> <li>• Host youth-centric programs to promote life-long habits (e.g. Walking School Bus, Safe Routes to School, bike rodeos, etc.)</li> </ul>
COMMUNITIES	POLICYMAKERS
<ul style="list-style-type: none"> <li>• Host a Farmer's Market</li> <li>• Support a community garden</li> <li>• Design neighborhoods to encourage physical activity (sidewalks, nearby parks, etc.)</li> <li>• Encourage mixed-use zoning</li> <li>• Enhance economic development with businesses that promote health (e.g. grocery stores, affordable fitness options, etc.)</li> <li>• Conduct walkability/bikeability audits</li> </ul>	<ul style="list-style-type: none"> <li>• Adopt a Complete Streets Policy</li> <li>• Write policy that encourages physical activity (i.e. sidewalk connectivity, park/greenspace requirements for new developments, and street tree policies)</li> <li>• Implement a Healthy Snacks policy</li> <li>• Consider a Health In All Policies Approach</li> <li>• Allocate funding for accessible active transportation projects</li> </ul>

## Learn more about Nutrition & Physical Activity

The *Dietary Guidelines for Americans, 2020-2025* provides nutrition recommendations by life stage, from birth of older adulthood.



The *Physical Activity Guidelines for American, 2nd Edition* provides recommendations on physical activity, sedentary behavior, and health.



Explore how modifiable risk factors influence chronic disease risk with the American Public Health Association.



# Heart Disease & Stroke

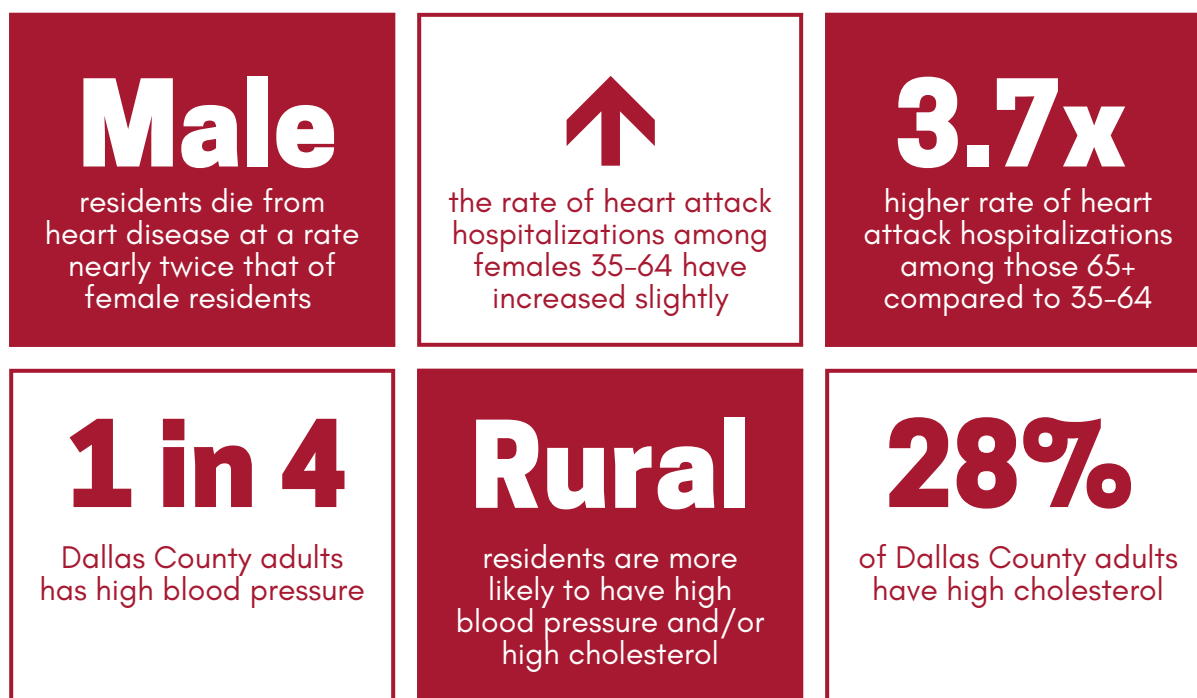
Heart disease is again the leading cause of death in Dallas County having surpassed cancer (the leading cause of death for the last decade) in 2019.

Among input from those surveyed that live in, or serve, Dallas County, 25% agreed that Heart Disease & Stroke was among their top three priorities for health improvement initiatives. Desired action items centered around education on healthy lifestyle choices, increasing access to preventative care, and building environments that encourage healthy behaviors.

## Goal

Dallas County residents have low risk of acquiring heart disease or stroke.

## What the data shows



Appendix A further breaks down data by geographic and demographic sub-categories.

## Planned Actions for Health Improvement

ACTION STEP	RESPONSIBLE PARTY
Connect residents with preventative healthcare that meets their needs (e.g. language, culture, gender)	Health Navigators
Implement a culturally inclusive awareness campaign on the importance of Knowing Your Numbers	Community Health Administrator
Assist community partners in planning and implementing evidence-based policies and environmental changes to support physical activity, healthy eating, stress reduction, and tobacco cessation	Community Health Administrator; Wellmark Healthy Hometown; American Lung Association in Iowa
Align with existing statewide programs (e.g. Million Hearts)	Dallas County Health Department

## Health Improvement in Action!


### *Partnerships with First Responders*




Dallas County Health Department collaborated with volunteer first responders in rural areas of the county to assure they had functioning AED equipment to help residents experiencing cardiac crisis.



## Measuring Progress

Primary tracking measures will be assessed throughout 2023–2025 to monitor progress towards our target. Our target metric is aligned with the Healthy People 2030 plan. Trend data looks retrospectively at the last three available data points.

Primary Tracking Measure	Trend	Current	Target
Rate of heart disease deaths		122	71.1

<b>Key:</b>	 Improving	 Little or No Detectible Change	 Getting Worse
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## Alignment

Our Heart Disease & Stroke goals, objectives, and strategies align with Healthy People 2030–Heart Disease & Stroke, Healthy Iowans State Health Improvement Plan, the Iowa 2022 Million Hearts Action Plan, and the Million Hearts Initiative.



## Additional actions for Health Improvement

Everyone can play a role in health improvement!

INDIVIDUALS	ORGANIZATIONS
<ul style="list-style-type: none"> <li>• Model heart healthy behaviors like healthy eating, physical activity, and regular wellness exams</li> <li>• Quit tobacco</li> <li>• Support family &amp; friends in quitting tobacco</li> <li>• Volunteer to transport neighbors to their wellness/medical appointments</li> <li>• <u>Know your numbers</u> &amp; help others understand their importance (blood pressure, cholesterol, blood sugar, &amp; body weight)</li> </ul>	<ul style="list-style-type: none"> <li>• Implement a community health worker model to serve high priority populations.</li> <li>• Offer wellness opportunities to encourage heart healthy behaviors (i.e. Workplace Health Solutions)</li> <li>• Register your school/workplace and promote 5-2-1-0 messaging</li> <li>• Conduct an assessment on vending options within your organization (e.g. <u>NEMS-V</u>)</li> </ul>
COMMUNITIES	POLICYMAKERS
<ul style="list-style-type: none"> <li>• Create spaces where people can safely be physically active</li> <li>• Reduce barriers to healthy food access</li> <li>• Support local transportation initiatives that connect folks with preventative care</li> <li>• Host a CPR skills training</li> </ul>	<ul style="list-style-type: none"> <li>• Pass Tobacco &amp; Nicotine Free policies</li> <li>• Write policy that encourages physical activity (i.e. sidewalk connectivity, park/greenspace requirements for new developments, and street tree policies)</li> <li>• Adopt a Health in All Policies Approach</li> </ul>

## Learn more about Heart Disease & Stroke

The American Public Health Association YouTube series, "That's Public Health", examines the basics of important public health topics. Scan the QR to explore why heart disease is the leading cause of death in the U.S.



The U.S. Surgeon General brought the importance of hypertension control to the public in his 2020 Call to Action report. Explore why this is not only a local, but a nationwide health priority.





# Substance Use

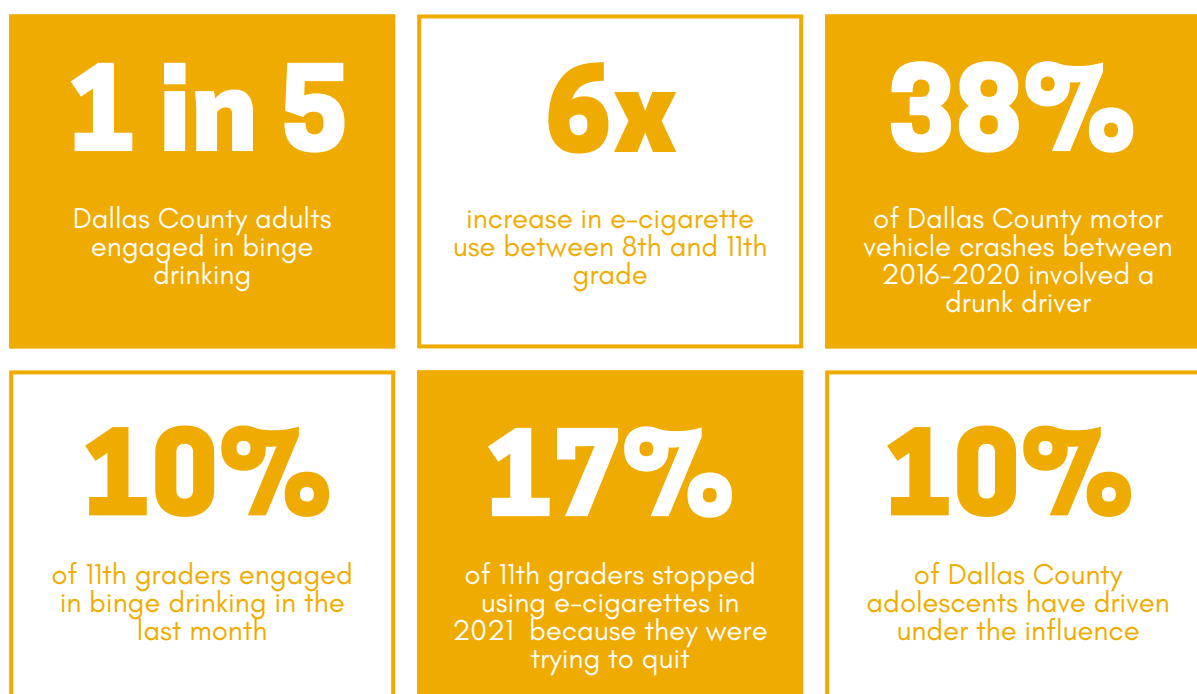
Excessive alcohol use can lead to the development of chronic diseases and other serious problems including, heart diseases, cancer, weakened immune function, memory problems, mental health challenges, social problems, and addiction disorders. Alcohol is the most frequently abused substance in Iowa. Use of e-cigarettes (vapes) are also increasing among youth. Most e-cigarettes contain nicotine which is highly addictive and can harm adolescent brain development and increases the likelihood of tobacco use in the future.

