

Community Health Needs Assessment

2016

FINAL SUMMARY REPORT



Regional One Health

SUBMITTED BY



HOLLERAN

COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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EXECUTIVE SUMMARY

Beginning in February 2016, Regional One Health undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in Shelby County in Tennessee. The aim of the assessment is to reinforce Regional One Health's commitment to the health of residents and align its health prevention efforts with the community's greatest needs. The assessment examined a variety of health indicators including chronic health conditions, access to health care and social determinants of health. Regional One Health contracted with Holleran Consulting, a research firm based in Lancaster, Pennsylvania, to execute this project.

The completion of the CHNA enabled Regional One Health to take an in-depth look at its community. The findings from the assessment were utilized by Regional One Health to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. Regional One Health is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.

CHNA Components

- Secondary Data Research
- Online Community Survey
- Key Informant Surveys
- Prioritization Session
- Implementation Plan

Key Community Health Issues

Regional One Health, in conjunction with community partners, examined the findings of the Secondary Data, Online Community Survey, and Key Informant Surveys to select Key Community Health Issues pertinent to Shelby County. The following issues were identified (presented in alphabetical order):

- Access to Healthcare
- Child and Family Health
- Drug Abuse
- Health Literacy
- Healthy Lifestyles
- Mental Healthcare
- Poverty
- Sexually Transmitted Illnesses and TB
- Violence

Prioritized Community Health Issues

Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Regional One Health plans to focus community health improvement efforts on the following health priorities over the next three-year cycle:

- Poverty

- Healthy Lifestyles
- Violence
- Mental Healthcare
- Sexually Transmitted Illnesses and TB

Previous CHNA and Prioritized Health Issues

Regional One Health conducted a comprehensive CHNA in 2013 to evaluate the health needs of individuals living in the hospital service area within Shelby County. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment helped Regional One Health to identify 11 health issues and develop a community health implementation plan to improve the health of the surrounding community. The prioritized health issues include:

- Teen Pregnancy
- Infant Mortality
- HIV/AIDS
- Diabetes
- Breast Cancer
- Colorectal Cancer
- Adult Obesity/Overweight
- Injury Prevention
- Education
- Violent Crime/Homicide/Firearm-Related Deaths
- Lung Health

Major outcomes achieved from the 2013 CHNA priority areas include:

- Served approximately 180 young moms each year through the Sunrise Program.
- Approximately 3,700 new moms received education through the Safe to Sleep Program.
- Approximately 10,000 medical visits were provided annually to HIV patients as well as 15,000 wrap around visits.
- Provided more than 1,800 glucose and blood pressure screenings in the community and participated in more than 78 community health fairs.
- Approximately 3,677 individuals were screened through the Take Care/Be Aware Program.
- More than 100 people from various faith communities attended the Spiritual Health and Wellness Conference.
- An average of 20 participants per month attended the Memphis Area Brain Injury Support Group.
- Touched more than 300 lives through hosting Bully, Conflict Resolution and Gun Violence and Police Interaction community educational programs.

A full list of outcomes can be found in Appendix D.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Regional One Health is a healthcare system providing accessible, efficient, quality healthcare for individuals in the Mid-South. Its primary service area includes west Tennessee, east Arkansas, and north Mississippi. Focusing on compassionate care and exceptional service, Regional One Health is anchored by its acute care hospital, Regional Medical Center, which is home to four highly respected Centers of Excellence including trauma, burn, neonatal intensive care and high-risk obstetrics. Regional One Health also includes Regional One Health Rehabilitation Hospital, Regional One Health Extended Care Hospital, Regional One Health Surgery Center, a network of primary care physician offices, and an outpatient center.

With 335 staffed beds and a total of 2,897 employees, Regional One Health's mission is to improve the health and well-being of the people they serve by providing compassionate care and exceptional service. In collaboration with their partners, Regional One Health's vision is to be the premier healthcare system advancing the quality of life in the communities they serve. Regional One Health operates on four core values including compassion, accountability, respect, and excellence.

Methodology

The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:

- A Secondary Data Profile uses existing data from local and national sources depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Shelby County were compiled and compared to state and national level data, where applicable.
- An Online Community Survey was conducted with individuals residing in Shelby County between April 11 and April 29, 2016. The survey was designed to assess their health status, health risk behaviors, preventive health practices and needs, health care access primarily related to chronic diseases, and community strengths and opportunities. The survey took approximately 10 to 15 minutes to complete. In total, 936 residents completed the survey.
- Key Informant Surveys were conducted with a total of 55 keys informants between March 2016 and April 2016. Key informants were defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders.

Research Partner

Regional One Health contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 23 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted data from secondary data sources
- Collected, analyzed and interpreted data from the online community survey
- Collected, analyzed and interpreted data from key informant interviews; and
- Prepared all reports

Community Representation

Community engagement and feedback were an integral part of the CHNA process. Regional One Health sought community input through key informant interviews with community leaders and partners, an online community member survey available to all residents, and inclusion of community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

As with all research efforts, there are some limitations related to this study's research methods that should be acknowledged. Data based on self-reports should be interpreted with particular caution. In some instances, community member survey participants may over- or underreport behaviors and illnesses based on fear of social stigma depending on the health outcome of interest or misunderstanding the question being asked. In addition, respondents may be prone to recall bias where they may attempt to answer accurately, but remember incorrectly.

In addition, timeline and other restrictions may have impacted the ability to survey all community stakeholders. Regional One Health sought to mitigate limitations by including representatives of diverse and underserved populations throughout the research components. However, the convenience sample for the community survey does not mirror the demographics of the population.

Prioritization of Needs

Following the completion of the CHNA research, Regional One Health prioritized community health issues in collaboration with its research partner, Holleran Consulting. Regional One Health will develop and submit an Implementation Plan, based on the prioritized community needs, to their Board of Directors for approval on or before November 15, 2016.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

