
## Community Health Needs Assessment

# Person Memorial Hospital

PERSON
MEMORIAL HOSPITAL
A Duke LifePoint Hospital

Paper copies of this document may be obtained at Person Memorial Hospital, 615 Ridge Road
Roxboro, NC 27573 or by phone 336-599-2121. This document is also available electronically via the hospital
website http://www.personhospital.com

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Sourced from the Robert Wood Johnson Foundation's County Health Rankings website: http://www.countyhealthrankings.org/roadmaps/action-center

# Perspective / Overview

*Creating a culture of health in the community*

The Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Person County, North Carolina. Person Memorial Hospital (PMH) conducted a community health needs assessment in 2013. This assessment analyzes progress since the last assessment, as well as defines new or continued priorities for the next three years.

Person Memorial Hospital, as the sponsor of the assessment, engaged national leaders in community health needs assessment to assist in the project. Stratasan, a healthcare analytics and facilitation company out of Nashville, Tennessee was engaged to marshal the process and provide community health data and facilitation expertise. Stratasan provided the analysis of community health data, facilitated a focus group, conducted the PMH employee and community physician surveys, and facilitated a Community Health Summit to assist the community with determining significant health needs and goals for improvement.

Person Memorial Hospital board of directors approved and adopted this CHNA on December 1, 2016. Starting in December 1, 2016, this report is made widely available to the community via Person Memorial Hospital's website, *www.personhospital.com*, and paper copies are available free of charge at Person Memorial Hospital.

## Participants

Over twenty-five individuals from eighteen community and health care organizations collaborated to conduct a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Person County. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community and had special knowledge of or expertise in public health to provide direction for the community and hospital to create a plan to improve the health of the community.

## Purpose

1. To implement a formal and comprehensive community health assessment process, which will allow for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.

2. To initiate a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.

3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

"We initiated the Community Health Needs Assessment with the goals to analyze changes from 2013's assessment in significant health needs and priorities and address those needs," said David Ziolkowski, Chief Executive Officer, Person Memorial Hospital. "It is our goal to use our findings as a catalyst for community mobilization to improve the health of our residents."

"The information we gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by PMH to create an implementation plan. We hope other community organizations will join us," added Jessi Ayers, Chief Financial Officer, Person Memorial Hospital. "The Community Health Summit was the final step in the assessment process. Now the real work—improving the health of the community begins."

## Community Input and Engagement

### Data Collection and Timeline

In February, 2016, LifePoint Health contracted with Stratasan to assist in conducting a Community Health Needs Assessment for Person County, North Carolina. PMH sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources occurred in May and June of 2016
- A community focus group was held on May 3, 2016 with 12 community members participating. The community members were invited based on their representation of low-income, medically underserved, minorities and the community in general.
- A Community Summit was conducted on June 14, 2016 with 12 community stakeholders attending. The audience consisted of healthcare providers, the Person County Health Department, businesses, schools, government representatives, human services, not-for-profit organizations, (medically underserved, United Way) and other community members.

As mentioned previously, over twenty-five individuals from eighteen community and health care organizations collaborated to conduct a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Person County. Below is a list of the organizations that participated, the population they represented, and how they were involved in the process.

In many cases, several representatives from each organization participated.

| Organization | Population Represented (kids, low income, minorities, those w/o access) | How Involved |
|---|---|---|
| Apogee/PMH | | Focus Group |
| Cambridge Hills Assisted Living | Senior population | Focus Group |
| Caswell Family Medical Center | Low income, uninsured, access | Summit |
| Community Care of North Carolina | Medicaid, AII | Summit |
| Duke Health System | DLP hospitals/PMH | Summit |
| Freedom House Recovery Center | Substance Abuse and mental health | Summit, Focus Group |
| NC Cooperative Extension | Older adults, low income, etc. | Focus Group |
| Northern Piedmont Community Care | Medicaid, AII | Summit |
| Person County Board of Education | Person County schools | Summit, Focus Group |
| Person County EMS | Person County residents | Summit |
| Person County Health Department | Low income, minorities, all, home health, hospice | Summit |
| Person County United Way | Nonprofit | Summit |
| Person Memorial Hospital | | Focus Group |
| Retired PMH employee | | Focus Group |
| Roxboro Family Medicine | All | Summit |
| Roxboro Healthcare and Rehabilitation Center | Elderly, community | Focus Group |
| Team Health/PMH | | Focus Group |

## Input of Public Health Officials

At the Summit held on June 14, 2016 Janet Clayton, Health Director of the Person County Health District, presented information and priorities from the Health Department's perspective.

The Person County Health Department's current CHA covers the time period July 2015 through June 2018. The health department is implementing around two focus areas of chronic disease – diabetes and overweight/obesity.

### The interventions relative to chronic disease – diabetes are:

- Diabetes education recognition program (DERP) - Diabetes Self-Management Education (DSME) is an evidence-based clinical intervention that can result in better glucose control in people with diabetes as well as general overall management of their condition. Many local health departments provide DSME through DERP. DERP is a partnership between local health departments, the Division of Public Health, and the NC Public Health Foundation. A web based data collection tool is used with this program.
- Steps to health: east smart, move more, take control - This program is a chronic disease prevention program that provides strategies to help adults manage their health. It informs, empowers, and motivates participants to change their eating and physical activity behaviors. Evaluation of the program is conducted via a pre and post behavior survey.
- A new leaf: choices for healthy living - This comprehensive research-tested intervention was designed to help participants improve healthy eating and activity behaviors; cease tobacco use; improve and control blood pressure and cholesterol; prevent and manage diabetes; achieve a healthy weight; and improve bone health. It was primarily developed for low-income populations; mid-life women; and low-literacy populations. The program uses self-assessments as a means of evaluating changes.