A quarter of survey participants agreed that substance use was among their top three priorities for health improvement in Dallas County.

## Goal

Dallas County residents know the risks associated with tobacco, alcohol, and other substances, and are able to access services to reduce identified risks.

## What the data shows



Appendix A further breaks down data by geographic and demographic sub-categories.

## Planned Actions for Health Improvement

ACTION STEP	RESPONSIBLE PARTY
Promote the use of, and referral to, cessation services (e.g Quitline Iowa, My Life My Quit, Medicaid cessation services)	Community Health Administrator; Health Navigators
Support schools, worksites, housing facilities and organizations in Dallas County in establishing tobacco-free, nicotine-free policies	Community Health Administrator; American Lung Association of Iowa
Implement culturally inclusive media outreach campaigns to increase awareness of underage drinking, binge drinking, associated consequences, and prevention strategies	Community Health Administrator
Develop an online communications intervention/strategy on tobacco use in youth reflective of the Dallas County population	Community Health Administrator
Conduct at least 8 Community Member Education presentations (My Life My Quit, Quitline Iowa Youth Tobacco Cessation Program, INDEPTH, and NOT programs)	American Lung Association in Iowa
Increase the number of users to Quitline Iowa by encouraging systems change through education, outreach, and presentations; and by encouraging health care provider to Implement the Ask, Advise, Refer protocol	American Lung Association in Iowa
Collaborate with Dallas County schools and community partners to offer informational trainings on substances of abuse, stigma, Naloxone, and addiction.	Zion Integrated Behavioral Health Services

## Measuring Progress

Primary tracking measures will be assessed throughout 2023–2025 to monitor progress towards our target. Our targets are calculated using a percent improvement strategy. Trend data looks retrospectively at the last three available data points.

Primary Tracking Measure	Trend	Current	Target
Rate of current e-cigarette use in adolescents		6%	5.4%
Proportion of people aged 18 years and older who engaged in binge drinking		21.6%	19.4%

<b>Key:</b>	Improving	Little or No Detectable Change	Getting Worse
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## Alignment

Our Substance Use goals, objectives, and strategies align with Healthy Iowans–State Health Improvement Plan, Iowa Strategic Highway Safety Plan,

## Health Improvement in Action!

### *Dallas County Tobacco & Nicotine Free Grounds Policy*

In 2022, the Dallas County Board of Supervisors passed a policy designating all county vehicles, buildings, and grounds as tobacco & nicotine-free, prohibiting the use of all tobacco, vape, or other nicotine products at all times.



## Additional actions for Health Improvement

Everyone can play a role in health improvement!

INDIVIDUALS	ORGANIZATIONS
<ul style="list-style-type: none"> <li>• Learn about binge drinking and it's consequences</li> <li>• Volunteer to be a designated driver when family or friends choose to drink</li> <li>• <u>Support others'</u> tobacco cessation goals</li> <li>• Share information about Quitline Iowa</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage employees to use Quitline Iowa, or other services, for tobacco cessation</li> <li>• Promote ride share programs as an alternative to impaired driving</li> <li>• Offer employee benefits for tobacco cessation counseling &amp; medication</li> <li>• Complete responsible beverage service training</li> </ul>
COMMUNITIES	POLICYMAKERS
<ul style="list-style-type: none"> <li>• Provide space for support &amp; 12 step groups (AA, NA, etc.)</li> <li>• Implement harm reduction strategies (e.g. Naloxone availability/training)</li> <li>• Implement awareness campaigns (e.g. Rethinking Drinking, Drive Sober Get Pulled Over, My Life My Quit)</li> </ul>	<ul style="list-style-type: none"> <li>• Pass policies prohibiting the use of nicotine products in public spaces</li> <li>• Adopt alcohol outlet density restrictions</li> <li>• Use specialized courts to offer those with drug dependency a jail alternative</li> <li>• Assure internet access to rural areas so residents can access cessation services</li> </ul>

## Learn more about Substance Use

The American Public Health Association YouTube series, "That's Public Health", examines the basics of important public health topics. Scan the QR to explore how public health tackles alcohol and drug misuse.



Find help to quit tobacco



Find an AA meeting near you.



Learn about binge drinking



# Contact Us!

For a presentation on the Dallas County Community Health Assessment and Community Health Improvement Plan process, findings, or action items;

For public health representation or technical assistance on your community health improvement initiatives;

For questions about this report or how to use it to make community health improvements; or

To share how you have used this report to improve the health in your community.

**Abigail Chihak, MSW, MPH**

Community Health Administrator  
Dallas County Health Department  
[abigail.chihak@dallascountyiowa.gov](mailto:abigail.chihak@dallascountyiowa.gov)  
515-993-3750  
@DallasCoHealth

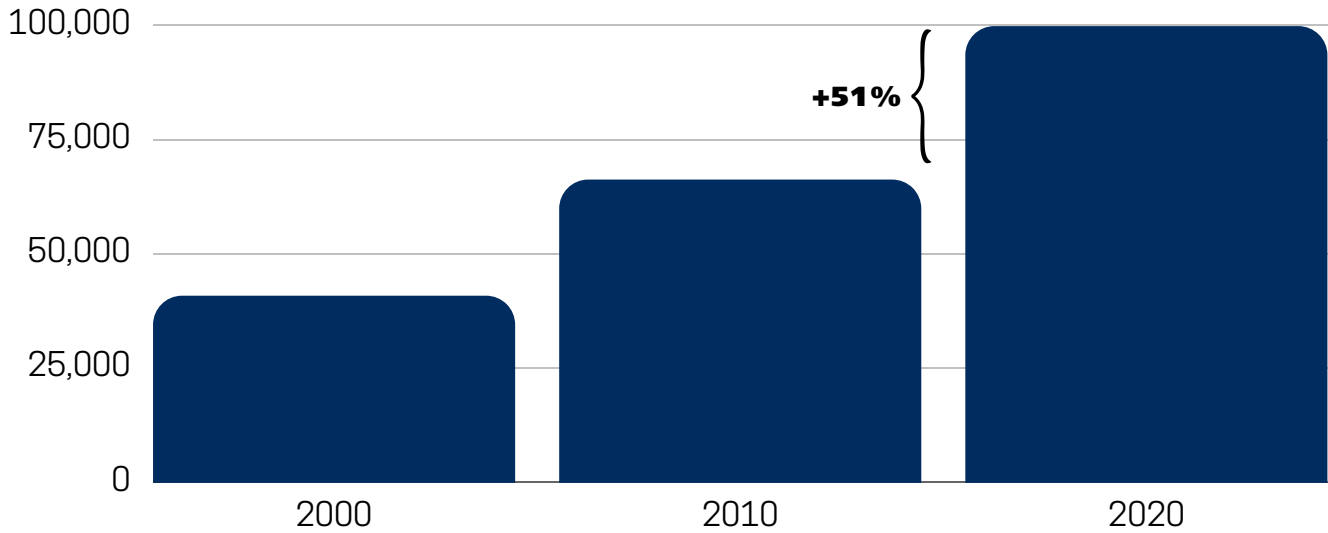


# Appendix A: Data Visualization

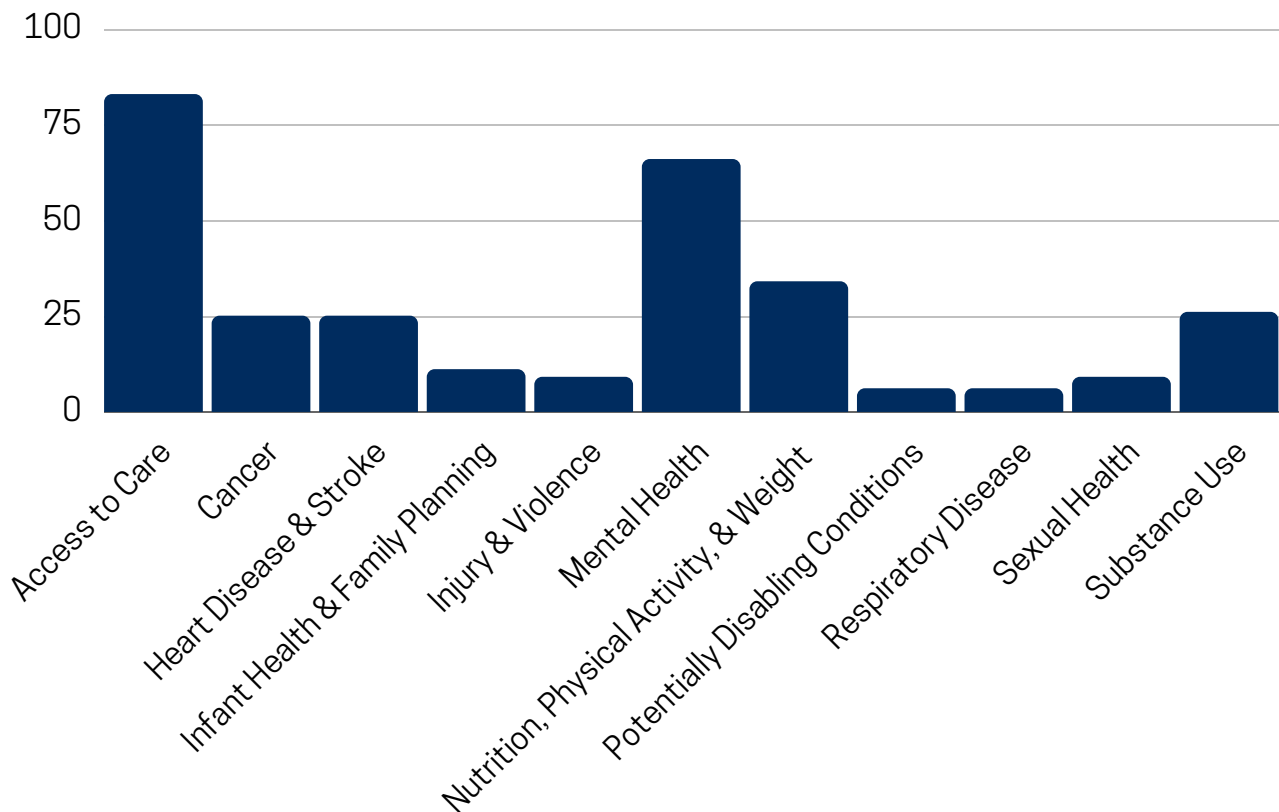
For the most up-to-date data, visit the original data source linked at the end of each figure title. Find 2020 Census Tract reference maps at [census.gov](https://www.census.gov).