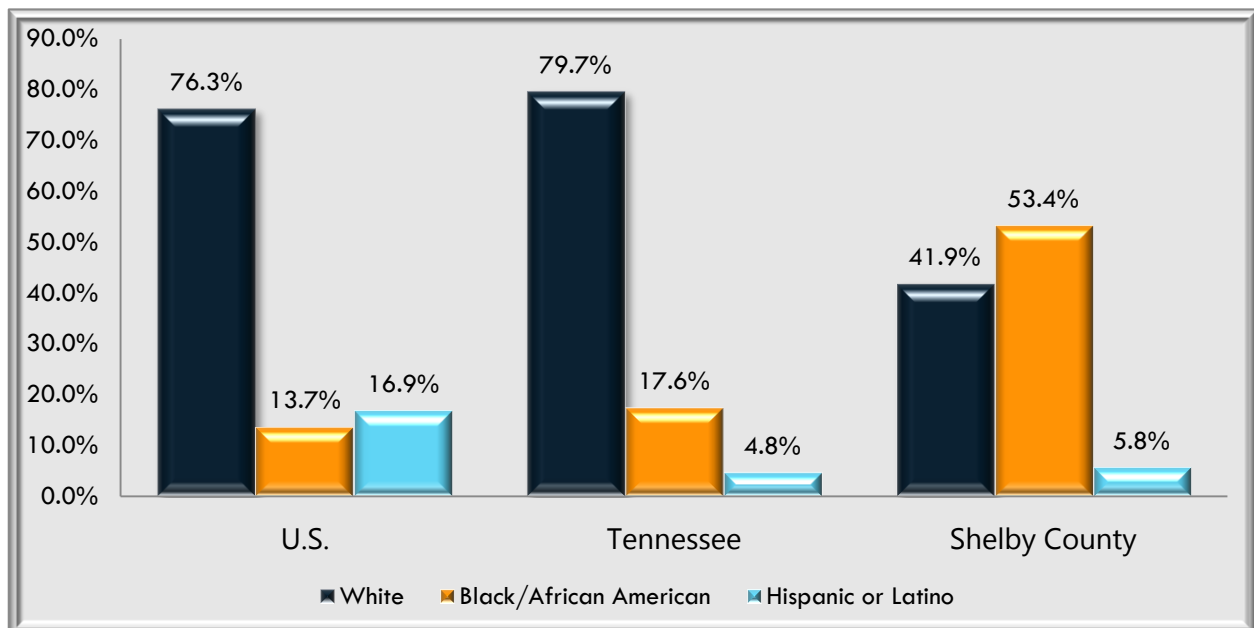
The following sections present the results of the analysis of secondary data, the online community survey, and the key informant survey.

I. Socio-Demographic Statistics Overview

The population of Shelby County has experienced a slower growth (4.3%) between 2000 and 2014, when compared to Tennessee (13.4%) and the nation (11.6%). Shelby County also has a notably younger population as evidence by the median age (34.8) when compared to the state (38.3) and the nation (37.4).

Over half of the population in Shelby County is Black/African-American (53.4%), which is a much larger proportion when compared to Tennessee (17.6%) and the nation (13.7%). Additionally, in terms of primary language statistics, the percentage of people who speak a language other than English at home is slightly higher in Shelby County (9.2%) when compared to Tennessee (6.8%), but is much lower compared to the nation (20.9%). Residents in Shelby County who speak a language other than English at home are most likely to speak Spanish (5.3%).

Figure 1. Racial breakdown of the three major races



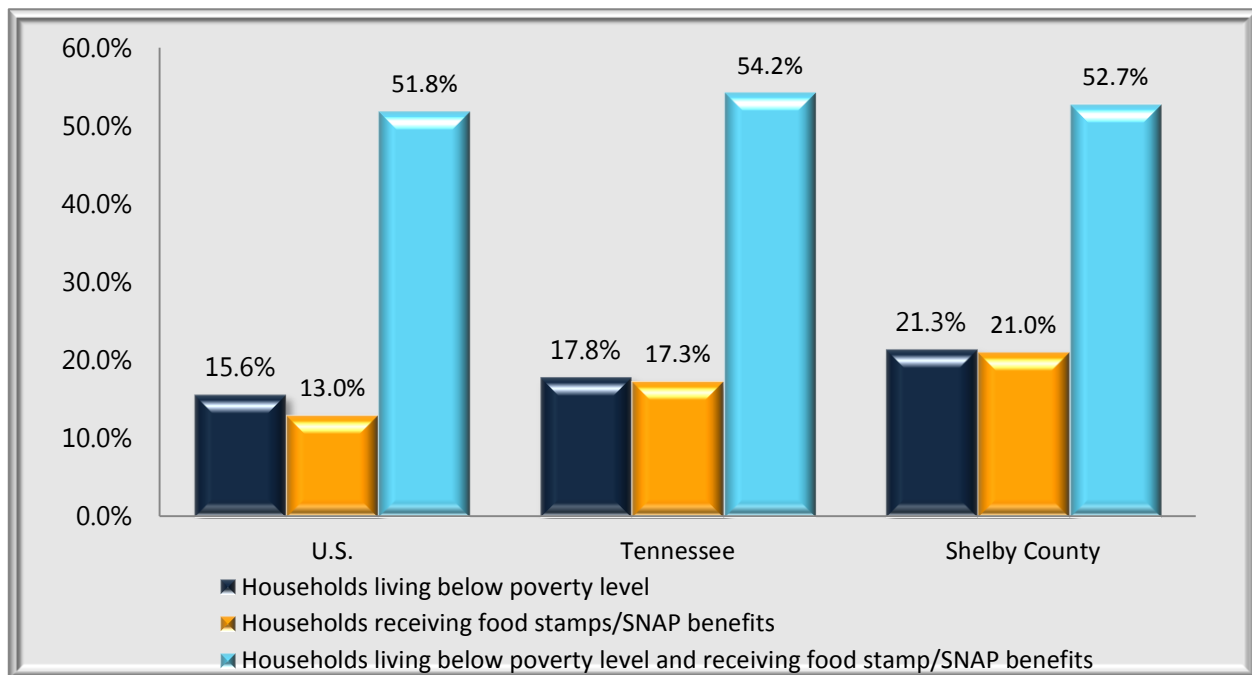
A review of U.S. Census data show specific community needs related to housing and poverty in Shelby County. Housing is an important social determinant of physical and mental health. It is well documented that affordable housing alleviates the financial burden and makes more household resources available to pay for health care and healthy food, which leads to better health outcomes. When looking at housing costs in Shelby County, the percentage of home owners and renters spending 30% or more of their income on rent (57.9%) is higher in Shelby County when compared to both the state and the

nation. Additionally, the percentage of female headed-households with no husband present is higher in Shelby County (20.8%) than in the state (13.5%) and the nation (13.0%).

Education is an important social determinant of health. Evidence indicates that individuals who are less educated tend to have poorer health outcomes. Shelby County has a larger percentage of residents with a bachelor’s degree or higher (29.8%) when compared to the state (24.4%), but is similar to the nation (29.3%). Unfortunately, in 2014, the unemployment rate in Shelby County (7.9%) was much higher than Tennessee (6.5%) and the nation (6.2%).

Another indirect measure of health outcome is household income as it provides a foundation for determining poverty status. The median income for households and families is slightly higher in Shelby County (\$46,213 and \$57,175 respectively) when compared to Tennessee, but is still lower than the nation. Unfortunately, despite having income comparable to the state and the nation, a larger proportion of the population is below poverty level in Shelby County (21.3%) than in the state (17.8%) and the nation (15.6%). The incidence of poverty for female-headed households in Shelby County (35.6%) is similar to the state but worse than the nation (30.9%). Additionally, a higher share of residents in Shelby County have received food stamp/SNAP benefits in the past 12 months (21.0%) when compared to Tennessee and the nation.

Figure 2. Households below poverty level and receiving food stamps



II. Key Health Issues

This section illustrates the health concerns of the community in Shelby County as identified by the secondary data as well as the online community survey, and key informant survey.

Top Five Leading Causes of Death

The top five causes of death in Shelby County are heart disease, cancer, stroke, accidents, and Alzheimer's disease. While the top two leading causes of death are consistent with the state and the nation, the third leading cause of death in the state and nation is accidents, followed by chronic lower respiratory disease, and then stroke. Of particular concern, the age-adjusted death rate due to stroke is much higher than both the state and the nation. The death rate due to cancer is also slightly worse than the state but much worse than the nation. The overall age-adjusted death rate per 100,000 in Shelby County (876.1) is similar to the state (880.0), but still worse than the nation. However, the age-adjusted death rate for blacks in Shelby County is even more notable as the rate (1,001.1) is much worse than both the state (960.8) and the nation (849.3).