### The interventions relative to overweight/obesity are:

- Give your heart a healthy beat - This program provides research-based information that participants can use to help make healthful changes in eating and exercise habits designed to help prevent cardiovascular disease. Weight loss and management are also potential outcomes of this program. Pre and posttests (and screenings, if resources are available) are used to measure outcomes.
- Steps to health: better choices - This adult nutrition education program is designed for use in various community locations including senior centers and congregate nutrition sites. This hands on, interactive, innovative learning opportunity addresses the felt needs and stimulates the senses of adults, which improves their attitudes and increases their knowledge, intentions and behaviors toward a healthier lifestyle. Pre and post tests are used to measure changes.
- A new leaf: choices for healthy living - This comprehensive research-tested intervention was designed to help participants improve healthy eating and activity behaviors; cease tobacco use; improve and control blood pressure and cholesterol; prevent and manage diabetes; achieve a healthy weight; and improve bone health. It was primarily developed for low-income populations; mid-life women; and low-literacy populations. The program uses self-assessments as a means of evaluating changes.

Where there are common initiatives between the state, counties, hospitals, and community groups, coordination of efforts would be ideal.

## Input of Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the community survey and community health summit. People representing these population groups were intentionally invited to participate in the focus group and the Community Health Summit.

## Community Engagement and Transparency

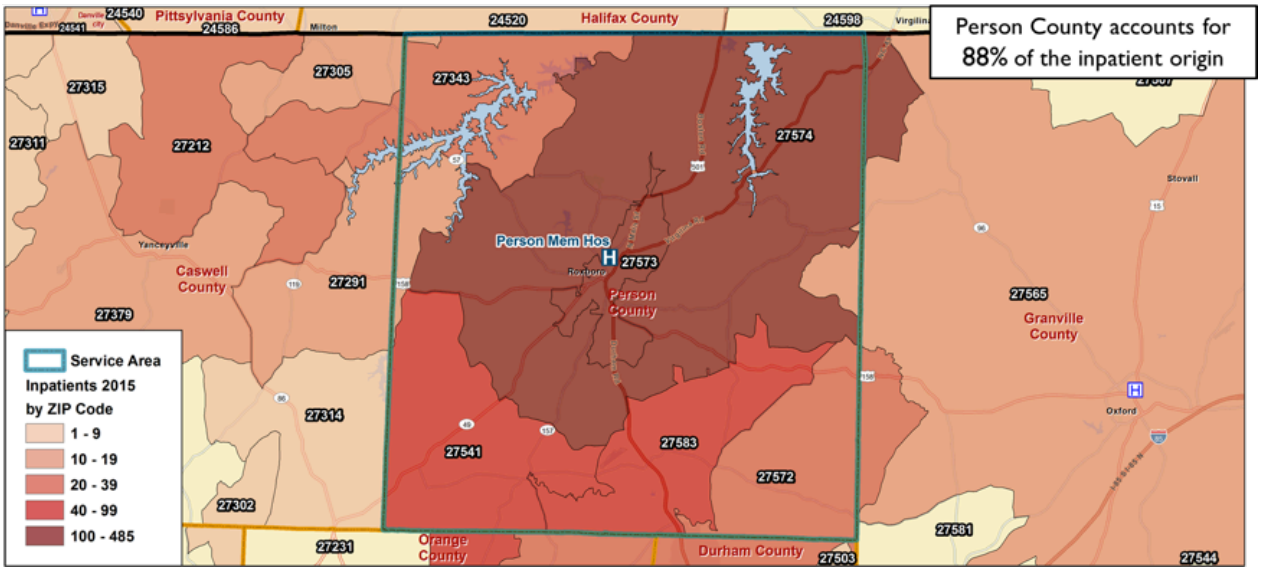
We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on the website or by contacting Person Memorial Hospital.

# Community Selected for Assessment

PMH's health information provided the basis for the geographic focus of the CHNA. The map below shows where PMH received its patients; 88% PMH's inpatients came from Person County. Therefore, it was reasonable to select Person County as the primary focus of the CHNA. However, surrounding counties should benefit from efforts to improve health in Person County.

The community included medically underserved, low-income or minority populations who live in the geographic areas from which PMH draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under PMH's Financial Assistance Policy.

## Person Memorial Hospital Patients – 2015




# Key Findings of the Community Health Assessment

## Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs. For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English) were not represented in the primary data.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

## Processes and Methods

Both primary and secondary data sources were used in the CHNA.

### Primary methods included:

- Community focus group
- Community Health Summit

### Secondary methods included:

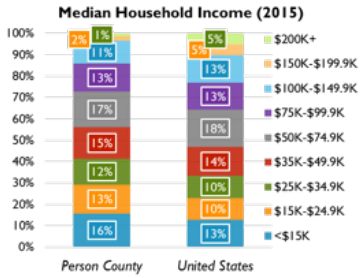
- **Public health data** – death statistics, county health rankings
- **Demographics** – population, poverty, uninsured
- **Psychographics** – Tapestry Segmentation

## Demographics of the Community

The table below shows the demographic summary of Person County compared to North Carolina and the U.S.

