

# Community Health Needs Assessment

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Executive Summary

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# Defining Health:

**“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”**

*Source: Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946.*

# Market Research Update: Community Health Needs Assessment

- **Conducted by the Marketing Planning and Research team, the CHNA is complete.**
- **Assessment includes SoutheastHEALTH's primary, secondary and tertiary service area. SoutheastHEALTH centers of Ripley County and Stoddard County are also required to complete Community Health Needs Assessment.**
- **CHNA Team has analyzed survey data including primary and secondary from the region, state and national reporting entities.**

# Process

- 1. Quantitative analysis: Epidemiologic and socio-demographic analysis, aimed at identifying areas of heightened relative risk through comparisons of county data with state and national data and Healthy People 2020 goals.**
  - **Demographics**
  - **Socio-Economic Characteristics**
  - **Preventive Health Measures**
  - **Health Outcomes**
  - **Health Care Resources**
- 2. Qualitative assessment: input from communities and agencies located in the SoutheastHEALTH service area**
  - **Online questionnaire distributed to members of the Healthy Communities Coalitions**
  - **Focus groups with coalition members in Cape Girardeau County and Stoddard and Ripley County**

# Process

## 3. Priority setting

- **Starting point for priority setting: the heightened risks and risk factors, unmet needs for care, access barriers, and other findings that affect the health status of the community, as identified in the qualitative and quantitative studies**
- **Selection of a limited number of priorities for action, in light of criteria such as:**
  - **Severity of the issue, as represented by some or all of the following: highly acute, affects a large number of people, has significant economic and/or opportunity cost, growing or worsening over time**
  - **Availability of known, feasible interventions, with measurable impact, that are likely to achieve results and improve community's quality of life and health in a reasonable time frame**
  - **Unaddressed or under-addressed issue: no/few organizations or (insufficient) resources focusing on it effectively at present**
  - **SoutheastHEALTH synergies: special expertise, strategic priority, and/or programs in place to serve as building blocks**

## 4. Implementation strategy or action plan – forthcoming

# CHNA: Priorities for Community Health Enhancement

Priority needs identified by the primary research were then validated by the secondary research, evaluating service area statistics and trends against state and national trends. The top 6 prioritized health needs for our service area are:

- **Cancer (smoking, colon cancer)**
- **Obesity (Diet and exercise)**
- **Chronic Disease**
  - Stroke
  - Heart Disease
  - Diabetes (Diet and Exercise)
  - Chronic Respiratory Disease (Smoking)
- **Substance Abuse/Mental Health (Drug and Alcohol, Anxiety and Depression)**
- **Health Care Affordability (Uninsured/Underinsured)**
- **Pre-conceptual and Perinatal Health**

# Supporting Documentation: Findings of the Assessment

**Supporting material and documentation can be found in three separate appendices:**

- 1. Epidemiologic and Socio-Demographic Analysis**
- 2. Community Health Resources**
- 3. Community/Agency Qualitative Research Findings**

**The following pages include a summary of findings of the epidemiologic and socio-demographic analysis, which support the selection of the priorities identified on slide 6.**

# Demographics: Findings and Implications

**The overall direction of demographic shifts anticipated in the next ten years highlights the need for the development and reinforcement of social supports that will help the population remain economically vital and facilitate safe aging in place.**

- **Slow population growth vs. MO or US**
- **Greater concentration in Cape Girardeau County**
- **Static or declining population in outlying counties**
- **Greatest growth segment in senior years, ages 65+**
- **Fairly low diversity levels (~90%+ in each county classified as White), but rapid projected increases for African-American and Asian-American segments (from a small base) and slow growth of relatively small Hispanic/Latino population**
- **Increasing dependency ratio (number of individuals relying on each employment-eligible individual for support), putting greater pressure on the 45-64 segment as it moves toward potential retirement age**
- **More pressing need for social supports, in light of the growing dependency ratio as well as the percentage of the population living on their own, outside a coupled/partnered relationship – about 55% overall and 69% among seniors**

# Socio-Economic Characteristics: Findings and Implications

The population of the six-county area faces several challenges that may affect socio-economic self-sufficiency, and therefore lead to both direct and indirect effects on health status:

- Relatively low rates of higher education in comparison with the US total (but consistent with the state level) in all counties except Cape Girardeau
- Higher-than-average dropout rates among Black and Hispanic students (in Cape Girardeau County)
- High levels of unemployment in Stoddard, Reynolds, and Ripley Counties (vs. both state and US levels)
- Lower median and per capita incomes, and high rates of persons living in poverty, in comparison with the state and national level, affecting five of the six counties (all except Cape Girardeau)
- The lack of health insurance and/or the cost of healthcare services are substantial barriers to care in all counties except Cape Girardeau.
- Several measures related to hunger and food uncertainty are more prevalent than average in Reynolds and Ripley Counties.
- The lack of public transportation, and limited access to or high cost of personal transportation among some segment in the rural counties, creates barriers to access for healthcare services – further exacerbating the access issue in rural counties with relatively few providers per population.

# Risk Factors and Preventive Health Measures: Findings and Implications

Data on risk factors and the use of recommended preventive measures indicate the presence of elevated preventable risks across the market area with respect to:

- Smoking – among adolescents, adults, and pregnant women
- Physical inactivity (in most counties) and adult obesity (in Scott County)
- Regular dental care
- Alcohol use – especially among adults
- Substance abuse – among adolescents, generally related to a range of substances other than marijuana
- Relatively low use of recommended screenings such as pap tests, mammograms, and colon cancer screening, with varying levels of under-utilization by county
- Late-onset prenatal care in Bollinger and Cape Girardeau Counties
- Rates of insufficient weight gain during pregnancy (perhaps related to food insufficiency issues) in several counties

Expectant mothers throughout the market area make higher-than-average use of the available support systems (Medicaid, WIC, and food stamps) to mitigate some of these prenatal care risks.

# Health Outcomes: Findings and Implications *(continued)*

**Some conditions have moderate prevalence – neither elevated nor exceptionally low – but nonetheless affect a large segment of the population.**

- **Diabetes and heart disease reflect, to some extent, multiple potentially modifiable risk factors.**
- **The prevalence of diabetes and heart disease in the six-county area is about the same as the state and US rates.**
- **It is nonetheless important to continue to address the underlying causes of these conditions in light of the number of ER visits, hospital stays, and other health care costs incurred by and on behalf of affected individuals.**

# Health Outcomes: Findings and Implications *(continued)*

**The data also showcase some positive trends:**

- **Good compliance with lead testing – although rates of elevated blood lead levels are relatively high in Ripley County, and possibly in Reynolds County (insufficient data)**
- **Total cancer incidence rates parallel the state in general, with a few areas of elevated risk**
- **Very low rates of HIV/AIDS in contrast to the state and US rates**
- **Relatively low rates of preventable hospitalization for asthma across the market, and for diabetes in some areas**
- **High participation in the WIC and other supportive programs, potentially addressing some of the healthcare disparities in the population**

# Health Care Resources: Findings and Implications

- **Provider-to-population ratios for primary care, mental health, and dental services substantially exceed the state average in Bollinger, Stoddard, and Ripley counties, potentially indicating a significant barrier to access for those areas.**
- **Ratios also exceed the state average for primary care and mental health providers in Scott County, and for primary care in Reynolds County.**
- **In contrast, the better-than-average ratios for all types of providers in Cape Girardeau and for some providers in Reynolds County may make them destinations for the surrounding counties.**