

# **COMMUNITY HEALTH NEEDS ASSESSMENT**

---

**COMMUNITY THEMES & STRENGTHS  
ASSESSMENT**

**FORCES OF CHANGE ASSESSMENT**

**LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT**





## Table of Contents

<b>Community Themes &amp; Strengths Assessment</b> .....	<b>3</b>
<b>Survey Assessment</b> .....	<b>4</b>
Introduction.....	4
Respondent Demographics .....	5
Community Health.....	8
Community Perceptions.....	8
Community Safety .....	11
Personal Health .....	12
Self-Rating of Health.....	12
Insurance Coverage.....	13
Access to Care .....	14
Emergency Room Use .....	17
Food Security.....	18
Transportation Problems .....	19
Individual Priorities .....	20
Community Priorities.....	21
<b>Focus Group Assessment</b> .....	<b>22</b>
Introduction.....	22
Focus Group Organizations .....	23
Common Responses.....	24
Summary of Most Common Responses.....	29
Thematic Review .....	30
Stress.....	30
Healthy Lifestyle Options .....	30
Education and Support.....	30
Insurance Coverage.....	31
Access to Care .....	31
<b>Public Feedback Board Assessment</b> .....	<b>32</b>
Introduction.....	32
Locations.....	32
Top Five Factors .....	32
Response Analysis .....	33
<b>Forces of Change Assessment</b> .....	<b>34</b>
Introduction.....	35
Methodology .....	35
Collection of Results.....	36
<b>Local Public Health System Assessment</b> .....	<b>39</b>
Introduction.....	40
Direct Health Services .....	40
Health Education & Information Resources .....	42
Ancillary Community Assets.....	43
Community Building Activities .....	44
Comments .....	44





# **JOHNSON COUNTY COMMUNITY THEMES & STRENGTHS ASSESSMENT**

**SURVEY ASSESSMENT  
FOCUS GROUP ASSESSMENT  
PUBLIC FEEDBACK BOARD ASSESSMENT**





## SURVEY ASSESSMENT

### Introduction

The Community Health Needs Assessment (CHNA) survey was used in combination with a series of focus groups to gather community input and opinions on the health status of Johnson County residents and identify the top health priorities in Johnson County.

The survey was developed by the Johnson County CHNA Survey Subcommittee through a series of four collaborative workshops during the spring of 2015. The subcommittee reviewed several example surveys and together they created a 50-question survey, which included 9 demographic questions. The survey was written at the 8<sup>th</sup> grade reading level, and took roughly 12 minutes to complete. It was available in both English and Spanish, and could be completed either online (using Qualtrics survey software) or on paper. Paper copies were entered into the electronic database by Johnson County Public Health.

The survey was available from May 12 to June 9, 2015, and resulted in 793 completed surveys. To ensure adequate participation in the survey, the Community Health division of Johnson County Public Health promoted the online survey through social media outlets, community partners, the CHNA Steering committee email lists, and visiting local organizations. Members of the Community Health division went onsite to solicit participation, especially in high-need communities.

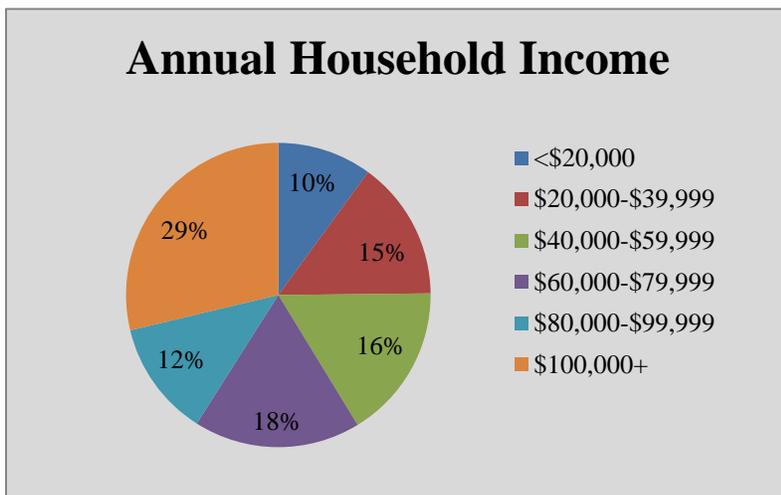
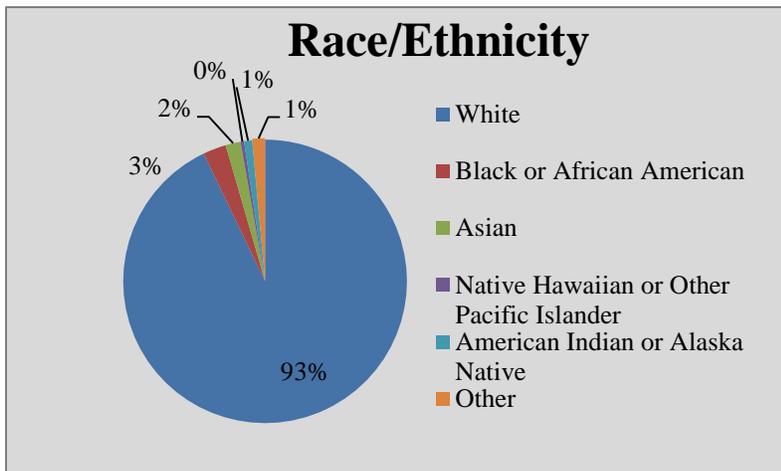
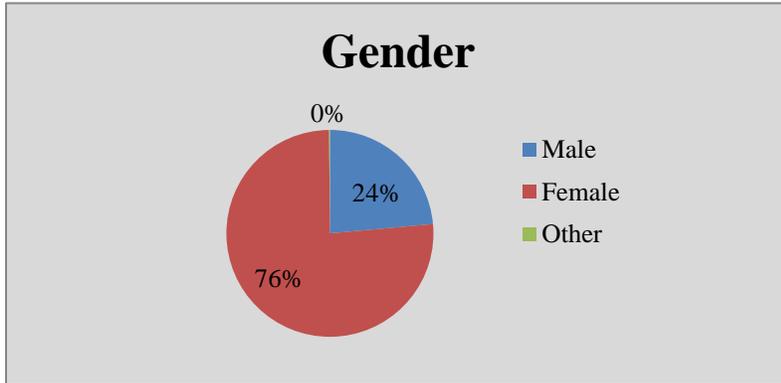
Once the data was collected, the results were analyzed and interpreted with SPSS software by Jenna R. Reishus, MPH candidate, Department of Community and Behavioral Health, with the assistance of Dr. M. Bridget Zimmerman, PhD, Department of Biostatistics, University of Iowa College of Public Health.





## Respondent Demographics

Survey respondents were asked to provide their demographic information in order to interpret results in the context of the individuals who responded. The results are included below, and are given in percentages.

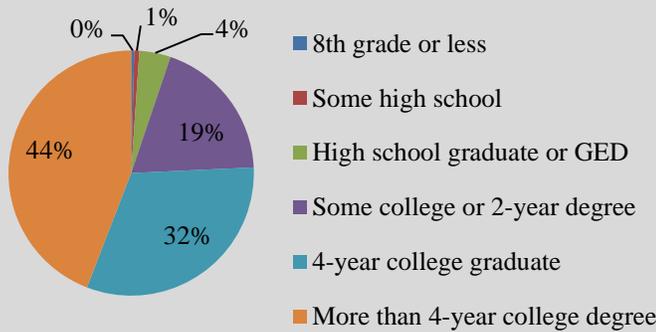


## Summary

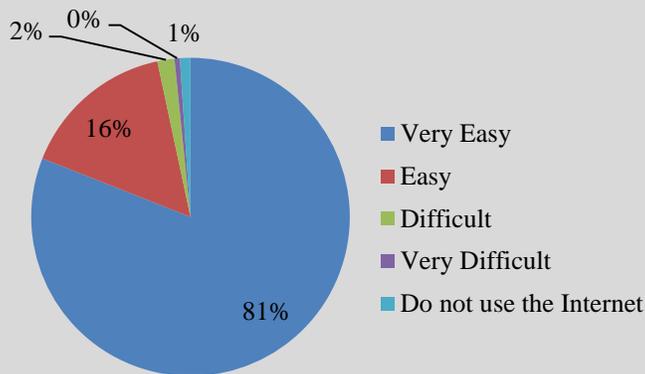
- Despite efforts to recruit a diverse sample of responses, a majority of the survey respondents were female (76%), and 93% were white.
- Household income had a greater spread among responses, ranging from 10% of respondents reporting <\$20,000 per year, to 29% of respondents reporting \$100,000 or greater each year.



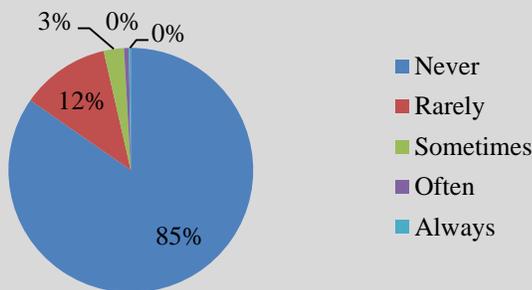
### Education Level



### Internet Access

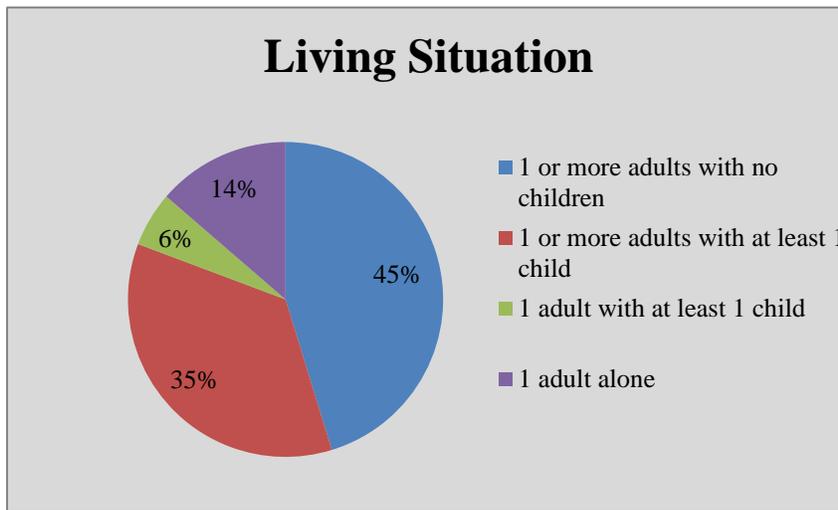
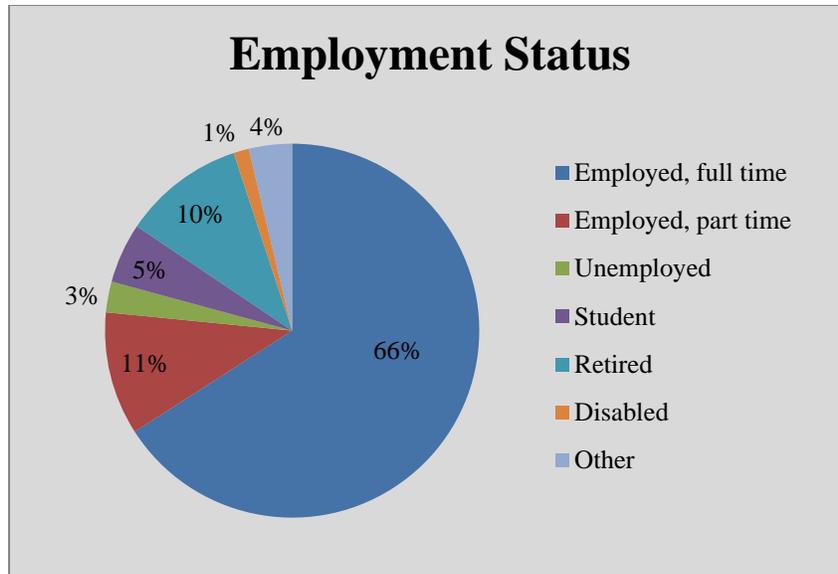


### Need Help Reading Health Information



### Summary:

- **Education-** More than 75% of respondents have earned a 4-year college degree, and many of those people have also achieved advanced degrees.
- **Internet-** Almost all respondents have easy access to internet services.
- **Health Literacy-** The individuals who require assistance to read health information are predominantly lower income, lower education, and have less than full time employment. Many of these individuals are also of Hispanic/Latino descent.



