

Community Health Needs Assessment 2015

Regarding Richardson County, Nebraska For Use by Community Medical Center, Inc., Located in Falls City, Nebraska

A Community Health Needs Assessment (CHNA) has been conducted on behalf of Community Medical Center, Inc. (CMC), a not-for-profit, Critical Access Hospital, located in Falls City, Nebraska. This assessment and strategic response plan have been reviewed by CMC administration and adopted by the CMC Board of Directors. Though this document has been adopted by CMC, it is also part of a larger effort by the Southeast (Nebraska) Health District, Southeast Nebraska Community Action (SENCA), and five other hospitals in the district to create a comprehensive regional health assessment and plan. It is believed that significant alignment will exist in the health need priorities within each of the five counties (with some county-level variation), such that a comprehensive regional plan may be adopted to impact identified health issues on a larger scale with greater combined resources.

Creation of this assessment involved cooperation between the Health Department, SENCA, Community Medical Center, local government, other health care providers and organizations and interested citizens. Quantitative and qualitative measures were used, with input from individuals with medical and public health expertise. Tools included public health data, health research studies from outside entities, a survey of community perception, and a facilitated discussion meeting of experts, representatives of community organizations, and community members.

A community meeting was held on April 15, 2015 at the Grand Weaver Hotel in Falls City. Attendees included representatives of the Southeast Nebraska Health District, Southeast Nebraska Community Action, Community Medical Center, County Government, Various City and Township Governments, Law Enforcement, Education, Ministerial Association, Blue Valley Behavioral Health, Long-Term Care, Six Pence, Fitness and Wellness, Peru State College, Chamber of Commerce, and Concerned Citizens. The meeting was facilitated by Kevin Cluskey, Director of the Southeast Nebraska Health District. Copies of the agenda and attendees are included as Appendix A. A collection of statistical information regarding health outcomes, environment, health behaviors, cancer incidence, and other factors is included in Appendix B. The survey tool is included as Appendix C. A summary of survey results is shown as Appendix D. Notes from the meeting, including insights on the data collected and participant concerns and ideas are found in Appendix E.

Through the process, three priority issues were identified and agreed upon. These are:

1. **Substance Abuse**—We are concerned with drug and alcohol abuse among adults and youth. Of special concern is abuse of prescription drugs. Substance abuse affects individuals' and families' health, mental health, financial situations, self-reliance, social support, spirituality and criminal status. It is a multifaceted problem that greatly impacts our community.
2. **Fitness & Obesity**—We are concerned about high levels of obesity and inactivity in our community. This results in health issues that multiply over time. We are concerned about lack of access to fitness and healthy eating options. We are also concerned about increasing technology dependence that reduces activity and social supports and about cultural and social norms that may not emphasize fitness, activity, healthy eating and maintaining healthy weights. Poor finances, lack of access to necessary medical and social supports, as well as cultural stigma, may also prevent those in greatest need from receiving necessary interventions.
3. **Cancer**—The community is concerned about the prevalence of cancer and what can be done to reduce risks (behavioral, social, genetic & environmental), improve early detection, ensure access to treatment, and support individuals and families affected.

CMC's Strategic Response Plan to 2015 Community Health Needs Assessment

The following initiatives were approved by the Community Medical Center Board in July 2015, as part of CMC's 2015 fiscal year. These plans may be updated as progress is made or new information becomes available. It is intended that CMC's plan will roll into the broader regional plan being developed in conjunction with the Health Department. Initiatives developed regionally will also be applicable in Richardson County.

1. Substance Abuse

- a. Increase behavioral health resources available in the community.
 - i. Continue to provide financial assistance to Blue Valley Behavioral Health to ensure adequate counseling resources
 - ii. Add a licensed drug and alcohol counselor at least 2 days per week in community
 - iii. Offer or support additional group support programs in Richardson County
- b. Coordinate management and practices among area medical practices, dental practices, pharmacies, etc.
 - i. Provide education to physicians, practitioners and other professionals regarding best practices
 - ii. Support development of regional or state standards for reporting, tracking and communicating
- c. Engage concerned parties, including local law enforcement, schools, ministerial association, and others to support those trying to reduce substance abuse in the community.
 - i. Support the efforts of local schools regarding prevention of drug and alcohol abuse
 - ii. Support efforts to create social and activity sites as alternatives to drug and alcohol pressures
- d. Ensure availability of resources to monitor related health issues, such as pain management and communicable diseases.
 - i. Seek credible pain management professionals willing to offer practice hours in community
 - ii. Increase testing and communication regarding Hepatitis C
 - iii. Ensure hospital and medical staff are trained to identify and discuss signs of substance abuse

2. Fitness and Obesity

- a. Support grassroots efforts to develop sustainable activity support groups
- b. Support youth activities to encourage development of good fitness habits
- c. Support availability of healthy eating options in schools, institutions, restaurants and homes
- d. Implement practice support tools to help physicians and practitioners manage the care of patients at high risk of complications related to obesity and poor fitness, including those with Type 2 Diabetes
- e. Work with government and interested entities to increase availability of facilities and/or programs to support healthy activity levels

3. Cancer

- a. Launch campaign to increase awareness of appropriate cancer risk factors, prevention recommendations, and screening options
 - i. Partner with media, medical professionals and community organizations to raise awareness
 - ii. Increase the rate of colorectal screening and mammogram screening to at least the national median by 2020
- b. Promote smoking and tobacco-use cessation efforts
- c. Partner with the Health Department to test 100-200 county homes for unhealthy Radon levels by 2017

Community Medical Center will monitor and report progress on these issues. CMC will seek to work in partnership with other invested parties. If you are interested in helping further one of these goals, please contact the hospital at (402) 245-2428 or by email at administration@cmcfc.org.

Appendix A: Community Meeting Agenda & Attendees



**COMMUNITY
MEDICAL CENTER, INC.**
Falls City, Nebraska

Richardson County Community Assessment

Grand Weaver Hotel

Falls City, NE 68355

April 15, 2015

7:30p – 9:00p

Purpose

The purpose of the Richardson County Community Assessment public meeting is to discuss identified health issues within Richardson County, and prioritize issues for the development of a regional Community Health Improvement Plan.

