



2019 COMMUNITY HEALTH NEEDS ASSESSMENT

STAKEHOLDER MEETING AND INTERVIEW RESULTS

Compiled by Jake Tanumihardjo
Interviews conducted by Jake Tanumihardjo, Vanessa Watson, and Sherry Blanchard

2019 Community Health Needs Assessment (CHNA) Stakeholder Meeting and Key Informant Interview Results

Stakeholder Meeting Results

Thirty-six (36) local professionals or citizens, representing twenty-eight (28) different organizations, attended a stakeholder meeting to review past health needs assessments, assess the current health of the community, identify significant health needs, and prioritize needs to find focus areas for improvement. Attendees came from a variety of backgrounds including law enforcement, the local school system, public health, mental health, disability services, community health center, early childhood advocacy, regional planning, multiple hospital departments, and social services. After the discussion, twenty-one (21) different areas of opportunity were highlighted and each attendee was given the chance to prioritize five areas of improvement. Here are the focus areas highlighted as well as the number of votes each area received:

Focus Area	Stakeholder Meeting Priority Voting	Priority Voting %
Mental Health	23	71.9%
Poverty	21	65.6%
Sense of community and family values	19	59.4%
Recruitment and Retention of Young People	19	59.4%
Employment	11	34.4%
Substance Use	10	31.3%
Crime	6	18.8%
Access to Healthcare	6	18.8%
Obesity/Diabetes	5	15.6%
Resource Communication/Knowledge	5	15.6%
Quality Childcare	5	15.6%
Resources for Youth	5	15.6%
Chronic Conditions	4	12.5%
STDs and Teen Pregnancy	3	9.4%
Housing	3	9.4%
Transportation	3	9.4%
Community Nutrition	1	3.1%
Education	1	3.1%
Disability Services	1	3.1%
Dental Care	0	0.0%
Environmental Health	0	0.0%

Key Informant Interview Results

In addition to a stakeholder meeting and the community-wide survey, key informant interviews and focus groups were scheduled with different agencies/groups in the community. Nine (9) local, key informants were selected to add information based on different areas of expertise and experiences. Two focus groups were also held with graduates of the Bridges Out of Poverty initiative and employees at Southeast Iowa Regional Planning Commission (SEIRPC) to gain their unique perspectives on local community health issues. Many of the same barriers highlighted at the stakeholder meeting were referenced in the interviews. The only barrier not highlighted by stakeholders was “Funding/Manpower” while the interviewees did not reference four focus areas that the stakeholders suggested. Page 2 of this document shows the breakdown of the agencies/groups involved and what local health issues they referenced during the interviews:

Key Informant Interviewees/Focus Groups

Organization/Group	Focus Area/Insights
IDPH	STDs – Treatment and prevention
Iowa State Extension	Poverty, Education
Burlington Fire Department	Ambulance services, fire safety and prevention
Burlington Police Department	Violent Crimes, Substance Use, Mental Health
Art Center of Burlington	Local non-profit, Arts, community engagement
Community Action – WIC	Childhood development, maternal health
Maple Leaf Center/Harmony Bible Church	Faith-based community, local support
Des Moines County Community Services	Mental Health, Substance Use, Disability services, Regional Resources
Burlington Community School District (BCSD)	Education, Child/Adolescent/Teen Health
Bridges Out of Poverty Graduates*	Poverty, Community input
SEIRPC*	Regional health/development issues, Transportation

*GRHS employee conducted focus group with participants and not 1-on-1 interview

Focus Area	Number of Key Informant Interview/Focus Group References
Mental Health	10
Access to Healthcare	10
Substance Use	9
Transportation	9
STDs and Teen Pregnancy	7
Funding/Manpower	6
Housing	6
Poverty	5
Obesity/Diabetes	5
Resource Communication/Knowledge	4
Community Nutrition	4
Education	4
Sense of community and family values	3
Chronic Conditions	3
Employment	1
Crime	1
Disability Services	1
Dental Care	1
Recruitment and Retention of Young People	1
Resources for Youth	1
Quality Childcare	1