## Introduction

**Figure 1:** Dallas County, Iowa Population: 2000-2020 (1)



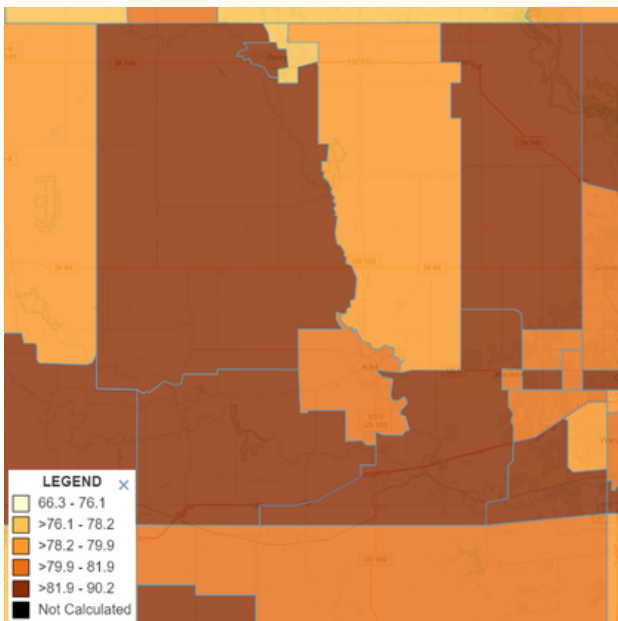
**Figure 2:** Dallas County Health Assessment Prioritization Survey Results: Top Three Priorities



# Appendix A: Data Visualization

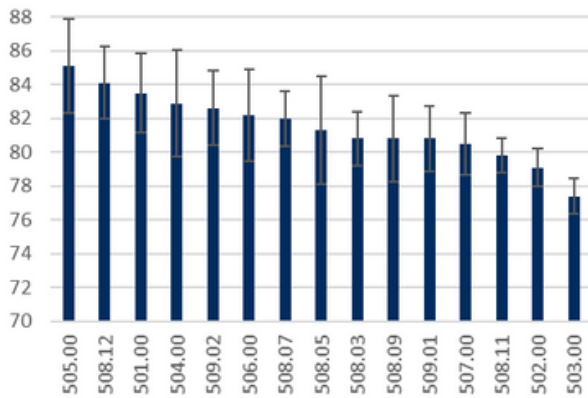
## Introduction

**Figure 3-4:** Life expectancy at birth by census tract-2010-2015 (38)

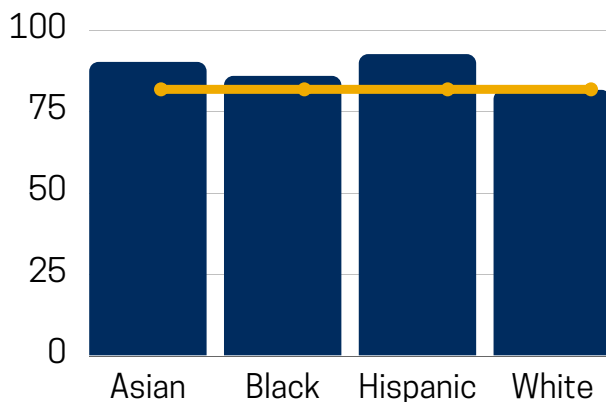


The life expectancy for Dallas County in 2018-2020 was 81.8 (CI 81.1-82.4) years, however, the 2010-2015 data shows that there is variability in life expectancy by census tract. Tract 503, & 502 have life expectancy rates significantly lower than some other tracts (figures 3-4).

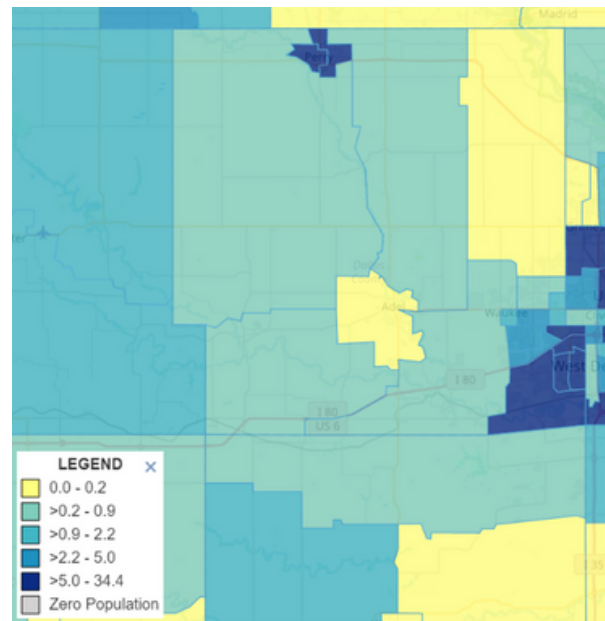
In Dallas County, life expectancy for minority populations is greater than the Non-Hispanic white population on average (figure 5).



**Figure 5:** Life expectancy by race/ethnicity (4)



**Figure 6:** Percentage of the population ages 5 and older that speak English less than 'very well'- 2020 (38)



There are statistically significant differences in the percentage of the population ages 5 and older that speak English less than 'very well'. Census tract 504 is significantly different from all tracts except 508.13 (the margin of error in 508.13 is very high). There are also some significant differences when comparing tracts 504, 508.05, 508.07, 508.12, 508.14, 508.15, 508.16, 508.17, 508.18, 509.02, and 509.01 to some other tracts.

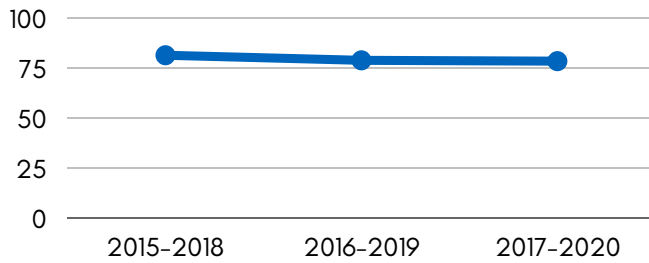
# Appendix A: Data Visualization

## Target Metric Trends

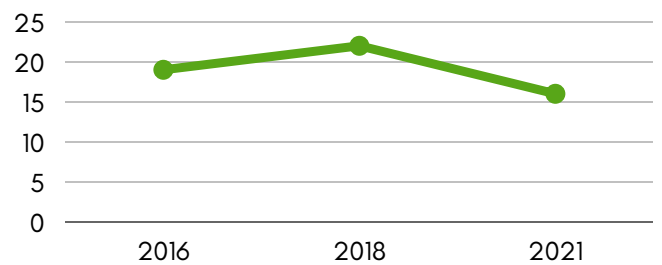
Key:	Improving	Little or No Detectible Change	Getting Worse
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Trend data looks retrospectively at the last three available data points.

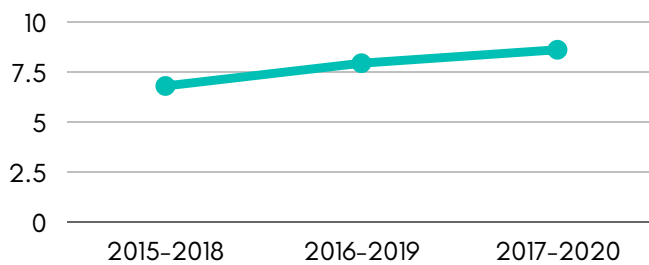
**Figure 7:** Proportion of people with a usual primary care provider (6)



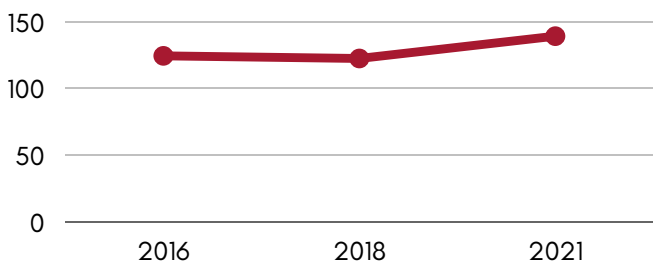
**Figure 11:** Proportion of youth that eat an average of 3 servings of vegetables daily (8)



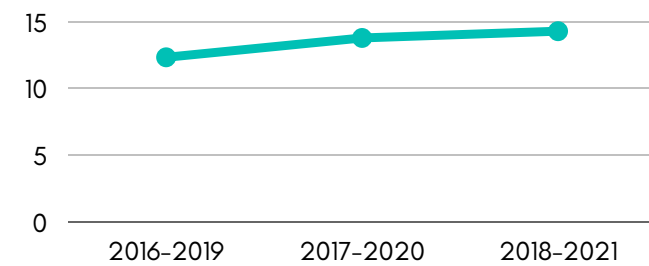
**Figure 8:** Percentage of adults reporting mental health status as "fair/poor" (12)



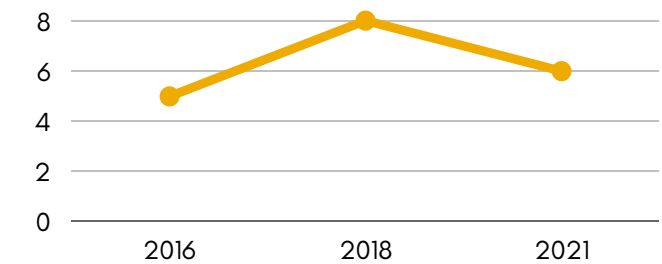
**Figure 12:** Rate of coronary heart disease deaths, per 100,000 (10)