Agenda

- Welcome & Introductions
 - Introduction of SEDHD new Mission and Vision statements
- Process of Community Health and Needs Assessment
- Data Review
 - Review Quantitative Data
 - Survey Results
- Discussion of Findings
- Selection Exercise
 - Dot Matrix
- Closing Remarks
 - Next Steps
 - Improvement Process

Appendix A (continued): Community Needs Assessment Meeting Attendees

April 2, 2015 – Grand Weaver Hotel, Falls City, Nebraska

Name	Organization	
Ryan Larsen	Community Medical Center - CEO	
Kevin Cluskey	Southeast District Health Department - Director	
David Sickel	Richardson County Commissioner	
Carol Hamilton	Southeast Health District President & Owner, In-Home Health Care	
Lew Barber	Richardson County Sheriff Office	
Vicky McNealy	Southeast Nebraska Community Action - Director	
Crystal Dunekacke	City of Humboldt - Mayor	
Judy Murphy	City of Falls City - City Council Member	
Linda Santo	Community Medical Center & Certified Health Coach	
Joe Froeschl	Blue Valley Behavioral Health - Counselor	
Gary Jorn	City of Fall City - City Clerk & Falls City Volunteer Ambulance Squad - President	
Duane Armbruster	City of Falls City Police Department - Chief of Police	
Susan Johnson	Falls City Public Schools - Sixpence Program	
Kathy Martin	Falls City Public Schools - Sixpence Program Director	
Christine Aldana	Falls City Public Schools - Sixpence Program	
Brian Dixon	Richardson County Emergency Management - Director	
David Nachtigal	Physical & Respiratory Therapy Services (PRTS)- Owner & Fitness Center Owner	
Joe Buckminster	Village of Preston - Mayor ; Community Medical Center, IT Manager & Community Medical Center - IT Manager	
Dave Young	Falls City Nursing and Rehabilitation Center - Director	
Kyle Ryan	Peru State College - Associate Professor & Children's Health, Activity, & Nutrition Community Engagement - Co-director	
Allan Tramp	Family Practice - Physician & Sacred Heart School Board - President & Community Medical Center - Chief of Medical Staff	
<i>This list gives the names of those signing in at the meeting. Other attendees were present without signing in. All were invited to participate in discussion and prioritization exercises.</i>		

Appendix B: Relevant Health Indicators (From County Health Rankings; Problem areas noted by asterisk *)

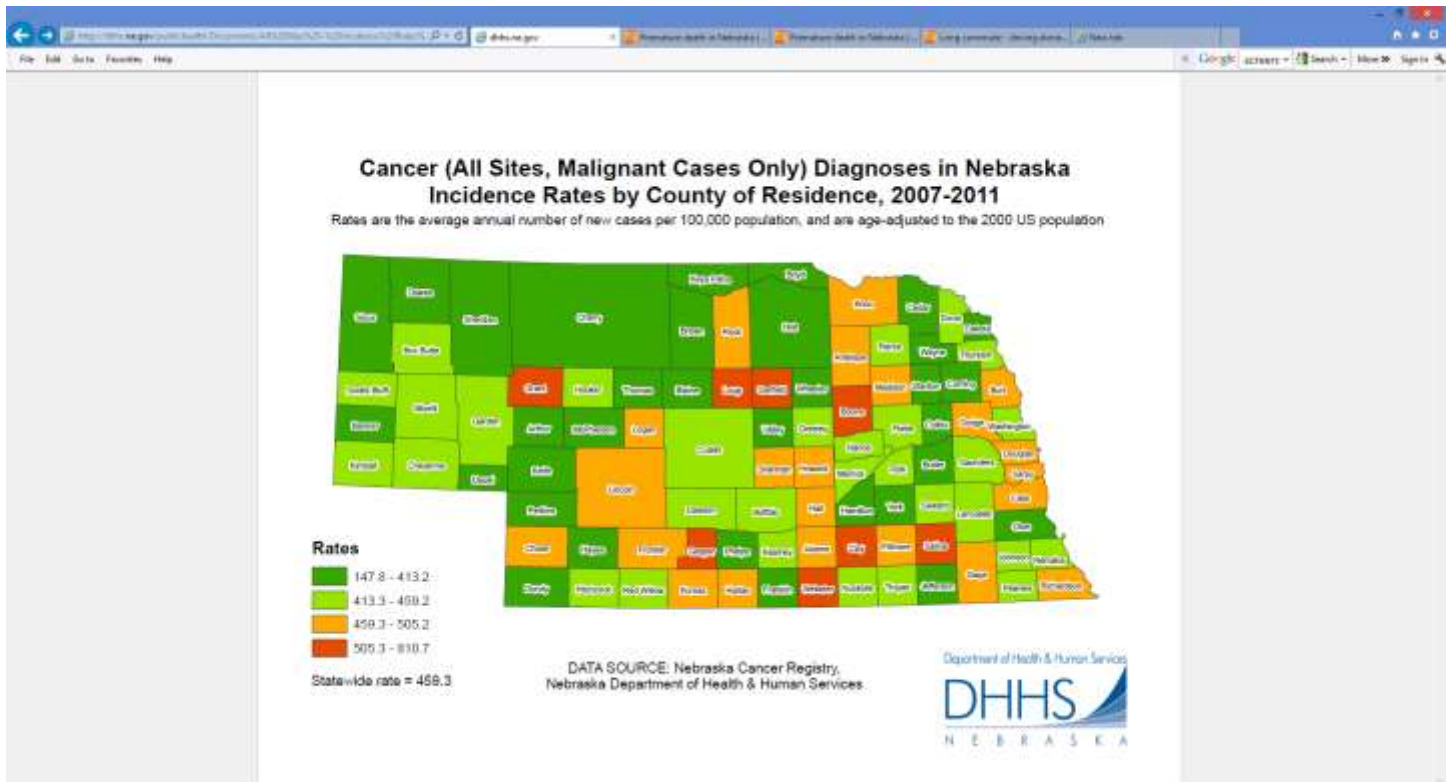
	Richardson County	Error Margin	Top U.S. Performers*	Nebraska	Rank (of 78)
Health Outcomes					31
Length of Life					22
<u>Premature death</u>	5,530	3,837-7,223	5,200	5,792	
Quality of Life					47
* <u>Poor or fair health</u>	15%	12-18%	10%	12%	
<u>Poor physical health days</u>	3	2.5-3.6	2.5	2.9	
<u>Poor mental health days</u>	2.8	1.9-3.7	2.3	2.7	
<u>Low birthweight</u>	5.10%	3.3-6.9%	5.90%	7.00%	
Health Factors					75
Health Behaviors					71
* <u>Adult smoking</u>	18%	15-22%	14%	18%	
* <u>Adult obesity</u>	33%	29-36%	25%	29%	
* <u>Food environment index</u>	7.5		8.4	7.8	
* <u>Physical inactivity</u>	34%	30-38%	20%	24%	
* <u>Access to exercise opportunities</u>	64%		92%	81%	
* <u>Excessive drinking</u>	21%	16-27%	10%	20%	
* <u>Alcohol-impaired driving deaths</u>	100%		14%	35%	
<u>Sexually transmitted infections</u>	193		138	364	
<u>Teen births</u>	31	24-40	20	32	
Clinical Care					75
* <u>Uninsured</u>	14%	13-16%	11%	13%	
* <u>Primary care physicians</u>	2,073:1		1,045:1	1,405:1	
* <u>Dentists</u>	2,708:1		1,377:1	1,450:1	
* <u>Mental health providers</u>	2,031:1		386:01:00	435:01:00	
* <u>Preventable hospital stays</u>	76	64-88	41	56	
* <u>Diabetic monitoring</u>	75%	63-87%	90%	86%	
* <u>Mammography screening</u>	46.80%	35.4-58.1%	70.70%	61.80%	
Social & Economic Factors					76
* <u>High school graduation</u>	80%			86%	
<u>Some college</u>	66.20%	53.5-78.9%	71.00%	70.00%	
<u>Unemployment</u>	5.30%		4.00%	3.90%	
* <u>Children in poverty</u>	22%	16-28%	13%	17%	
<u>Income inequality</u>	4.3	3.5-5.0	3.7	4.2	
<u>Children in single-parent households</u>	25%	14-35%	20%	28%	
<u>Social associations</u>	22.9		22	14.2	
<u>Violent crime</u>	63		59	264	
* <u>Injury deaths</u>	74	50-105	50	54	
Physical Environment					4
<u>Air pollution - particulate matter</u>	8.4		9.5	12.1	
* <u>Drinking water violations</u>	13%		0%	8%	
<u>Severe housing problems</u>	9%	6-12%	9%	13%	
<u>Driving alone to work</u>	82%	78-85%	71%	81%	
<u>Long commute - driving alone</u>	18%	13-23%	15%	17%	