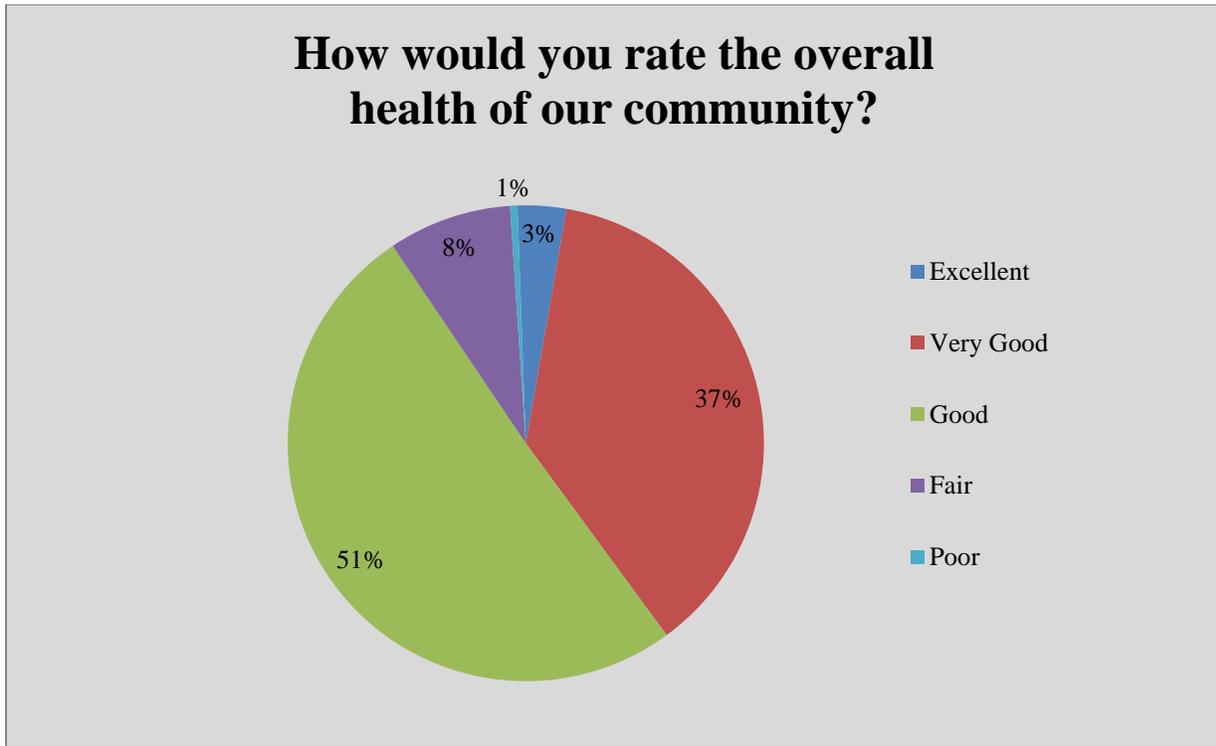
## Summary:

- In response to a question about their “primary” role, a majority (66%) of respondents indicated that they are employed full time, while 11% are employed part time, 3% unemployed, 5% are students, and 10% retired.
- Living situation can have a large impact on health needs and priorities. Only 6% of respondents were single care-givers, while 59% had no children at home.



## Community Health

In order to gain a better understanding of perceived health in the community, respondents were asked to rate the overall health of the community, and rank whether specific features were present within the community.

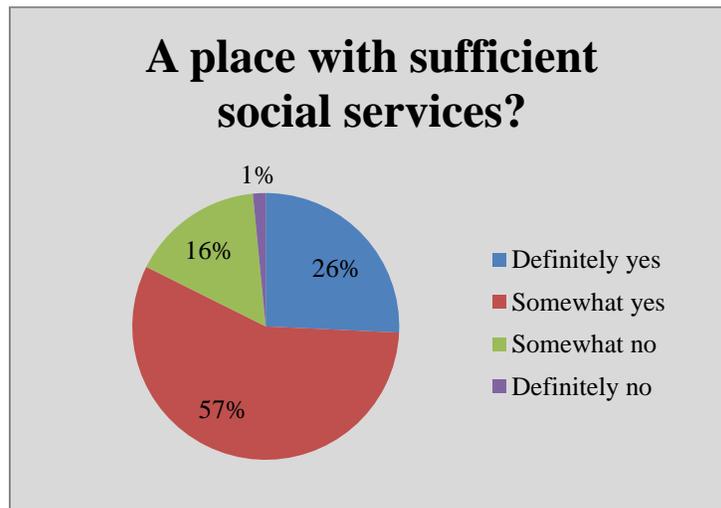
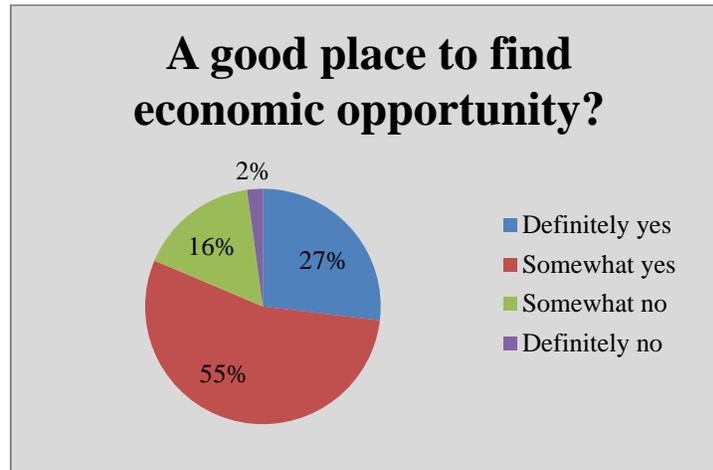


## Community Perceptions

Is This Community:	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No
A good place to find economic opportunity?	27%	54%	16%	2%
A place with sufficient social services?	26%	57%	16%	1%
A good place to raise children?	66%	32%	2%	0%
A good place to grow old?	42%	48%	9%	1%
A safe place to live?	32%	47%	5%	<1%
One that provides a network of support during times of stress and need?	32%	56%	10%	1%



Is this community...

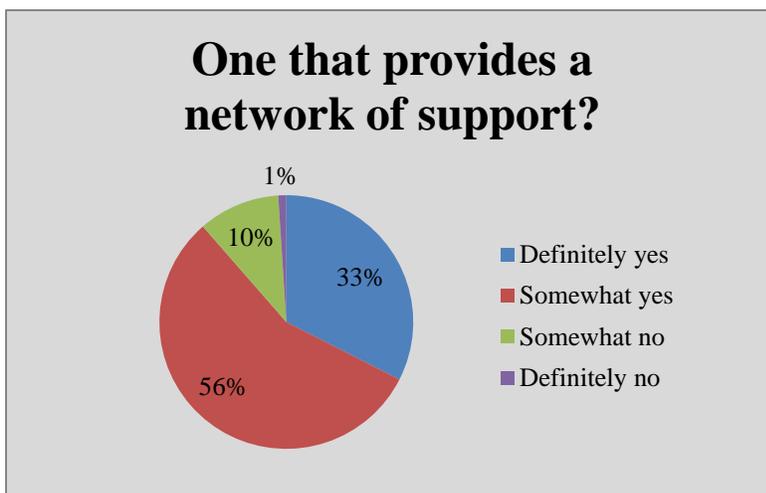
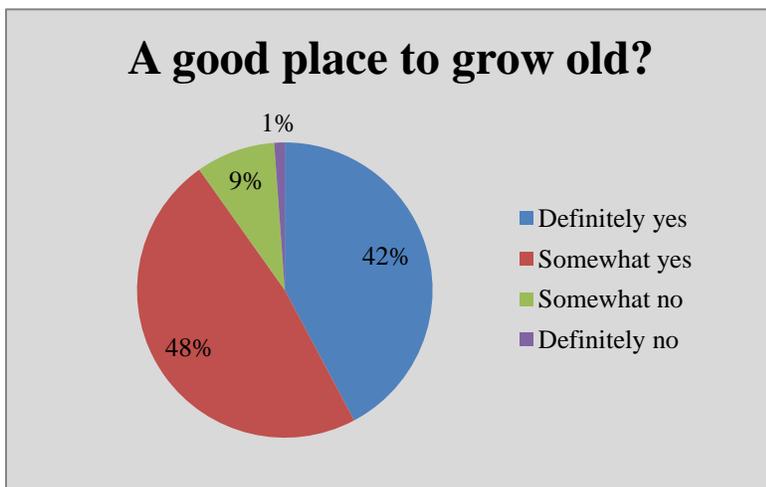
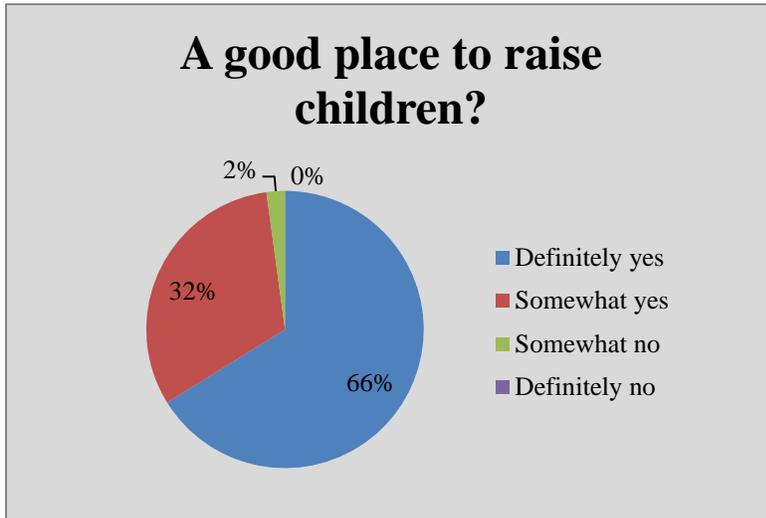


## Key Findings:

- **Economic Opportunity-** Income and gender were significantly associated with perceived economic opportunities. Lower income individuals and females were more likely to rate this question as somewhat or definitely no.
- **Social Services-** Employment status had a significant relationship with perception of social services available. Being employed improved perception of social services available.



Is this community...

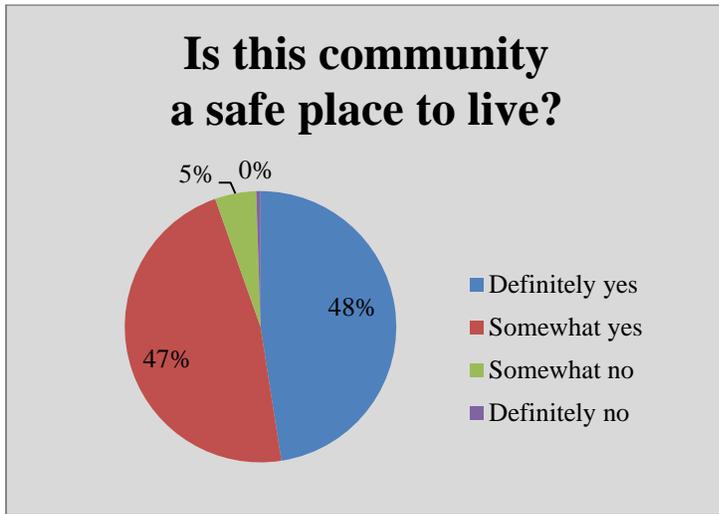


## Key Findings:

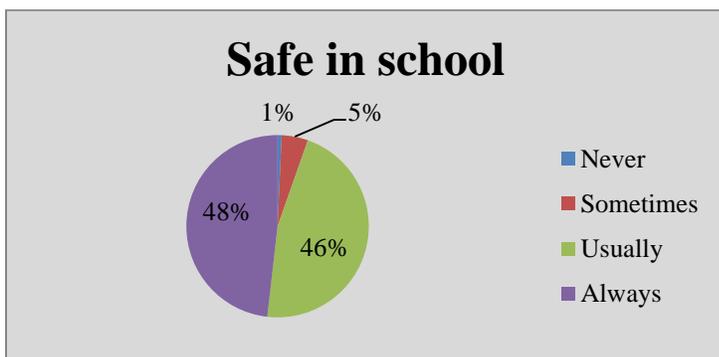
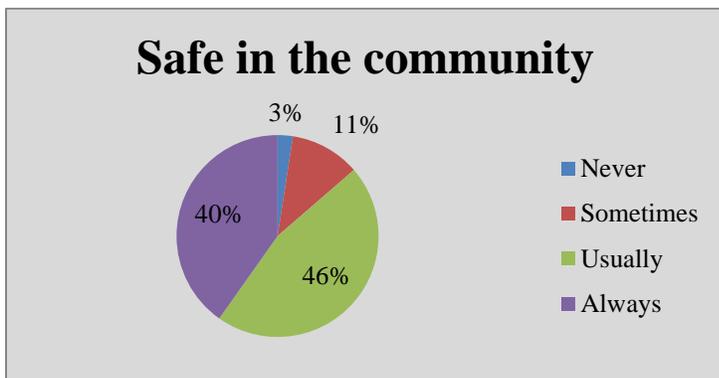
- Survey respondents' perception of Johnson County was generally positive.
- **Raise Children-** 98% of respondents felt that Johnson County is definitely or somewhat good for raising children.
- **Grow Old-** 90% of respondents felt it was definitely or somewhat a good place to grow old.
- **Support-** 89% of respondents felt there was a good support network in Johnson County.



