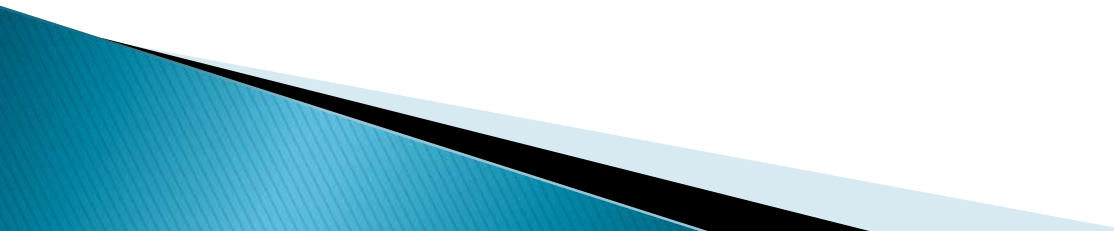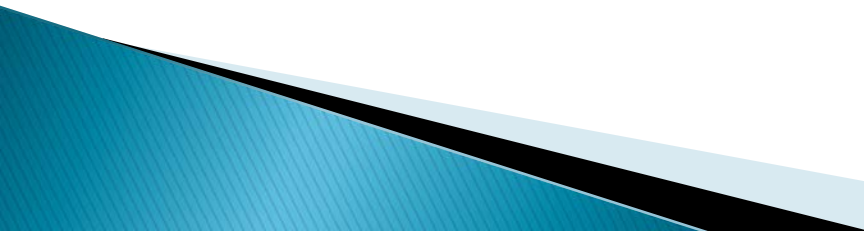# Community Health Needs Assessment

Labette County
October 24, 2014
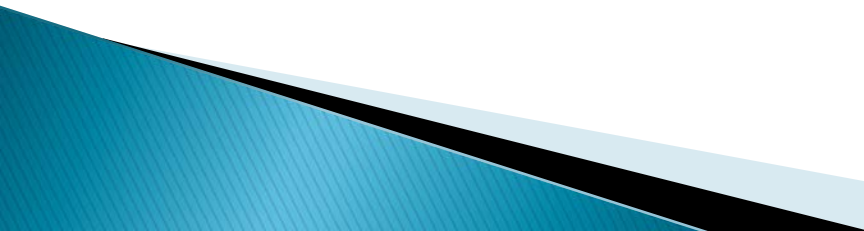
CHNA Background

- Designed to bring local county leaders together to review current health status, identify health improvement opportunities and recommend an action plan to address gaps
- Conclusions are summarized in a formal report and proposed implementation plan
- Available for use by local organizations in their individual planning, and reported to the IRS by Labette Health as not-for-profit

Why CHNA matters

- Least healthy US counties have death rates twice that of healthier ones
- Least healthy US counties have twice number of children living in poverty and twice as many teenage births
- Families least able to afford healthy foods/ inadequate intake of nutrients, show:
  - Cognitive development deficits
  - Behavioral/psychological dysfunction
  - General poor health

Key characteristics of the county

- Population estimates declining by −1.5% compared to growth estimated for the state of 1.1%
- Higher percentage of persons 65 years and over at 17.2% compared to statewide percentage of 13.7%
- Language other than English spoken at home at 3.6% compared to state at 10.9%
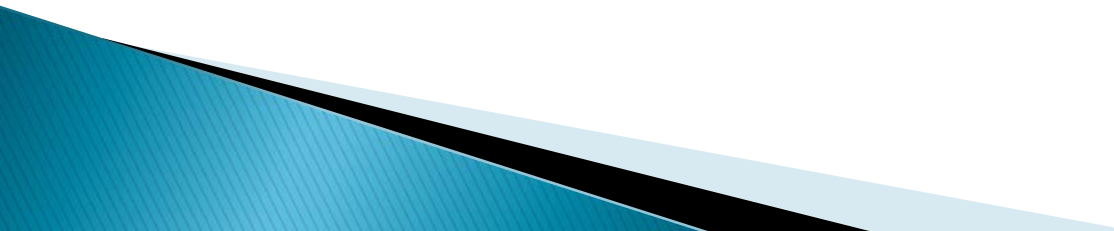- Percentage of persons below poverty level at 16.6% compared to state rate of 13.2%

Other demographic trends and estimates

- Growth in number of women of childbearing age
- Continued growth in percentage of elderly
- Growth in number of households earning less than $25,000 per year – forecast to increase from 28% to 34% by 2019
- Income levels declining at a rate greater than state or national averages: 5 year median household income change in primary service area at –15%

County Health Rankings

- Labette County has demonstrated health measures improvement: from 102nd of 105 Kansas counties to 93rd and most recently 90th as reported by Public Health Office
- Corralates personal health to local economy, environment, safety net programs, access to food, exercise and medical resources
- Labette County ranks 25th in Clinical Care, 18th in Environment; ranks 97th in Morbidity and 101st in Social/Economic Factors

Other progress in community health measures

- Measurable improvements in:
  - Adult Diabetes Screening
  - Mammography Screening
  - Preventable Hospital Stays
    (from 83 to 52 per 1,000)

