

Burgess Health Center
Community Health Needs Assessment
Fiscal 2013

Community Health Needs Assessment (CHNA)

In order to determine community health needs and to develop plans to meet these needs, Burgess Health Center completed a CHNA in the first quarter of calendar 2013. This report will outline how the assessment was completed, the identified needs, and the implementation plan.

Community Served

In order to define “community served”, Burgess evaluated data from the Iowa Hospital Association’s *Inpatient and Outpatient Origination and Destination* data. Burgess’ inpatient admission data was reviewed based upon zip code of origination to determine market share. Burgess had over 50% of the market share in the following communities: Blencoe, Moorhead, Onawa, Rodney, Soldier and Whiting, Iowa and Decatur, Nebraska. In addition, other communities with significant admissions but less than 50% market share included Mapleton, Sloan, and Dunlap, Iowa. Burgess’ owns and operates rural health clinics in Mapleton, Sloan, and Dunlap.

Based upon the origination of inpatient admissions and communities with rural health clinics, Burgess determined the communities served to be Monona county Iowa plus Dunlap and Sloan, Iowa and Decatur, Nebraska. This decision was made because these are the communities Burgess is currently serving and therefore has the greatest ability to meet the communities’ needs.

Assessment Method

A CHNA committee was formed to develop a survey, determine the timing and distribution method of survey, and evaluate the results of the survey. A copy of the survey is attached to this report.

The CHNA determined it was important to get the broadest possible distribution of the CHNA as possible so the following distribution methods were used:

- Electronically on Burgess Website
- Paper copies distributed at Burgess’ clinics in Decatur, Dunlap, Mapleton, and Sloan
- Paper copies made available at other clinics within Monona County
- Flyers with web address to complete survey distributed at high school basketball games
- Flyers with web address to complete survey sent home with kindergarten through eighth grade students
- Announcements place in area churches bulletins requesting completion of the survey
- Paper copies made available at senior citizens meal sites

- Paper copies made available at Burgess' Wear Red health event that had over 200 attendees
- Newspaper ads and articles placed in area newspapers requesting residents to complete the survey

The survey was made available from December 2012 to February 2013.

External Input

In order to ensure external input was received in addition to responses to the survey, the following entities were contacted for input:

- Monona County Public Health
- Burgess Medical Staff
- Monona County Dentists

In addition, Monona County Public Health's *Community Health Needs and Health Improvement Plan for Monona County 2010-11* was reviewed for identified community needs and priorities. The first two health priorities identified were chronic disease and healthy behaviors.

Chronic Disease

Monona County mortality rank (out of 99 counties; higher ranks are better) for chronic disease among counties in Iowa was as follows (rates are per 100,000 population):

<u>Disease</u>	<u>Rate</u>	<u>Rank</u>
• Major cardiovascular disease	511.8	9 th
• All cancer	313.3	1 st
• Lung cancer	94.8	1 st
• Chronic obstructive pulmonary	111.6	1 st
• Alzheimer	71.6	3 rd out of 22 < 10,000 census
• Diabetes	54.8	2 nd out of 22 < 10,000 census

Health Behaviors: Obesity and Physical Activity

- 27% of Monona County adults are obesity
- 25% of Monona County youth eat no fruits or vegetables daily
- Only 17% of Monona County youth exercise 60 minutes 5 times per week

Identified Community Health Needs

A total of 455 surveys were completed and returned. The breakdown of the surveys is as follows:

- Female 79%
- Age
 - Under 18 3.1%
 - 18-44 22.4%
 - 45-64 37.6%
 - 65-79 25.5%
 - 80 and older 11.4%

- 90.7% have health insurance
- 40.5% have dental insurance

Survey Results

Preventative Services

Respondents identified the preventative health services they had in the past twelve months. The low utilization of the following services was surprising:

- Blood sugar check 45.8%
- Vision screening 54.6%
- Dental cleaning 53.7%
- Mammogram 46.6% of women
- Pelvic exam 24.3% of women
- Screening colonoscopy 8.3%
- Prostate cancer screening 27.8% of men
- Flu shot 65.3%
- Cholesterol screen 50.2%
- Routine doctor visit 65.0%

A follow up question was what “stopped you from getting health care you need”. The following responses were given:

- Nothing 51.4%
- Too high of out pocket cost 10.6%
- Insurance does not cover 10.1%
- No insurance 8.7%
- Could not afford medications 4.0%