### Community Safety



#### How often do you feel your child is...



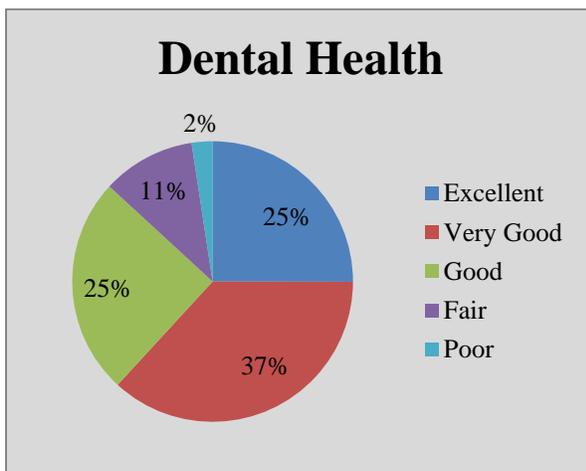
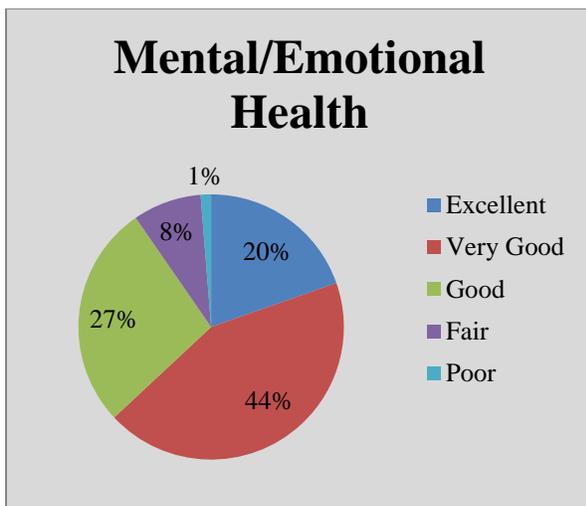
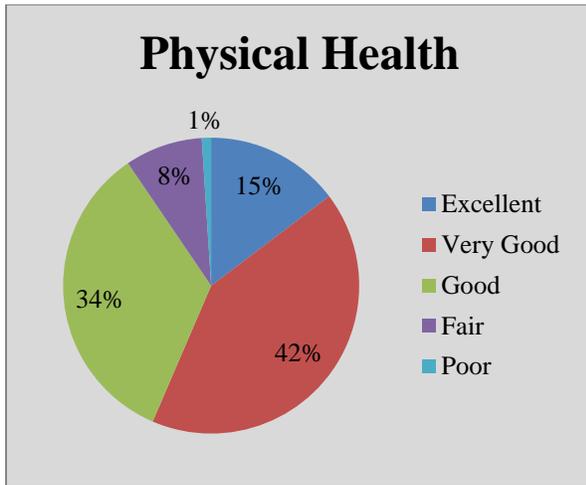
### Key Findings:

- **Community Safety-** A majority of respondents (95%) responded favorably when asked about safety in the county.
- **Child Safety-** Being employed and having a higher annual household income increased perceived safety in the community and at school.
- Age, living situation, and having a Hispanic background also impacted perception of child safety in the community and at school.



## Personal Health

### Self-Rating of Health



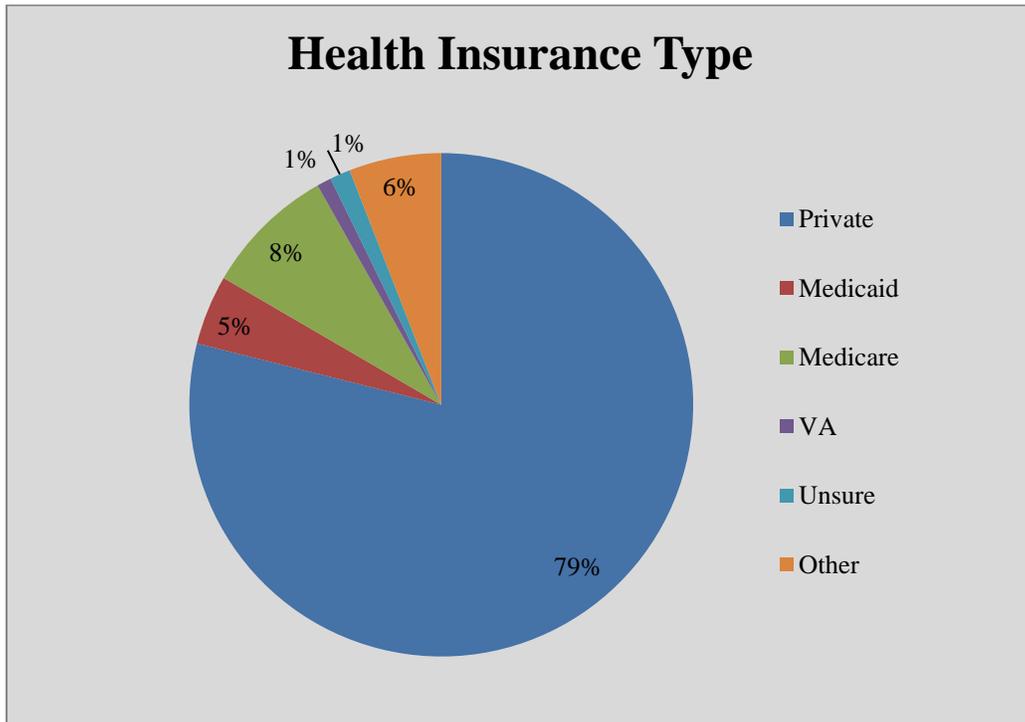
### Key Findings:

- Respondents were asked to rate different aspects of their own health, including physical, mental/emotional, and dental health.
- Income, employment status, and education impacted the self-rating of all three types of health.
- Those with lower income, less work, and less education had a worse overall opinion of their health.
- Age was a factor that influenced mental/emotional health response, and living situation had an impact on self-perception of dental health.



### Insurance Coverage

Respondents were asked to report whether they have health insurance or dental insurance. Roughly 96% of respondents have health insurance, and 83% have dental insurance. A breakdown of respondents' health insurance type is shown below.



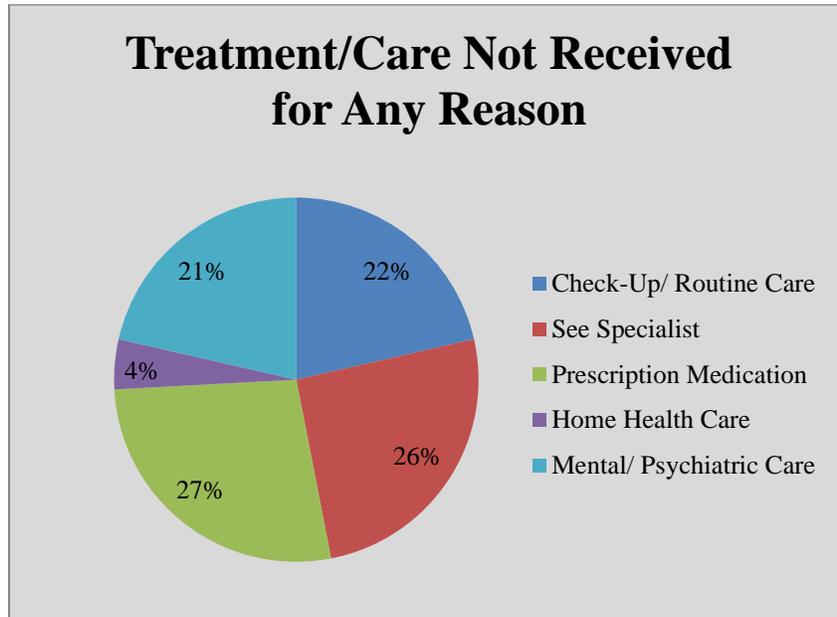
#### Key Findings:

- Insurance coverage is largely impacted by employment, education, income, and age. Having a full-time job increases the likelihood of insurance benefits. This type of employment often requires higher education. Finally, having a Hispanic/Latino background has a negative impact on insurance coverage.
- A majority of respondents (79%) use private health insurance; however 13% use Medicare or Medicaid.



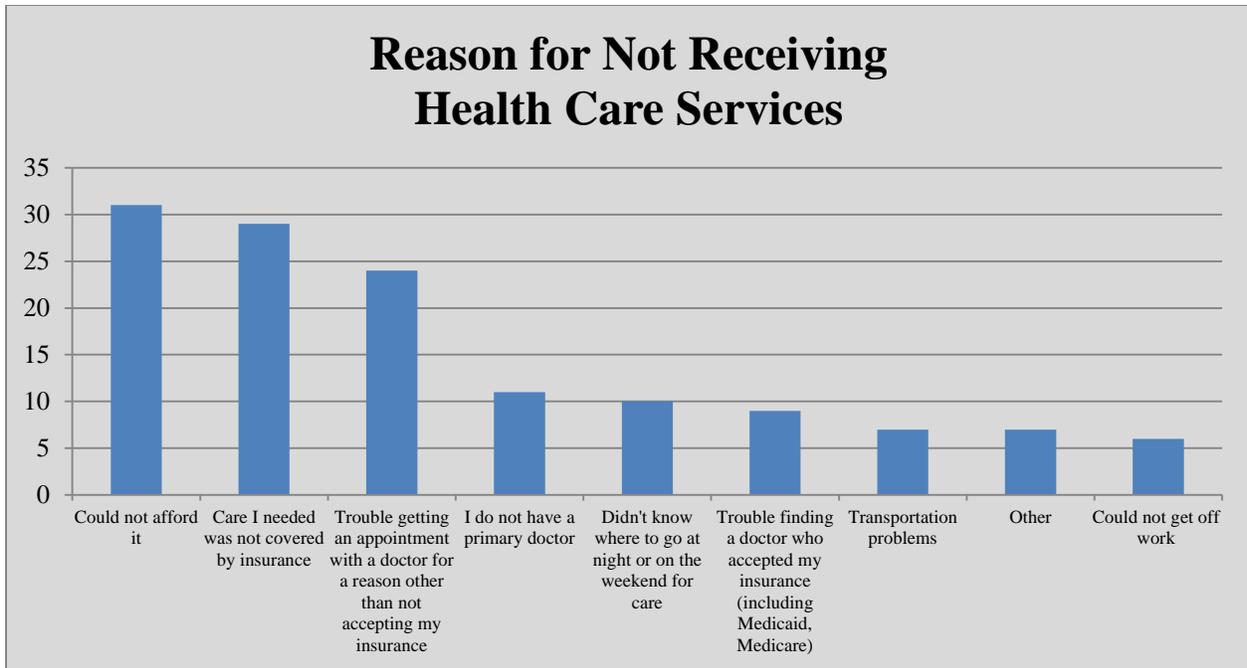
### Access to Care

Respondents were asked if there was any time within the last 6 months that they needed medical care but were unable to get it for any reason. While 92% of respondents indicated they had no problem accessing care when it was needed, 8% said they did have trouble receiving the care they needed.



### Key Findings:

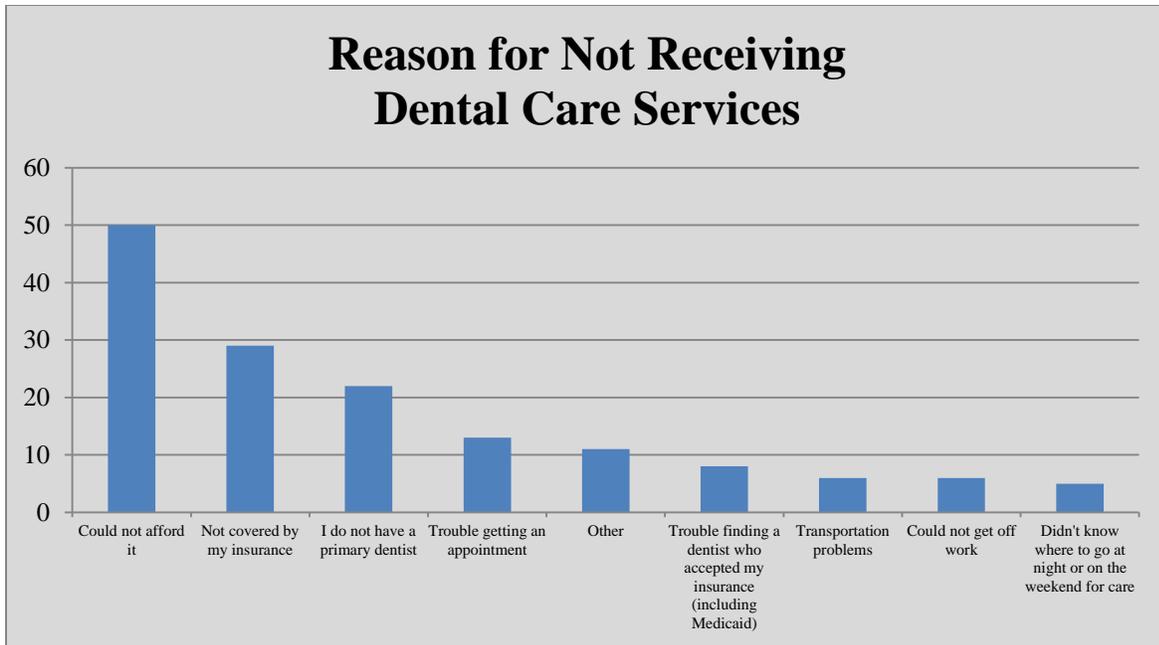
- Lower level of education, less employment, lower income, and lack of insurance are factors in not receiving any of the above types of care.
- Living situation also has an impact on access to Check-Up/Routine Care, Prescription Medication, and Mental/Psychiatric Care.
- Age has a significant impact on access to Home Health Care.