- Estimated years lost due to premature death from 9,654 to 9,409

- Infant mortality rate decreased by .5%

Kansas Health Matters: Labette County Dashboard

▶ Labette County demonstrates better than state or national averages in:
  ◦ Access to Health Services
  ◦ Asthma Rate
  ◦ Cancer Rate
  ◦ Chronic Kidney Disease
  ◦ COPD, Heart Failure Hospital Admission Rates
  ◦ Immunizations and Infectious Diseases
  ◦ Mental Health and Mental Disorders: Medicare Population
  ◦ Mortality Rate due to Alzheimers
  ◦ Mortality Rate due to Homocide or Suicide

Labette County Dashboard of Health Measures

▸ Labette County ranks worse than state or national averages in:

◦ Atrial Fibrilation

◦ Heart Disease Hospital Admission Rates

◦ Heart Failure

◦ Injury Hospital Admission Rates

◦ Ischemic Heart Disease

◦ Mortality Rate Due To Cancer, Cerebrovascular Disease, Chronic Respirator Disease, Diabetes, Heart Disease, Nephritis, Traffic Injury, and Unintentional Injury

Labette County Dashboard of Health Measures

▸ Labette Health ranks worse than state or national averages in, continued:
  ◦ Alzheimer's Disease/Dementia
  ◦ COPD
  ◦ Osteoporosis/Osteoarthris/Rheumatoid Arthritis
  ◦ Percent of Adults with Diagnosed Arthritis
  ◦ Percent of Adults with Diagnosed Diabetes
  ◦ Percent of Adults Doing Enough Physical Activity
  ◦ Percent of Adults Obese/Overweight
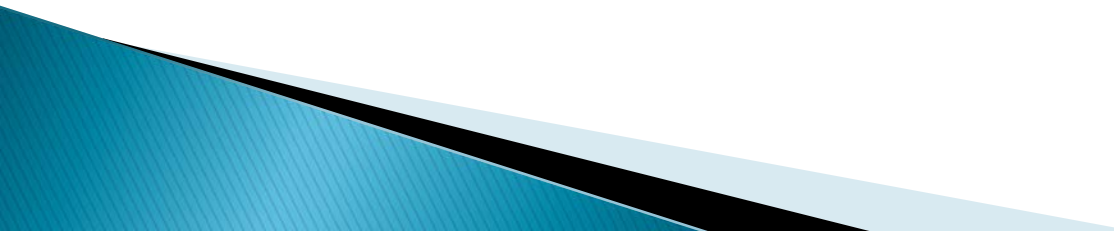 ◦ Percent of Adults Who Report Fruit 1x a day

Labette County Dashboard of Health Measures

- Labette County ranks worse than state or national averages in:
  - Percent of Adults Ever Diagnosed with a Depressive Disorder
  - Percent of Adults Who Currently Smoke Cigarettes
  - Percent of Adults Who Report Wearing Seatbelts
  - Percent of Adults Who Report Fair/Poor Health
  - Rate of Population to Dentists
  - Percent of School Children K-12 with Observed Dental Decay

Most Significant Health Measures Gaps

▸ Labette County ranks in the bottom quartile in the prevalence of the following:

- COPD
- Heart Failure
- Ischemic Heart Disease
- Rheumatoid Arthritis/Osteoarthritis

Targeted Strategies to Address Health Measure Gaps

- Can we group these health challenges into key areas of focus?

- What strategies might we explore to address these areas?

Labette County Dashboard of Environmental/Economic Measures

- Labette County ranks better than state or national averages in:
  - Farmers market/fast food/grocery density and low-income/SNAP grocery access
  - High school graduation and student-to-teacher ratio
  - People 25+ with bachelor's degree or higher
  - Rate of violent crime per 1,000 population
  - Workers who walk to work/mean travel time to work

Labette County Dashboard of Environmental/Economic Measures

- Labette County ranks better than state or national averages in:
  - Adults who report daily intake of vegetables 1x/day
  - Adults who are binge drinkers
  - Government assistance programs
  - Home ownership
  - People 65+ living below poverty level
  - Unemployed workers in labor force (compared to average US counties)
  - Water quality

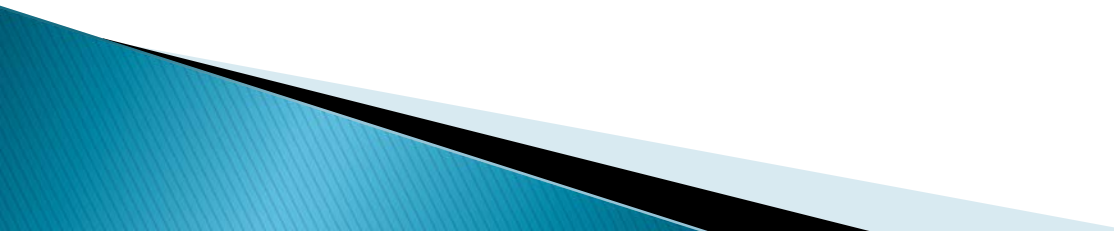# Labette County Dashboard of Environmental/Economic Measures