	Richardson County	Nebraska
Demographics		
Population	8,125	1,868,516
% below 18 years of age	20.10%	24.90%
% 65 and older	23.20%	14.10%
% Non-Hispanic African American	0.30%	4.60%
% American Indian and Alaskan Native	3.40%	1.30%
% Asian	0.40%	2.10%
% Native Hawaiian/Other Pacific Islander	0.00%	0.10%
% Hispanic	1.70%	9.90%
% Non-Hispanic white	92.60%	81.00%
% not proficient in English	0.10%	2.70%
% Females	50.50%	50.20%
% Rural	50.60%	26.90%
Health Outcomes		
* Diabetes	11%	9%
HIV prevalence		115
Premature age-adjusted mortality	350.6	304.5
Infant mortality		5.8
Child mortality		49.6
Health Behaviors		
Food insecurity	13%	13%
Limited access to healthy foods	7%	7%
Motor vehicle crash deaths		13
Drug poisoning deaths		6
Health Care		
Uninsured adults	17%	16%
Uninsured children	7%	6%
Health care costs	\$10,606	\$8,868
Could not see doctor due to cost	8%	10%
Other primary care providers	1,625:1	1,183:1
Social & Economic Factors		
Median household income	\$41,679	\$51,502
Children eligible for free lunch	35%	35%
Homicides		4

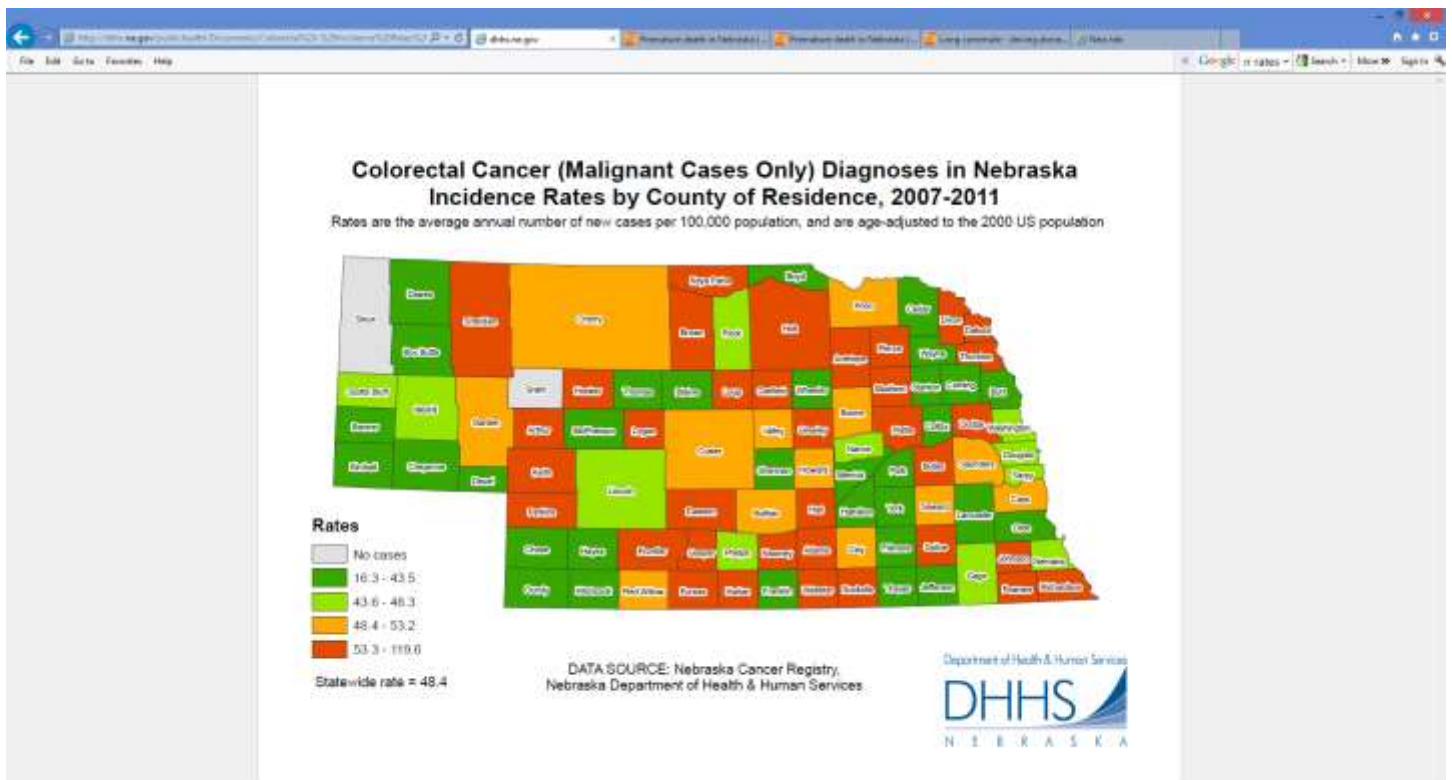
Appendix B (continued): Cancer Incidence in Richardson County