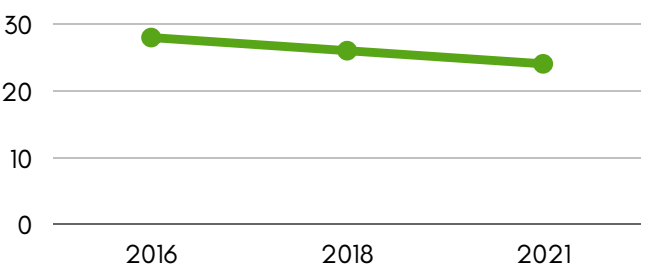
**Figure 9:** Percentage of adults experiencing depression (6)



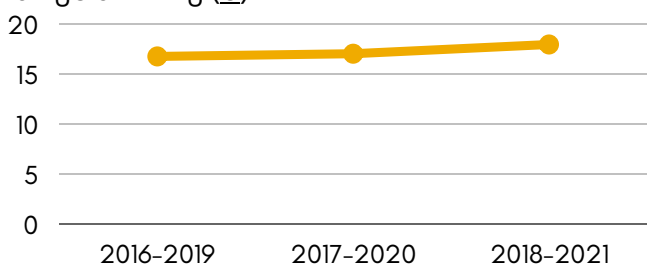
**Figure 13:** Rate of current e-cigarette use in adolescents (8)



**Figure 10:** Percentage of youth that are physically active for 60 minutes 7 days a week (8)



**Figure 14:** Proportion of people aged 18 years and older who engaged in binge drinking (6)

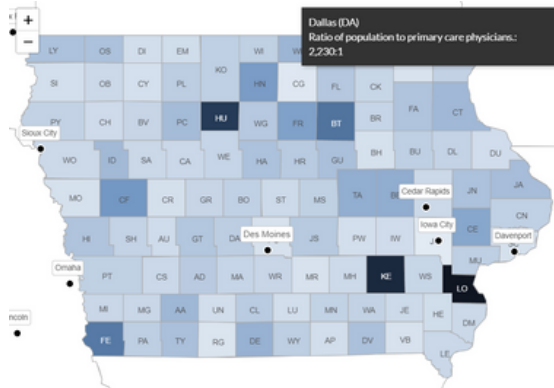




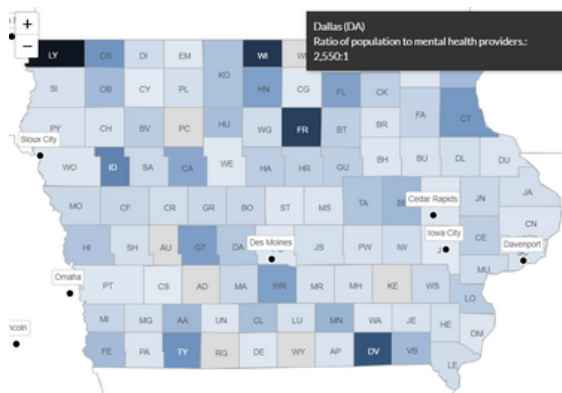
# Appendix A: Data Visualization

## Access to Care

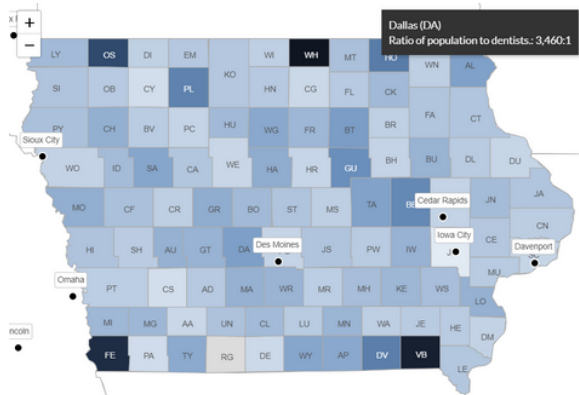
**Figure 15:** Ratio of population to primary care physicians-2019 (33)



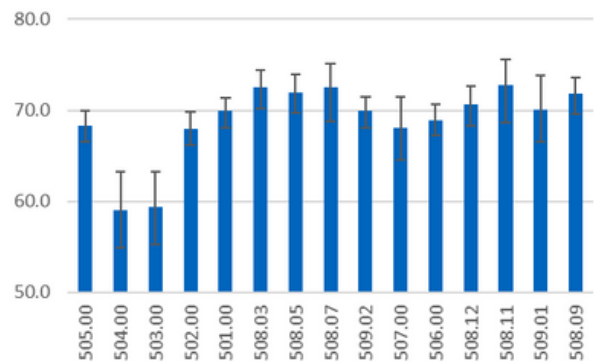
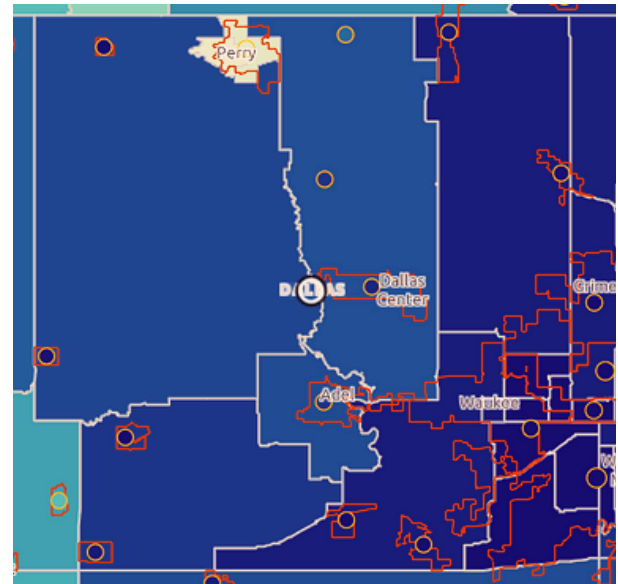
**Figure 16:** Ratio of population to mental health providers-2021 (34)



**Figure 17:** Ratio of population to dentists-2020 (35)



**Figure 18-19:** Estimated prevalence of colorectal cancer screening among adults aged 50-75 by census tract- 2018 (12)



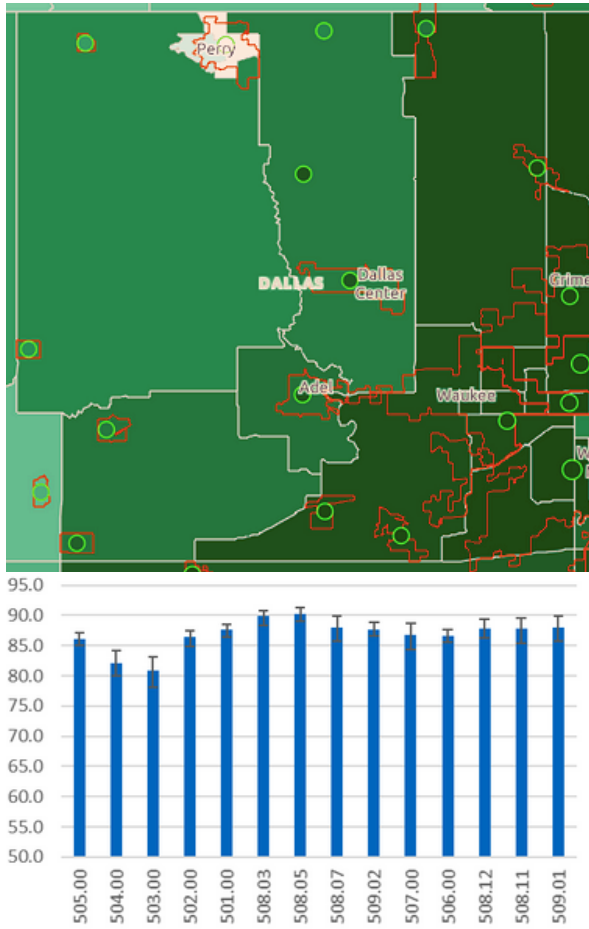
Statistically significant differences were found between tracts 503 & 504 compared to all other Dallas County census tracts. There is also a significant difference between tract 508.03 and tracts 505 and 502. There is an opportunity to increase colon cancer screening uptake in NW Dallas County.

**Find 2020 Census Tract reference maps at [census.gov](https://www.census.gov)**

# Appendix A: Data Visualization

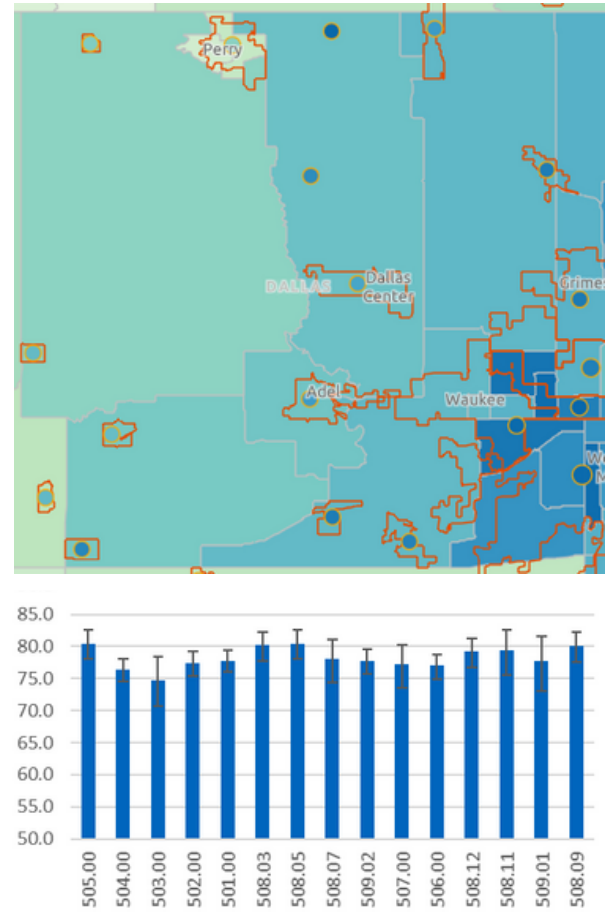
## Access to Care

**Figure 20-21:** Estimated prevalence of cervical cancer screening among women aged 21-65 in 2018 (12)



There is a statistically significant difference in the cervical cancer screening rate among women aged 21-65 living in census tracts 504 and 503 when compared to other Dallas County census tracts.