▸ Labette County ranks worse in these environment/economic measures:

  ◦ Children living below poverty level
  ◦ Food Insecurity Rate
  ◦ Foreclosure - ranking in bottom quartile
  ◦ Median household income/per capita income
  ◦ People living 200% above poverty level
  ◦ Poverty status by school enrollment
  ◦ Students eligible for free lunch program
  ◦ Young children living below poverty level

Labette County Dashboard of Environmental/Economic Measures

▸ Labette County ranks worse than state or national averages in these measures:

◦ Households without vehicle
◦ Liquor store density
◦ People 65+ living alone
◦ Recreation/fitness facilities
◦ Voter turn-out - ranking in bottom quartile

Strategies to Address Impact of Environmental/Economic Gaps

- How can we address those environmental and economic challenges that most directly impact individual and community health?

Health People 2020: Progress Tracker for Labette County

▸ Indicators where Labette County is not meeting established targets:

Infant Mortality Target: 6.0 deaths/1,000 live births

Uninsured Adult Population:
                Current Rate: 18.3%
                Target: 0%

Maternal, Fetal and Infant Health Measures

▸ Labette County ranks worse than state or national averages in all measures:
  ◦ Infant mortality
  ◦ Percent of births occurring to teens
  ◦ Percent of births occurring to unmarried women
  ◦ Percent of births to mothers who smoked during pregnancy
  ◦ Percent of births w/ first trimester prenatal care
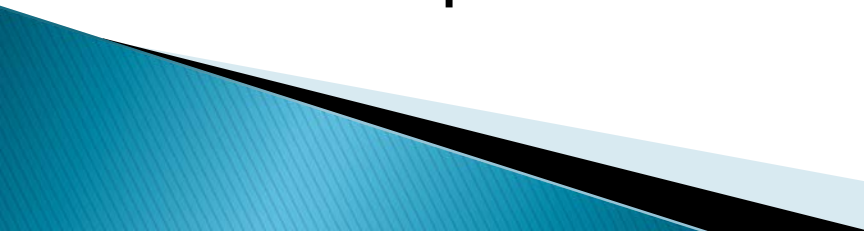 ◦ Percent of births w/ low birth weights
  ◦ Percent of premature births

2011 CHNA

- Community Health priorities identified in previous assessment, both from data and committee discussions:
  - – High/growing percentage of uninsured
  - – Community clinic staffing/sustainability
  - – High rate of single mothers
  - – Higher rate of low birth weight babies
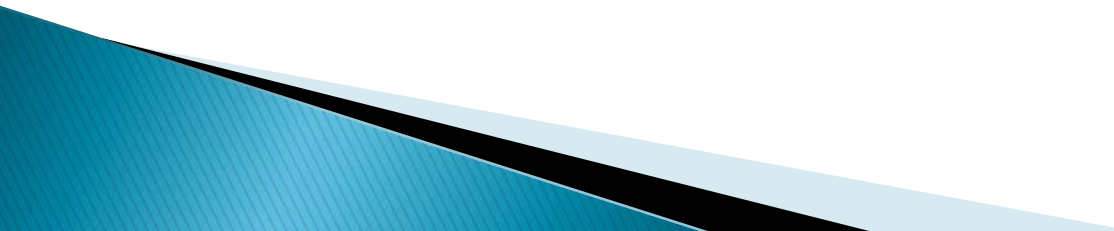 - – Higher mortality due to breast/prostate and other cancers

What remains to be done on these issues?

KDHE Health Professionals Report

- Densely-settled Rural placing us between 20.0-39.9 persons per square mile
- Designated as Dental Shortage Area based upon dental provider to population ratio
- Designed single county Mental Health Shortage Area
- Low-income Population Designation for Primary Care
- Do not qualify for Primary Care Shortage Area due to provider ratio of less than 3500:1

What does shortage area designation mean

- Labette County has five Rural Health Clinics, placing us among top four counties in the state in terms of access

- Important for state grants/federal program applications, although HPSA score for primary care (14) tougher to compete with other rural counties (7)

- Together with county demographics, bringing new pilot program for low-income mothers and babies

Updated Physician Needs Analysis: Primary Service Area

- Estimated Additional Need: 2014–2019
  - Allergy .4
  - Endocrinology .3
  - Gastroenterology 1.3
  - General Surgery .6
  - Infectious Disease .5
  - Internal Medicine 2.8
  - Nephrology .8
  - Neurosurgery .5
  - Oncology .5
  - Pediatrics 2.7

Updated Physician Need Analysis: Continued

▸ Estimated Additional Physician FTE's

◦ Podiatry   1.4
◦ Plastic Surgery   .5
◦ Psychiatry   1.1
◦ Pulmonology   .5
◦ Radiology   .4
◦ Rheumatology   .3

Recommendations?

Next steps

▸ What additional data do we need to complete our assessment?

▸ What additional information does your organization have to be shared?

▸ What implementation strategies and/or best practice guidelines should be researched prior to the next meeting?

▸ Is Friday a good day of the week to meet again in November?

▸ Is lunch a good time to meet?