Diagnosed Health Conditions

The following percentage of respondents indicated they were diagnosed by a doctor with the following:

- High blood pressure 39.1%
- Arthritis 27.2%
- Sinus problems 20.9%
- Obesity 18.0%
- Stress 17.2%
- Eye disorder 15.8%
- Diabetes 15.8%
- Sleep disorder 11.9%
- Migraine headaches 10.4%
- Heart disease 9.7%
- Mental health problems 8.7%
- Cancer 8.5%

Healthy Behaviors

The following percentage of respondents indicated they followed healthy behaviors:

	<u>Always</u>	<u>Sometimes</u>	<u>Never</u>
Exercise 30 minutes 5 days/week	15.2%	48.6%	32.9%
Use tobacco products	12.7%	9.7%	70.6%
5 servings of fruits and vegetables	8.7%	73.4%	16.2%
Fast food > once per week	4.3%	54.8%	36.2%
Apply sunscreen	19.7%	52.2%	24.9%
Get annual flu shot	62.5%	13.6%	21.3%
Get 7-9 hours of sleep	35.7%	54.1%	9.4%
Consume > recommended alcohol	15.2%	13.9%	78.4%

Most Important Health Factors

Respondents indicated the following factors were most important factors for a healthy community:

- Access to health care 90.7%
- Healthy food sources 58.7%
- Healthy behaviors 57.7%
- Good economy 33.2%
- Social support/connectedness 27.5%

Availability of Services

13.1% of respondents indicated that they always travel outside of the area for medical care and 41.1% indicated they sometimes did. The services respondents traveled for were:

- Doctor appointments 56.4%
- Dental appointments 47.9%
- Hospitalization 28.3%
- Outpatient treatment 23.5%

63.2% of the respondents indicated that they traveled outside of the area for services because services are not available in the community and 20.7% feel quality is better elsewhere.

Recommended Actions

Chronic Disease Management

The community served area ranks very low in the State of Iowa for mortality related to chronic conditions and a significant number of the respondents indicated they have been diagnosed with chronic conditions (high blood pressure, diabetes, obesity, arthritis, mental health, and cancer).

To improve the health of individuals with chronic conditions it is important that best practice care guidelines are followed. Managing the chronic conditions will reduce the

co-morbidities associated with the disease and allow the individuals to lead a higher quality of life.

The priorities of which chronic diseases will need to be decided upon by the health care providers within the community. The care delivery models will need to be adapted to ensure that best practice guidelines are implemented within the provider practices and that patients understand the guidelines and are coached to manage their disease appropriately. A medical home practice model where patients receive coaching from a staff member between provider visits appears appropriate.

An analysis of the improvement of the management of the chronic diseases will need to be conducted to ensure changes in care delivery are being effective improving the health of the individuals.

Preventative Services

Utilization of preventative services is less than optimal. 51.4% of the respondents indicated that nothing kept them from receiving the preventative services they needed; while over thirty percent indicated that financial concerns kept them from receiving preventative services.

Improvement in utilization of preventative services appears to require a two prong approach – education and financial access. The ability to access basic preventative services at an affordable price is readily available (i.e., flu shot, cholesterol and blood sugar screening) and still below optimal levels. This indicates that education needs to take place regarding the importance of preventative services. This education will need to include general public education of preventative care guidelines and within practices for individual patient education of preventative care guidelines and an assessment of patient compliance.

Financial access will need to be evaluated. Possible approaches include more aggressive publishing of financial assistance guidelines and evaluation of methods to reduce costs of accessing preventative services. Reducing of costs of preventative services will require collaboration among providers to determine appropriate avenues for delivering reduced cost preventative services.

Healthy Behaviors

Improvement in healthy behavior appear to be associated with activity (32.9% never get recommended exercise; 48.6% sometimes do) and nutrition (16.2% never eat recommended amounts of fruits and vegetables; 73.4% sometimes do). Changing of these behaviors will require a community wide effort and a coalition among community partners. Burgess will work with Monona County Public Health to form this coalition and develop an action plan to address healthy behaviors.

Access to Services

Of the respondents 13.1% indicated they always traveled outside of the area for medical care and 41.1% indicated they sometimes did. 63.2% of the respondents indicated they traveled outside of the area because services were not available within the community.

In order to better analyze needed services within the community, a more in-depth study of the services needed, the services currently available, and the accessibility of the services. The outcome of the study will be a plan to increase services available within the community and to improve access to these services. Burgess will take the lead in this study.