Community Health Assessment Collaboration

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Robeson County Health Department

Overview
- Completed every four years
- A process by which community members gain an understanding of the health, concerns and healthcare systems of the community
- It allows communities to identify, collect, analyze and disseminate information on community assets, strengths, resources and needs.
- An important component of the RCHD’s strategic planning process and is a benchmark for community collaboration measured through the North Carolina Public Health Department Accreditation process.

Beginning after March 23, 2012, the Affordable Care Act (ACA) will require 501(c)(3) organizations to conduct a community health needs assessment (CHNA) at least once every three years to maintain the tax-exempt status of their hospital facilities (enacted March 23, 2010).

CHA Process
- Phase 1: Establish a CHA Team
- Phase 2: Collect Primary Data
- Phase 3: Collect Secondary Data
- Phase 4: Analyze Primary and Secondary Data
- Phase 5: Determine Health Priorities
- Phase 6: Develop Community Health Action Plans
- Phase 7: Disseminate the CHA Document
- Phase 8: Create the CHA Document
**Phase 1: Establish A CHA Team**

**Project Facilitator & Co-Facilitator**

**Advisory Group**

**Work Group 1: Community Health Survey Team**

**2011 Community Health Assessment**

**Work Group 2: Data Collection and Analysis Team**

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**Phase 2: Collect Primary Data**

- Worked with Health Departments and Hospitals on a regional level to develop our survey tool
- 1,000 Surveys Distributed
  - 749 Surveys Returned
  - 74.9% Return Rate
- 16 RCPCH members from various agencies distributed surveys
- The Surveys were tallied using Epi Info

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**Survey Distribution List**

<table>
<thead>
<tr>
<th>Location</th>
<th># of Surveys Distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton</td>
<td>600</td>
</tr>
<tr>
<td>Red Springs</td>
<td>92</td>
</tr>
<tr>
<td>Pembroke</td>
<td>75</td>
</tr>
<tr>
<td>Fairmont</td>
<td>72</td>
</tr>
<tr>
<td>Maxton</td>
<td>62</td>
</tr>
<tr>
<td>St. Pauls</td>
<td>62</td>
</tr>
<tr>
<td>Rowland</td>
<td>31</td>
</tr>
</tbody>
</table>
Opinion Survey
- English & Spanish
- 23 questions
  - 9 - Health & Service
  - 4 - Preparedness & Response
  - 10 - Demographic

Phase 3: Collect Secondary Data

2005-2009 Ten Leading Causes of Death by County of Residence and Age Group: Ranking, Number of Deaths, and Unadjusted Death Rates per 100,000 Population

<table>
<thead>
<tr>
<th>RESIDENCE</th>
<th>AGE GROUP: RANK</th>
<th>CAUSE OF DEATH</th>
<th>DEATH RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROBESON</td>
<td>5,901</td>
<td>TOTAL DEATHS --- ALL CAUSES</td>
<td>911.3</td>
</tr>
<tr>
<td></td>
<td>1,399</td>
<td>Diseases of the heart</td>
<td>216.0</td>
</tr>
<tr>
<td></td>
<td>1,267</td>
<td>Cancer --- All Sites</td>
<td>202.5</td>
</tr>
<tr>
<td></td>
<td>504</td>
<td>Cardiovascular disease</td>
<td>47.3</td>
</tr>
<tr>
<td></td>
<td>203</td>
<td>Diabetes mellitus</td>
<td>47.1</td>
</tr>
<tr>
<td></td>
<td>170</td>
<td>Motor vehicle injuries</td>
<td>45.7</td>
</tr>
<tr>
<td></td>
<td>225</td>
<td>Chronic lower respiratory diseases</td>
<td>34.7</td>
</tr>
<tr>
<td></td>
<td>183</td>
<td>Alzheimer's disease</td>
<td>28.1</td>
</tr>
<tr>
<td></td>
<td>139</td>
<td>Homicide</td>
<td>28.6</td>
</tr>
<tr>
<td></td>
<td>158</td>
<td>Nephritis, nephrotic syndrome, &amp; nephrosis</td>
<td>24.8</td>
</tr>
<tr>
<td></td>
<td>150</td>
<td>Other Unintentional Injuries</td>
<td>23.7</td>
</tr>
</tbody>
</table>

Economic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Robeson</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2010</td>
<td>134,188</td>
<td>353,483</td>
</tr>
<tr>
<td>Unemployment, September 2011</td>
<td>13.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Persons below poverty level, percent, 2009</td>
<td>31.1%</td>
<td>18.2%</td>
</tr>
</tbody>
</table>

% of Adults (age 18+) That Do Not have any kind of health care coverage

- Best: 9.8%
- State: 18.1%
- Worst: 29.1%
**Risk Factors For Chronic Diseases**

<table>
<thead>
<tr>
<th>Grouping</th>
<th>2009 Latest Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body Mass Index (BMI) Obese</strong></td>
<td>![BMI Chart]</td>
</tr>
<tr>
<td><strong>Percentage of Adults Who Currently Smoke</strong></td>
<td>![Smoking Chart]</td>
</tr>
<tr>
<td><strong>% of Adults Who Are Physically Inactive</strong></td>
<td>![Inactivity Chart]</td>
</tr>
<tr>
<td><strong>% of Adults Who Reported Eating Five or More Serving of Fruits or Veg/Day</strong></td>
<td>![Fruit and Veg Chart]</td>
</tr>
</tbody>
</table>

- **Body Mass Index (BMI)**
  - Best: 10.6
  - State: 20.3
  - Worst: 29.4

- **Percentage of Adults Who Currently Smoke**
  - Best: 6.1
  - State: 13.2
  - Worst: 22.2

- **% of Adults Who Are Physically Inactive**
  - Best: 32
  - State: 20.6
  - Worst: 11.3

- **% of Adults Who Reported Eating Five or More Serving of Fruits or Veg/Day**
  - Best: 6.6
  - State: 30.1
  - Worst: 43.6

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**Substance Abuse Survey**

Do you think prescription drug abuse is a problem in Robeson County?