**Figure 22-23:** Estimated prevalence of mammography use among women aged 50-74 in 2018 (12)

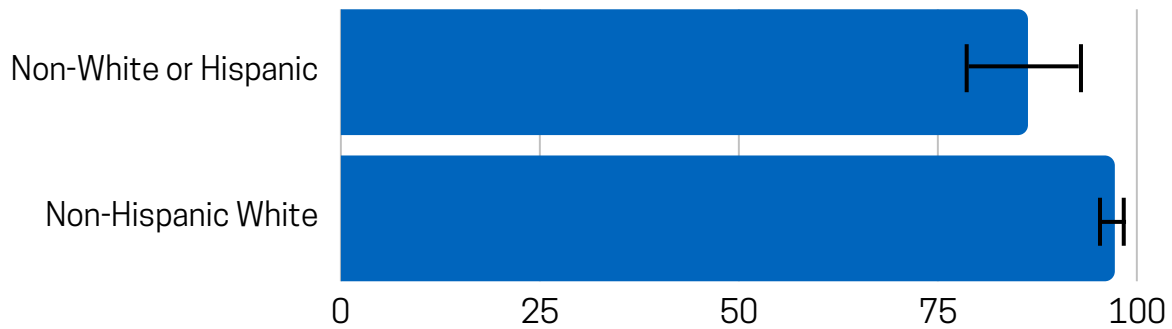


While there are not significant differences between census tracts in terms of mammography use, there is some noticeable variation between rural and urban areas.

# Appendix A: Data Visualization

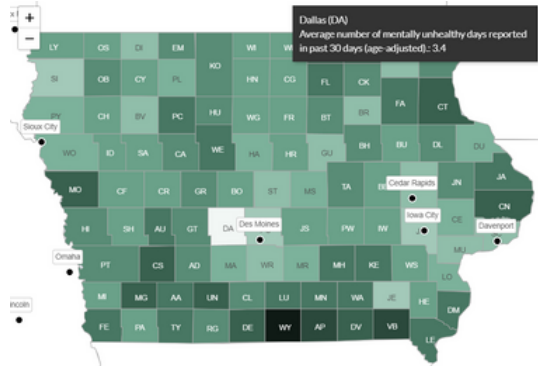
## Access to Care

**Figure 24:** Health Insurance Coverage Rate among Dallas County BRFSS respondents 2017-2020 (15)

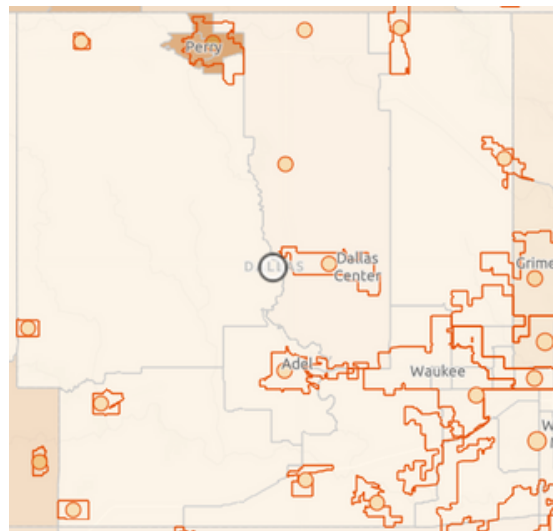
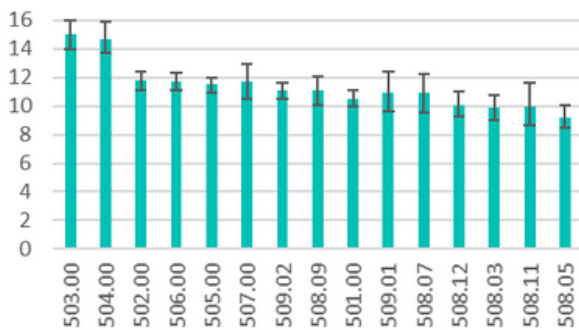


## Mental Health

**Figure 25:** Average number of mentally unhealthy days reported in the past 30 days by county (age-adjusted)- 2019 (36)



**Figure 26-27:** Prevalence of Mental health not good for 14 or more days among adults 18 years and older by census tract in 2019 (12)

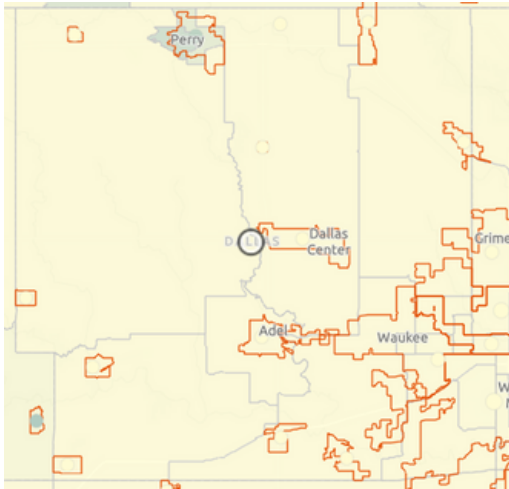


There are significant differences in the number of poor mental health days reported by rural residents compared to urban residents, with census tracts 503 & 504 reporting the highest rates.

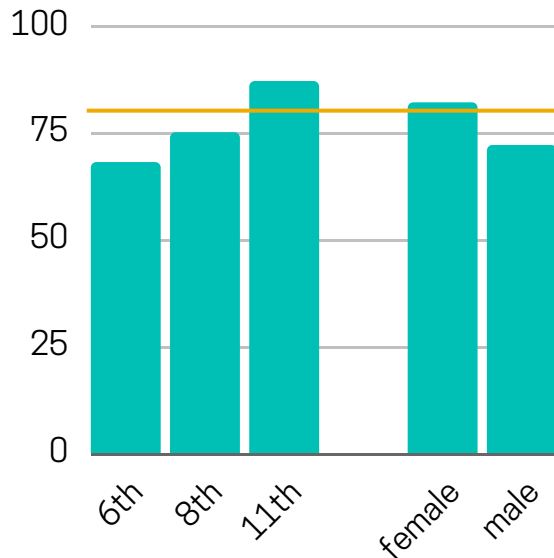
# Appendix A: Data Visualization

## Mental Health

**Figure 28:** Prevalence of sleep less than 7 hours among adults aged 18 year and older by census tract in 2018 (12)

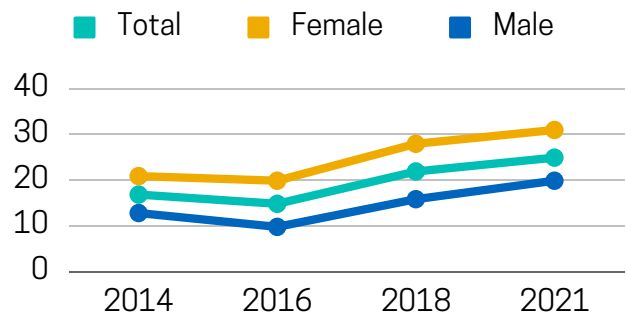


**Figure 29:** 2 or more hours of daily recreational screen time by grade level, sex in 2021 (8)



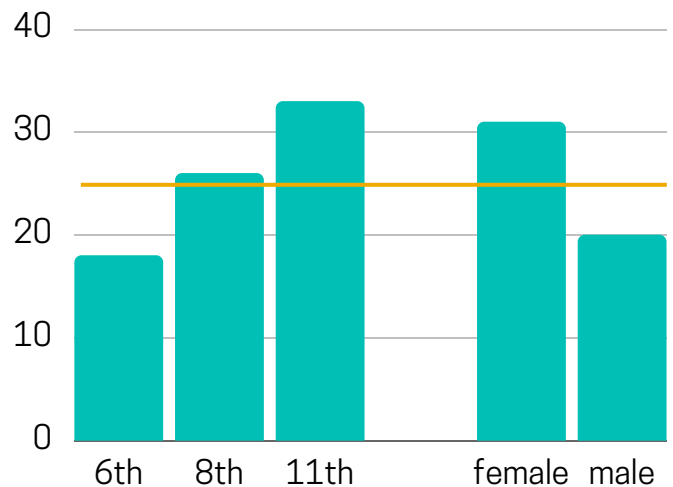
Iowa Youth Survey data from 2021 shows the number of students that spend 2 or more hours of recreational screen time increases with age. Rates among 11th graders and females are above the county average (77%).

**Figure 30:** Dallas County youth that have stopped doing some usual activities due to mental health challenges by survey year, sex (8)



The number of students that have stopped doing some usual activities (a symptom of depression) has increased over the last three survey years. Rates have historically been highest among females.

**Figure 31:** Dallas County youth that have stopped doing some usual activities due to mental health challenges by grade level, sex in 2021 (8)

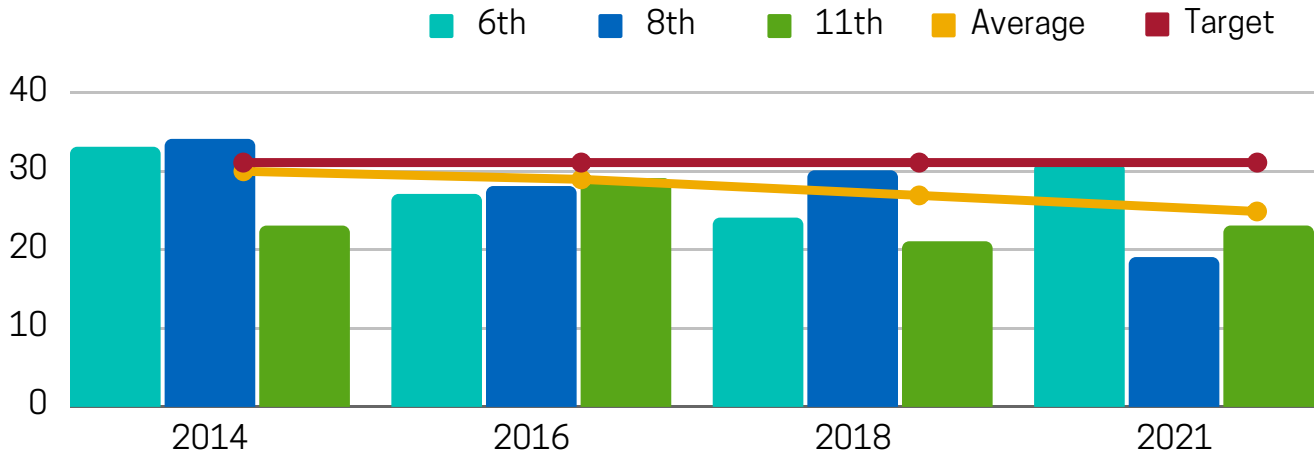


The number of students that have stopped a usual activity increases with age. Rates among 8th & 11th graders and females are above the county average (25%).