| | Person County | North Carolina | USA |
|---|---|---|---|
| Population (2015) | 39,360 | 10,014,449 | 318,536,439 |
| Median Age (2015) | 43.0 | 38.3 | 37.9 |
| Median Household Income (2015) | $42,561 | $46,306 | $53,217 |
| Annual Pop. Growth (2015-20) | 0.00% | 1.10% | 0.75% |
| Household Population (2015) | 15,869 | 3,945,351 | 120,746,349 |
| Dominant Tapestry (2015) | Southern Satellites (10A) | Southern Satellites (10A) | Green Acres (6A) |
| Businesses (2015) | 1,347 | 407,540 | 13,340,415 |
| Employees (2015) | 12,052 | 4,723,334 | 158,567,719 |
| Medical Care Index* (2015) | 82 | 90 | 100 |
| Average Medical Expenditures (2015) | $1,729 | $1,886 | $2,098 |
| Total Medical Expenditures (2015) | $27.4 M | $7.4 B | $253.3 B |

| Racial and Ethnic Make-up | |
|---|---|
| White | 68% |
| Black | 27% |
| American Indian | 1% |
| Asian/Pacific Islander | 0% |
| Mixed Race | 2% |
| Other | 2% |
| Hispanic Origin | 4% |

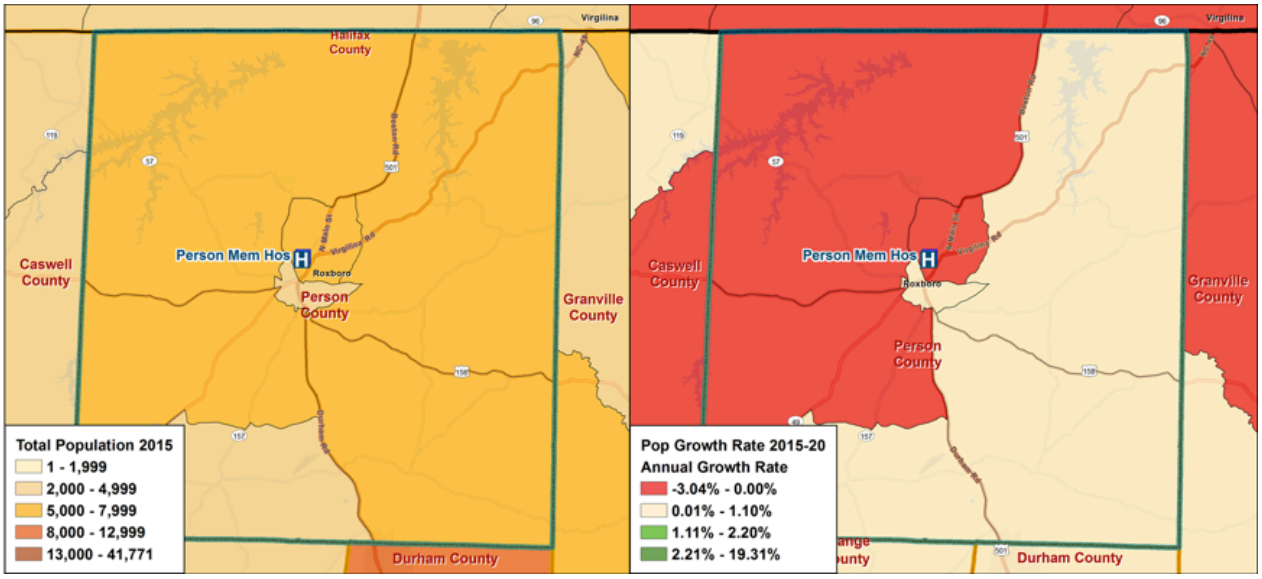



*Source: Esri*

## Person County

- The population of Person County was projected remain flat from 2015 to 2020 (.00% change per year), lower than the rate of NC at 1.1%, the U.S. at .75%.
- Person County was older (43.0 median age) than NC and the U.S., with 17.5% 65 or over, and had lower median household income ($42,561) than both NC and the U.S.
- The medical care index measures how much the county spent out of pocket on medical care services. The U.S. index was 100. Person County (82 index) spent 19% less than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital services).
- The racial make-up of Person County was 68% white, 27% black, 1% American Indian, 2% mixed race, 2% some other race, and 4% Hispanic origin. (These percentages total to over 100% due to Hispanic Origin being an ethnicity not a race.)
- The median household income distribution of Person County was 14% higher income (over $100,000), 57% middle income and 29% lower income (under $24,999).

## 2015 Population by Census Tract and Population Change 2015-2020



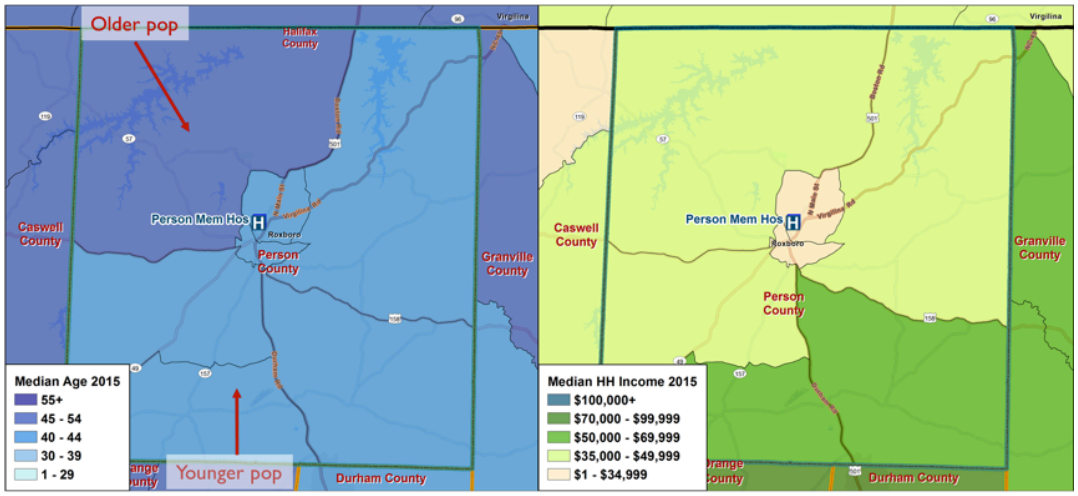

*Source: Esri*

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There were higher population census tracts, 5,000-7,999 in the census tracts outside of Roxboro. The remainder of the county contains tracts with 2,000 to 4,999 population, southern Roxboro and the southwest corner.