Survey Conducted By Robeson County Substance Coalition

- Yes: 81.0%
- No: 19.0%

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**Substance Data**

- Three factors that indicate a drug abuse problem in a county:
  - High number of people who die from overdoses
  - High rate of dispensed drugs
  - High number of visits to the emergency room that involve drugs

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Robeson</th>
<th>Statewide County Avg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Deaths Due to Overdose, 2008-2009</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Emergency Room Visits Involving Controlled Substances, 2009</td>
<td>2,200 (highest in the State)</td>
<td>400</td>
</tr>
<tr>
<td>Number of prescriptions written for Robeson County residents, 2009</td>
<td>290,212</td>
<td>84,079</td>
</tr>
</tbody>
</table>
Phase 4: Analyze Primary & Secondary Data

**Community (Primary) Data**

What People Die From In Their Community

1. Heart Disease 43.01%
2. Drugs/Alcohol 20.35%
3. Obesity 8.88%

Biggest Health Issues of Concern

1. Chronic Disease 43.01%
2. Drugs/Alcohol 20.35%
3. Obesity 8.88%

Local Prescription Drug Use Data

93.26% Yes

**Health (Secondary) Data**

What People Die From In Their Community

1. Diseases of the Heart 216.0
2. Accidents 175.3
3. Cancers 139.9

Rank Cause of Death

1. Diseases of the Heart 5,901 911.3
2. Accidents 1,398 216.0

Risk Factors For Chronic Diseases

- Obesity
- Smoking
- Physical Inactivity
- Nutrition

State Substance Abuse Data

- Overdoses
- Emergency Room Visits
- Number of Prescriptions Written

Phase 5: Determine Health Priorities

**Health Priorities**

Magnitude:

- # of people the problem affects (actually or potentially)

Seriousness of the Consequences:

- Potential burdens to the community (economic or social)
- Degree of disability or premature death

Feasibility of Correcting:

- Is the problem amendable to interventions?
- Are resources available?

Phase 5: Determine Health Priorities

1. Obesity Prevention
2. Substance Use & Abuse

Phase 6: Create The CHA Document

- The finalized report was submitted to the state on December 5, 2011
- The purpose of this report is to share assessment results and plans with the entire community and other interested stakeholders.

CHA Document Components

- Acknowledgement
- Project Summary
- Background and Introduction
- County Description
- Health Data Process
- Health Data Results
- Prevention and Health Promotion
- Community Concerns/Priorities
- Dissemination Plan
- Appendices
Phase 7: Disseminate The CHA Document

- The CHA Document will be saved on CDs and distributed to all partnering agencies.
- RCHD and SRMC placed the document on their agency’s web page.
- The Health Department and Hospital will utilize their column space in the Robesonian to report findings.
- Presentations are being conducted in the community.
- Towns and Local Libraries will be sent letters with guidance on how to retrieve the document from our websites.

Phase 8: Develop Community Action Plans

- Creating subcommittees within Healthy Robeson for our two priority areas:
  - Obesity
  - Substance Use & Abuse
- The Subcommittees will create action plans that include goals, objectives and intervention activities.
- Actions plans are due to the state, June 2012.

So...How Did We Get To This Point?

SUCCESS

Past Experience

- In 1994, the original Partnership conducted a comprehensive Community Health Assessment with the help of a consulting firm.
- Problem: expensive, no community perspective, not user-friendly for the community at large—mostly stats.
Past Experience

We visualized a community health assessment as:

- Ongoing process
- Maintain Healthy Carolinian’s certification & public health requirements
- A means of collecting and sharing data between Robeson County residents, community leaders & partnering agencies
- To develop & maintain a “user-friendly” community health assessment.
- An opportunity to participate in a regional assessment

Past Experience

The Community Health Priority Project of Robeson County

- Conducted by the Robeson County Partnership for Community Health
- Robeson 1 of 4 recipients for the Model Community Health Assessment Grant in 2000
- Replaced community diagnosis
- Involved the community and partners in all phases of the assessment
- Since the pilot project we have worked together on three additional assessments (2003, 2007 & 2011)

Past Experience

Future Plans

- Align the Health Department and Hospital’s CHA/CHNA Cycle
- Utilize the Crosswalk document to ensure Robeson’s CHA/CHNA meets the needs of the health department and hospital
- Restructure Robeson’s Healthy Carolinians Taskforce
For More Information

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Hammon03@srmc.org

Find Robeson’s 2011 CHA @
http://publichealth.southernregional.ahec.org/robeson/report.html