Table 1. Deaths by Selected Causes, All Ages per Age-Adjusted 100,000 (2014)

	HP 2020	U.S.	Tennessee	Shelby County
Diseases of heart	N/A	167.0	205.6	197.9
Malignant neoplasms (Cancer)	161.4	161.2	184.2	189.6
Chronic lower respiratory disease	N/A	40.5	52.5	36.2
Accidents (Not including motor vehicle accidents)	N/A	40.5	55.6	49.0
Cerebrovascular diseases (Stroke)	34.8	36.5	45.8	55.5
Alzheimer's Disease	N/A	25.4	38.1	40.2
Diabetes mellitus	9.9**	20.9	23.2	26.5
Influenza and pneumonia	N/A	15.1	22.1	18.0
Nephritis, nephrotic syndrome and nephrosis	N/A	13.2	14.1	16.0
Suicide	10.2	13.0	14.1	8.6

Sources: Centers for Disease Control and Prevention & Healthy People 2020

Online community survey participants were asked to disclose the chronic conditions they have been diagnosed with. The top five health conditions that survey participants have been diagnosed with include overweight/obesity, high blood pressure, high cholesterol, arthritis, and asthma. For those participants that have been diagnosed with cancer in their lifetime (5.9%), the most common types of cancers include breast cancer (31%), cervical cancer (20%), and skin cancer other than melanoma (20%).

Survey participants were also asked to identify the top five most pressing health issues in their community. Respondents could choose from a list of 24 health issues as well as suggest their own that were not on the list. Diabetes was the top health issue identified by over half of respondents. Diabetes, overweight/obesity, high blood pressure, cancer, and homicide/violent crime were ranked as the next

four most pressing health issues in Shelby County. The following table shows the breakdown of the percent of respondents who selected the top 10 health issues from a list of 24 health issues.

Table 2. Ranking of the Top Ten Most Pressing Health Issues by Community Residents

Rank	Key Health Issue	Percent of Respondents Who Selected the Issue*
1	Diabetes	52.2%
2	Overweight/Obesity	45.4%
3	High Blood Pressure	45.0%
4	Cancer	44.7%
5	Homicide/Violent Crime	32.3%
6	Drug Abuse/Alcohol Abuse	31.5%
7	Heart Disease	31.1%
8	Access to Care/Uninsured	28.7%
9	HIV/AIDS	22.4%
10	Domestic Violence	21.6%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

The finding gathered through the key informant survey is similar to those results from the community survey in regard to the top five health issues identified in Shelby County. Although, mental health/suicide and access to care/uninsured rank were ranked higher by key informants than by community survey participants. The following table illustrates the top five health issues facing Shelby County as viewed by key informants.

Table 3. Ranking of the Top Five Most Pressing Health Issues by Key Informants

Rank	Key Health Issue	Selected as an Issue	Selected As Most Significant
1	Overweight/Obesity	89.1%	33.3%
2	Access to Care/Uninsured	72.7%	35.2%
3	Diabetes	63.6%	5.6%
4	Mental Health/Suicide	54.5%	7.4%
5	Heart Disease	49.1%	0.0%

The following section provides a more detailed discussion of some of the health issues that were determined to be significant in Shelby County.

Diabetes

Diabetes is a serious disease that can be managed through appropriate use of medications, physical activity, and diet. The secondary data revealed that Shelby County has a higher rate of death from diabetes (26.5) when compared to Tennessee (23.2) and the nation (20.9). Diabetes was also ranked as the top most pressing health issue by community survey participants and ranked number three by the key informants. One key informant noted: *"Diabetes is prevalent in our community and leads to heart disease, stroke, and numerous other crippling health conditions including amputations."* Another key

informant further elaborated: *“There are a high number of uncontrolled diabetic patients in this area. The prevalence is well above the state rate.”*

Overweight/Obesity

Overweight/obesity emerged as an important health concern from both the primary and secondary data analysis. Being overweight/obese is a concern as it can be a contributing factor to a variety of other chronic health conditions such as diabetes and heart disease. According to data from the Behavioral Risk Factor Surveillance System (BRFSS), Shelby County has a larger proportion of the population that is overweight/obese (72.5%) when compared to Tennessee (68.4%) and the nation (64.8%). Furthermore, community survey participants were asked to self-report their weight. Approximately 69% of all respondents described themselves as slightly or very overweight. Additionally, key informants ranked overweight/obesity as the top most pressing health issue in Shelby County, and community survey participants ranked it as second on the list.

Crime

Both quantitative and qualitative data showed that crime is a concerning issue in Shelby County. High crime rates can often be linked to communities having a lack of safe opportunities for residents to engage in physical activity. The total crime rate in Shelby County (12,801.9) far exceeds the rate in Tennessee (8,240.9). In particular, the rate of crime against persons in Shelby County (4,465.5) is almost double the rate in the rest of the state (2,289.0). Additionally, Shelby County’s crime rate for murder is notably higher (15.4) than the state (5.7). In fact, the age-adjusted mortality rate per 100,000 for homicide in Shelby County (16.4) ranks within the top 10 leading causes of death for the county, which is not the case for the state or the nation.

Cancer

Cancer was also identified as a health concern through the quantitative and qualitative research. According to the CDC, cancer is the number two leading cause of death in Shelby County, the state, and the nation. Females in Shelby County are more likely to die from breast cancer (29.2 per age-adjusted 100,000) than females across Tennessee (22.6) and the nation (21.9). Males in Shelby County are also more likely to die from prostate cancer (33.7) compared to males in the rest of the state (22.6) and the nation (21.4). Overall, Shelby County residents who are diagnosed with cancer are more likely to die from it when compared to individuals across the state and the nation.

Overall Physical and Mental Health Status

Online community survey participants were asked to rate their overall health, including both physical and mental health. In general, self-reported measures of health are promising among Shelby County residents as over one-half of respondents (51.1%) reported having very good or excellent overall health. On the other hand, only about 12% reported having fair or poor health. However, when asked to rate their feelings of stress and depression they may have had in the past 30 days, nearly 43% of respondents in Shelby County felt stressed or depressed at some point during the past month. More specifically, 8% felt stressed or depressed 7 days or more in the past month. The following charts depict participants’ self-reported poor physical and mental health days.