# Appendix A: Data Visualization

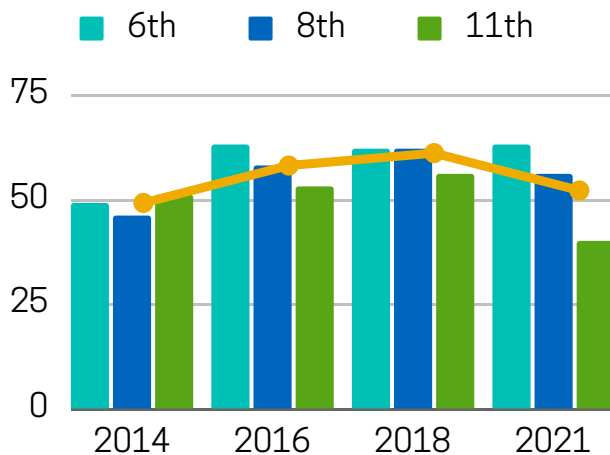
## Nutrition, Physical Activity & Weight

**Figure 32:** Dallas County youth physically active 60 minutes a day, 7 days a week (8)



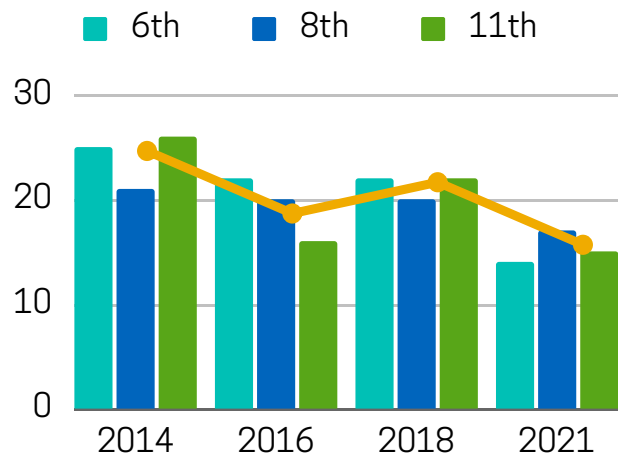
The percentage of youth being physically active for at least one hour a day is trending away from the Healthy People 2030 goal of 30.6%. A similar downward trend is seen when looking at youth reporting at least an hour of physical activity 5 or more days a week.

**Figure 33:** Youth consumption of 2 or more servings of fruit daily (8)



After three years of improvement, 2021 saw a 15% decrease in the number of youth consuming at least 2 servings of fruit a day.

**Figure 34:** Youth consumption of 3 or more servings of vegetables daily (8)

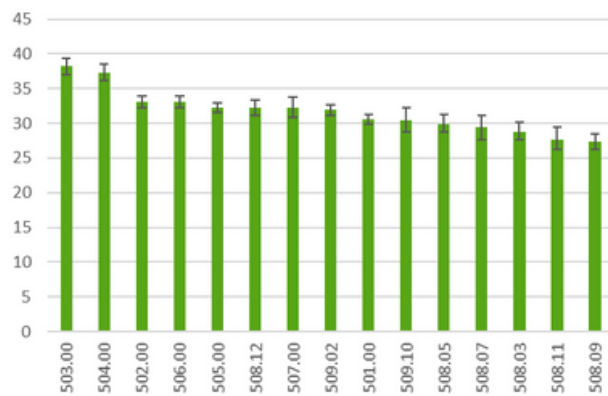
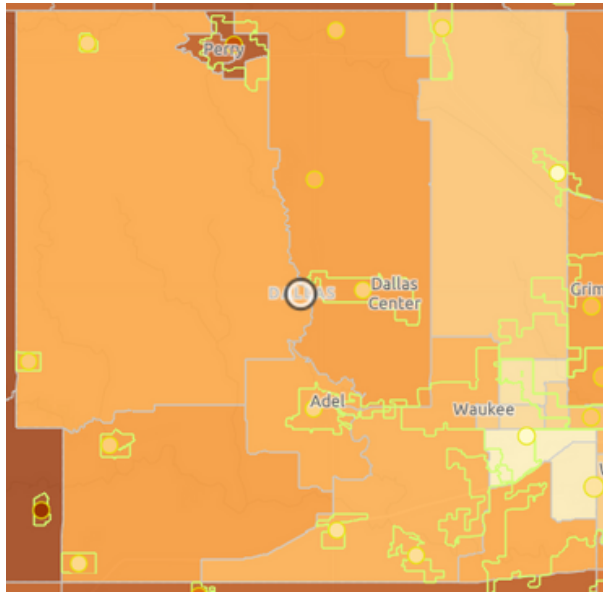


The 2021 Iowa Youth Survey saw decreases in vegetable consumption across all surveyed grades. Between 2018-2021 there was a 36% decrease among 6th graders, 15% decrease among 8th graders, and a 32% decrease among 11th graders.

# Appendix A: Data Visualization

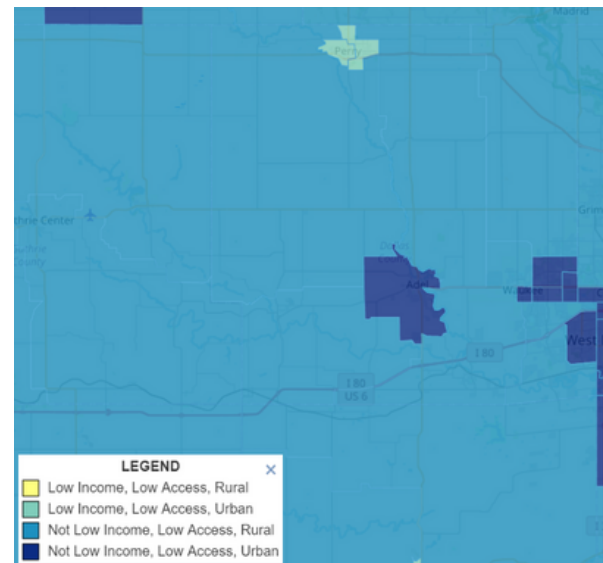
## Nutrition, Physical Activity & Weight

**Figure 35-36:** Prevalence of obesity among adults 18 years and older by census tract in 2019 (12)



There is a significant difference in the prevalence of obesity between census tracts 503 and 504 when compared to all other tracts. With the exception of tracts 503 and 504, all others have met the Healthy People 2030 goal for obesity prevalence (36%)

**Figure 37:** Food Environment by census tract- 2015 (38)



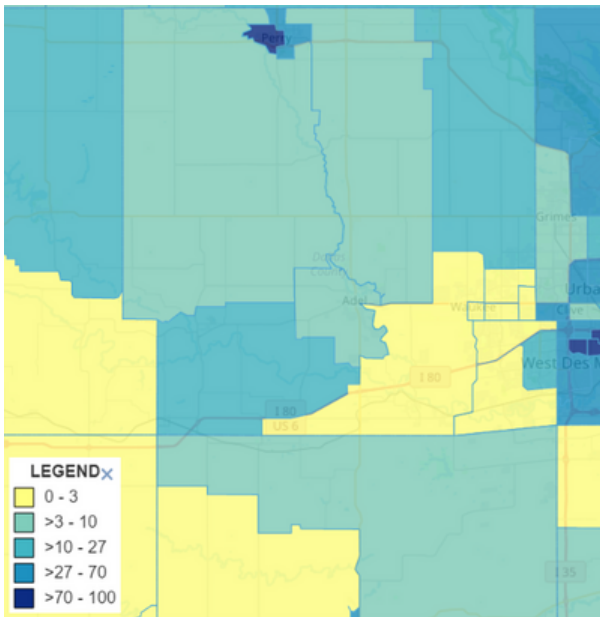
Census tracts 503 and 504 are considered 'Low Income and Low Food Access' areas. 'Low Food Access' is defined as living 1/2 mile from a supermarket, supercenter, or large grocery store in urban areas; 10 miles in rural areas. 'Low-income neighborhoods' are defined as any tract where (a) the poverty rate is 20% or greater, or (b) the tract's median family income is less than or equal to 80% of the state median family income, or (c) the tract is in a metropolitan area and has a median family income less than or equal to 80% of the metropolitan area's median family income.