Reason:	%	Demographic Factors:
Could not afford it	47%	Low income, lack of employment, low level of education, being a single parent
Care I needed was not covered by insurance	44%	Low income, lack of employment, older age
Trouble getting an appointment with a doctor for a reason other than not accepting my insurance	36%	Low income, lack of employment, low level of education, being a single parent, age
I do not have a primary doctor	17%	Low income, lack of employment, being Hispanic
Didn't know where to go at night or on the weekend for care	15%	Low income, lack of employment, being Hispanic, age
Trouble finding a doctor who accepted my insurance (including Medicaid, Medicare)	14%	Location (zip code)
Transportation problems	11%	Low income, lack of employment, low level of education, being a single parent
Other	11%	Being a single parent
Could not get off work	9%	Being a single parent, low income

### Key Findings:

- Lower income and less/lack of employment are factors that impact nearly all of the above reasons for not receiving health care services.
- Single parents also experience more difficulty with accessing/receiving care.



Reason:	%	Demographic Factors:
Could not afford it	69%	Low income, lack of employment, zip code, age
Not covered by my insurance	40%	Low income, lack of employment
I do not have a primary dentist	31%	Low income, lack of employment, zip code, being Hispanic
Trouble getting an appointment	18%	Low income, lack of employment, zip code, being Hispanic, age
Other	15%	Low income, lack of employment
Trouble finding a dentist who accepted my insurance (including Medicaid)	11%	Low income, lack of employment, zip code, age
Transportation problems	8%	Lack of employment, zip code
Could not get off work	8%	n/a
Didn't know where to go at night or on the weekend for care	7%	Lack of employment

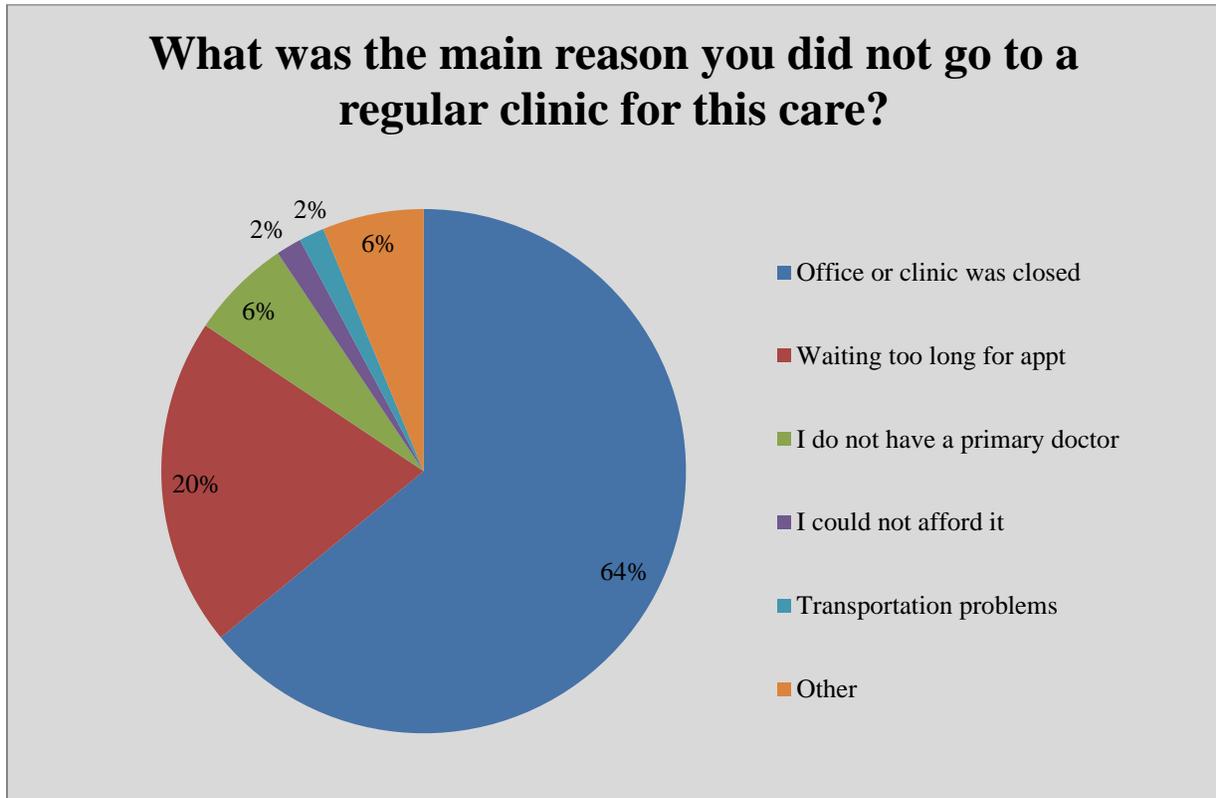
## Key Findings:

- Lower income and lack of employment are two factors that impact nearly all reasons listed above for not having access to dental care.
- Zip code (or location) is another factor that has a large impact on dental care access.



### Emergency Room Use

Respondents were asked to report whether they went to the emergency room for a medical problem in the last 6 months. Nearly 16% of respondents visited the emergency room during the last 6 months, and 51% of those people felt that their care could have been provided at a regular clinic.



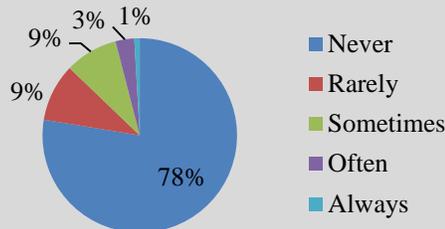
#### Key Finding:

- The primary reasons for visiting the emergency room were that their provider’s clinic or office was closed (64%), or they were waiting too long for an appointment (20%).

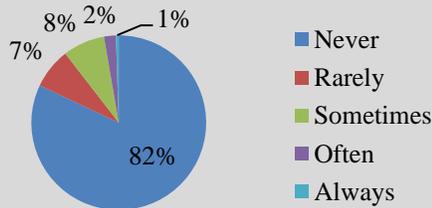


### Food Security

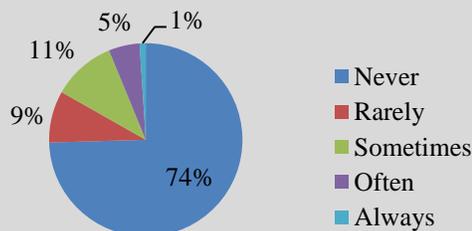
**"We worried whether our food would run out before we got money to buy more."**



**"The food that we bought just didn't last and we didn't have money to get..."**



**"We couldn't afford to eat balanced meals."**

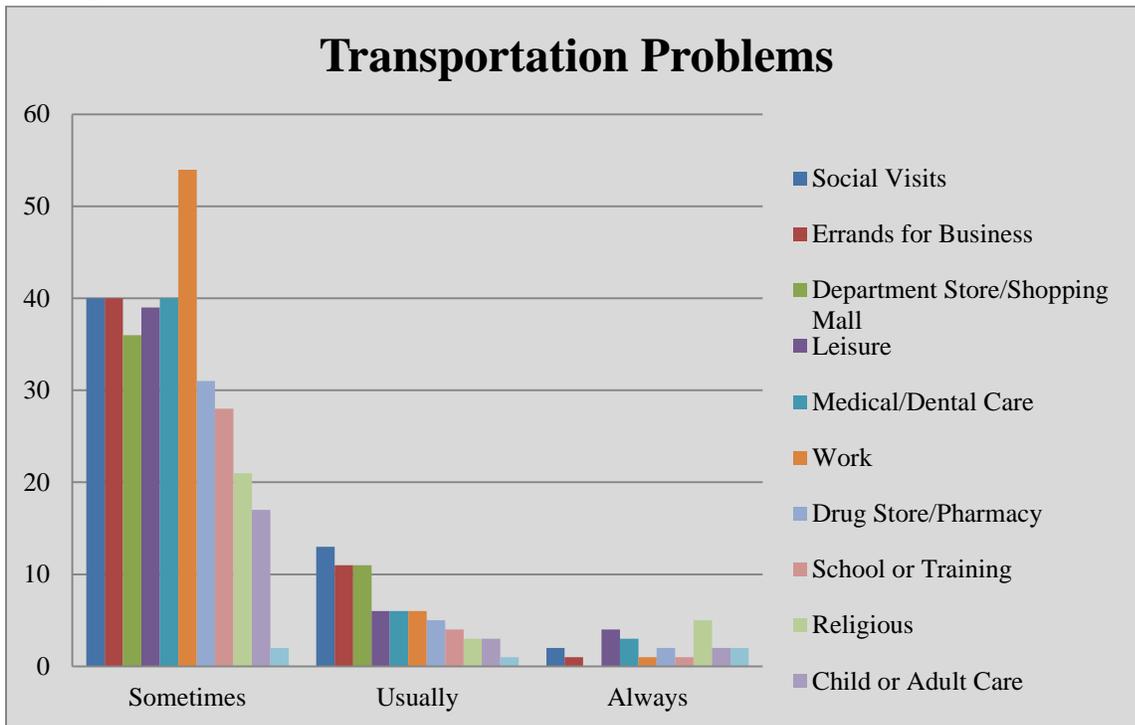


### Key Findings:

- Food security is directly related to income, employment, education, and living situation.
- Those with lower education attainment, lower employment and lower income have less food security.
- Being a single parent and having a Hispanic/Latino background are also related to food insecurity.



### Transportation Problems

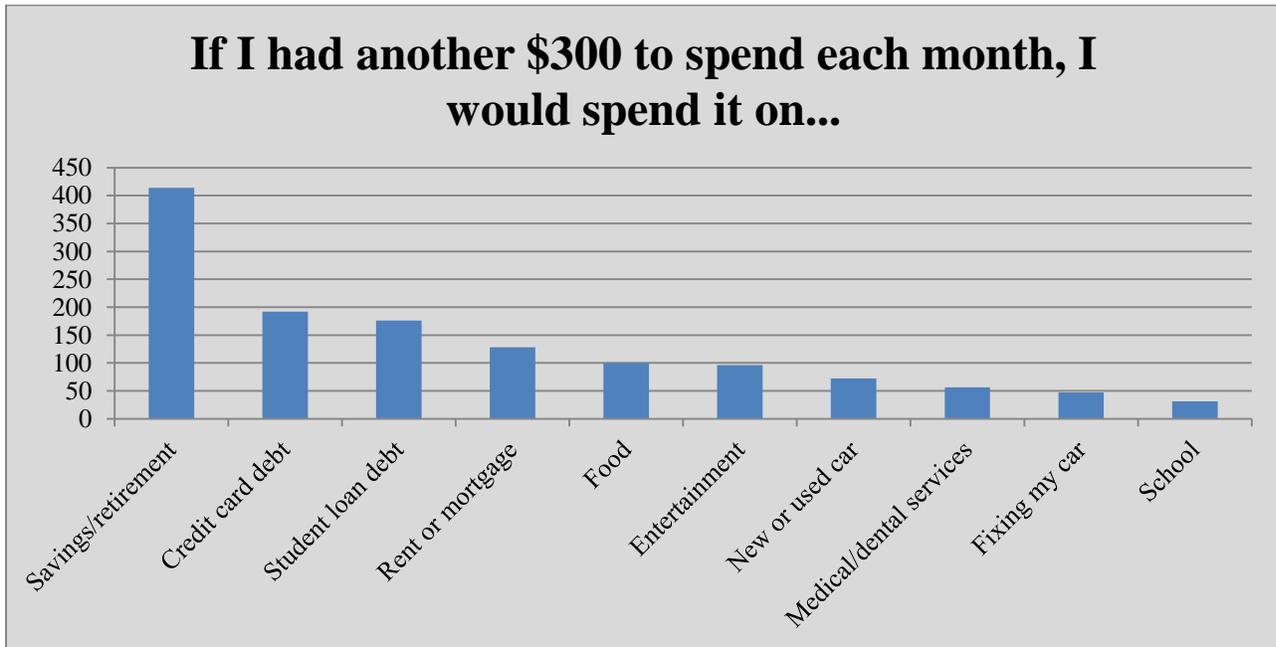


### Key Findings:

- Survey respondents who indicated sometimes, usually, or always having transportation problems have the most trouble with traveling to work, social visits, errands for business, shopping, and leisure.
- A small group of respondents indicated “sometimes” having issues getting to work (7%), medical/dental care (5%), and the drug store/pharmacy (4%).
- Very few respondents (<1%) indicated “always” having transportation problems getting to medical/dental care.