Figure 3. Poor Physical Health in the past 30 days

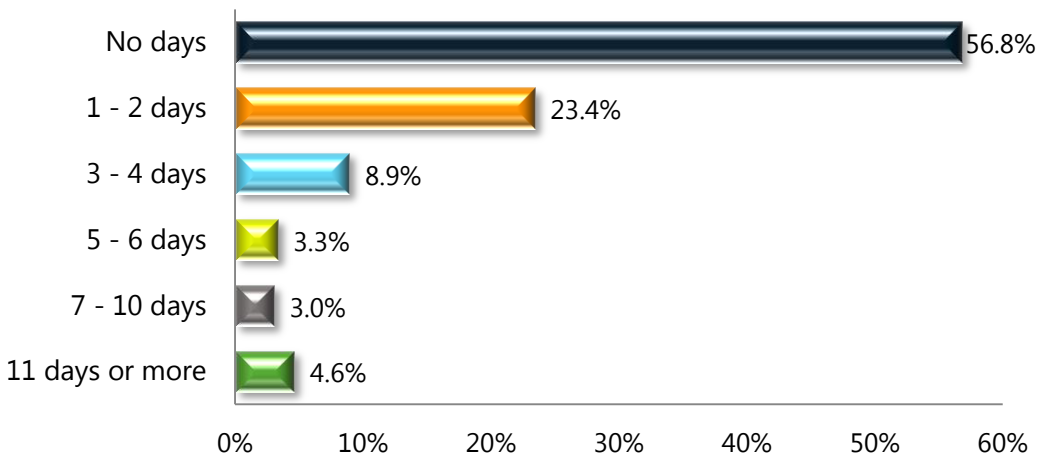
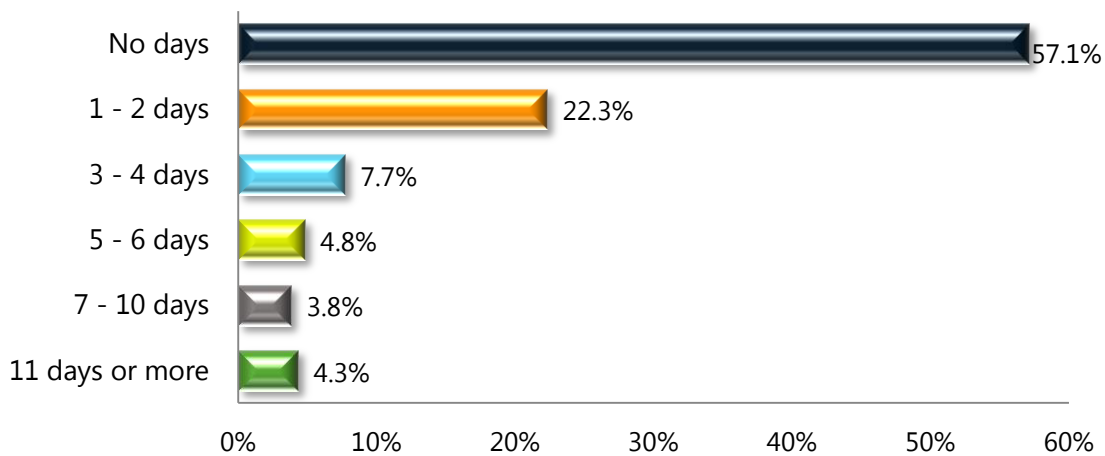


Figure 4. Poor Mental Health in the past 30 days



Maternal and Child Health

Maternal and child health issues emerged as important health concerns from both the primary and secondary data analysis. In the majority of secondary data statistics, Shelby County fared worse than both Tennessee and the nation. More specifically, the following maternal and child health outcomes are of particular concern:

- The teenage birth rate per 1,000 for both 15-17 year olds and 18-19 year olds in Shelby County (21.2 and 74.8 respectively) is notably higher when compared to the state (15.3 and 62.8) and the nation (12.3 and 47.1).
- Shelby County had a substantially larger proportion of births to single mothers (62.4%) when compared to Tennessee (44.0%) and the nation (40.6%).
- The percentage of mothers who gave birth to low birth weight infants (11.7%) and very low birth weight infants (2.6%) is notably higher in Shelby County compared to Tennessee and the nation. These figures also fall short of the Healthy People 2020 goal of 7.8% and 1.4%, respectively.

- The infant mortality rate, neonatal mortality rate, and post-neonatal mortality rate are all higher in Shelby County (9.2, 5.6, and 3.6 respectively) when compared to the state and the nation. All fall short of the Healthy People 2020 goals of 6.0, 4.1, and 2.0 respectively.

Comments, provided through the key informant survey echoed the findings from the secondary data statistics. Specifically, one key informant noted: *"I am an Ob-Gyn, so my perspective is skewed. But really poverty and income inequality is the issue. The health problem directly related to poverty is teen pregnancy. It is also something that we could move the dot in."* Another key informant emphasized: *"If the health of mothers and infants was prioritized, the other issues would be addressed somewhat."*

III. Health Risk Behaviors

This section illustrates the health risk behaviors that contribute to poor health as identified by the secondary data analysis as well as the primary data from the online community survey and key informant survey.

Tobacco Use

Based on county health rankings data, Shelby County had a higher percentage of adult smokers (21%) when compared to the National Benchmark (14%) but slightly lower compared to Tennessee (24%). Risky behaviors related to tobacco use were also measured as part of the community survey. The finding coincides with the county health rankings data in that approximately 24% of respondents in Shelby County reported smoking at least 100 cigarettes in their lifetime. However, only 11% of respondents report that they smoke every day or some days.

Dietary and Exercise Behaviors

It is widely supported that physical activity coupled with healthy eating can prevent health concerns such as obesity, diabetes, heart disease and many others. While the majority of the online community survey participants reported exercising in the past month (71.7%), their fruit and dark green vegetables consumption was of concern. Approximately 41% of all respondents consume fruits and nearly 36% of respondents consume dark green vegetables one to four times per day. However, a notable proportion of respondents in Shelby County are only consuming fruits and vegetables two to four times per week.

Key informants were asked what challenges people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy. Key informants identified lack of needed resources including time, money, and education to prepare healthy foods and exercise regularly. Many also felt that there was a lack of safe opportunities for physical activity due to high crime and violence rates. Others agreed that the community lacks access to fresh and affordable foods even often citing the community as a food desert. One informant commented: *"It is really very expensive to eat healthy and most people don't know how to plan meals properly. So educating individuals on food preparation and how/where to go to get healthy food at a discount would help."* Another key informant offered: *"We do not have livable neighborhoods. They are too dangerous from violence and cars and lack of sidewalks. We have stretches of food deserts without any place to buy fresh fruits and vegetables. And folks have lost the skill of cooking healthily."*

Cancer Screening

Screenings can help in the early detection and treatment of many kinds of cancers. Online community survey participants were asked if they have routine screenings for skin cancer, breast cancer, prostate cancer, oral/throat cancer and colorectal cancer. Over 67% of respondents had routine screenings for breast cancer, followed by 35% who reported having routine screenings for prostate cancer and approximately 31% for colorectal cancer.

IV. Access to Care

This section illustrates the health coverage status of residents in Shelby County and highlights the barriers related to access to health care that contribute to poor health as identified by the secondary data as well as primary research methods.

Health Insurance Coverage

Health insurance coverage can have a significant influence on health outcomes as those without health insurance tend to have worse access to care than people who are insured. According to the U.S. Census Bureau (2010-2014) estimates, the health insurance coverage rate in Shelby County (84.6%) is slightly lower than the both the rate in the state (86.4%) and the nation (85.8%).

Health Care Provider Access

Based on county health rankings data, Shelby County received a ranking of 16 out of 95 for clinical care finishing higher than the majority of counties in Tennessee. In particular, the ratio of primary care physicians, dentists, and mental health providers to residents in Shelby County is better than all of Tennessee but still worse than the National Benchmark. The table below outlines details about this finding.