The population was projected to grow in southern Roxboro and the tracts to the east and south. The remaining tracts are projected to decline in population northern Roxboro and to the north and west of the county.

## 2015 Median Age

## 2015 Median Income




*Source: Esri*

These maps depict median age and median income by census tract. Person County had a median age of 40-44 in most tracts.[1] The tract in the upper northwest corner had an older median age of 45-54. Not all households were at the median in a census tract, but these are indicators of segments of the population that may need focused attention. There were two $50,000 - $69,999 median income tracts in southern Person County. Roxboro had a median income of $1 to $34,999. The remainder of the county had a median income of $35,000-$49,000. Northern Roxboro had the highest number of households making less than $15,000 per year.

The rate of poverty in Person County was 18.0% (2009-2013 data), which was above NC (17.5%) and the US (15.4%).

Person County's unemployment was 6.4% compared to 5.5% for North Carolina and 5.0% for the U.S. (February 2016, preliminary; Bureau of Labor Statistics) Unemployment decreased significantly in the last few years.

## Health Status Data

The leading cause of death in Person County and NC was cancer (256.0 Person, 189.9 NC per 100,000 population) followed by heart disease (216.0 Person, 177.9 NC per 100,000 population). The leading cause of death in the U.S. was heart disease (193.3) followed by cancer (185.0). The other causes of death were stroke, chronic lower respiratory disease, diabetes, Alzheimer's disease, accidents, Influenza and pneumonia and suicide. *Source: 2014 CDC*

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin,[2] Person County ranked 58th healthiest county in North Carolina out of the 100 counties ranked (1= the healthiest; 100 = unhealthiest). County Health Rankings suggest the areas to explore for improvement in Person County were: adult smoking, adult obesity, population per primary care physician, preventable hospital stays, high school graduation, unemployment, and children in single-parent households. The areas of strength were identified as lower uninsured, higher mammography screening, and no drinking water violations.

[1] The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.
[2] The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.

When analyzing the health status data, local results were compared to North Carolina, the U.S. (where available) and the top 10% of counties in the U.S. (the 90th percentile). Where Person County's results were worse than the State and U.S., there is an opportunity for group and individual actions that will result in improved community ratings. There are several lifestyle gaps that need to be closed to move Person County up the ranking to be the healthiest community in North Carolina and eventually the Nation. For additional perspective, North Carolina was ranked the 31st healthiest state out of the 50 states.

## Survey Results, Focus Group, Health Status Comparisons

### Survey Results

68 of Person Memorial Hospital's employees and 25 community physicians and providers responded to an online survey regarding their perspectives on community health status and needs in Person County from May 29 to June 14, 2016. Most of the Person Memorial Hospital's employees and physicians are members of the local community and have unique insight into the health status of the community.

- 62% of hospital employees responded the community's health was fair, 15% responded, good, and 15% responded poor. These results were compared to the physician's responses to the same question in their survey. 80% of physicians responded, fair, 16% good, and 4% poor. Neither group responded excellent.
- 90% of employees believed high blood pressure was the most prevalent chronic disease followed by diabetes (84%), obesity (78%), heart disease (63%), pulmonary diseases (62%), cancer (57%) and mental health (43%). 92% of physicians believed diabetes was the most prevalent chronic disease in the community followed by obesity (79%), heart disease and high blood pressure (67%), pulmonary disease (58%), cancer (46%), and mental health (42%).
- When asked about the top three issues impacting people's health, employees ranked affordable health insurance and mental & behavioral health services first with 34% each, people taking more responsibility for their own health and lifestyle was second with 30% and third was affordable healthcare with 25%. When physicians were asked, they responded with affordable healthcare first at 46%, followed by poverty/low income with 29% and then affordable health insurance, mental & behavioral health services, people taking more responsibility for their own health and lifestyle, substance abuse services and education all tied at 21%.
- For employees, the top health concerns for children were: physical inactivity (62%), responsible, involved parents (51%) and lack of a healthy diet (48%). For physicians the order was physical inactivity (57%), responsible, involved parents (48%), and lack of a healthy diet (39%).
- Affordable insurance (58%), affordable healthcare (53%) and more information/education about their condition(s) (48%) were seen as most needed by people in the community in order to manage their health more effectively for employees. For physicians, affordable healthcare (63%), affordable healthcare (63%) and financial assistance for doctor visits, medical supplies, etc. (54%) were seen as most needed by people in their community to manage their health more effectively.

## Focus Group Results

Twelve community stakeholders participated in a focus group on May 3, 2016 for their input into the community's health. There was broad community participation in the focus group representing a range of interests and backgrounds. Below is a summary of the 90-minute discussion.

1. **Generally, how would you describe the community's health?**

    - Aging community
    - Children with diabetes
    - Lack of knowledge of health
    - Healthcare is too expensive
    - Education
    - Kids taking care of themselves

Facts: Cancer #1, Obesity #2, Alzheimer's #7, Suicide Top 10. They mentioned the top 10 based on the CHNA previously performed by county.