**Individual Priorities**



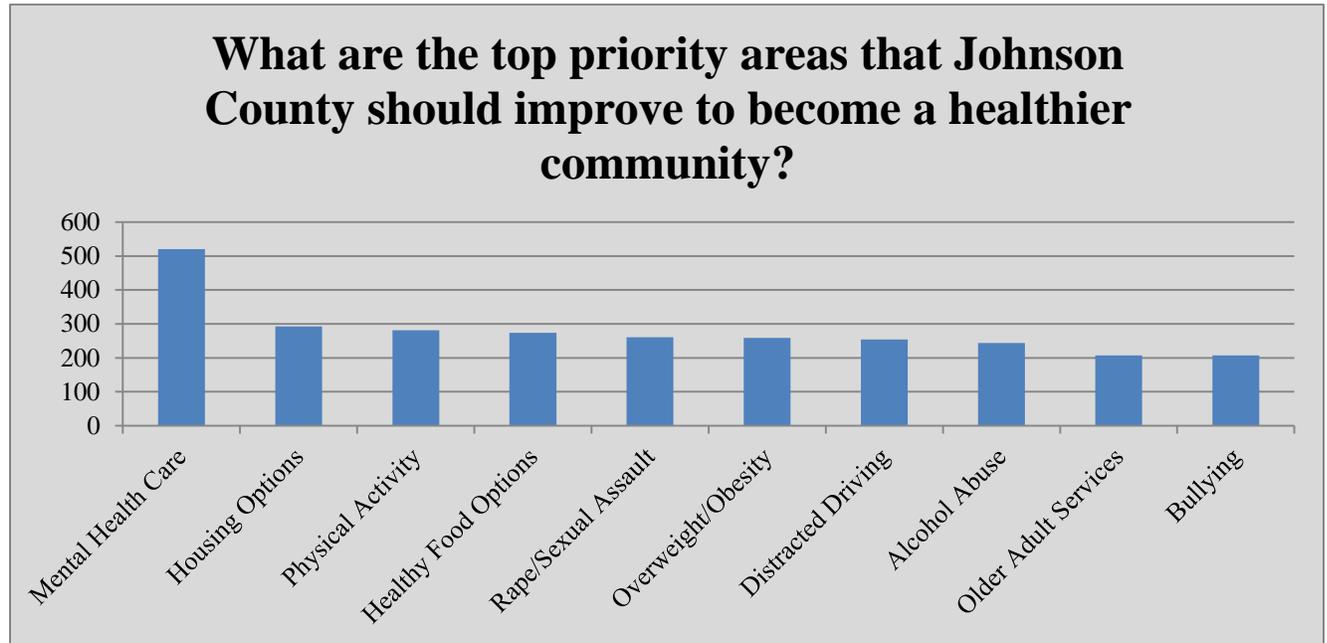
<b>If I had another \$300 to spend each month I would spend it on:</b>	<b>%</b>	<b>Demographic Factors:</b>
Savings/retirement	55%	High income, high employment, no children, older, male
Credit card debt	26%	Mid- to high-income, being middle age
Student loan debt	23%	Lower income, lack of employment, being younger
Rent or mortgage	17%	Lower income, lack of employment, being younger, non-Hispanic, female
Food	13%	Less education, zip code (in town), single parent, age (20-30), female
Entertainment	13%	Lower income, lack of employment, younger
New or used car	10%	Lower income, living situation, middle age
Medical/dental services	7%	Lower income, less education, lack of employment, zip code, older age
Fixing my car	6%	Lower income, lack of employment, zip code, older age
School	4%	Lower income, lack of employment, college age, zip code

**Key Findings:**

- Income, education, and employment are common factors influencing priority of how to spend \$300 additional each month.
- Younger participants focus more on debt, rent, school, and entertainment, while older focus on savings, retirement, and medical services.



Community Priorities



Priority:	%	Demographic Factors:
Mental Health Care	70%	Older, females; zip code
Housing Options	39%	Lower income, lower education, age 20s; living situation, zip code
Physical Activity	38%	Age, male
Healthy Food Options	37%	Age
Rape/Sexual Assault	35%	Lower income, lower education, higher employment, younger, Hispanic
Overweight/Obesity	35%	Older, male
Distracted Driving	34%	Lower income, less education, low employment, having kids, age 30s; zip code
Alcohol Abuse	33%	Older age
Older Adult Services	28%	Less education, older, zip code
Bullying	28%	Less education, older, female

**Key Findings:**

- Respondents who have lower income and lower education perceive housing, rape/sexual assault, and distracted driving to be high priority.
- More males than females prioritize physical activity and weight management, while females prioritize mental health care and bullying more than males.
- Older participants believe mental health care, weight, alcohol abuse, older adult services, and bullying are highly important.





## FOCUS GROUP ASSESSMENT

### Introduction:

Johnson County Department of Public Health utilized the Mobilizing for Action through Planning and Partnerships (MAPP) Framework to organize and plan the 2015 Community Health Needs Assessment. This framework involved organizing a representative steering committee and several subcommittees to support the cause and establish a unified vision. The identified vision and values helped to provide focus, purpose, and direction to the process.

After concluding the initial planning and visioning, the Community Health Division of Johnson County Public Health began the assessment process with the Community Health Status Assessment. Then, they began the Community Health Needs Assessment, which included a Forces of Change Assessment, a Community Survey, and a series of Focus Groups to assess the community's strengths and needs. While surveys are a great tool to gather objective data, focus groups are an effective means of eliciting a community's understanding of health, illness, and services that affect their health attitudes, beliefs, and behaviors. Focus groups allow participants to collectively articulate opinions and feelings on these topics, and they enable observers to understand the environment, policies, attitudes, and beliefs that influence health behaviors.

During June 2015, the Community Health Division of Johnson County Department of Public Health conducted seven focus groups throughout the county. Focus group sub-committee members facilitated the focus groups with diverse groups and community members to gain an understanding of health needs that are specific to the target populations. A moderator guided the participants by asking a set of standard protocol questions and making sure they remained on topic while the responses were typed, written, and recorded (with permission) by the recorder. The information gathered during the focus group is being used, along with results from the Community Health Needs Assessment Survey, Public Feedback Boards, and the Forces of Change Assessment to guide steering committee members in setting community priorities for the 2015 Community Health Needs Assessment.

**FOCUS GROUP ORGANIZATIONS THAT REPRESENT SPECIFIC TARGET POPULATIONS:**

<b>TARGET POPULATIONS</b>	<b>ORGANIZATION</b>
<b>College Students</b> Age range 19-25 10 participants	University of Iowa
<b>Elderly Population</b> Age range 65-75 8 participants	Senior Center
<b>Homeless</b> Age range 25-65 7 participants	Shelter House
<b>LGBTQ Community</b> Age range 25-55 7 participants	LGBTQA
<b>Mental Health</b> Age range 20-55 7 participants	NAMI
<b>People with Disability</b> Age range 30-60 9 participants	Systems Unlimited
<b>Sudanese Community</b> Age range 35-55 7 participants	Iowa City Mosque
<b>Youth Community</b> Age range 13-18 5 participants	United Action for Youth



**COMMON RESPONSES PER QUESTION BY FOCUS GROUP (bold indicates frequent responses):**

<b>1. What does a healthy community look like? Unhealthy Community?</b>	
<b>College Students</b>	Healthy: <b>Exercising, nutrition</b> , getting enough sleep, <b>affordable access</b> to health care services. Unhealthy: poverty, lack of jobs, high housing costs
<b>Elderly</b>	Healthy: <b>Healthy food options</b> , exercise, access to <b>quality medical care</b> , support for weakest members, access to <b>art</b> and green space, community building opportunities, “Elders help Elders”
<b>Homeless</b>	Healthy: Access to <b>affordable</b> primary care, dental & mental health specialists, more nurse practitioner services for primary care, clean needles, and accessible contraceptives, good services for senior citizens. Less wait in the ER. Affordable housing and shelters with extended stays.
<b>LGBTQ Community</b>	Healthy: Universal <b>access to healthcare</b> , capable providers aware of LGBT issues, <b>health concerns and needs being addressed</b> , safe community, comprehensive recycling. Unhealthy: substance abuse, partner violence
<b>Mental Health</b>	Healthy: <b>Adequate food, shelter, and clothing</b> . Equal treatment. Unhealthy: Inadequate or limited access to health care, lack of awareness of community issues.
<b>People with Disability</b>	Healthy: <b>Clean</b> neighborhoods and parks, free of trash, recycling, and nice, respectful and helpful people. Unhealthy: <b>Dirty</b> , garbage, cigarette butts, liquor bottles and cans everywhere.
<b>Sudanese Community</b>	Healthy: Access to health care services and health insurance coverage, good community environment, including housing, health promotion and disease prevention education.
<b>Youth Community</b>	Healthy: Equality, cooperation, no violence, clean environment. Unhealthy: “The one we have right now,” inequality, violence, bad economy, dirty water, McDonald’s existence.

<b>2. If you had one suggestion on what could be done to improve the health of the community, what would it be?</b>	
<b>College Students</b>	More free resources, recreation facilities, more affordable and accessible health care including mental health treatment.
<b>Elderly</b>	<b>Increase access</b> to preventive health care/exams, mental health care, safe areas to exercise, and access to <b>healthy food options</b> . Decrease alcohol consumption, and improve gun control.
<b>Homeless</b>	<b>Allow more time at the shelters, educate</b> about available social services, free and accessible condoms for teenagers, better paying jobs
<b>LGBTQ Community</b>	Increase access to information, reduce racial and gender bias in law enforcement, increase <b>access to affordable mental health services</b> , affordable housing, and train staff in assisted living facilities to be culturally competent for LGBTQ aging adults.
<b>Mental Health</b>	More accessible health care: more health care providers, more psychiatric help and more therapy time with patients. Better social services, and education on using resources/benefits: “We have the resources but we don’t have access to



	the resources,” use solar and wind power to lower global warming.
<b>People with Disability</b>	<b>Reduce junk food options</b> and increase healthy, fresh food restaurant options. Improve personal hygiene; wash hands and shower. <b>Keep the community clean:</b> don’t cut down trees, or pollute lakes, streets, or water. Support groups for smoking cessation.
<b>Sudanese Community</b>	Provide health education and health promotion programs to demonstrate how to use the system.
<b>Youth Community</b>	Educate people, get people involved, and promote activism. “You can’t do that much.”

<b>3. Did you or someone you know have difficulty obtaining health care services in the past few years? If yes, what are the reasons?</b>	
<b>College Students</b>	<b>No.</b> Yes, when a friend went to UI QuickCare and there was a long wait they ended up going to the ER.
<b>Elderly</b>	Inaccessibility of insurance through internet. Need Alzheimer’s caregiver support groups/facilities: caregivers cannot care for loved ones indefinitely, and rules for nursing homes may limit the support available.
<b>Homeless</b>	No problems since Obamacare. Yes, <b>could not afford</b> physical, dental, mental healthcare. Only received care after having a psychotic break. Have had headaches for 10 years – traveled around the country trying to seek help.
<b>LGBTQ Community</b>	Privacy concerns. <b>Inaccessible, incompetent physical, mental, and specialist health services. Insurance not accepted</b> for physical health, mental health. Unable to get mental health services after graduating college. Limited resources at community mental health center, long waiting list. No central guide for LGBT individuals looking for care or assistance with gender identity issues.
<b>Mental Health</b>	<b>Affordability</b> , Medicaid not taking new clients, Medicare has no dental coverage, and Iowa Care only covers pulling teeth. Insurance not reimbursing/covering treatment due to limits. Long waiting lists, not knowing where to get information, and social services often steer you to the wrong places.
<b>People with Disability</b>	Yes; due to Medicaid and Medicare problems. Had to wait a long time to see a doctor. Too much paperwork.
<b>Sudanese Community</b>	<b>Difficulty in accessing</b> health care services: <b>lack of health insurance</b> , unable to afford private insurance, only one free clinic is available; difficult to access due to time and travel expenses, inconvenient hours, limited availability of services, and non-acceptance of walk-ins. Hospital rarely accepts transfers from free clinic.
<b>Youth Community</b>	<b>No.</b> Yes, no adequate health care, hospitals do not have enough funding.



4. If you had one suggestion on how to improve access to care for uninsured or underinsured individuals in the community, what would that be?	
College Students	<b>More education on how to get coverage, assistance in signing up.</b> Financial assistance, mobile clinics that are free/reduced price, more openings at Free Medical Clinic or another clinic on the west side of town.
Elderly	Provide resource directory. Medicaid has excellent health care.
Homeless	Obamacare, affordable homeopathic medication, <b>increase free medical services and health education about prevention and primary care</b> , have a scoring system to rate doctors.
LGBTQ Community	<b>Increase assistance</b> for enrolling in health insurance through marketplace. Expand Free Medical Clinic for those without insurance; utilize volunteer providers including nurse practitioners for mobile access clinics.
Mental Health	Obama Care, encourage providers to accept all insurance, improve public transportation. "Eating healthy is expensive."
People with Disability	Health insurance should change so everyone in the world can be seen by a doctor.
Sudanese Community	Expand Medicaid eligibility and/or provide basic emergency medical services for new residents in the 5 year waiting period. Expand free clinic hours and scope of services covered for uninsured/underinsured.
Youth Community	"Just get Canada's health care system" – <b>free health care</b> , extend free clinic hours or availability, "take away money from the military budget and put towards lowering health care and cost of treatments"

5. Focusing on specific health issues, what would you say are the biggest health problems in the community?	
College Students	Nutrition: unhealthy options/choices, affordability of fruits/vegetables/healthy foods, exercise, smoking and e-cigarette use, stress, mental health and suicide, chronic diseases like cancer, heart disease, diabetes.
Elderly	<b>Binge drinking:</b> need to counsel patients in ER because of alcohol, large <b>number of bars</b> , and lack of healthy living <b>community activities</b> .
Homeless	<b>Cancer</b> , AIDS, heart disease, diabetes, overpopulation, behavior issues/mental health, obesity
LGBTQ Community	<b>Mental Health</b> , Suicide, Sexual Assault of bisexual women & trans community, Sexually Transmitted Infections/Diseases, Lack of resources for this population (direction to services, etc), Lack of community support (LGBT resource center is directed towards students) and spaces that are not bars.
Mental Health	Easy access to unhealthy options, binge <b>drinking</b> and smoking, bars downtown, synthetic weed available locally, homelessness, and poverty.
People with Disability	Not brushing teeth, too much drinking and smoking cigarettes, pollution and lack of clean water.
Sudanese Community	Sudanese community does not indulge in alcohol or tobacco, so no traditional health issues. General issues: heart problems, osteoporosis, osteoarthritis, and high dental caries due to lack of dental coverage availability/accessibility.