From the Nebraska Cancer Registry, Department of Health and Human Services

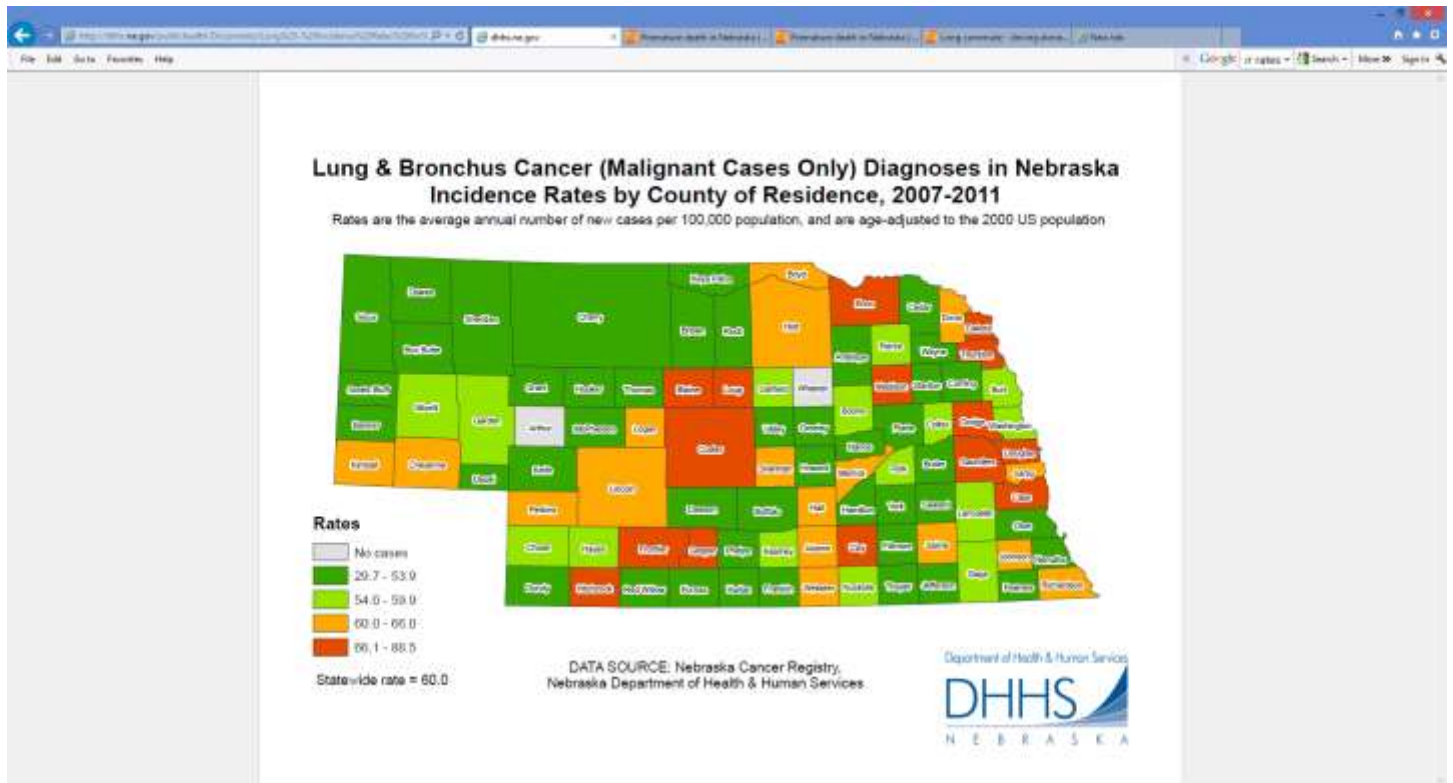
Five-Year, Age-Adjusted All-Type Cancer Rate shows Richardson County in the upper third for the state.