2. **The Health Department performed a CHNA in 2014 and identified priorities for health improvement, what are the biggest health or health care concerns for Person County today?**

    1. **Chronic disease: diabetes**
    2. **Overweight/Obesity**

    - Lack of knowledge
    - Access to education classes
    - Start education early
    - Offer classes to the community – Substance Abuse, Healthy Personians, Chronic Disease Action Team
        - Physician offices and agencies refer individuals, but may be opportunity for improvement

3. **What has the community improved the most related to health status in 3 years?**

    - Teen pregnancy has improved – birth rate has declined

4. **What behaviors have the most negative impact on health?**

    - Lack of exercise
    - Lack of exercise facility
    - Lack of medical care
    - Behavioral Health and Substance Abuse
        - Drinking, drugs, and tobacco

5. **What environmental factors have the biggest impact on community health?**

    - Producing emissions and discharge waste water (highly monitored)
    - Food deserts – people opt for fast food for convenience and a lot of processed foods
    - Walking ability from point A to point B
    - Not near a Farmers Market
    - Poverty in the county
    - Grocery stories not near by

6. **Are there any barriers to improving health in the community?**

    - People (not participating)
    - Can find food and incentives (not enough people to attend)
    - Getting turned away
    - Poverty (example, 69% free and reduced lunch at schools)
    - People's perception of workers, county seals on vehicles seen as negative.
    - Turnover Continuity of services or programs
    - Volunteers Continuity of services or programs
        - Have offered free rides with Person Authority Transit System (PATS) (example Farmers Market)

7. **What community assets support health and wellbeing?**

    - Farmers Market
    - Parks & Recreation
    - Senior Center
    - Christian Help Center
    - Back Pack Pals
    - Partnership for Children
    - 15 Week Weight loss class challenge

8. **Where do members of the community turn for basic healthcare needs?**

    - Heath Department
    - Roxboro Family Medical Center
    - Prospect Hill
    - ER
    - Other medical offices
    - FastMed
    - MedAccess
    - Out of Town

9. **What does the community need in order to manage health conditions or stay healthy?**

- Change mindset
- Partnering programs
- Transportation
- Affordability
- Lack of Insurance
- Person Authority Transit System – Need costs and information to Primary Care offices
- Lower prescription cost
- Federally qualified health center (FQHC) office
- Need more primary care offices
- OB/GYN

10. **If you had a magic wand, what priority health improvement action should Person County focus on?**

- Wellness Center
- Need facility for Alzheimer's
- Adult Day Care
- Change mindset
- Where to get help
- Resources to find help and stay healthy
- Reestablish jobs that were done away with at DSS that were helpful
    - Case manager to provide community support
    - Suggested community guidance counselor

## Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the Community Health Needs Assessment, in addition to the previously reviewed information and other public health data. Other data analyzed was referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, and community surveys. When data was available for North Carolina, the U.S. or the top 10% of counties (90th percentile), they were used as comparisons. Where the data indicated a strength or an opportunity for improvement, it is called out below. Strengths are important because the community can build on those strengths and it's important to continue focus on strengths so they don't become opportunities for improvement. The full data analysis can be seen in the CHNA PowerPoint. There were strengths and opportunities identified for measures and for the county. Opportunities were denoted with red stars, and strengths were denoted using green stars. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

## Leading Causes of Death: Age-adjusted deaths per 100,000

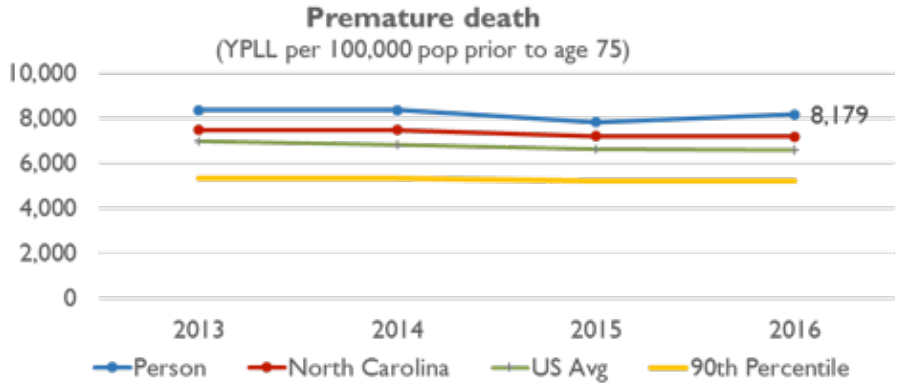
| Cause of Death | Person Co (2010-2014) | North Carolina (2010-2014) | US (2013) |
|---|---|---|---|
| Heart Disease | 216.0 | 177.9 | 193.3 |
| Cancer | 256.0 | 189.9 | 185.0 |
| Chronic Lower Respiratory Disease | 60.0 | 49.3 | 47.2 |
| Accidents | 31.0 | 30.4 | 41.3 |
| Stroke | 79.0 | 45.4 | 40.8 |
| Alzheimer's Disease | 31.0 | 30.0 | 26.8 |
| Diabetes | 37.0 | 24.2 | 23.9 |
| Influenza and Pneumonia | 28.0 | 18.5 | 18.0 |
| Kidney Disease | ** | 18.1 | 14.9 |
| Suicide | 19.0 | ** | 13.0 |
| Liver Disease | ** | ** | 11.5 |

*Source(s): CDC: 1999-2014 Final Data. In order to get enough data to display county rankings multiple years must be used.*

Red areas had death rates higher than the state. The leading causes of death in Person County and North Carolina was cancer followed by heart disease. After heart disease and cancer, lagging behind are the other causes of death. Person county had higher death rates than NC in all causes.

## Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Person County ranked 57th of 100 North Carolina counties. Length of life was measured by years of potential life lost per 100,000 population prior to age 75. Person County ranked 58th out of 100 counties.

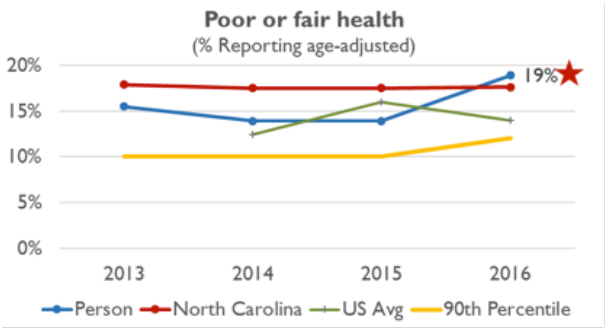


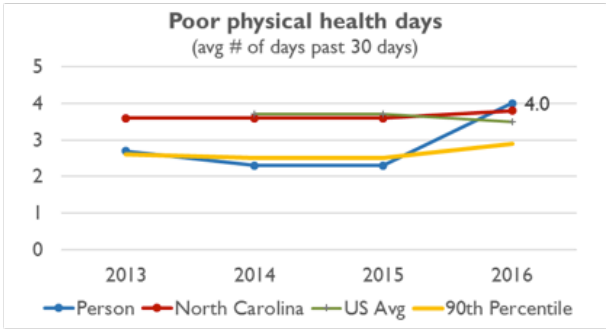

*Source: County Health Rankings; National Center for Health Statistics – Mortality File 2011-2013*

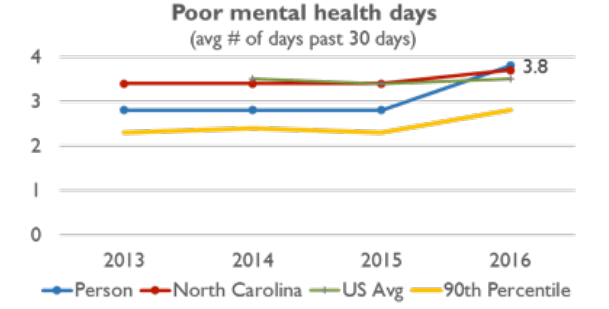
In most of the following graphs where data is available, Person County will be blue, North Carolina red, U.S. green and the 90th percentile gold.

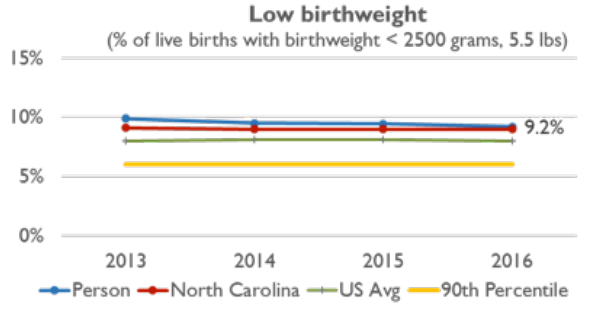
## Quality of Life

Quality of life is measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams (5lbs 8ozs). Person County ranked 51st in quality of life.




*Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014*
*Source: County Health Rankings: National Center for Health Statistics – Natality files (2007-2013)*
**indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 cannot be compared to prior year results.*

## Length and Quality of Life Opportunities

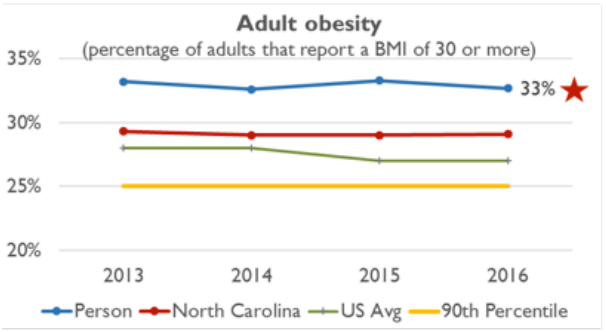
- Years of potential life lost (YPLL) per 100,000 population prior to age 75, is higher in Person County at 8,179 years, than North Carolina and the U.S.
- The percentage of population in poor or fair health is higher in Person County at 19% than NC and the U.S.

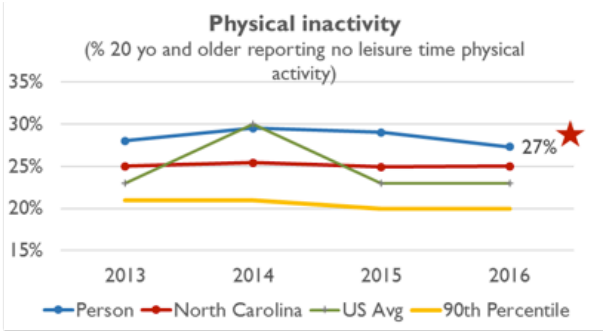
In the other quality of life measures, Person outcomes were near the NC measures.