<b>Youth Community</b>	Cancer, diabetes, heart problems, liver diseases, Alzheimer's, alcoholism, addiction, insurance not covering treatments, treatments or cure unaffordable.
------------------------	---

<b>6. How often did you worry that food at home would run out before your family got money to buy more?</b>	
<b>College Students</b>	<b>Never.</b> On a budget, but never truly worried that wouldn't have something to eat.
<b>Elderly</b>	No issues. Food banks do a good job. Other grocery stores should have signage to donate food. Senior Center provides meals.
<b>Homeless</b>	<b>No issues.</b> Yes, lived paycheck to paycheck and <b>had to plan well to make money go further.</b>
<b>LGBTQ Community</b>	<b>No concerns.</b> Issues with food security while going through a separation without spousal support. High local rents create food insecurity.
<b>Mental Health</b>	<b>Every day.</b> Not enough food from the food bank, need to fund crisis centers to provide quality food or have businesses like Costco, Co-op, Table to Table donate food.
<b>People with Disability</b>	<b>Often.</b> It is <b>hard to buy healthy groceries on a budget.</b>
<b>Sudanese Community</b>	Food insecurity is a mild concern; always have enough food to eat, but the quality and nutrition significantly diminishes when money is a concern. In this community, families always help each other out.
<b>Youth Community</b>	Not that much, no response.

<b>7. What are the barriers to accessing local mental and behavioral health services and treatment programs?</b>	
<b>College Students</b>	Unaware of where to get help, long wait times to be seen, conflicts with class times, cost, stigma / fear of friends or family finding out
<b>Elderly</b>	Tough to find or afford services, crisis <b>transportation</b> is a barrier.
<b>Homeless</b>	<b>Difficulty accessing</b> rehab services and lack of: education, awareness, compassion, services offered, early intervention, and coordination for patients after being inpatient at hospital.
<b>LGBTQ Community</b>	If not seeing a primary care provider or don't have access to a computer, <b>needed information is limited.</b> Lack of competent providers, long waits to receive certain services. Insurance is a huge barrier.
<b>Mental Health</b>	Not enough psychiatrists, long wait lists, policy not being followed, and transportation issues. Specific requirements to qualify for Transportation Medical Services.
<b>People with Disability</b>	<b>No barriers to mental and behavioral health services.</b> Difficulty being seen by doctor in a timely manner.
<b>Sudanese Community</b>	Lack of <b>insurance, awareness, and education.</b> Cultural <b>taboo or stigma of seeking</b> mental health services. Not knowing where, when and how to access mental health services or that it's freely available.



<b>Youth Community</b>	<b>Lack of funding</b> , mental health treatments not covered, not enough information about the problem, not taking mental illness seriously, still a stigma about mental health
------------------------	--

<b>8. How would you describe the overall state of race relations in our community? What are some steps we could take to improve race relations in our community?</b>	
<b>College Students</b>	<b>Not nearly as bad as some places, could still be better.</b> Steps: more diversity training for police, employees of university and local businesses, recruit a more diverse student body, launch anti-discrimination programs.
<b>Elderly</b>	Both the university and the public environment have problems. Not a very diverse population in Iowa City, “we constantly hear ‘those people from Chicago.’” Steps: Admit there is an issue and hold community meetings, make progress, affordable housing.
<b>Homeless</b>	<b>Good race relations compared to other places</b> , less police shootings. Steps: Better training/education for both children and law enforcement on race relations
<b>LGBTQ Community</b>	“As long as people stay within their silos everything is fine.” Lack of cultural awareness, unwilling to look at the reality of the situation. Referencing ‘Chicago’ when referring to black people. Other parts of Johnson County are worse than Iowa City. Steps: Need to educate on race in the community, level housing market for diverse population, reduce aggressive policing in the Pedestrian Mall
<b>Mental Health</b>	Violence. <b>Don’t acknowledge the issue or accept</b> other cultures, traditions, ways of expression, “this town is good for talking the talk but not walking the walk,” Belief that all area black people came from Chicago or Detroit, and are here for only affirmative action. Steps: More discussion, understanding other perspectives and <b>being open to other cultures and traditions</b> . Not assume all black people are not from Iowa, or assume Hispanics are illegal. “The issue shouldn’t be us vs. them.”
<b>People with Disability</b>	Overall, pretty good. Steps: Be <b>friendly, nice, respectful and non-judgmental</b> toward others. Improve education so racism is less prevalent. “Serve everyone through thick and thin, no matter what.”
<b>Sudanese Community</b>	Not typically impacted by race issues because they do not identify with other African Americans. They have faced some discrimination from the African American community, which has made them feel unwelcome.
<b>Youth Community</b>	Not that bad, racism still exists in schools but it’s not acknowledged. Passive aggressive racism: “micro-aggression.” Steps: Education, understand racism and others’ differences rather than deny them, admit mistakes and call people out, “focus on the youth”



<b>9. What do you see as the biggest obstacle to health for your specific community?</b>	
<b>College Students</b>	<b>Too much stress, pressure</b> , hard to balance demands, finances, lack of motivation
<b>Elderly</b>	Economics, age, communication, information and services at the free library – small little library, no bus service on weekends and late at night, SEATS – doesn't operate on Sundays
<b>Homeless</b>	Poor nutrition and hygiene, finances, shelter from bad weather, affordable housing, and feelings of hopelessness. Need social workers.
<b>LGBTQ Community</b>	Homophobia (external), systematic heterosexism, cultural competency among providers, HIV/sexual health among young MSM, lack of resources and awareness around LGBTQ aging adults
<b>Mental Health</b>	The economic system and resources – income level, wealth, and insurance determine quality of care, lack of education about mental health, and <b>the stigma</b> .
<b>People with Disability</b>	Bullying. Being judged, picked on, or made fun of by others. “Don't judge by saying, ‘Oh that person is handicapped so he can't do anything.’”
<b>Sudanese Community</b>	Lack of, or limited availability of health insurance or free services, and serious health conditions that require urgent attention lead to health needs being neglected. Go to the ER instead due to no insurance. Keep getting billed for ER services.
<b>Youth Community</b>	Unaffordable treatment and health care, mental health not being taken seriously, recognition of all illnesses and not just physical ones.

**SUMMARY OF MOST COMMON RESPONSES BY QUESTION:**

<b>Focus Group Question</b>	<b>Most Common Responses</b>
<b>1. What does a healthy community look like? Unhealthy Community?</b>	Healthy: Clean neighborhoods and parks, access to affordable health care, affordable housing, equality, healthy food options, and exercise. Unhealthy: dirty neighborhoods and parks, inequality, lack of awareness.
<b>2. If you had one suggestion on what could be done to improve the health of the community, what would it be?</b>	Increase access to health and mental health care, increase availability and accessibility of social services and improve education on how to use them, reduce fast food options.
<b>3. Did you or someone you know have difficulty obtaining health care services in the past few years? If yes, what are the reasons?</b>	Lack of insurance, incompetent, inaccessible, and/or unaffordable health care services. Long wait times to see a doctor.
<b>4. If you had one suggestion on how to improve access to care for uninsured or underinsured individuals in the community, what would that be?</b>	Increase education and assistance on enrolling in health insurance, expand Medicaid eligibility, and offer free health care services.
<b>5. Focusing on specific health issues, what</b>	Mental health, cancer, easy access to unhealthy





would you say are the biggest health problems in the community?	lifestyle options, pollution.
6. How often did you worry that food at home would run out before your family got money to buy more?	Never, not that much/Often – it is hard to find healthy food on a budget.
7. What are the barriers to accessing local mental and behavioral health services and treatment programs?	Lack of adequate insurance, access, transportation, awareness and education. Long wait times. Social stigma to mental health care.
8. How would you describe the overall state of race relations in our community? What are some steps we could take to improve race relations in our community?	Better than other areas but still an issue that lacks acknowledgement/awareness. Steps: more discussion, openness to other perspectives, cultures, traditions. Be respectful and non-judgmental.
9. What do you see as the biggest obstacle to health for your specific community?	Stress, pressure, bullying, social determinants of health.

**THEMATIC REVIEW OF FOCUS GROUP RESPONSES:**

**Stress**

Stress can impact an individual in nearly any aspect of their life. Not having a place to stay, or being able to afford food, health care services, or other ongoing needs to support their health, many homeless individuals, people with disability, and people with mental health conditions experience the related stress regularly.

Homeless individuals are limited in how long they can stay at the shelter. Having a longer stay may improve their stress and allow them to improve their circumstances before they’re asked to leave.

College students experience stress due to financial pressures and increased workload and expectations.

**Healthy Lifestyle Options**

Many participants describe a healthy community in terms of the lifestyle behaviors of its members. College students, the elderly, and individuals with mental health issues all considered proper nutrition (and access to healthy food), and adequate exercise to be main components in creating a healthy community. Food security is a focus, especially in the mental health community and those with disability.

**Education and Support**

While there are health care service options available to those with low-income, it is not always clear where they need to go or how they can access the appropriate services. College students, homeless individuals, the LGBTQ community, the Sudanese community, and those with mental health conditions all suggested improved education on the resources available in the community





and how to access them. They felt this was the most important thing to improve the health of the community and improve access to care for uninsured and underinsured individuals.

### **Insurance Coverage**

Insurance coverage is an ongoing issue in obtaining access to health care services. The LGBTQ community and those with mental health issues seemed to have more difficulty accessing health care services due to coverage. Expanding Medicaid and improving insurance coverage were suggestions made by homeless people, people with disability, the Sudanese, and youth, to increase access for uninsured or underinsured individuals.

### **Access to Care**

Having access to health care services was mentioned in group discussions with college students, the elderly, the homeless, the LGBTQ community, and the Sudanese community as an integral part of a healthy community. As a result, improving access to care was their first suggestion for improving the health of Johnson County. The LGBTQ community also indicated a greater need for access to health care services that adequately address specific health concerns in their community.

Stigma, lack of insurance coverage, and inability to afford services are a few barriers that impacted participants and prevented them from receiving care.



## PUBLIC FEEDBACK BOARD ASSESSMENT

### Introduction:

As part of the Community Themes and Strengths Assessment for Johnson County's Community Health Needs Assessment and Health Improvement Plan, public feedback boards were used to gather qualitative data from the community. The public feedback boards helped elicit community opinions and comments about the most important factors for a healthy community. To solicit feedbacks from underrepresented members of the community, the public feedback boards were distributed to eight different agencies that work with these target populations. The boards were kept in these locations for two weeks before they were collected for analysis.

### Locations

<b>County Administration Building - CAB</b>	<b>Iowa City Free Medical Clinic – I.C.F.M.C</b>
<b>Community Mental Health Center – C.M.H.C</b>	<b>Lesbian, Gay, Bisexual, Transgender, Queer Services - LGTBQ</b>
<b>Crisis Center</b>	<b>Oxford</b>
<b>Health &amp; Human Services - HHS</b>	<b>Women, Infants and Children - WIC</b>

The top five most important factors identified by the community:

1. Affordable housing
2. Employment opportunities/economic security
3. Low crime/safe neighborhood
4. Good schools
5. Good Place to raise children



COMMUNITY HEALTH NEEDS ASSESSMENT

2015

**In the following list, what do you think are the three most important factors for a healthy community?**

(Those factors which most improve the quality of life in a community.) Please select using 3 stickers.

Factors	Location										
	CAB	C.M. H.C	Crisis Center	HHS	I.C.F. M.C.	I.C.F. M.C (Spanish)	LGBT QA	Oxford	WIC	Total	Rank
Good Place to raise children	6	7	10	5	2		24	5	5	64	5
Low crime/safe neighborhood	13	5	13	11	5	1	20		10	78	3
Low level of child abuse	17	1		4			7		2	31	10
Good schools	15	5	4	4	6	3	12	5	13	67	4
Access to health care (e.g., family doctor)	7	3	1	3	5	3	16	1	22	61	7
Parks and recreation	4	2	4	3	1		3	4	6	27	11
Clean environment	39	4	3	3			6	2	6	63	6
Affordable housing	16	8	7	14	5	1	34	1	5	91	1
Employment opportunities/economic security	25	3	10	11	6	3	15		8	81	2
Excellent race relations	2		1	2			6		4	15	14
Strong family life	5	3	1				5	1	6	21	12
Healthy behaviors and lifestyle	23	3	3		1		10		8	48	8
Affordable transportation	5	1	2	1			8		2	19	13
Good place to grow old		1					2	4	2	9	15
Religious or spiritual values	10	2	2	1	3		5	1	9	33	9
<sup>1</sup> other (please write down on a sticky note and attach to bottom of board)											





# JOHNSON COUNTY FORCES OF CHANGE ASSESSMENT

JOHNSON COUNTY





## FORCES OF CHANGE ASSESSMENT

### Introduction:

Forces of Change Assessment (FOCA) is one of the four main Community Themes and Strengths assessment tools within the Mobilizing Action through Planning and Partnership (MAPP) process. A force of Change Assessment identifies all the forces and associated opportunities and threats that can affect, either now or in the future, the community and local public health system. These forces can be trends, factors, or events.