**Find 2020 Census Tract reference maps at [census.gov](https://www.census.gov)**

# Appendix A: Data Visualization

## Nutrition, Physical Activity & Weight

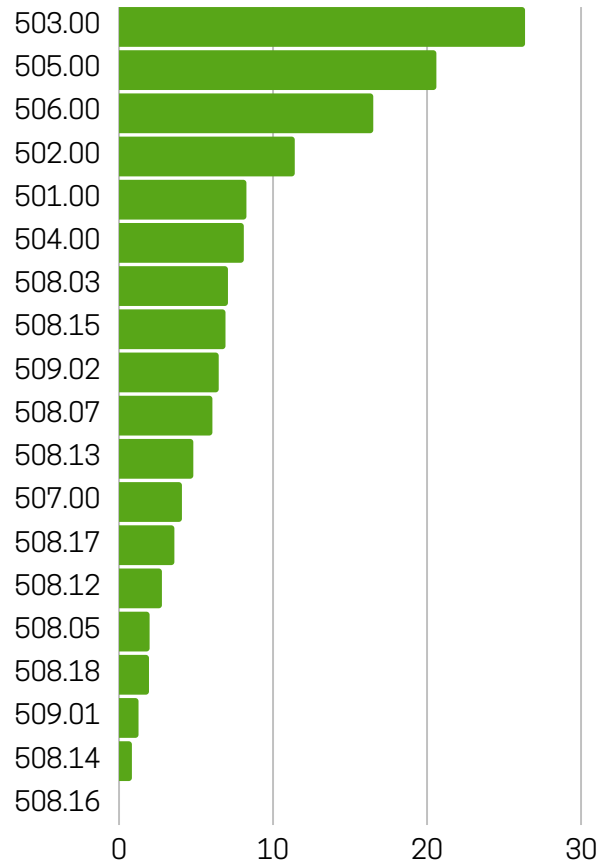
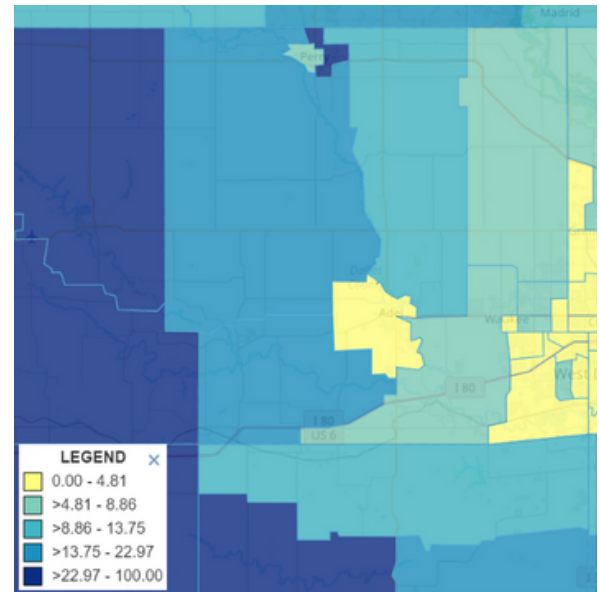
**Figure 38:** Percentage of population living within 1/2 mile of a park in 2015 (38)



Dallas County residents living in the eastern suburbs are less likely to live within 1/2 mile of a park where they can be physically active.

Similarly, the percentage of the population that commutes 45 minutes or more to work is higher in our more rural areas, with census tract 503 and 505 both reporting at least 1 in 5 residents experiencing commute times 45 minutes or more. Longer commute times are associated with increased mental health challenges.

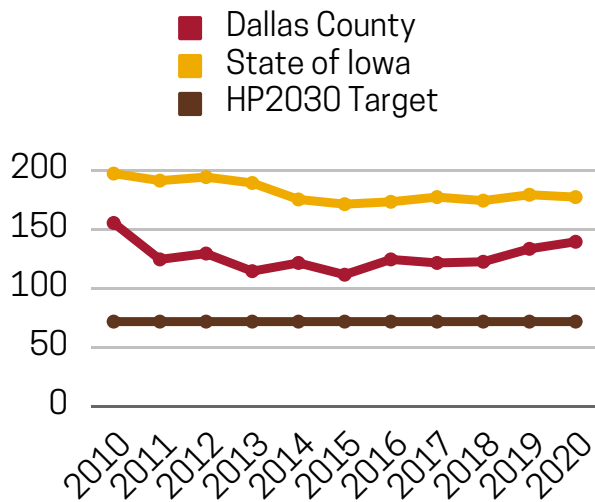
**Figure 39-40:** Percentage of workers ages 16 and older that drive 45 or more minutes to work- 2016-2020 (38)



# Appendix A: Data Visualization

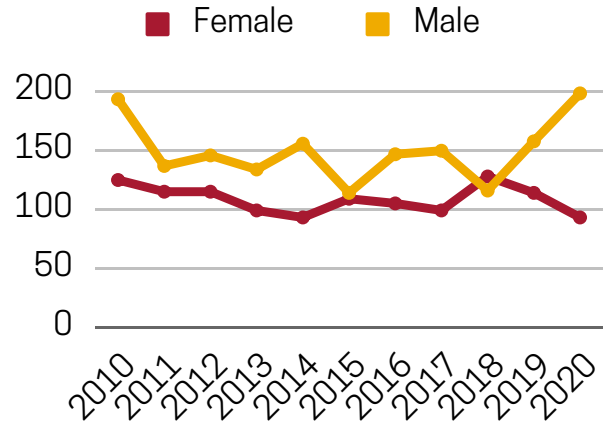
## Heart Disease & Stroke

**Figure 41:** County, State comparison of heart disease death rate 2000-2020 (10)



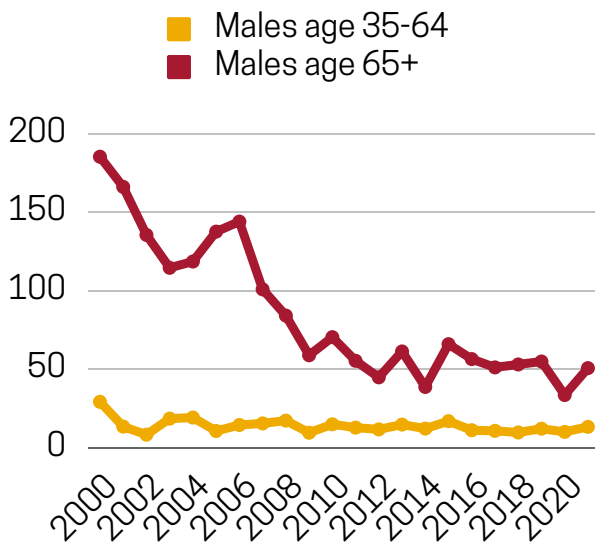
The Dallas County rate of heart disease deaths is trending away from the Healthy People 2030 target of 71.1 deaths per 100,000 people.

**Figure 43:** Heart disease deaths by sex, per 100,000 (10)



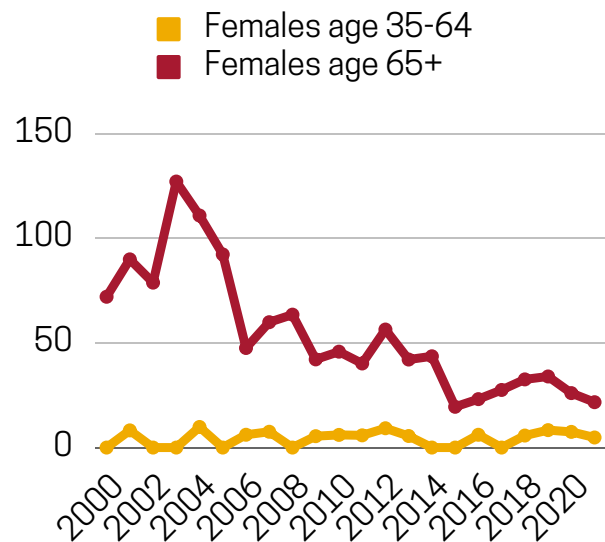
Dallas County males have had higher rates of heart disease death in all but one year in the last decade. There is a widening gap in the death rate when comparing males and females; this is the largest gap between sexes when comparing heart disease death rates over the last two decades.

**Figure 42:** Heart attack hospitalizations among Dallas County males- per 10k (29)



When comparing heart attack hospitalizations across sex and age groups, all groups show a downward trend with the exception of females age 35-64 where there is a very gradual upward trend. More information is needed to inform this trend due to small numbers and data suppression.

**Figure 44:** Heart attack hospitalizations among Dallas County females- per 10k (29)

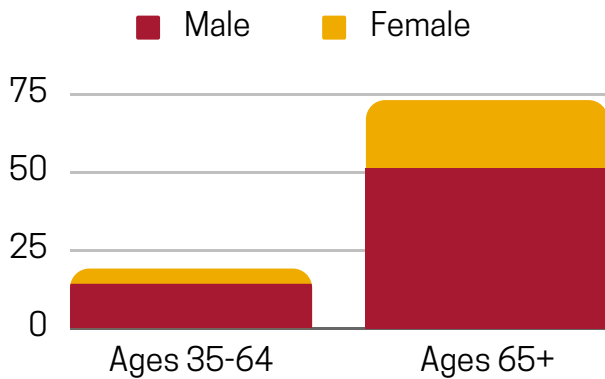




# Appendix A: Data Visualization

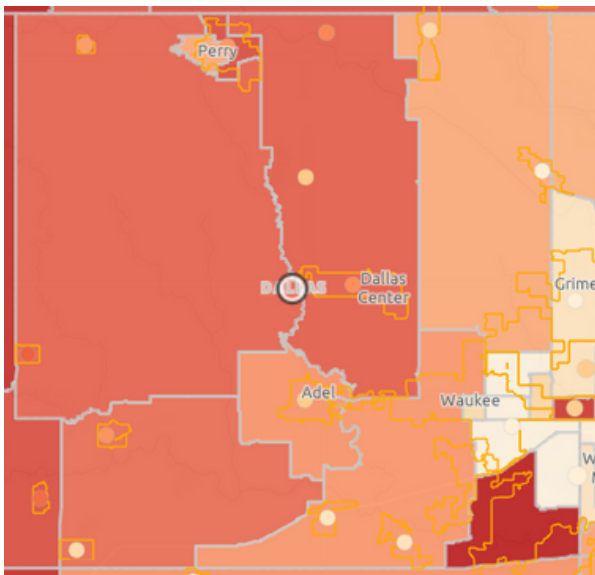
## Heart Disease & Stroke

**Figure 45:** Heart attack hospitalization by sex, age in 2021 (29)



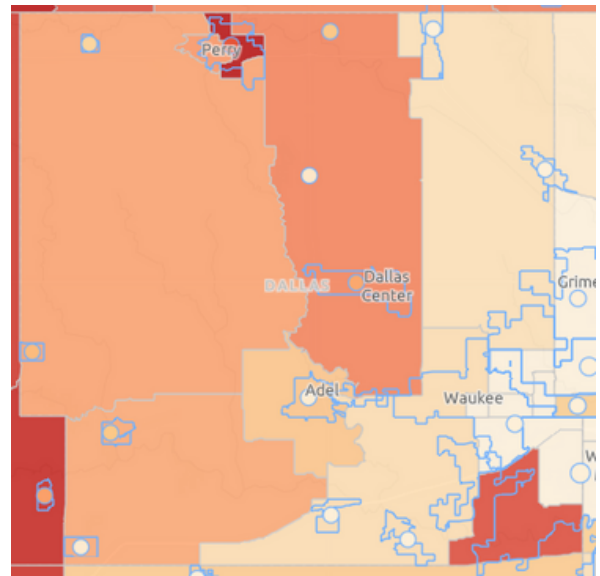
The rate of heart attack hospitalization is increased for both males and females when comparing those ages 35-64 and those 65 and older. Males had higher rates of heart attack hospitalization compared to females in 2021.

