COMMUNITY HEALTH UPDATE:
EVIDENCE FROM THE LATEST COMMUNITY HEALTH NEEDS ASSESSMENT

PIEDMONT PRIMARY CARE CONFERENCE
JANUARY 25, 2020
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I have no financial conflicts of interest to disclose.
SESSION OBJECTIVES

Explain the major barriers to healthcare access in our community.
Identify critical areas of health provider shortages.
List the top five areas of health need in our region, according to the latest population health data.
FEDERAL COMMUNITY ASSESSMENT REQUIREMENTS

Implementation Plan

Implementation Strategies: a few specific areas of focus for each hospital to focus on over the next three years.
Figure 1. Conceptual Model of Determinants of Health.

- Health Outcomes
  - Patient/Demand-Side Factors
    - Healthcare Access
    - Healthcare Utilization
    - Health Behaviors
  - Provider/Supply-Side Factors
    - Type of Payment/Insurance Accepted
    - Provider Supply
    - Geographic Location of Providers
  - Other Social Determinants
  - Genetics
Opioid overdose death and substance use disorder has increased dramatically in last three years. We see implications of this in ED use and cost of EMS services. Suicide has also continued to rise. At-risk group: white males, aged 18-44.

A good economy has led to high employment, but many jobs are not offering health insurance or dental insurance. Those most affected are low income families who are 1099 or hourly wage earners.

Health access, behaviors, utilization, coverage, and outcomes are all significantly worse for the working poor.
TOP 5 HEALTH NEEDS

HEALTHCARE ACCESS
NUTRITION, OBESITY, & DIABETES
BEHAVIORAL HEALTH
CARDIO & CEREBRO
MATERNAL & CHILD

TOP 5 HEALTH NEEDS IN HOSPITAL SERVICE AREA
PARMC
SERVICE AREA
#1. Healthcare Access

**PRIMARY CARE**
20% had trouble finding a doctor in the last 12 months.

**MENTAL HEALTH CARE**
25% who needed mental healthcare in the last year did not get it.

**DENTAL CARE**
33% who needed dental care in the last year did not get it.
Access is a function of both demand (patient-side) factors (e.g. insurance, cost) & supply (provider-side) factors.

Most of Georgia is a health provider shortage area for primary, mental, and dental care.
LACK OF DENTAL CARE EMERGED ACROSS REGION AS A SERIOUS GAP IN HEALTHCARE.

Most common type of need expressed in survey data: access to dental care, which is integrally linked to physical health—predicting cardiovascular health and even preterm birth.

In some rural counties, the percentage needing dental access goes to over 70%. Mental and primary care access are also issues. The main reason: lack of affordability.
HEALTHCARE ACCESS

RATIO OF DENTISTS TO PEOPLE IN WORST FOUR COUNTIES.

Taliaferro County: 1,630:0
Oglethorpe County: 14,921:1
Banks County: 18,397:1
Madison County: 28,824:1
# 2. NUTRITION, OBESITY, & DIABETES

- Diabetes and obesity prevalence comparable to state rates.
- Food insecurity affects 1 in 5 families.
- Fruit and vegetable consumption extremely low:
  - 34% eat <1 vegetable serving per day
  - 60% eat <1 fruit serving per day
Opioid overdose death and substance use disorder has increased dramatically in last three years. We see implications of this in ED use and cost of EMS services. Suicide has also continued to rise. At-risk group: white males, aged 18-44. Anxiety prevalence: 28% households diagnosed; Depression: 25% households diagnosed.

MORE PEOPLE DYING FROM OPIOID OVERDOSES THAN STATE RATE
.9.7 (per 100,000) is the service area death rate, compared to state rate of 8.2. (OASIS, 2014-2017).

NALOXONE AND OPIOID OVERDOSE CALLS EXPERIENCED STEEP INCREASE
Almost 2,000 doses of Naloxone administered between 2014 and 2018. EMS calls in same time period where professionals went to the scene of an overdose totaled 1,343--representing a cost of $1.4 million to service area.
Age-Adjusted Deduplicated ER Visit Rate, Poisoning, Selected Geographies, GA, 2013-2017

Georgia [2016: 135.0]
RX MISUSE

11%

HAVE USED RX DIFFERENTLY THAN PRESCRIBED
## Behavioral Health

<table>
<thead>
<tr>
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<th>Age-adjusted Suicide death rate (2014-2017)</th>
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<tbody>
<tr>
<td>Athens Area Counties</td>
<td>16.1*</td>
</tr>
<tr>
<td>Rural Surrounding</td>
<td>21.0*</td>
</tr>
<tr>
<td>Georgia</td>
<td>12.9</td>
</tr>
</tbody>
</table>
# 4. CARDIO & CEREBROVASCULAR

**MAIN CAUSE OF PREMATURE DEATH**

1 in 2 reported hypertension in the household; 1 in 3 reported high cholesterol

**HEALTH BEHAVIORS ARE RISK FACTORS**

One in five adults in the service area use tobacco. Higher prevalence among low income individuals. Vaping among teens on the rise and linked to impaired cognitive development. Nutrition and physical activity also inextricably linked to cardio and cerebro health.