- **Trends:** are patterns over time, such as migration in and out of a community or growing disillusionment with government.
- **Factors:** are discrete elements, such as community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- **Events:** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation

There are eight areas/categories to consider when identifying forces;

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical

The FOCA was conducted to:

1. Identify what is occurring or might occur that affects the health of the community or the local public health system
2. Identify specific threats or opportunities that are generated by these occurrences

### **Methodology**

On June 9<sup>th</sup>, 2015, Johnson County staff and selected community leaders participated in the Forces of Change Assessment.

1. Forces of Change Assessment overview PowerPoint presentation
2. Participants walked through the process of completing the Forces of Change Assessment
3. Participants were divided into small groups, each group received a paper with one category of force



4. Each group took their initial category, listed relevant forces of influence and their threats and opportunities created
5. After a specified period of time, each group passed their collection of notes to the next group, and they would receive another collection of notes from a different group
6. Each small group would then proceed to review the new collection of notes and add to them
7. After a specified period of time, the small groups would continue to pass their collection of notes to the next group and receive another collection of notes from a different group
8. This cycle of review and expansion of notes was continued until each of the small groups had commented on all 8 of the main categories of force
9. Participants came back together as a whole group to discuss each of the categories and walk through all of the forces, threats, and opportunities

**Collection of Results from the Forces of Change Assessment**

The following table provides the overall collection of comments generated from the process referenced above. Included are the categories of influence, the forces related to those categories, the threats posed by the force, and the (potential) opportunities created by the force.

FORCE	THREATS POSED	OPPORTUNITIES CREATED
<b>SOCIAL</b>		
Immigration from African Countries (refugee)	Ebola; greater isolation; language barriers; educational disparities; economic limitations	Influx of “American dream” initiatives; entrepreneurship
Single parent families	Decreases support in parenting as well as financial resources increases overall family stress	
Multiple generations in poverty	Decreases belief in ability to be successful; barriers to change seem too high	
History of homogeneous culture	Lack of empathy for immigrants (both U.S. and international)	Diversity; a richer environment good for all and attractive to many millennials
Neighborhood isolation	Disparity	
Aging/retirement	Lack of services	Expand aging services; University of Iowa – Aging Cluster
<b>ECONOMIC</b>		
Earning power – wages small – expenses rising	Consumers have to choose which basics they purchase	
Managed care for Medicaid program	More approval for care may decrease provider participation	Savings in overall funding (for state)
High/low income population	Lack of services geared to low income	
Lack of affordable housing	Inadequate workforce; residential poverty	



COMMUNITY HEALTH NEEDS ASSESSMENT

2015

University of Iowa and UIHC	Threat to Mercy Hospital	Economic/job stability
Minimum wage	Public to businesses	Better pay
21 only alcohol law		Better restaurants and more activity downtown by families
High tech corridor	Lack of middle-income jobs – low skilled workers have fewer opportunities	Attracts high – educated higher-wage workers; good tax base; provides entrepreneurial opportunities for low-educated
<b>POLITICAL</b>		
Legislative policy anti-Johnson County bias	Funding limitations	Evidence of best practices
Citizen apathy	Financial limits on progress and opportunities	
Collaboration among municipalities and county		Efficiencies in services, e.g. transportation
ACA	King vs. Burwell – Supreme court case	New models of human services
Mental health needs	Access to timely services	Develop care profession – physician as team leader
Economic inequality	Low access among poor; unpaid providers	
Tele health		Increases patient access and patient participation
Medicaid Managed Care	Cuts in service either directly or by providers refusing to serve	If done properly – focus on prevention (primary-community-based prevention)
<b>ETHICAL</b>		
Legalization of marijuana	Greater access to youth – greater acceptance of psychoactive self-med	Stimulate use of objective science; reduce law enforcement and corrections expenses
Raise of heroin use	Access for youth	Methadone clinic
Libertarianism	Rejection of public health/government	
Lack of personal responsibility		Can be incentivized
E-cigarettes unregulated for quality of content	Unknown but potentially harmful and addictive – especially for youth	Unmask the deceptive practices of tobacco industry
Limited interaction among neighbors reducing responsibility for caring for others	People left in isolation	
<b>ENVIRONMENTAL</b>		
Global warming	Zoonotic diseases; more frequent flooding	New energy sources; stimulate idea of active transport





COMMUNITY HEALTH NEEDS ASSESSMENT

2015

Water quality	Nutrient farm practices	New land use policies
Climate change	Disruption of food supplies	Stimulate home and other locally produced foods
Wind and solar power technological advancements		Economies of scale which will reduce cost
<b>TECHNOLOGICAL</b>		
Computerization	Isolation; hacking or inappropriate success	Access to learning and health; better records; better controls; improved technology
E-health	Cost – resources; hacking or inappropriate success	Access to health care; better control; improved technology
Robotic diagnosis and treatment		Better, quicker diagnoses
Medical health records	Less face-to-face conversing between doctors and patients	Accurate records accessible to patients at all times
<b>SCIENTIFIC</b>		
Loss of respect for science	Less respect of authority, e.g. – to immunize	
Genomics	Attitude that health outcomes are not individual's control	Targeted behaviors to improve health; raise awareness of need to change behaviors
Accessible scientific research results – easily accessible via internet	Access to inaccurate information	Educational improvements
Drug resistant strains/organization	Outbreaks; morbidity and mortality	Research
<b>LEGAL</b>		
Affordable Care Act	Complacency; federal exchange may be found illegal; Iowa has no back up – may cut off access for some	More covered people greater access
Central state control of locally – provided services	Inability to adequately fund some programs	Forces communities to prioritize
Illegal immigration	Uncertainties about future status – any path to citizenship barrier to access services	
Community IDs		Accessibility to services increased
Police brutality throughout the U.S.	Divides police officers and population who feel at risk	
Legalization of marijuana	Unregulated; strength unknown; gate way drug; safety on the streets	Research opportunities

❖ This process/methodology was adopted from Lake County Forces of Change Assessment, Illinois.



# JOHNSON COUNTY

# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

JOHNSON COUNTY





## LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT\*

### Introduction:

Local Public Health System Assessment is the final assessment under phase three of the Mobilizing for Action through Planning and Partnerships (MAPP) process. Local Public Health System Assessment (LPHSA) measures how well the local public health system delivers the ten Essential Public Health Services as determined by CDC. The Essential Services represent the spectrum of public health activities that should be provided in any jurisdiction. Any organization or entity that contributes to the health or well-being of a community is considered part of the public health system.

Johnson County Public Health adapted the Community Health Assets assessment from Iowa Department of Public Health and developed a survey using SurveyMonkey. The survey was completed by steering committee members, community partners and public health staff.

The assets categorized as direct health services, health education and information resources, and ancillary community assets represent key community-based factors important for the health and well-being of everyone in your community. Participants identified if services are available and meet existing needs, available but fail to meet needs adequately, or not available. If a service is available to a subset of the population only, participants indicated the service is available but fails to meet needs adequately. This survey can help local service providers set goals and priorities to improve the county's health infrastructure.

A. Direct Health Services	Available and meets existing needs	Available but fails to meet needs adequately	Not Available
Access to primary care (doctor, nurse practitioner, physician assistant) within 20 minutes or 30 miles <sup>ii</sup>	24	6	0
Access to mental /behavioral health care within 20 minutes or 30 miles <sup>iii</sup>	13	16	0
Access to dental care within 20 minutes or 30 miles <sup>iv</sup>	20	11	0
Emergency feeding programs, food pantries, soup kitchens, food shelves <sup>v</sup>	19	11	0
Food and nutrition assistance programs (SNAP, WIC, CACFP, Summer Feeding, WIC Farmers' Market Nutrition Program, Senior Farmers' Market Nutrition <sup>vi</sup>	22	9	0
Weight management services, including physical activity and nutrition education <sup>vii</sup>	14	13	1
Immunizations for Children and Adults <sup>viii</sup>	25	4	0



COMMUNITY HEALTH NEEDS ASSESSMENT

2015

Cancer prevention, screening & treatment <sup>ix</sup>	20	7	1
Cardiovascular disease prevention, screening & treatment <sup>x</sup>	20	7	0
Diabetes prevention, screening & treatment <sup>xi</sup>	17	9	1
STD and HIV/AIDS screening and treatment <sup>xii</sup>	23	4	0
Smoking cessation <sup>xiii</sup>	23	5	0
Alcohol and drug abuse prevention and treatment- gender specific and allows women to have young children with them <sup>xiv</sup>	13	8	4
Shelter and services for victims of abuse, violence, and sexual assault <sup>xv</sup>	17	12	0
Violence & Injury prevention programs <sup>xvi</sup>	14	9	4
Prenatal, delivery, and postpartum care (and support) <sup>xvii</sup>	23	7	0
Family planning <sup>xviii</sup>	23	6	0
Child Preventive Services <sup>xix</sup>	15	9	2
Breastfeeding support <sup>xx</sup>	21	7	0
Protection against environmental hazards <sup>xxi</sup>	20	4	1
Prevention of epidemics and the spread of disease <sup>xxii</sup>	24	4	0
Preparation for public health emergencies <sup>xxiii</sup>	24	4	0
Responding to public health emergencies	24	4	0
Recovering from public health emergencies	27	1	0
Emergency shelters and services for persons with disabilities <sup>xxiv</sup>	13	12	2



COMMUNITY HEALTH NEEDS ASSESSMENT

2015

<b>B. Health Education &amp; Information Resources**</b>	<b>Available and meets existing</b>	<b>Available but fails to meet needs adequately</b>	<b>Not Available</b>
Information about how and where to find needed health care services <sup>xxv</sup>	19	8	1
Information related to health maintenance and disease prevention <sup>xxvi</sup>	22	5	0
Facts about specific diseases, disorders, and conditions <sup>xxvii</sup>	20	6	0
Information about how to access emergency feeding sites or food and nutrition assistance programs <sup>xxviii</sup>	18	9	1
Comprehensive and reliable health education for adolescents, including STD and pregnancy prevention <sup>xxix</sup>	19	7	0
Centralized coordination to help consumers navigate through health care and health information systems. <sup>xxx</sup>	9	12	5

\*\*The health information resources listed should be available via health classes, Internet websites, publications available in a variety of languages and reading levels, phone-in Hotlines, health agency staff, newspapers and newsletters, and/or radio and television programs and public service announcements. Local health fairs and health-education programs sponsored by employers, faith-based organizations, and non-profit agencies also add information and raise awareness about health issues.



COMMUNITY HEALTH NEEDS ASSESSMENT

2015

C. Ancillary Community Assets (Additional Support)	Adequate	Needs Improvement	Inadequate
Child care and elder care services (including caregiver health) <sup>xxxii</sup>	10	14	2
Public areas accessible by disabled individuals <sup>xxxii</sup>	16	9	1
Public policies that discourage discrimination based on sexual orientation <sup>xxxiii</sup>	20	5	1
Racially/ethnically diverse healthcare workforce and services (including racial/ethnic diversity and linguistic/translator services) <sup>xxxiv</sup>	12	13	2
Cultural competency training for local healthcare workforce <sup>xxxv</sup>	16	8	2
Safe recreational areas, exercise facilities, and a walkable environment <sup>xxxvi</sup>	17	8	2
Healthy food access available at farmers' markets, community supported agriculture farms, community gardens, food retail <sup>xxxvii</sup>	22	6	0
Farm production practices that support individual and environmental health <sup>xxxviii</sup>	13	11	1
Local colleges and universities with open-admission policies <sup>xxxix</sup>	21	4	0
Emergency care centers available 7 days a week, 24 hours a day <sup>xl</sup>	22	5	1
Responsive public officials and justice system <sup>xli</sup>	20	5	1
Air and water quality within safe limits <sup>xlii</sup>	22	4	0
Job training opportunities – gender specific <sup>xliii</sup>	14	5	2
Access to public transportation <sup>xliv</sup>	17	7	3
Bike trails and lanes <sup>xlv</sup>	18	8	2
Emergency medical services	25	3	0
Adequate supply of health providers	18	9	1





COMMUNITY HEALTH NEEDS ASSESSMENT

2015

D. Community Building Activities	Adequate	Needs Improvement	Inadequate
Housing <sup>xlvi</sup>	8	15	3
Economic development <sup>xlvi</sup>	16	9	1
Income and income distribution <sup>xlvi</sup>	11	15	1
Food security and healthy food access <sup>xlvi</sup>	12	13	1
Early child development <sup>i</sup>	20	7	0
Other:			
Other:			

\*Adapted from Women’s Health Assessment Toolkit, The Office on Women’s Health by Iowa Department of Public Health CHNA&HIP Guide February 2015

**Comments:**

**Public Feedback Board**

<sup>i</sup> WIC - Things to do, entertainment, theater, kid friendly plays

**Local Public Health System Assessment**

<sup>ii</sup> Availability appears to be excellent. Not sure about wait times for individuals with a primary care doctor. However, there is a need to get more of our citizens established with a primary care physician (i.e. many people do not have a doctor). Some providers are so busy that it takes a long time to get scheduled for service. Some providers have had problems with no shows and that is a huge cost to them.