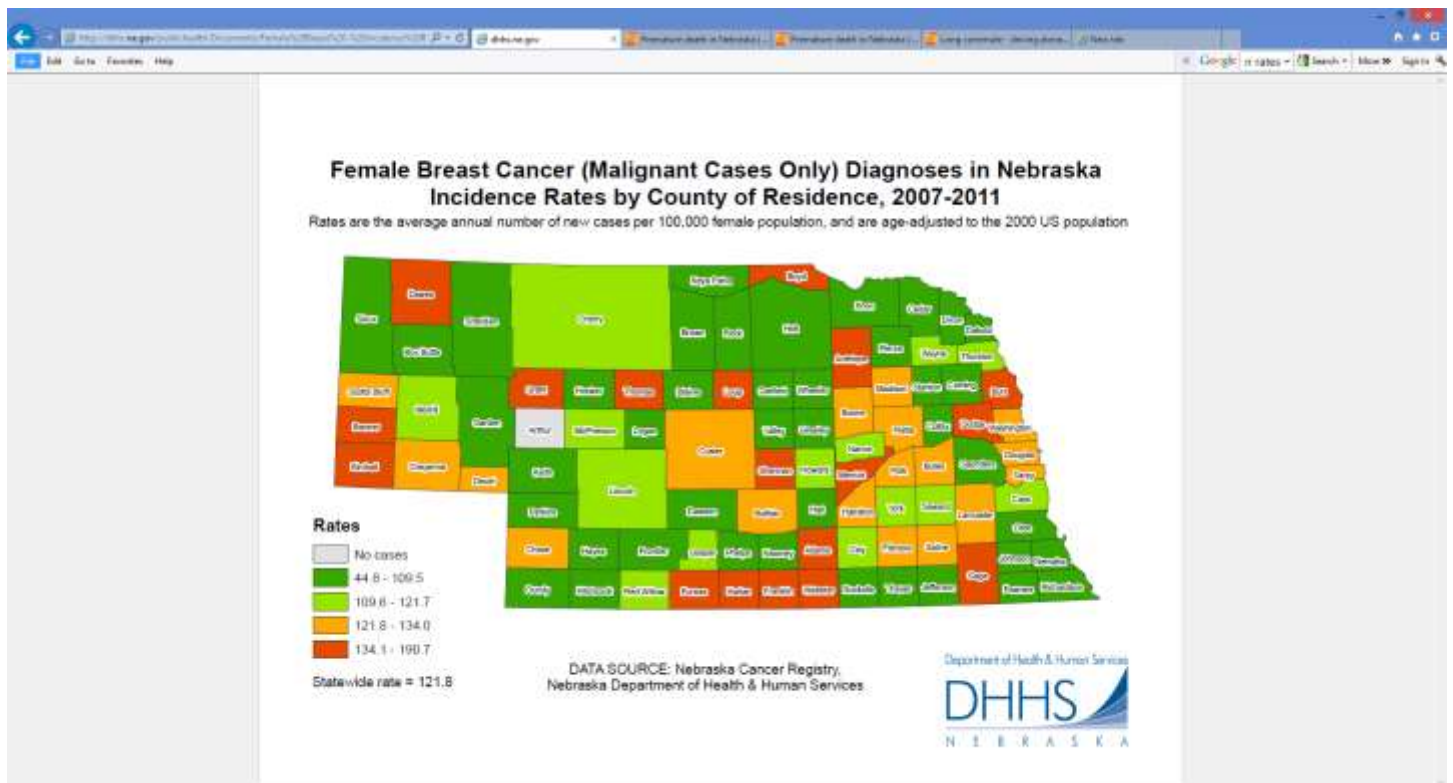
For Colorectal Cancer, Richardson County is in the Highest Risk Tier:

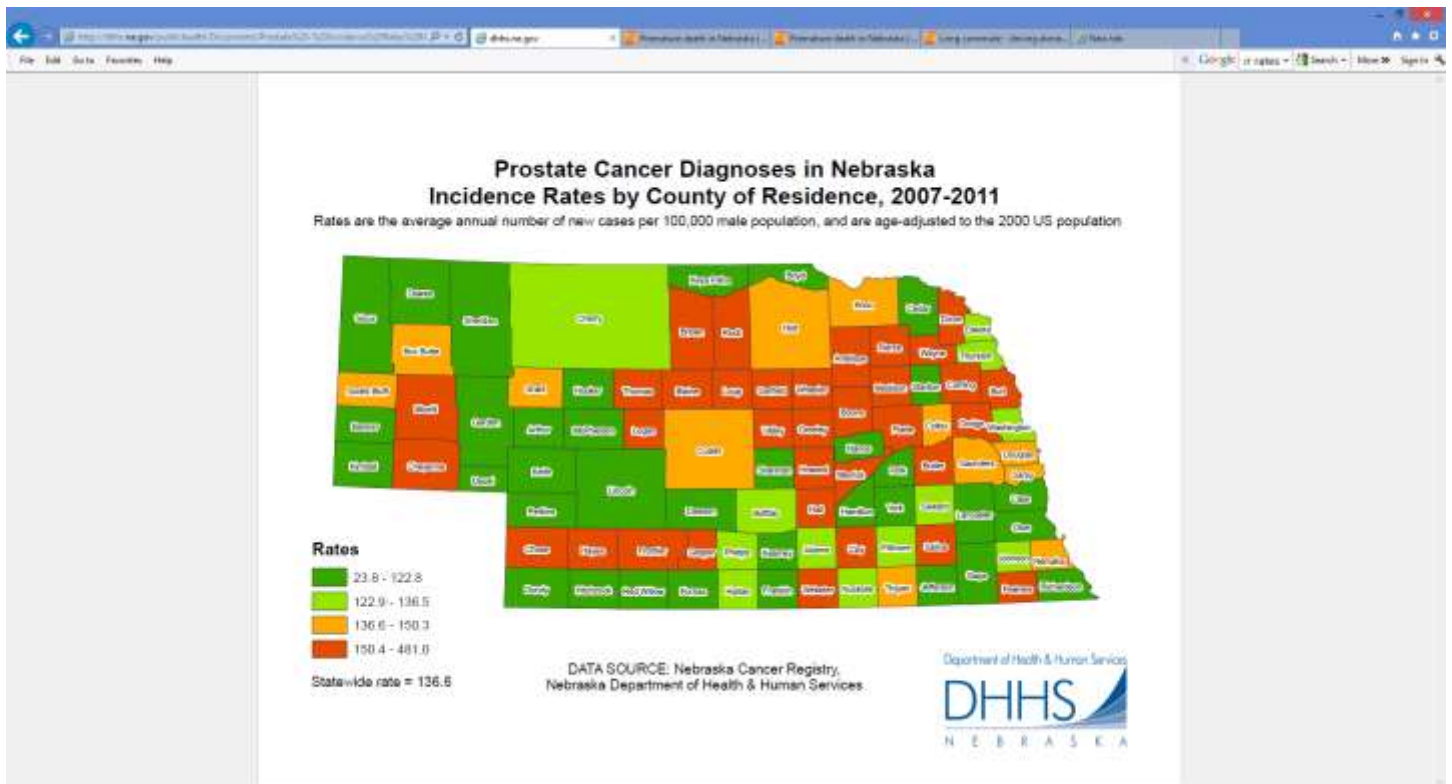


For Lung Cancer, Richardson County is in the 2nd-Highest Tier:

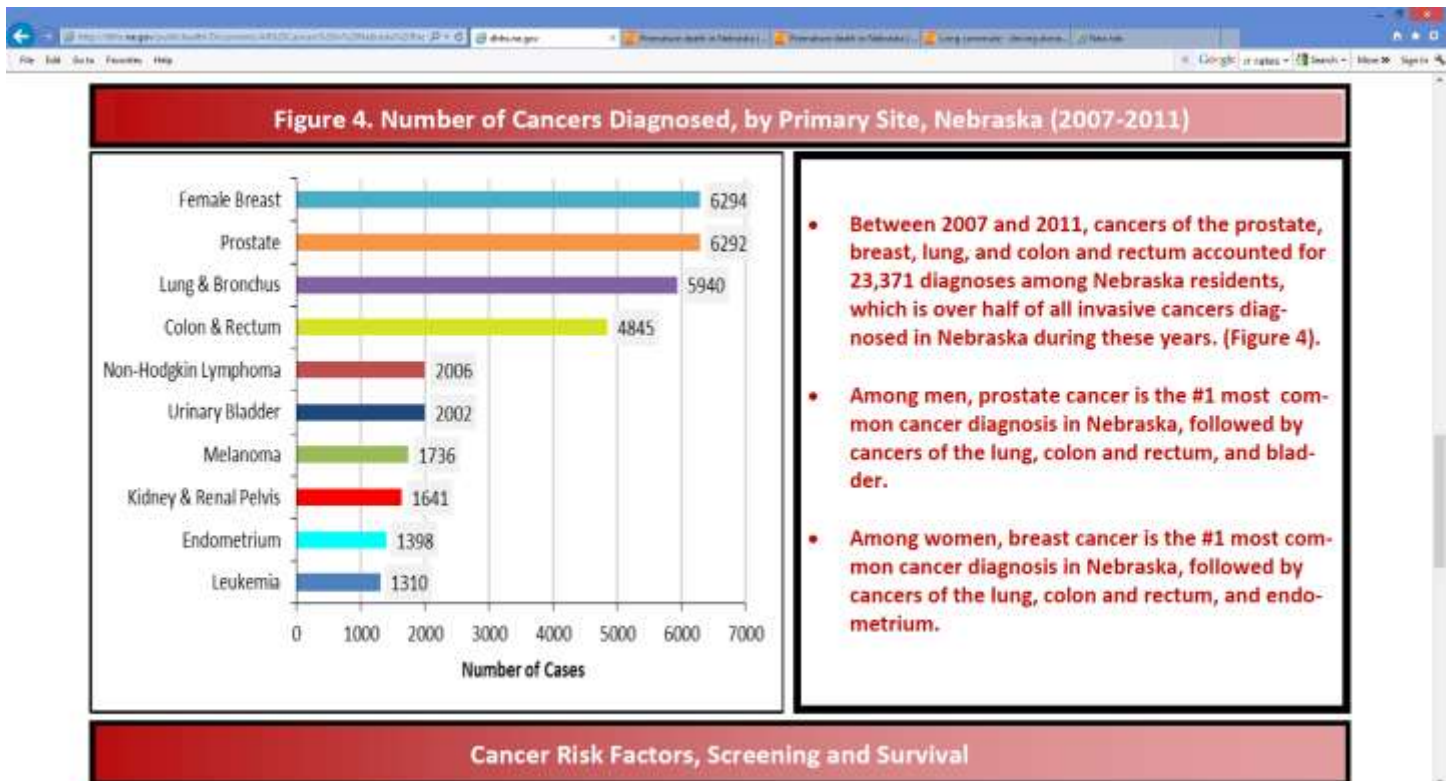


Conversely, For Breast and Prostate Cancer, Richardson County has Relatively low Rates:





The Following Shows the Number of Cancers Diagnosed, Statewide, for the Same Time Period, by Primary Site of the Cancer:



Appendix C: Community Health Needs Assessment Survey Tool

The following survey was made available to residents of Richardson County in paper format and online through email lists, in person at the hospital, the CMC website, the local ministerial association, the Chamber of Commerce and other entities. Though the requested deadline was April 2, to allow results to be tabulated before the community meeting, residents were able to complete and submit surveys to be included in the 5-county results through the end of the summer of 2015.

RICHARDSON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

Thank you for your interest in improving area health. This survey, which should take 5-10 minutes to complete, is being conducted by the Southeast (Nebraska) District Health Department and Community Medical Center to be used as part of a joint Community Health Needs Assessment and planning process in 2015. Survey results will be shared with the Health Department, Community Medical Center, and representatives of local government, schools, churches, medical practitioners, Southeast Nebraska Community Action, and health service organizations. The goal of the project is to understand the most important community needs related to health and to create and implement a collaborative action plan to address needs and improve the health of area citizens.

We appreciate your interest and willingness to participate in this process. Surveys may be returned at a variety of collection locations, including Community Medical Center, Sun Mart, Humboldt Family Medicine Clinic, and Richardson County Courthouse. The survey will also be available online after March 12 by going to www.cmcfc.org or www.sedhd.org and following the survey link.

We ask that all surveys, whether written or online, be completed by April 2.