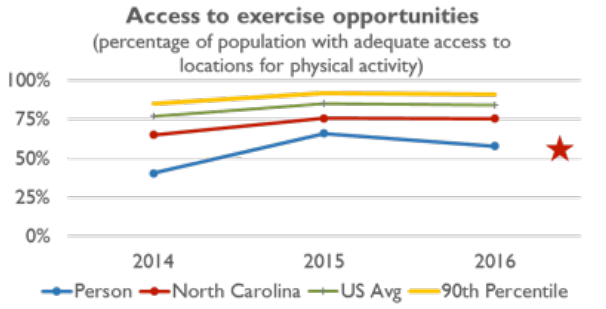
## Health Factors or Determinants

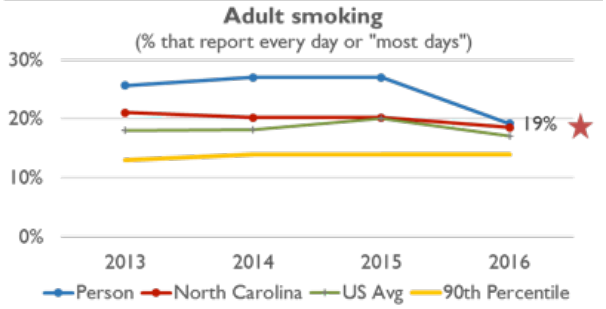
Health factors or determinants are comprised of measures of related to health behaviors, clinical care, social & economic factors, and physical environment. Person County ranked 59th out of 100 NC counties. Health behaviors are made up of nine measures. Health behaviors account for 30% of the county rankings. Person County ranked 57th out of 100 counties in North Carolina.

## Health Behaviors

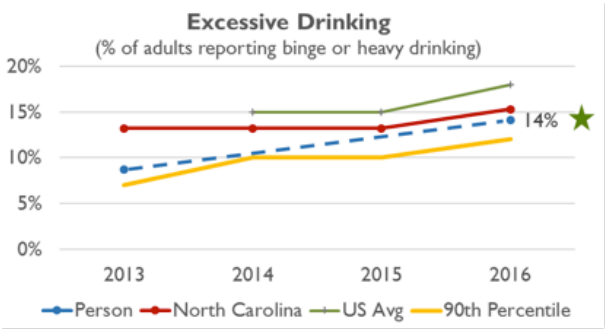


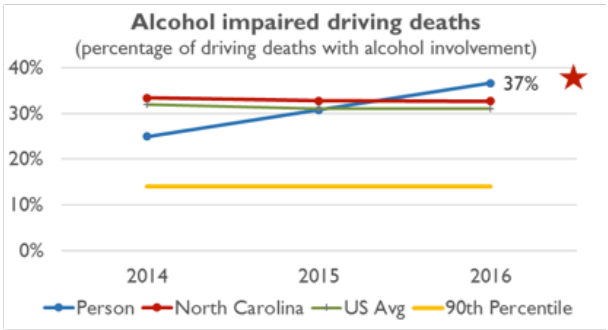



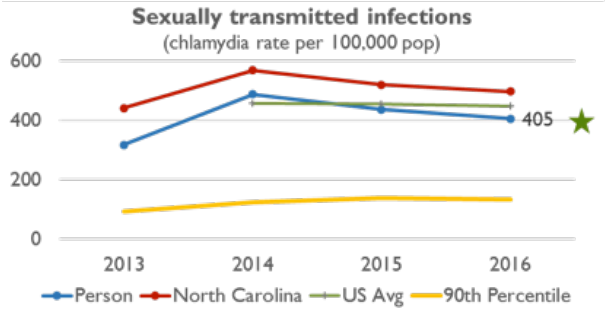



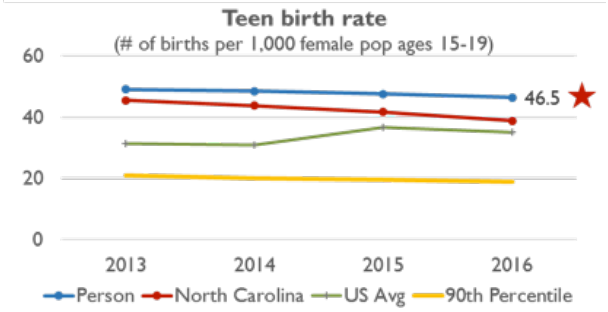




*Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012*
*Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and US Census Tigerline Files, 2013*
*Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)*

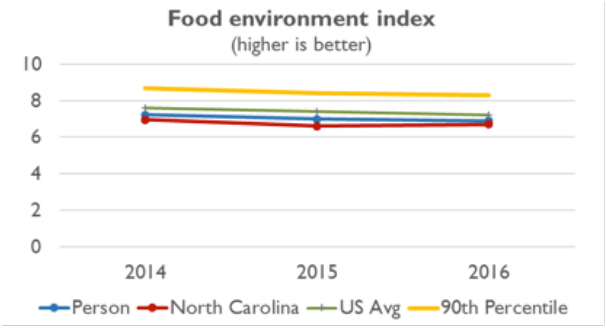


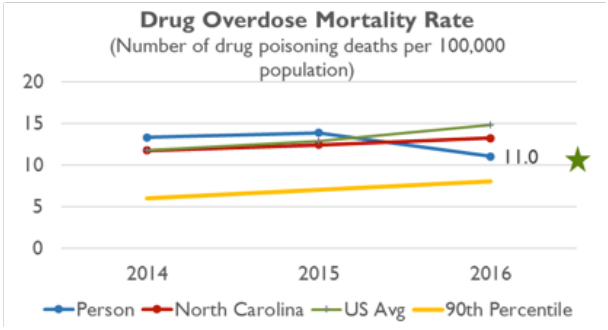




*Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014*
*Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014*
*Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013*
*Source: Teen birth rate – County Health Rankings; National Center for Health Statistics – Natality files, 2007-2013*




The food environment index is a comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

*Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013*
*Source: County Health Rankings; CDC WONDER mortality data, 2012-2014*

## Health Behaviors Strengths

- Excessive drinking is lower in Person County at 15% and 14% respectively than NC and the U.S. However, the trend is rising.
- Sexually transmitted diseases as measured by Chlamydia rate per 100,000 population was lower in Person County than North Carolina.