Facilities exist but transportation remains a barrier to low income.

From the Free Clinic's perspective, although there are many services in the County, we continue to have a waiting list of uninsured and underinsured individuals in need of our services, in particular chronic disease management and dental services.

<sup>iii</sup> Mental and behavioral health is one of our biggest needs. There is an important need to integrate medical and behavioral health more actively and pervasively. Chronic disease care management can be optimized by addressing depression and mental health needs in concert with medical care. Care for these individuals is too fragmented, and the importance and effectiveness of behavioral health is underappreciated.

In reality mental health needs are nearly impossible to obtain for young children, adolescents, teens, young adults as well as the remainder of the population in a timely fashion. many of the services have 6 month waiting lists. Programs for clients that need 24 hours supervision are few and far between, literally. Some clients are 4 hours away from family due to no close providers. Often the wait time for a new appointment is long, can be several weeks or even a month for situations that do not qualify for the emergency room, but do need prompt attention.

Greater capacity (number of providers, availability of appointment) needed.

People on Medicaid often have to wait 2-3 months before getting access to a psychiatrist. Many health care organizations do not accept Medicaid.

Insurance and other payment methods are often limited so services may not be as complete as needed. Preventive interventions are





often not covered.

There is access. However, it takes AT LEAST a month to get an appointment.

<sup>iv</sup> Limited number of providers who accept Title 19.

Availability is there, but weaknesses in dental coverage.

Many of the providers are resistant to take T19 clients due to no show rates are so high and this is a cost factor that needs to be addressed with Medicaid and their expectations.

There are plenty of dentists, but dental care access for low-income patients without dental insurance is not sufficient.

Providers accepting Medicaid are limited.

From the Free Clinic's perspective, although there are many services in the County, we continue to have a waiting list of uninsured and underinsured individuals in need of our services, in particular chronic disease management and dental services.

<sup>v</sup> I know that the need has constantly gone up. The CAP agency is so far away I question if they are serving this Johnson County with the percentage of resources they receive. They have a very large food distribution center in Hiawatha.

There are times when demand/need exceeds the current supply of available resources

Need more access for people isolated from transportation for whatever reason (housing location, disability, inability to pay for bus, etc.)

<sup>vi</sup> I work with some low income clients who say these programs aren't enough, or they don't qualify and can't get help

Many of the clients do not know these programs are available and again, there is a high percentage of no shows which is not cost effective and the agencies. Many of the clients do not know the importance of good nutrition.

Federal programs are underfunded across the board.

<sup>vii</sup> Much of this area points to lifestyle behavior. Services are available, but it is difficult to know if it is enough to meet the need.

Many people indifferent and not ready to manage their weight.

There are NO weight management services that I know about in this community for low income clients. Even mid income clients are limited due to the cost.

There are plenty of opportunities for physical activity since walking is still free, but guided efforts or coaching are not readily available.

I don't live in this county. I'm unaware of the answer to this question due to the fact I don't need to know or refer people for these service.

<sup>viii</sup> Many of the providers for clients over 19 do not advocate for immunizations or even review. Those over 55 frequently are not up to date with the recommendations.

More free flu shots for low-income adults, especially those who cannot provide documents such as ID or social security card.

It does for children. It doesn't meet all adult clients' needs. Due to the fact that adults have to pay. Some don't have insurance or funds to pay. Example: father's should be able to receive whooping cough vaccines to decrease their chances of passing it onto their infants.

<sup>ix</sup> If one is not asked about risk factors at regular checkups then they are not aware of the risks. with large companies buying out Hospitals and clinics we will see less relationships with provider and clients so clients will be less open to ask questions. How many clients of mid to low income from 21 to 99 access medical care due to cost so it is hard to know if Johnson County has adequate needs met.

The barrier here is time/access: people with lower incomes often cannot take time from work and other daily activities for preventative medicine, instead having to wait until it becomes a more serious condition.

<sup>x</sup> This is something I know little about

From the Free Clinic's perspective, although there are many services in the County, we continue to have a waiting list of uninsured and underinsured individuals in need of our services, in particular chronic disease management and dental services.

<sup>xi</sup> This is one of our most important health concerns, and one where more needs to be done, as it affects so many people and the incidence continues to increase.

Again this is something I know little about.

Managing diabetes is often not affordable for people with low-incomes

Community-based or group-based support and maintenance groups need to be expanded. Health insurance looks at individuals, so community-based efforts will need to find a different funding source unless there was a pooled effort by health insurers.

From the Free Clinic's perspective, although there are many services in the County, we continue to have a waiting list of uninsured and underinsured individuals in need of our services, in particular chronic disease management and dental services.

<sup>xii</sup> This is an area I know little about

Integrate into additional locations; reduce stigma by co-locating whenever possible.

I feel that Johnson County has exceptional resources for this.

<sup>xiii</sup> Knowing that there is a poor funding issue then I am sure much more could be done if there were more people out educating.

Some resources, such as Quitline, are available for free to everyone, but many persons trying to quit need more intensive intervention and follow up in order to be successful.

<sup>xiv</sup> I know little about this.





I don't know if available.

It is difficult to respond yes or no since you are asking about 4 distinct services...prevention, treatment, gender specific, and women and children.

Limited capacity creates long waiting lists.

Long waits to get into treatment.

As described, I am not aware that this is readily available.

I've heard that it is difficult to get into these places due to them being full. I don't have anything to validate this information.

However, I am aware that we do have this programs. It's wonderful that young children are allowed to stay with their caregiver.

<sup>xv</sup> The system is broken when it comes to domestic abuse. Funding is an issue and society needs to be educated to what abuse is.

Many children are treated poorly by their parents mentally and physically (yelling, sleep deprivation, poor nutrition, because that is how they were treated. No consistency or predictability.

Need more in Johnson County.

The DV shelter is not sufficiently sized to meet demand, and is not adequately funded by federal grants to provide the supports necessary to get survivors successfully into housing

This is utilized quite often with the client that I work with.

<sup>xvi</sup> I do not know this area.

Particularly on the UI campus but also in general, more outreach needs to be done in the community to prevent sexual assault and domestic violence by promoting positive relationship behaviors.

Don't know if available.

Recent literature on the lack of success in violence prevention programs might suggest that violence and injury be treated separately.

Unsure about this.

<sup>xvii</sup> From my personal experience, I don't recall being told of or offered these services.

This is an area where education is limited when it comes to the care of pregnant women. Clients are not aware of all the changes their body will go through, the need for good nutrition, parenting, mental illness. Providers do not have or take the time to go over these things regardless the income of the client.

Breastfeeding support can be improved.

<sup>xviii</sup> It is much better; however the cost of some birth control is too much so clients are forced to use something they do not like.

I think the hospitals and clinics, Planned Parenthood, and Emma Goldman meet the need, but I'm concerned about businesses such as Informed Choices which provide medically and factually inaccurate information to women seeking services.

This is a major issue and concern with the demographic group that I work with. I hear that Planned Parenthood is expensive. If a person has no insurance-birth control can be costly. I find that few people realize that JCPH offers free condoms and dental dams.

When someone discusses birth control I always inform them.

<sup>xix</sup> Not sure what the question is asking.

I don't know what this means.

Is this child abuse prevention, or pregnancy prevention?

<sup>xx</sup> Again, pre-natal providers do not have the time or the resources to promote this.

I don't know if services from UI, Mercy, La Leche, etc. fail to meet needs, but it seems like a lot of mothers end up formula feeding, and I'm not sure of the cause.

Larger companies need to have a place for women to pump. The local mall has one area. It is small and not exceptionally private.

<sup>xxi</sup> There are many but in some areas the restriction is worse than the hazard.

The "know how" exists but the manpower does not always exist depending on the issue.

<sup>xxii</sup> This again comes to providers not advocating for disease prevention with immunizations. Health Departments need to educate more however the amount of staff to do this is next to zero.

Exceptional.

<sup>xxiii</sup> This is an area where Disaster Preparedness did some educating but in the past few years it is non existent.

I know there was a group working on a plan for a pandemic flu. I don't know if a plan was ever made, but also if that plan or ones like it are updated to reflect changes in our community or new methods for responding to emergencies.

<sup>xxiv</sup> I know very little about this.

Shelter House is accessible and I assume meets the needs of people with disabilities as well as it does everyone else. It is almost always full, however.

I Don't know if available.

<sup>xxv</sup> Mercy on Call; UIHC.

If one has a computer it is great if one does not then it is limited.

<sup>xxvi</sup> We can still improve in this area, as physicians do not have enough time to devote to prevention.

Again, providers so not encourage clients to live healthy, if one has the money to go to fitness center they get the education there.



<sup>xxvii</sup> Strong community medical system; and tertiary care system that offers that offers information and expertise.

If one has a computer it is great, if one does not and does not know how to navigate then out of luck

If you know where to look for it, it's available.

Uncertain.

<sup>xxviii</sup> Improvement in making this information more widely known and applied, is needed.

Many of the low to mid income population do not know about these services because they have not needed to so they are not aware to eve ask let alone where to find them.

The issue isn't so much that the information isn't out there, but rather figuring out how to get the right information to people who don't know about the services.

<sup>xxix</sup> Schools are limited to what they may teach to students, or even learn from the manufacturer because the schools do not permit the manufacturer on the grounds.

Uncertain.

<sup>xxx</sup> This is something that I think a few organizations do, but it is very fragmented, and not centrally coordinated at all.

If that is available to the public that would be great, the only provider I know about would be the insurance carrier and they are limited as they do not know the services available in this community This is a huge question and should have been split. Health care systems is a subject that is next to impossible for the everyday person to understand.

I think these services are more available and better meet the needs of people who are higher income and have more education, because they can pay for services and they do not need as much support.

<sup>xxxi</sup> Child care, needs for infants, and children up to 5 that is affordable is less than inadequate elder care services is cost prohibitive to families that care for the elderly in the home. Care giver health is not available unless the wallet can pay.

For both elderly and children.

This one, at least the child care portion, depends on the philosophical point of view of the viewer. Some may argue that child care is a parental responsibility and not a role for the government to mandate, encourage or provide.

It needs to be promoted more.

<sup>xxxii</sup> Do not know much about this.

<sup>xxxiii</sup> This is covered adequately due to political correctness and all the laws now on the books.

At least from my experience, in Iowa City.

<sup>xxxiv</sup> Workforce doesn't seem very diverse. Are there qualified candidates applying for these positions?

How does one county provide for a population /s that comes here because of the immigration policy and the language they speak is not in any way close to the majority of the population living here now. So by the time providers get Spanish covered, now it is French, or another language this is a problem that needs to be dealt with on a very high government level and a County should not have to pay for.

<sup>xxxv</sup> I think this is improving but still not adequate.

<sup>xxxvi</sup> Many streets lack sidewalks and the walking trails in most of the community are disjointed and not long enough

Indoor recreation facilities/gyms are not available to general public after school hours due to renting out the facilities to club sports.

Walkability of some areas is restricted due to lack of sidewalks, lighting and concerns for safety. Very specific and small areas within the County.

<sup>xxxvii</sup> More would always be welcome if the market will bear it.

Exceptional.

<sup>xxxviii</sup> There can always be more improvements in any operation, but this question needs more specificity so the answerer does not end up supporting or opposing something he/she does not support or oppose.

Uncertain.

<sup>xxxix</sup> Do not know much about this.

<sup>xl</sup> My rule of thumb is to expect any emergency room visit, from a stroke to a psychiatric assessment to an animal bite, to last at least 3 hours, even if little or no intervention is ultimately needed.

<sup>xli</sup> Do not know much about this

Needs more specificity.

<sup>xlii</sup> Do not know much about this.

<sup>xliii</sup> What are gender specific job training opportunities, or why do they have to be gender specific?

Do not know much about this.

Uncertain.

<sup>xliv</sup> North Liberty is not connected to Iowa City or Coralville with much of any public transportation.

Third shift work access, Sunday service both non-existent; no real public transportation outside Iowa City and Coralville.

<sup>xliv</sup> Bike trails-great, bike lanes-pretty limited in number.

Trails are great, but need more "functional" bike lanes rather than recreational. Functional meaning being able to get around to stores, work site and other non-recreational purposes.





Few bike lanes make it dangerous for bikers to navigate the area safely.

<sup>xlvi</sup> My son has rented three old houses near UI because of lower cost than a traditional apt building. They are unsafe-who inspects these death traps?

Do not know much about this

Not enough affordable, safe, rental units; more available units in general would help push the market to reduce rental costs and could help reduce landlord discrimination, which is an issue in our community.

Student population makes rents unaffordable.

Cost prohibitive for many.

<sup>xlvii</sup> Do not know much about this.

<sup>xlviii</sup> Just read about some doctors at the U who receive payments from medical device manufacturers on top of their generous salaries.

How can one compare the salaries of the University Dr.s / professors / dept. heads etc. with the remainder of the population would we not all like to make 100,000?

We seem to be simultaneously one of the wealthiest and one of the poorest counties in Iowa, depending on the measure.

Disparities exist: "Tale of Two Cities".

<sup>xliv</sup> Do not know much about this.

Need more consumer education on healthy choices which includes the economics of healthy food.

<sup>l</sup> There are a lot of scary parents out there. How does society reach them?

What is the question? Centers? Programs? Providers? What age? Zero to 3, 3-5, 5-18?