Richardson County Community Health Assessment Survey

Zip Code

Ethnicity

- | | |
|---|--|
| <input type="checkbox"/> White/Not Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Asian | |

Gender

- Male
- Female

Age

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 18 or under | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 19-24 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 75 or over |

Yearly Household Income

- | | |
|---|---|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$20,000 to \$34,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$200,000 or more |

Highest level of education

- Less than high school degree
- High school degree or equivalent (e.g. GED)
- Some college but no degree
- Associate degree
- Bachelor degree
- Graduate degree

Please rate the following based on your overall opinion regarding quality of life in your community.

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the quality of life in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the health care system in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a good place to raise children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a good place to retire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is economic opportunity in this community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are networks of support for individuals and families during times of stress and need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All individuals and groups have the opportunity to contribute to and participate in the community's quality of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All residents think that they can make the community a better place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is an active sense of civic responsibility and engagement and civic pride in shared accomplishments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the following list, what do you think are the THREE most important factors that would contribute to a high quality of life in this community?

Check Only Three

- Access to affordable health insurance

- Affordable housing
- Arts and cultural events
- Availability of dental services
- Availability of health care
- Career enhancement
- Clean environment (including water, air, sewage, waste disposal)
- Good schools
- Good place to raise children
- Healthy behaviors and lifestyles
- Healthy economy
- Jobs with adequate wages
- Low adult death and disease rates
- Low crime/safe neighborhoods
- Low level of child abuse
- Parks and recreation
- Racial equality
- Religious or spiritual values
- Resources for parents
- Strong family life
- Other _____

In the following list, what do you think are the THREE most important issues in our community?

Check Only Three

- Access to health care
- Aging problems (e.g. arthritis, hearing/vision loss, etc.)
- Bullying
- Cancers
- Child abuse/neglect
- Comprehension of health care systems
- Dental problems
- Diabetes
- Domestic Violence
- Firearm-related injuries
- Farming-related injuries
- Heart Disease and stroke
- High Blood Pressure
- HIV/AIDS
- Homicide
- Homelessness
- Inadequate housing
- Infant care (e.g. breastfeeding, Sudden Infant Death Syndrome, etc.)
- Infectious Disease (e.g. Hepatitis, TB, etc.)
- Joblessness
- Lack of access to adequate food supply
- Lack of resources for parents
- Mental Health problems
- Motor vehicle crash injuries
- Rape/sexual abuse
- Sexually transmitted diseases (STDs)
- Suicide
- Workplace-related injuries
- Other _____

In the following list, what do you think are the THREE most risky behaviors in our community?

Check Only Three

- Alcohol dependency
- Being overweight
- Dropping out of school
- Divorce
- Drug use
- Lack of exercise
- Not getting "shots" to prevent disease
- Not using birth control
- Not using seat belts/child safety seats
- Poor eating habits
- Racism
- Tobacco use
- Unsafe sex
- Other _____

Your area hospital last conducted a community health needs assessment in 2012.

How familiar are you with the priorities established in that assessment process?

- Not at all Minimally familiar Somewhat familiar Very Familiar

The priorities for Richardson County identified in 2012 were:

- **Compiling a Comprehensive Resource Reference.**
- **Improving Access to Behavioral and Mental Health Services.**
- **Promoting Community Health and Fitness.**
- **Increasing Coordination to Improve Access to Care.**

To what extent do you still agree with the priorities previously identified? (Leave blank if not applicable)

- Disagree Somewhat disagree Neutral Somewhat agree Agree

How familiar are you with the strategies and steps that have been taken in your community to address those priorities?

- Not at all Minimally familiar Somewhat familiar Very Familiar

How successful do you feel efforts to address these issues have been? (Leave blank if not applicable)

- Unsuccessful Somewhat Unsuccessful Neutral Somewhat Successful Successful

What other comments, if any, do you have regarding the previous health needs assessment and/or efforts to implement response strategies?

Appendix D: Community Health Assessment Survey Results

County of Residence

Johnson 11
Nemaha 34
Otoe 36
Pawnee 11
Richardson 76

Ethnicity

White/Not Hispanic or Latino 193
African American 1
American Indian or Alaska Native 2
Asian 0
Native Hawaiian or Other Pacific Islander 0
Hispanic/Latino 2
Two or More Races 2

Gender

Female 165
Male 40

Yearly Household Income

Less than \$20,000 18
\$20,000 to \$34,999 26
\$35,000 to \$49,999 20
\$50,000 to \$74,999 43
\$75,000 to \$99,999 37
\$100,000 to \$149,999 34
\$150,000 to \$199,999 10
\$200,000 or more 5

Age

18 or under 0
19-24 10
25-34 41
35-44 50
45-54 53
55-64 31
65-74 18
75 and over 2

Highest level of education

Less than high school degree 0
High school degree or equivalent (e.g. GED) 22
Some college but no degree 41
Associate degree 35
Bachelor degree 67
Graduate degree 39

Please rate the following based on your overall opinion regarding quality of life in your community.

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the quality of life in the community.	5	19	27	112	15
I am satisfied with the health care system in the community.	6	23	25	96	30
This is a good place to raise children.	3	0	19	110	48
This is a good place to retire.	4	14	47	85	26
There is economic opportunity in this community.	11	43	67	51	8
This is a safe place to live.	0	4	17	122	35
There are networks of support for individuals and families during times of stress and need.	5	23	55	76	17
All individuals and groups have the opportunity to contribute to and participate in the community's quality of life.	6	19	38	94	21
All residents think that they can make the community a better place to live.	11	56	62	46	4
There is an active sense of civic responsibility and engagement and civic pride in shared accomplishments.	6	36	62	66	8

In the following list, what do you think are the three most important factors that would contribute to a high quality of life in this community?

- Access to affordable health insurance 24
- Affordable housing 38
- Arts and cultural events 11
- Availability of dental services 0
- Availability of health care 28
- Career enhancement 20
- Clean environment (including water, air, sewage, waste disposal) 23
- Good schools 69
- Good place to raise children 32
- Healthy behaviors and lifestyles 26
- Healthy economy 35
- Jobs with adequate wages 75
- Low adult death and disease rates 3
- Low crime/safe neighborhoods 20
- Low level of child abuse 5
- Parks and recreation 11
- Racial equality 3
- Religious or spiritual values 23
- Resources for parents 10
- Strong family life 41

In the following list, what do you think are the three most important health-related issues in our community?