**Figure 46:** Prevalence of high cholesterol among adults by census tract (12)

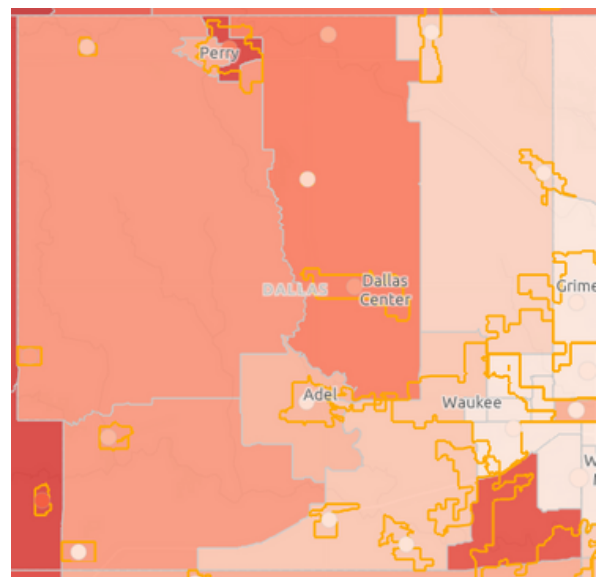


There is a significant difference in the prevalence of high cholesterol between tract 508.12 compared to all other tracts and between tract 508.09 compared to all other tracts; the former having the highest rate at 37.2% and the latter having the lowest rate at 20.8%.

**Figure 47:** Prevalence of coronary heart disease among adults by census tract (12)



**Figure 48:** Prevalence of high blood pressure among adults by census tract (12)

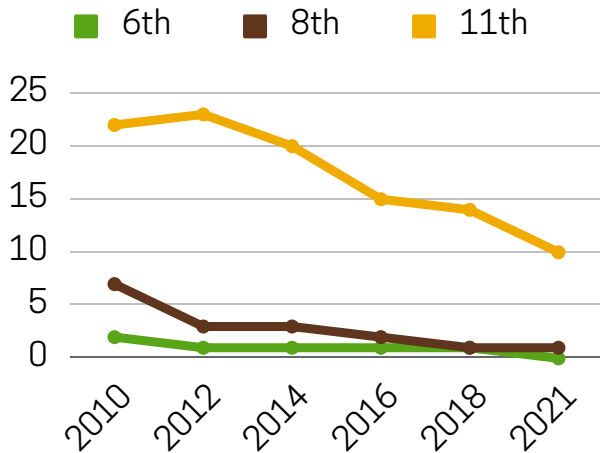


Census tracts 508.09, 508.03, 508.11, 508.07, 509.01, and 501 have all met the Healthy People 2030 target. Tracts 508.12 and 503 have higher rates than the rest of the county.

# Appendix A: Data Visualization

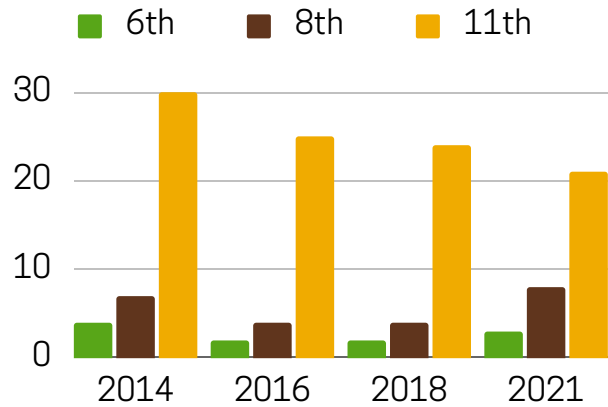
## Substance Use

**Figure 49:** Percentage of youth reporting current binge drinking by grade (8)



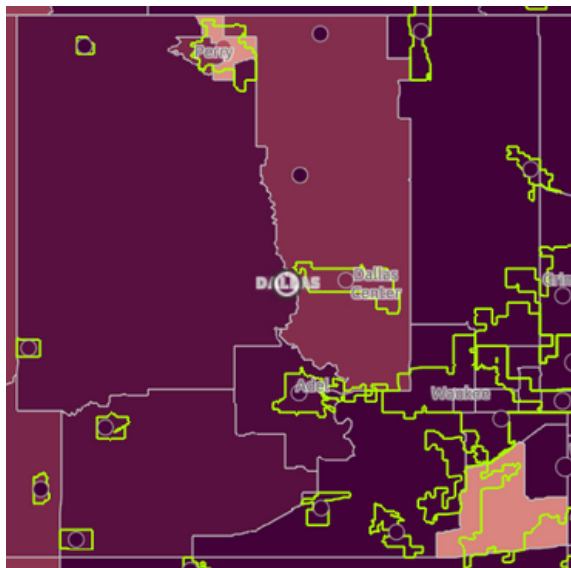
Rate of binge drinking are decreasing across all grades surveyed. 11th graders report noticeably higher rates compared to 6th and 8th graders.

**Figure 51:** Percentage of youth reporting current alcohol use by grade (8)

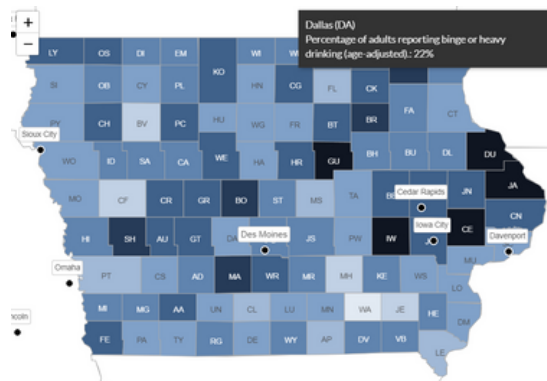


Alcohol use among 11th graders has decreased over the last 4 survey periods. There are not any noticeable differences by sex nor trends among 6th or 8th graders.

**Figure 50:** Prevalence of binge drinking among adults aged 18 years and older in 2019 (12)



**Figure 52:** Percentage of adults reporting binge or heavy drinking in 2019 (4)

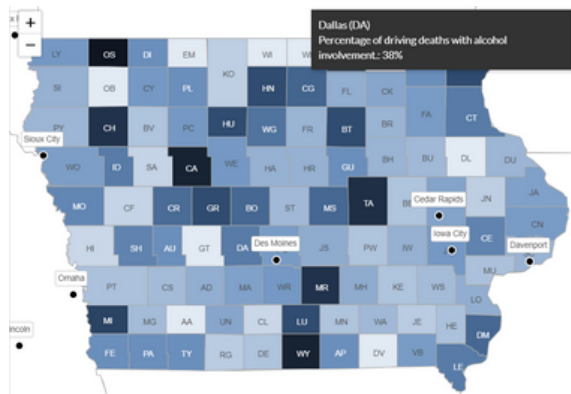


Dallas County shows no significant trends in adult binge drinking when compared to other counties over time. There are significant differences by census tract, with tract 508.09 reporting binge drinking at significantly higher rates (27.5%). Suburban tracts show higher rates of binge drinking compared to rural/small town areas.

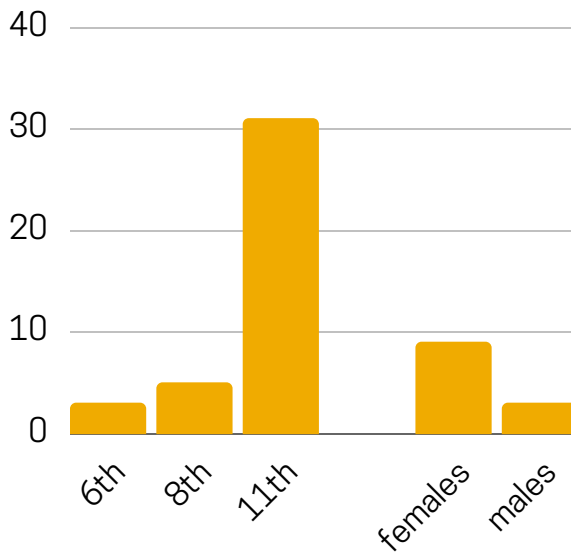
# Appendix A: Data Visualization

## Substance Use

**Figure 53:** Prevalence of driving deaths with alcohol involvement, 2016-2020 (4)

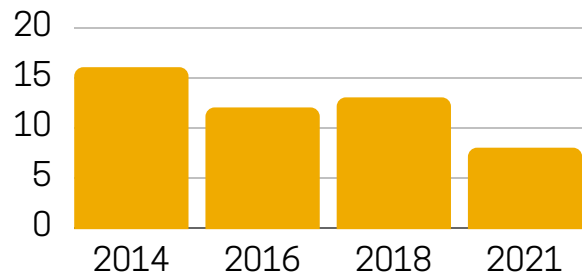


**Figure 54:** Youth reporting current e-cigarette use by grade, sex in 2021 (8)



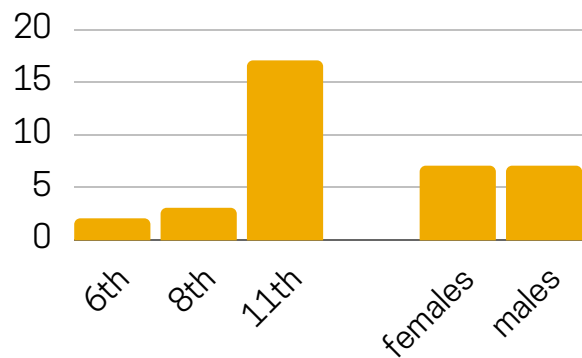
The rate of current e-cigarette use is much higher among 11th grade students. Overall, more females report e-cigarette use, however among 11th grade students, the rates are similar.

**Figure 55:** 11th graders report ever having driven a car or other motorized vehicle after using any amount of alcohol, recreational or non-prescribed drugs (8)



The rate of operating a vehicle after using alcohol or other substance has decreased among 11th graders. There is not a noticeable difference between sexes at this age.

**Figure 56:** Youth reporting attempts to quit e-cigarette use in the past 12 months by grade, sex in 2021 (8)



A large proportion of current e-cigarette users have attempted to quit at least once in the last year (59%), mostly among 11th graders.

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