Table 4. Health Care Provider Density (2016)

	National Benchmark	Tennessee	Shelby County
Clinical Care Rank			16
Uninsured (Population <65 years)	11%	16%	17%
Primary care physician density	1,040:1	1,380:1	1,270:1
Dentist density	1,340:1	1,960:1	1,500:1
Mental health provider density	370:1	750:1	760:1

Source: County Health Rankings

Despite County Health Rankings provider ratios for Shelby County ranking in the top 25% as compared to other Tennessee counties, key informants report access to care as a significant issue. Very few informants “Strongly Agree” or “Agree” with any of the health care access statements included in the survey. The ability to access primary care providers received the most positive response but was still less than half of all responses. The availability of bilingual providers was of utmost concern as none of the respondents agreed with this statement. However, the availability of mental/behavioral health providers and transportation for medical appointments also received very low ratings.

Barriers to Accessing Health Services

Understanding the perceived barriers the community faces in accessing health services is important in order to see the whole picture as to why people are avoiding or delaying health care. The most commonly encountered barrier among community survey participants was the cost/inability to pay out of pocket expenses such as co-pays (82.7%), closely followed by lack of health insurance coverage. With over three-quarters of survey participants choosing one of these two barriers, they far outweigh the other barriers. Lack of transportation was the third most commonly cited barrier with slightly over-half of respondents choosing this selection. The breakdown of the percent of respondents who selected the top five key health barriers is outlined in the table below.

Table 5. Ranking of the Top Five Barriers to Health Care Access by Community Residents

Rank	Key Health Barrier	Percent of Respondents Who Selected the Barrier*
1	Cost/Paying Out of Pocket Expenses	82.7%
2	Lack of Health Insurance Coverage	75.2%
3	Lack of Transportation	50.9%
4	Basic Needs Not Met	45.8%
5	Difficult to Understand/Navigate Health Care System	34.7%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Key informants ranked the barriers similar to community survey participants. While both key informants and community survey participants agreed the inability to pay out of pocket expenses was the top barrier, a larger proportion of key informants ranked lack of transportation as the second barrier with lack of health insurance coverage actually coming in third. However, over a quarter of key informants actually felt that lack of health insurance coverage was the most significant barrier the community faces in accessing care. One key informant commented on health insurance and cost: *“I agree that the Affordable Health Care Act helped move us in the right direction with ensuring all people have affordable health care. However, I still believe a significant number of people do not have health care coverage. It’s still too expensive for many people.”* Table 6 below shows the breakdown of the top five barriers to access according to key informants.

Table 6. Ranking of the Top Five Most Pressing Health Issues by Key Informants

Rank	Key Health Barrier	Selected as a Barrier	Selected As Most Significant
1	Inability to Pay Out of Pocket Expenses	85.5%	22.6%
2	Lack of Transportation	80.0%	5.7%
3	Lack of Health Insurance Coverage	74.5%	26.4%
4	Basic Needs Not Met	72.7%	18.9%
5	Inability to Navigate Health Care System	70.9%	13.2%

Underserved Populations

Key informants were asked whether they thought there are specific populations who are not being adequately served by local health services and an overwhelming majority of respondents (88.7%)

indicated that there are underserved populations in the community. Key informants felt that Low-income/Poor, Black/African-Americans, and Uninsured/Underinsured were the top three groups of the population that were underserved. In addition, nearly three-quarters of key informants indicated the Hospital Emergency Department as a primary place where uninsured or underinsured individuals go when they are in need of medical care.

Resources Needed to Improve Access

Both online community survey participants and key informants were asked to identify key resources or services that were needed to improve access to health care for residents in the community. Over half of community survey respondents ranked free/low cost dental care and medical care as the top two missing resources. Access to affordable fresh fruits and vegetables also topped the list. While key informants did rank free/low cost dental care second on their list of missing community resources, lack of mental health services topped their list with transportation ranking third.

Challenges and Solutions

Key informants were asked to identify challenges people in the community face in trying to maintain healthy lifestyles. A variety of prominent issues in the community were recognized. The themes most commonly noted by participants include: high crime and violence, lack of access to fresh and affordable foods, and a lack of understanding and education about healthy lifestyles. Many key informants felt that underlying factors such as poverty and struggles to meet basic needs may be linked to the challenges and health issues facing the community. A few comments from key informants that appeared frequently are highlighted below:

"Economic and priorities. People who do work are working 2 to 3 jobs. They do not have the time, transportation, or access."

"The challenges are multifaceted and layered and not easily identified. Poor and uninsured people carry the added stress of being poor, uninformed, and uninsured. The stress of these factors contributes to their inability to make better choices for themselves when it comes to their health. Poverty and stress are real and major factors that hinder self actualization needed to make better choices about one's health."

In order to get community and stakeholder input on how to address the health needs of the community, both key informants and community members were asked to provide suggestions/recommendations. Overwhelmingly, key informants felt that organizations should be combining resources and initiatives in an effort to implement a more collaborative approach to addressing the community health issues. Community members echoed this sentiment by emphasizing the need for more community-based healthcare, outreach, and programs. Survey respondents felt that improved access to affordable healthcare, gyms, healthier food, and mental health services should be a focus. More education on how to live healthier lifestyles, as well as education on the services available in the community, were also suggested.

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Prioritization Session

Regional One Health held a prioritization session on May 24, 2016, with 16 members of the community as well as key health system staff to review the results of the 2016 Community Health Needs Assessment (CHNA). The goal of the meeting was to discuss and prioritize the needs of their local community as identified through the CHNA and to set the stage for community health improvement initiatives and the development of the hospital's Implementation Strategy. A list of attendees can be found in Appendix C.

Process

The prioritization meeting was facilitated by Holleran Consulting. The meeting began with an abbreviated research overview. This overview presented the results of the secondary data research as well as key findings from the online community survey and key informant survey.

Following the research overview, participants were provided with information regarding the prioritization process and criteria to consider when evaluating key areas of focus. In a large-group format, attendees were then asked to share openly what they perceived to be the needs and areas of opportunity in Shelby County. The open group discussion encouraged attendees to share if their perceived needs of the community aligned with the needs as found through the CHNA. Participants confirmed their experience matched the identified needs and areas of opportunity found in the region.