Access to health care / lack of needed specialties or programs 23

Aging problems (e.g. arthritis, hearing/vision loss, etc.) 40

Bullying 18

Cancers 59

Child abuse/neglect 22

Comprehension of health care systems 19

Dental problems 1

Diabetes 18

Domestic Violence 14

Firearm-related injuries 0

Farming-related injuries 4

Heart Disease and stroke 20

High Blood Pressure 12

HIV/AIDS 0

Homicide 0

Homelessness 7

Inadequate housing 12

Infant care (e.g. breastfeeding, Sudden Infant Death Syndrome, etc.) 2

Infectious Disease (e.g. Hepatitis, TB, etc.) 0

Joblessness 33

Lack of access to adequate food supply 5

Lack of fitness or exercise opportunities 24

Lack of resources for parents 17

Mental Health problems 38

Motor vehicle crash injuries 8

Obesity 43

Rape/sexual abuse 2

Sexually transmitted diseases (STDs) 0

Substance Abuse / Addiction 53

Suicide 2

Workplace-related injuries 1

In the following list, what do you think are the three most risky behaviors in our community?

Alcohol dependency 86

Being overweight 73

Dropping out of school 14

Divorce 13

Drug use 99

Lack of exercise 46

Not getting "shots" to prevent disease 7

Not using birth control 18

Not using seat belts/child safety seats 19

Poor eating habits 48

Racism 13

Tobacco use 42

Unsafe sex 18

Your area hospital last conducted a community health needs assessment in 2012. How familiar are you with the priorities established in that assessment process?

Not at all	Minimally familiar	Somewhat familiar	Very Familiar
31	12	17	13

The four priorities for Richardson County identified in 2012 were:

- **Compiling a Comprehensive Resource Reference.**
- **Improving Access to Behavioral and Mental Health Services.**
- **Promoting Community Health and Fitness.**
- **Increasing Coordination to Improve Access to Care.**

To what extent do you still agree with the priorities previously identified? (Leave blank if not applicable)

Not Applicable	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree
1	0	5	13	41	12

How familiar are you with the strategies and steps that have been taken in your community to address those priorities?

Not at all	Minimally familiar	Somewhat familiar	Very Familiar
17	29	20	7

How successful do you feel efforts to address these issues have been? (Leave blank if not applicable)

Unsuccessful	Somewhat Unsuccessful	Neutral	Somewhat Successful	Successful	N/A
5	10	29	23	2	3

What other comments, if any, do you have regarding the previous health needs assessment and/or efforts to implement response strategies?

Appendix E: Notes and Results from Richardson County Meeting

The group reviewed health and behavioral statistics and survey results and discussed how to interpret results and what priorities should be regarding issues to address. The following points represent insights and discussion points from the group. Priorities selected are listed at the end.

Questions:

- Why do people not feel empowered? (Majority of residents feel that not all residents can make the community a better place)
- Are there appropriate forums for participation?
- “Same people all the time” mentality
- Ages/Demographics of community
 - Are we reaching out?

Reactions to the survey

- Questions are vague
- Marketing of the survey
 - How is it distributed?
 - How can we reach more community members?

Factors that contribute to higher quality of life

- Healthy Behaviors/Lifestyles
 - Living within our means (correlates with other factors)
 - Financially, spiritually, etc
 - Not going to bars
 - Healthy lifestyles for kids
 - Making smarter decisions with physical and mental health
 - More active in community/more outgoing
 - Lowering drug use
- Strong family life
- Jobs with adequate wages
 - Lack of jobs correlates with drug use and health
 - Cause & effect
 - Lowers stress/increases security
- Good schools
 - Start of community – leads to jobs, healthy lifestyles/behaviors, etc
 - Need a desire to learn

Health-related Issues

- Substance Abuse
- Obesity
 - Easy access to fast food
 - Convenience
 - Whole, uncooked chicken (\$8+) vs. Rotisserie chicken (~ \$6)
- Cancer
 - Detection rate
 - Are we catching it early enough?
 - Early detection/Prevention is important
- Mental Health Problems
- Child Abuse
 - Drug use
 - Mental Health issues

Risky Behaviors

- Drug Use
 - Prescription Drug abuse is most prevalent
 - Pain pills
 - Tranquilizers
- Being Overweight
 - Leads to stroke, heart disease, cancer
 - Access to healthy foods
 - Farmer's Markets are too few and offer little variety
 - Pricing of healthy foods
 - Processed foods are cheap and filling (i.e. rice, side dishes, etc.)

Where are we with 2012 priorities?

- Compiling a comprehensive resource reference
 - This is complete and is available to public
- Improving access to behavioral and mental health services
 - To date, \$80,000 has been invested
- Promoting community health and fitness
 - Progress is slow
- Increasing coordination to improve access to care
 - Little success has been made

Access to healthcare is an issue

- Residents living at 133-400% poverty level are eligible for a subsidy to Affordable Care Act
- Most of the population does not qualify

Final Prioritization, based on significance of issue, importance to the community, and ability to impact:

- 1. Substance Abuse**—We are concerned with drug and alcohol abuse among adults and youth. Of special concern is abuse of prescription drugs. Substance abuse affects individuals' and families' health, mental health, financial situations, self-reliance, social support, spirituality and criminal status. It is a multifaceted problem that greatly impacts our community.
- 2. Fitness & Obesity**—We are concerned about high levels of obesity and inactivity in our community. This results in health issues that multiply over time. We are concerned about lack of access to fitness and healthy eating options. We are also concerned about increasing technology dependence that reduces activity and social supports and about cultural and social norms that may not emphasize fitness, activity, healthy eating and maintaining healthy weights. Poor finances, lack of access to necessary medical and social supports, as well as cultural stigma, may also prevent those in greatest need from receiving necessary interventions.
- 3. Cancer**—The community is concerned about the prevalence of cancer and what can be done to reduce or mitigate risks (behavioral, hereditary and environmental), improve early detection, ensure access to treatment, and support individuals and families affected. Colorectal and lung cancers are, perhaps, of special significance.