**CARDIO DEATHS WERE DECLINING, BUT NOW STAGNANT**

A steady decrease in rate of cardio deaths in the service area between 1994 and 2009. Little movement since then.
Percent of Deaths by Cause, Major Cardiovascular Diseases, Selected Geographies, GA, 1994-2017

The graph illustrates the percentage of deaths attributed to major cardiovascular diseases over the years from 1994 to 2017 for selected counties in Georgia. Each county is represented by a different colored line, with specific counties such as Banks County, Barrow County, Clarke County, and Elbert County marked in the legend. The x-axis represents the years from 1994 to 2017, while the y-axis indicates the percentage of deaths. The data shows variations in the percentage of deaths across the counties and years, with some counties showing a slight increase or decrease over time. The source of the data is the Georgia Department of Public Health, Office of Health Indicators for Planning (CHIP), with the document created on 3/25/2019.
CARDIO & CEREBROVASCULAR

STROKE RELATED ED VISIT RATE
Is higher than the state rate in 11 of 17 counties examined. Five counties have greater than double the state rate.

RURAL CHALLENGES PERSIST FOR MANY COUNTIES
Being more than 37 miles from a hospital is linked to a 3% increase in stroke mortality rates.

MANY TRAVEL >30 MINUTES FOR ANY CARE
Most counties in the service area have to drive more than 30 minutes for their care (especially specialty care).
#5. MATERNAL & CHILD HEALTH

**DELAYED OR FORGONE PREGNATAL CARE**
5% of women forego or delay prenatal care in Clarke County. In many surrounding counties this increases to 10% or more.

**FOOD ASSISTANCE UNDERUTILIZATION IS A CHRONIC PROBLEM**
Critical nutrition assistance, through WIC and SNAP, is being left on the table. Only 32% of eligible families with children aged 1 to 5 years participate in WIC.

**PEDIATRIC & OBSTETRIC CARE IN CRITICAL SUPPLY SHORTAGE**
Six counties do not have a single pediatrician (Banks, Elbert, Hart, Morgan, Oglethorpe, Taliaferro). Nine counties do not have an ob-gyn (Banks, Barrow, Elbert, Hancock, Madison, Morgan, Oglethorpe, Putnam, Taliaferro) Source: 2016 AHRF Data.
<table>
<thead>
<tr>
<th>Service Area</th>
<th>% of births with reported tobacco use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athens-Area Counties</td>
<td>9.1%*</td>
</tr>
<tr>
<td>Rural Surrounding Counties</td>
<td>12.4%*</td>
</tr>
<tr>
<td>GEORGIA</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
Share of Americans With Health Insurance Declined in 2018

The drop, despite a strong economy, was the first since 2009 and at least partly caused by efforts to weaken the Affordable Care Act.
Georgia adds 36,000 to uninsured rolls, ranks third worst in U.S.

By Ariel Hart, The Atlanta Journal-Constitution
Georgia adds 36,000 to uninsured rolls, ranks third worst in U.S.

Even as the economy added jobs, more people in Georgia and the U.S. went without health insurance all last year, according to figures for 2018 just released by the U.S. Census. The South in general saw a dramatic increase of uninsured children, the only region to see such a trend.
Health insurance coverage has decreased in the last year nationally, state-wide, and locally.

**2016 DATA**

There was a statistically significant increase in the uninsured between time 1 and time 2. This will significantly impact access to care and health outcomes.

**2018 DATA**

Health Insurance Coverage: 87%

No Insurance: 13%

Health Insurance Coverage: 81%

No Insurance: 19%
Many respondents had a household ER visit. Among those that did, a significant percentage depend on the ER as their primary source of care.

**ADULT USE**

- 20% of adults had their insurance refused by a provider
- 39% had an ER visit
- Among those with an ER visit, 28% depend on ER as PCP

**CHILD USE**

- 10% children did not have a child well check in last 12 months
- 33% had a child visit the ER
- Among those with child ER visit, 14% depend on ER as child’s PCP
Aggregate gains are not experienced by low income families with low levels of education. For those families, WIC, SNAP, and other program utilization is still a problem.

Low income families are just as likely to be employed as non-low income families. However, they are significantly less likely to have benefits—including health insurance.

Federal and state policy changes have had serious implications for our families, including drops in insurance coverage that will affect health in the short and long term. Lack of affordable, quality housing and lack of education tied to poor health outcomes.
Lots has changed in three years--implementation opportunities in each of the top five needs could make a difference.

Pathways to improvements should address both supply and demand challenges.
THANK YOU & QUESTIONS
Athens Wellbeing Project Team

**RESEARCH TEAM**
- Dr. Amanda Abraham, Survey Design
- Celia Eicheldinger, Sampling Expert
- Dr. Jerry Shannon, GIS Expert & Community Geography

**NEIGHBORHOOD LEADERS**
- Terris Thomas, Director
  - 4 Special Team Leads
  - 10 Single Family Home Leads

**PROJECT MANAGER**
- Ben Gardner

**UGA STUDENTS**
- Anyess Travers, Meg Bramlett, Shellie Bardgett, Seth Riggle, & Sheila Straub
  - 75 volunteer students for data collection follow-up
About the 2.0 Data

NEW MEASURES
From v1.0, stakeholders needed more info on:
- Childcare
- Healthcare Use
- Food Security
- Affordable Housing
- Transportation

SAMPLE IMPROVEMENTS
Frame improvements include more mobile home and apartments represented, significantly greater representation from vulnerable groups.

FINAL SAMPLE
Total sample size for this round is n=1,078 households.
Adding both rounds, we have 2,432 households in the longitudinal dataset.

CONFIDENCE
The margin of error (MOE) for the final data this round ranges between +/-2% and 3%.