Through facilitated discussion, the group identified multiple areas of defined health needs that would later be consolidated to potential focus areas. The "master list" of community priorities (presented in alphabetical order) includes:

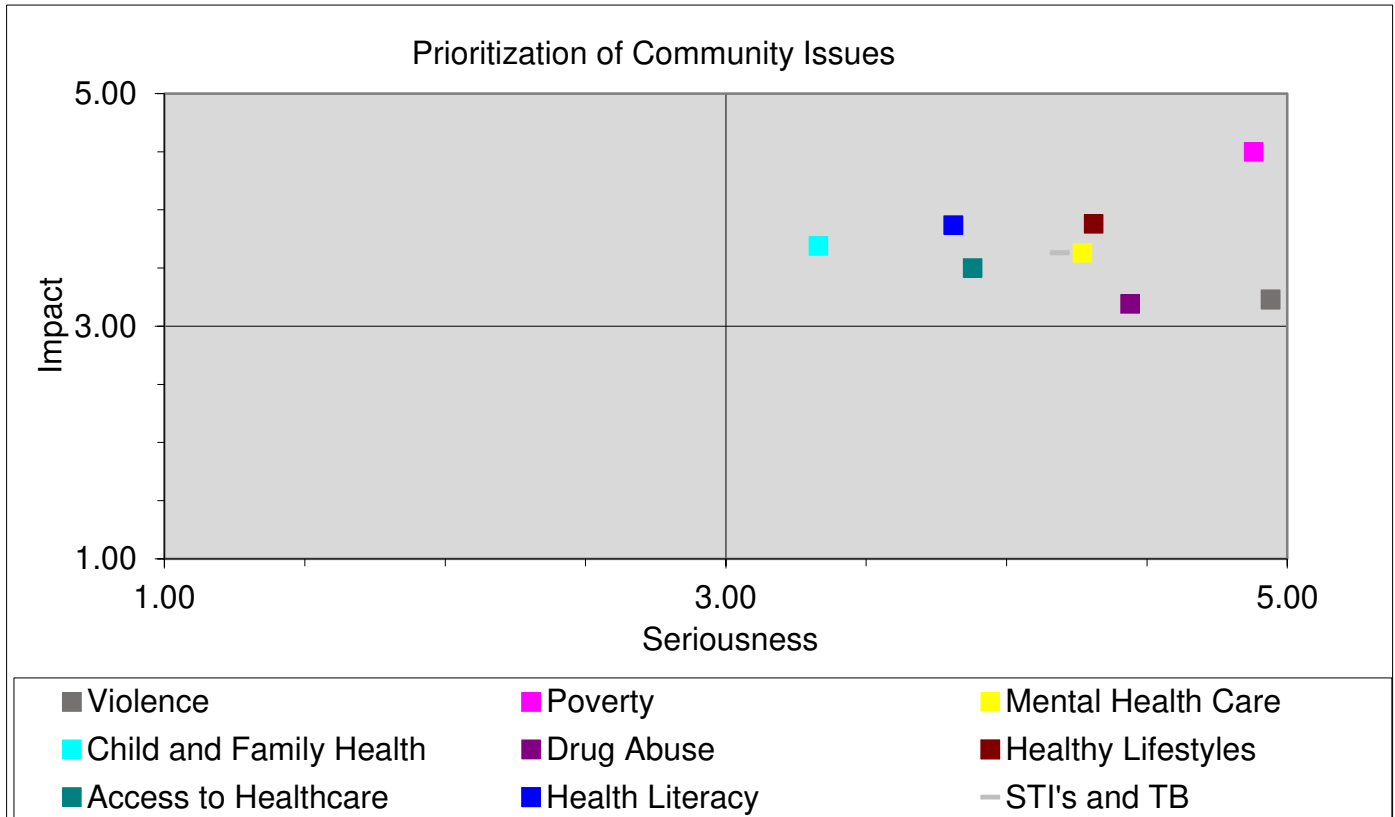
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- Poverty
- STI's and TB
- Violence

Key Community Health Issues

Once the master list was compiled, participants were asked to rate each need based on two criteria. The two criteria included seriousness of the issue and the ability to impact the issue. Respondents were asked to rate each issue on a 1 (not at all serious; no ability to impact) through 5 (very serious; great ability to impact) scale. The ratings were gathered instantly and anonymously through a wireless audience response system. Each attendee received a keypad to register their vote. Based on voting results, the following were identified as the top five community health issues:

- Poverty
- Healthy Lifestyles
- Violence
- Mental Healthcare
- Sexually Transmitted Illnesses and TB

The matrix below outlines the intersection of the seriousness and impact ratings. Those items in the upper right quadrant are rated the most serious and with the greatest ability to impact.



Appendix A. Secondary Data Sources

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Appendix B. Key Informant Participants

Name	Agency
Peter Abell	Books from Birth
Raumesh Akbari	State Representative
Cynthia Alexander-Mitchell	Shelby County Schools
Cynthia Allen	Baptist Memorial Healthcare
Michael Allen	Catholic Charities of West Tennessee
Calvin Anderson	Blue Cross/Blue Shield of Tennessee
Austin Baker	HRO Partners
Jared Bulluck	Leadership Memphis
Karen Camper	State Representative
Dr. Erik Carlton	University of Memphis School of Public Health
Carolyn Chambers	Regional One Health
Dorothy Cleaves	Suntrust Bank
Nancy Coffee	New Memphis Institute
Clarence Davis	Physician
Janie Day	Germantown Area Chamber of Commerce
Beth Erb	Goodwill Homes Community Services
Marlon Foster	Knowledge Quest
Renee Frazier	Common Table Health Alliance
Mary Freeman	Baptist Memorial Healthcare
Cleo Griffin	Kroc Center
Harry Guinocor	Meritan
Tracy Hall, Ph.D	Southwest Community College
Whilean Hastings	Memphis Health Center
Dr. Alisa Haushalter	Shelby County Health Department
Karen Hill	March of Dimes
Dorsey Hopson	Shelby County Schools
Lora Jobe	People First Partnership
Barbara King	The Exchange Club Family Center
Rick Kirchoff	Retired
Lisa Klesges, Ph.D	University of Memphis School of Public Health
Jennifer Kmet	Shelby County Health Department
Dr. Marian Levy	University of Memphis School of Public Health
Mark Luttrell	Shelby County Government
Arnetta Macklin	MIFA
E. Jean Massey	Shelby County Schools
Yvonne Matlock	Retired – Shelby County Health Department

Estella Mayhue-Greer	Mid-South Food Bank
Harrison McIver	Memphis Area Legal Services
Corbi Milligan, MD	Methodist Hospital – South
Valencia Nelson	March of Dimes
Roslyn Nichols	Memphis Theological Seminary
Captain Henry Nixon	Retired Captain/Chaplain
Owen Phillips	UT Regional One Physicians
James Robinson, Ph.D	Methodist Hospital – South
Inetta Rogers	
Ellen Rolfes	Shelby County ACE Awareness Foundation
Ashley Ross	Shelby County Health Department
Jeremy Sanders	Common Table Health Alliance
Bernal Smith	Tri-State Defender News
Calvin Stovall	Soulsville Foundation
David Sweat	Shelby County Health Department
Eligin Tunstall	Hospital Violence Intervention Program
James Venable, OD	Southern College of Optometry
M. Warr	Porter Leath
Linda Williams	Rise Foundation

Appendix C. Prioritization Session Participants

Name	Agency
Barbara Bowling	
Susan Cooper	
Reginald Coopwood, MD	Regional One Health
Pat Gesell	
Dr. Walter Green	
Dr. Alisa Haushalter	Shelby County Health Department
Anthony Henderson	
Joy Hoffman	
Mary McDougal	
Reginald Milton	Shelby County Commission
Chaplain Henry Nixon	Retired/Regional One Foundation
Cynthia Nunnally	
Tammie Ritchey	
Leticia Towns	Regional One Health
Allison Vance	Regional One Health
Rick Wagers	