## Health Behaviors Opportunities

- Adult obesity is extremely high in Person County at 33%, above NC and the U.S. Obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's. It often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others.
- Physical inactivity was high in Person County at 27% higher than NC and the U.S.
- Access to exercise opportunities was lower in Person County with 58% % of the population with adequate access to locations for physical activity, lower than NC and the U.S.
- Adult smoking was higher at 19% in Person County than NC and the U.S., and the Healthy people 2020 goal is 12%. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes.
- The percentage of driving deaths with alcohol involved was higher in Person County at 37% than NC and the U.S.
- The teen birth rate in Person County at 46.5 births per 1,000 females age 15-19 was higher than NC the U.S.
- Drug overdose deaths decreased in Person County. More recent data shows Person County death rates between 14.1 and 16.0 per 100,000 population, approximately in the top third of the state for death rates.


# Results of the CHNA

*Prioritization of Health Needs*

## Prioritization Criteria

At the Community Health Summit, the attendees identified and prioritized the most significant health needs in the community for the next three-year period. The group used the criteria below to prioritize the health needs.

| | |
|---|---|
| Magnitude/scale of the problem | How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues? |
| Seriousness of Consequences | What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)? |
| Feasibility | Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome? |

The following needs were prioritized and goals and actions were brainstormed by the table groups at the Community Health Summit and formed the foundation of Person County's health initiatives. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of "votes" or priority by topic. The bullets below the health need are the actual comments received on the sticky notes.

1. **Chronic diseases – diabetes, heart disease (11)**
   - Diabetes (7)
   - COPD – lack of specialty provider
   - CHF – education, nutrition, resources
   - Cardiac problems
   - Heart disease
2. **Healthy weight/nutrition (10)**
   - Obesity (4)
   - Overweight/obesity (2)
   - Obesity – major contributors and many challenges
   - Weight issues
   - Access to nutritional food
   - Healthy eating options
3. **Access (6)**
   - Lack of services for special needs care
   - Access to care
   - Affordable health care
   - Affordable, accessible health care
   - Transportation to services
   - Transportation
4. **Education/personal responsibility (4)**
   - People taking responsibility for health
   - Health education – lack of knowledge of access
   - Individual/community accountability
   - Education
5. **Substance abuse (2)**
   - Substance abuse
   - Tobacco use

# Community Health Summit Brainstorming

*Focus Areas, Goals*

The most significant health needs resulted in five categories and table groups brainstormed goals and actions around the most important health needs listed above. These suggested goals and actions have been organized below.

## Significant Health Need: Chronic diseases – diabetes and heart disease

### Goal 1- Target obese pregnant women

- Action 1 – Encourage participation in WIC
- Action 2 – Nurse from WIC perform outreach to OB/Gyn for prenatal care

**Resources Needed:**

- Dr. Office
- Social services
- Nurse

### Goal 2 – Target overweight/obese children

- Action 1 – Discussion with board of education school food choices
- Action 2 – Farms in school programs to engage parents and educate children

**Resources Needed:**

- Steering committee on healthy food options
- Backpack pals
- Course materials
- Garden tools
- Teacher
- Cooperative Extension

### Goal 3 – Target older adults with management of diabetes

- Action 1 – Hospital work with Health Department to provide educational classes
- Action 2 - Recruitment of specialized doctors

**Resources Needed:**

- Community health workers
- Telephone counseling
- Specialized physicians

## Significant Health Need: Healthy Weight/Nutrition

### Goal 1- Reduce obesity rates

- Action 1 – Increase number of participants in county challenge
- Action 2 – Institute a competitive element among top 5 employers

**Resources Needed:**

- Team of people for education and data collection
- Dollars for advertising
- Incentives
- Worksite wellness time

### Goal 2 – Reduce childhood obesity

- Action 1 – Work to continue grants for healthy breakfast/lunch options in schools
- Action 2 – Incorporate education regarding making healthy choices – schools/housing authority/community centers/churches

### Goal 3 – Increase awareness of services in county for multiple issues

- Action 1 – Newspaper/radio/TV/social available high traffic areas (Walmart, Lowes, etc.)
- Action 2 - Relationships with Community partners – social services, senior center, gyms, churches

## Significant Health Need: Access

### Goal 1 – Increase utilization of PATS for transportation to health care/medical appointments

- Action 1 – Promote PATS services through newspaper, radio, etc. to targeted populations
- Action 2 – Advocate to county and city officials to provide financial support for PATS service

### Goal 2 – Provide community based free or low-cost healthcare

- Action 1 – Identify resources available to support free or reduced care/clinic services

### Goal 3 – Bring specialists back to the county

- Action 1 – Find out who needs to be contacted to start the conversation about getting specialists in the county

## Significant Health Need: Substance abuse

### Goal 1 – Identify issues and solutions around substance abuse

- Action 1 – Hold a substance abuse summit
- Action 2 – More specifically identify substance abuse issues and solutions

### Goal 2 – Increase tobacco-free facilities

- Action 1 – Transition Piedmont Community College from a smoke-free to a tobacco-free campus (including e-cigarettes)
- Action 2 – Promote Quitline NC to Piedmont Community College staff and students; encourage healthcare providers to discuss cessation

### Goal 3 – Support legislation on federal, state and local levels around smoke-free/tobacco-free laws and regulations

- Action 1 – Investigate what other communities have done towards smoke-free/tobacco-free legislation
- Action 2 - Correspond with elected officials to encourage them to introduce legislation to support smoke-free/tobacco free environments

## 2013 Person Memorial Hospital Implementation Plan/Impact Evaluation

PMH did not perform a CHNA in 2013.

## Community Assets and Resources

A separate document that includes list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document.