8. What are the best health services offered by Great River Medical Center and other providers in the region?

- “One thing I appreciate about GRMC is they do try to be involved in the community. Taking a lead partnership role in many of these things such as the CHNA. Providing support like in Jake’s position – trying to kick start some wellness type things. I think (GRMC) have done much better in joining partnerships, like the new Family Planning Clinic, being a major player in that.”
- “BHAT is great, offering 24 hr assessment and treatment. Great River Mental Health serves a lot of people well. CHC has increased mental health services.”
- “Not necessarily the services but the providers and staff at GRHS are professional, treat people with dignity, and they create relationships with their patients.”
- “[GRMC] offers a wide-variety of health services. We always try to talk patients to go to Great River especially when we know they might be transferred there later anyways.”
- “Willingness of a handful of providers to be available (about 4) that have provided personal contacts and respond quickly to inquiries. Everything comes together better for the family, patient, clinic when the provider is engaged.”
- Best Health Services offered by GRMC:
 - Physical Therapy (especially the aqua-aerobics)
 - The new “Planned Parenthood” (Family Planning) clinic [3]
 - Breastfeeding clinic
 - Grief counseling
 - Gym (Wellness center and coaches)
 - Hospice
 - “I appreciate everything they do”
 - “One of the best experiences after dealing with a horrible situation”
 - A great variety of services (e.g. Women’s health, Pediatrics, PT, Orthopedics, Basic healthcare such as internists, OBGYN)
 - Infectious disease provider Haydoura can partner with other services from University, etc. and all meet in clinic office

9. If funds were unlimited, what would you recommend Great River Medical Center and other community organizations do to respond to these health needs?

- “Walk-in clinic for mental health – free services. Free walk-in dental clinic, free health care clinic.”
- “Continue working with the SEIL region & IA Medicaid to improve access to mental health services. Much has been done to improve services and there is much more to do.”
- “If funds were unlimited, it would be great to open an information center where community members could get information on gym memberships, meals, where to get resources like funding. Maybe offer cooking lessons and a physical space (possibly covered by insurance) or an entry level class on being healthy and help to teach people important lessons for the future.
- “Home healthcare visiting nurse who work within a community para-medicine initiative, especially people who have diabetes, post-heart attacks. Possibly a short-term mental health facility where they can receive care but is readily accessible. Gym could be free for all people.”
- “I know that GRHS is a big system and they need a standard process to request participation and support but things come up and it is difficult to know when events/programs are going to happen. It would be nice if it was easier to work with the hospital. We are the main school system in the area and it would be nice if the school district could pick-up the phone and ask for help with something when needed.”

- Possible ideas shared by interviewees:
 - Develop tiny house villages for people to live at to get support but be able to live on their own
 - Diversity training at GRMC
 - “Learning how to respect and understand others can make all the difference.”
 - Build an institute for Mental Health well-being
 - An Education Center for youth
 - Sex Education
 - “[Teach] ‘em while they are young!”
 - Mental Health clinic
 - Mini University of Iowa down here
 - “We have kids who are waiting to be seen as long as 6 months.”
 - If your kids are having a mental health issue in our community, it is recommended to go to the ER in Iowa City and not here in Burlington.
 - “We have kids in-crisis and they deserve to have a place to go.”
 - Continue to support other services and organizations
 - More solid educational programs – robust delivery
 - Not financial but more policy/law- the ability to work closer together and share information across disciplines like SA agency- limited on what information can be shared.
 - “If we could talk more freely, we could address issues quicker.”
 - More transportation services available
 - Manpower/Support staff to address issues-why people are not responding. “There is always something bigger going on” and we need to get to the bottom of it. In-person outreach would also be helpful.
 - GRMC to help with transportation needs- bus service like FMCH does. Expand on our SEIBUS to Iowa City services to include more in town service. If there is already a route that could be used, advertise them. Needs are only going to expand as population ages.
 - Companion and assistance to help advocate for older adults and their health: an extra ear to rely on.
 - Mental health beds and services for all kids in addition to those who use drugs and to address the opioid epidemic.
 - Address STD rates- new clinic should hopefully help with this.
 - Need to talk about family planning and address teen pregnancy