Appendix D. 2013 Implementation Strategy Outcomes

Regional One Health 2013 – 2016 Community Health Needs Assessment Status Report

Prioritized Community Health Need	Community Health Need	Program Description(s)	N - New E - Existing Programs/ Initiatives P - Potential	Existing/Potential Partnerships to Meet the Need	Expected Outcome on Community Health Need	2013 - 2016 Status/Results
1	Teen Pregnancy	<ul style="list-style-type: none"> Community based program providing education regarding early prenatal care for pregnant teens and emphasizing staying in school. The program also educates adolescents on pregnancy prevention. 	E: Sunrise Program	<ol style="list-style-type: none"> University of Tennessee Health Sciences Center (UTHSC) State of Tennessee 	Reduction in teen pregnancy rate	Regional One Health is continuing to provide support and education to young mothers through the Sunrise Program. The teenage pregnancy rate is declining. This decline is attributed to a number of factors and initiatives throughout the community. The Sunrise Program is one of several initiatives. Approximately 180 young moms are served each year.
2	Infant Mortality	<ul style="list-style-type: none"> The focus of the Regional Perinatal Center is to improve birth outcomes and decrease infant mortality. The center serves numerous needs in its work to reduce infant mortality and improve birth outcomes, including education and training to healthcare professionals 	E: Regional Perinatal Center; Sunrise Program; NICU Community Outreach; Worth the Wait; Safe to Sleep Program Lactation Peer Counselors N: Milk Depot	<ol style="list-style-type: none"> Shelby County Health Department Healthy Memphis Common Table*** UTHSC Tennessee Department of Health March of Dimes Mother’s Milk 	<ul style="list-style-type: none"> Reduction in infant mortality rates by reducing the number of births before 39 weeks gestation Reduction in the number of sleep related deaths by focusing on prenatal 	Regional One Health is continuing to partner with several organizations and agencies to support healthy deliveries and reduce the community’s Infant Mortality Rate (IMR). Regional One Health continues to maintain a strong partnership with the March of Dimes by providing both human and financial support and partnering on initiatives to

		<p>throughout the region.</p> <ul style="list-style-type: none"> Centering Pregnancy Program provides prenatal care and education in a group setting focused on women with previous preterm issues, demographic and social risk factors. NICU Community Outreach Program provides parenting classes, childbirth classes and prenatal education classes both at Regional Medical Center and in the community. Lactation Peer Counselors are volunteers who meet with new moms to help them understand breastfeeding alternatives. Milk Depot: in partnership with Mothers Milk Bank, Regional One Health has opened a repository where nursing mothers can donate milk. Worth the Wait Program, through the March of Dimes, focuses on the elimination of elective deliveries before 39 weeks gestation through patient 		<p>Bank</p>	<p>education</p>	<p>address infant mortality, pre-term deliveries and other pregnancy related matters. The IMR is Shelby County has declined significantly during the last decade, and while it is still higher than the national rate of 6.7, progress has been and is still being made.</p> <ul style="list-style-type: none"> In 2015, 75% of our NICU families received supportive educational materials; 615 family members were educated through our Family Support Program during our 101 Core Curriculum education sessions; 477 families and babies and 48 staff members logged more than 260 skin to skin holding hours during our 2015 Kangaroo-a-Thon, a program designed to promote and educate on the practice of skin- to-skin- holding. Annually 3,700 new moms receive education through the Safe to Sleep Program. More than 100 expectant mothers participate in the Worth the Wait program, annually.
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		<ul style="list-style-type: none"> and provider education. Safe to Sleep Program focuses on reducing the risk for SIDS and other sleep-related deaths, such as suffocation. 				
3	HIV/AIDS	<ul style="list-style-type: none"> Regional Medical Center’s Adult Special Care Center provides primary and specialty care; mental health services; medical case management and pharmacy services for HIV/AIDS patients. 	<p>E: Ryan White Grant funding; Tennessee Center of Excellence; 24-hour HIV screenings in the ED; Wrap Around Services; and Transportation services.</p> <p>N: Coordinated Public Awareness Campaign</p>	<ol style="list-style-type: none"> Ryan White Planning Council Tennessee Department of Health Shelby County Health Department 	<ul style="list-style-type: none"> Reduction in HIV/AIDS death rate. Improvements in chronic disease management. 	<p>From 2010 – 2014, the HIV rate in Shelby County declined by 5 percentage points. Regional One Health continues to operate its Adult Special Care Center, and has maintained the Center’s state designation as a Center of Excellence. During the 2015 and 2016, Regional One Health partnered with other organizations to launch coordinated community- wide HIV/AIDS awareness campaigns. The 2016 campaign targeted HIV patients and encouraged better compliance with their treatment plans. Approximately 10,000 medical office visits are provided, annually. More than 15,000 wrap around visits are provided each year.</p>
4	Diabetes	<ul style="list-style-type: none"> Diabetes education program is designed to provide patients and families with educational and counseling on nutrition, exercise, wound care, foot care and self- 	<p>E: Outpatient Education; Pharm D Program; MPower Program; and Closing the Gap</p>	<ol style="list-style-type: none"> Healthy Memphis Common Table*** Healthy Shelby UTHSC United Healthcare Blue Cross/Blue Shield of 	<ul style="list-style-type: none"> Decrease in diabetes prevalence and mortality 	<p>Through the Closing the Gap Program more than 6,500 patients are served, annually.</p> <ul style="list-style-type: none"> During the past three years, 2014 -2016, Regional One Health has provided approximately 1,800 Glucose

		<p>management skills – Closing the Gap</p> <ul style="list-style-type: none"> Regional One Health’s Pharmacy Residency Training Program includes a seven month rotation in the accredited Diabetes Education Program through which pharmacists and pharmacy students teach patients and community resident how to manage their disease through behavior changes and medication management. Community Outreach staff works as part of the Mobilizing for Action through Planning and Partnership (MAPP) to develop strategic collaborative community programs aimed at creating a healthier community. 	(Patient Centered-Medical Home)	Tennessee		and BP screenings in the community, and participated in more than 78 community health fairs.
5	Breast Cancer	<ul style="list-style-type: none"> Take Care/Be Aware Program – Breast Care Clinic provides clinical and radiological imaging services (digital mammography) for prevention and early detection of breast cancer 	E: Breast Screenings	<ol style="list-style-type: none"> American Cancer Society Susan G. Komen Foundation 	<ul style="list-style-type: none"> Reduction in breast cancer deaths Reduction in breast cancer incidence Increase in breast cancer 	<ul style="list-style-type: none"> Regional One Health has continued its partnerships with the Susan G. Komen Foundation, increasing its employees’ involvement with efforts to support the mission and work of the foundation. Regional One

		<ul style="list-style-type: none"> Community outreach staff participates with workgroups dedicated to creating community programs targeting continuing education and awareness of breast cancer 			early detection	<p>Health has continued to provide free breast cancer screening to targeted populations.</p> <ul style="list-style-type: none"> For the period 2-13 – 2015, Approximately 3,677 individuals were screened through the Take Care/Be Aware Program.
6	Colorectal Cancer	Gastroenterology Clinic provides clinical education and lower G.I. screenings for prevention and early colorectal cancer detection.	E: Screenings offered in accordance with U.S. Preventative Task Force	<ol style="list-style-type: none"> Tennessee Cancer Coalition Tennessee Department of Health 		N/A
7	Adult Obesity/ Over weight	<ul style="list-style-type: none"> Healthy Church Challenge encourages healthy eating, exercise and weight-loss through a city-wide campaign with churches and providers. *Explore opportunities to partner with and support the efforts of Memphis Mobile Market to provide a sustainable source of healthy foods in Memphis “food deserts”. Spiritual Health and Wellness Committee: Regional One Health staff works with a committee of spiritual leaders to develop programs which educate their members with regard 	<p>E: Healthy Church Challenge Partnership. P: Memphis Mobile Market N: Regional One Health Spiritual health and Wellness Council</p>	<ol style="list-style-type: none"> Healthy Memphis Common Table UTHSC Medical Students Association Blue Cross/Blue Shield – Tennessee Local Churches 	<ul style="list-style-type: none"> Reduction in rate of adult obesity Increase adult physical activity Decrease in prevalence of heart disease, stroke and diabetes Increased access to better food choices Improved health and wellness literacy 	<ul style="list-style-type: none"> In 2014, Regional One Health partnered with Blue Cross/Blue Shield and several local churches on the Healthy Church Challenge. The intent of the program was to provide health education materials and challenge congregations to live healthier lives. The program also featured a competition among the participating churches. Regional One Health provided the pre-assessment and post-challenge results for the congregations of the participating churches. More than 300 lives were touched

		<p>to health concerns.</p> <ul style="list-style-type: none"> Community Outreach staff participate in community health fairs to offer health screenings, and provide health education. 				<p>through these efforts.</p> <ul style="list-style-type: none"> During the past 3 years, Regional One Health and the Spiritual Health and Wellness Ministers Council has sponsored to community wide Spiritual Health and Wellness Conference involving faith community from throughout the region. More than 100 people from the various faith communities have attended the conferences.
8	Injury Prevention	<ul style="list-style-type: none"> Fire Safety and Burn Prevention programming focused on educating age-appropriate audiences on preventing residential, motor vehicle, electrical and chemical fires and burns. Falls Prevention programming focuses on educating seniors and their caregivers on risks and safety measures to reduce the number of falls and falls-related injuries. Inhalation Injuries programming which provides education to firefighters, emergency medical personnel and non-burn emergency 	<p>E: N: SOAR (Currently training and orienting volunteers.)</p>	<ol style="list-style-type: none"> Tennessee Department of Health City of Memphis Schools Shelby County Schools** 		<ul style="list-style-type: none"> Regional One Health continues to support and host monthly Memphis Area Brain Injury Support Group. Meetings are held monthly, and the average number of participants per month is 20. Regional One Health has held educational seminars on Seat Belt Safety and Staying Health and Independent (SHAI). SHAI sessions are held at senior living facilities through the community.

		<p>department staff regarding chemical inhalations. Playground Safety Program provides education regarding injuries associated with climbing playground equipment.</p> <ul style="list-style-type: none"> • SOAR Peer Volunteer/ Counselor offers peer volunteer emotional support to burn patients. 				
9	Education	<p>Regional One Health uses its resources and expertise to help improve educational status and health literacy in the community. Initiatives are facilitated through the Speaker’s Bureau, community outreach programs, and volunteer services. Regional One Health works with local high schools in helping rising juniors and seniors in preparing for life post school by providing exposure to various health careers, post - secondary educational opportunities and skills readiness. Regional One Health will explore opportunities with secondary and post-secondary institutions of learning to provide health education and awareness of health careers, with an</p>	<p>E: Partnership with several schools in the community; Teen Volunteer Program and Speaker Bureau</p>	<ol style="list-style-type: none"> 1. Leadership Memphis 2. Memphis Leadership Academy*** 3. University of Memphis; Rhodes, Lemoyne-Owen College 4. City of Memphis/Shelby County Schools 5. Science, Technology and Engineering Charter Schools 	<ul style="list-style-type: none"> • Increased literacy levels • Increased High School Graduation rates • Post-Secondary education preparation • Health careers on-the-job exposure/ experience 	<p>Regional One Health has maintained it’s committed to dedicating both financial and human resources to improving education. During the past three years, the organization has started a Speaker’s Bureau that serves as health education resource for various groups, including schools. Topics bureau representatives range from health careers preparation to healthy living. More than 20 employees volunteer for the Speaker Bureau, and the volunteers have been deployed to more than 10 speaking engagements during the past 2 years. Regional One Health has also maintained its existing relationship with two local previously affiliated schools and in 2016 began a new relationship</p>

		identified education partner.				with a K-8 school, placing more than 100 volunteers in the schools to mentor, provide teacher support and tutor. In addition to partnership with local schools, Regional One Health has continued to invest in and grow its Teen Volunteer program. More than 60 students have participated in the program within the last three years.
10	Violent Crime/ Homicide/ Firearm-related Deaths	Hospital Based Violence Intervention, Rx for Change, was a new pilot partnership with THE MED*** Foundation and several community entities. It was established for the purpose of reducing gang violence among youth and young adults. Violence Intervention Specialists that work in conjunction with case management, security, community outreach, trauma and emergency services and pastoral care to identify and implement strategies for working with youth and young adults affected by handgun violence or violent crimes. The intervention specialists serve as liaisons between young crime victims and community, social and educational resources to	E: HBVIP	<ol style="list-style-type: none"> 1. Regional One Health Foundation*** 2. City of Memphis 3. Memphis Fast Forward 4. Community Based Gang & Violence Prevention Organizations 	<ul style="list-style-type: none"> • Reduction in the violent crime rate in youths and young adults • Reduction in violence in the home • Reduction in gang and drug activity • Reduction in re-injury return rates at Regional One Health 	The HBVIP has been operational for three years. After the 1st year pilot, Regional One Health decided to maintain the program. The program has been expanded to add additional staff, as well in 2015 Blue Cross/Blue Shield award the organization a grant to support the program. Today, HBVIP is funded 100% by operational dollars. The program has been designated as a member of National Network of Hospital Violence Intervention programs. Since the creation of the program, more than 100 individuals have been served. <ul style="list-style-type: none"> • Regional One Health has touched more than 300 lives through hosting Bully, Conflict Resolution and Gun Violence & Police Interaction community educational

		prevent re-injury rates.				programs. Through the organization support and participation of the National Youth Violence Prevention Rally and Walk, more than 100 lives were touched.
11	Lung Health	Explore partnering with the American Lung Association on initiatives to improve lung health.		1. American Lung Association	<ul style="list-style-type: none"> • Decrease exposure to second hand smoke, poor air quality and other contributing factors to poor lung health through education and awareness • Regional One Health funds FFS program. Provides materials, quit smoking tools, and staffing to facilitate program 	Regional One Health has partnered with the Regional Charter of the American Lung Association, to sponsor Freedom from Smoking (FFS) Program. The program is offered to community members and employees, and is designed to help individuals quit smoking.

**Memphis City and Shelby County School Districts merged creating the Shelby County Schools

***Name Change during 2013 - 2016