

2012
Bath County
Community Health Needs Assessment
Igniting a Sense of Health



Perspective ---creating a sense of health in the community

The Community Health Needs Assessment defines opportunities for health improvement, creates a collaborative community environment to engage multiple change agents and provides an open and transparent process to listen and truly understand the health needs of Bath County.

The federal government through the Internal Revenue Service, now requires that not-for-profit hospitals conduct a community health assessment. These census-like studies help health care providers build stronger relationships with their communities, identify needs and dedicate funding and other resources toward programs that clearly benefit local residents.

Participants

Several community and health care organizations collaborated to implement a five stage process focused on identifying and defining local health issues, concerns and needs. The process has been underway for three months to gather and analyze data, and provide direction for the full report. Participating organizations include:

Bath Community Hospital, Stratasan, Catalyst Healthcare Research, Bath County Board of Supervisors, Bath County Schools, community leaders, volunteers and students, Bath County Sheriff's Department, Department of Social Services, Rockbridge Area Community Services Board, Rescue Squad, Health Department, Chamber of Commerce, Department of Tourism, members of the faith community and community members throughout the county took their time to be involved in this worthwhile project.

Project goals and objectives

- To continue a formal and comprehensive community health assessment process that will allow for the identification of key health and health service issues, and a systematic review of health status in Bath County
- To create an infrastructure that will permit ongoing updating and easy dissemination of available data, and enable a continued partnership among all stakeholders in the community
- To create a health profile that will allow for prioritization of needs and resource allocation, informed decision making, and collective action that will improve health outcomes



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

“We initiated the Community Health Needs Assessment with the goal of identifying public health needs, goals, objectives and priorities,” said Debbie Lipes, CEO Bath Community Hospital. “It is our goal to use our findings as a foundation for improving and promoting the health of each community member.”

“The information we gathered provided the insight we will need to set priorities for local public health,” added G. Douglas Larsen, MD, Health Director Central Shenandoah Health Department. “The Community Solutions Summit was the final, critical step in the process. Now the real work—improving the health of the community—begins.”

“I loved the Summit. There was a lot of education on issues, and we learned things we didn't know. There is lots of work to be done,” says Pearl Buzzard, community volunteer. Steve Curtian, Physical Therapist adds, “I love the idea of combining resources. We can do more together than we can separately.”

Who Told Us What?

Data Collection and Review

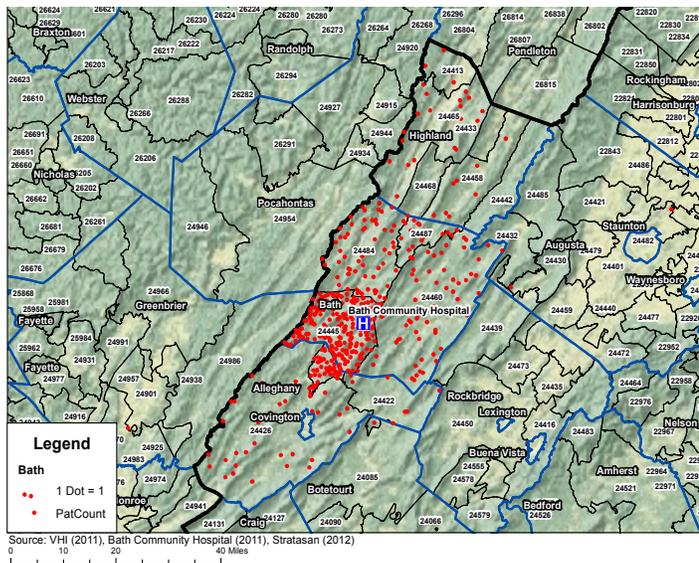
The health of the community was studied extensively through primary and secondary research methods. Data was gathered using several methods:

- 105 area residents were surveyed to gather information about their personal health and well-being, health-related behaviors and risks for diseases.
- 3 providers were surveyed for their opinion on community health status and health needs in the community
- 16 community members, employers, and government representatives were interviewed as a focus group for their perspectives on community health needs and issues
- A Community Summit was conducted with 33 community leaders and citizens. The audience consisted of healthcare workers, business leaders, mental health professionals, school systems, government representatives, and other community members.



Collaboration is Key to Good Health

Bath Community Hospital Patients



Community Engagement and Transparency

We are pleased to share with our community the results of the Community Health Needs Assessment. 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.

Implementation Plans

To be successful creating a true sense of health in Bath County, it will be necessary to have a collaborative venture which brings together all of the care providers, citizens, government, and business around an effective plan of action. A comprehensive plan will be coordinated across the county to help ensure adequate availability of needed and wanted services.

Patient origin by ZIP Code was gathered from Bath Community Hospital. The map shows the use of healthcare services by residents both in and outside of Bath County

Bath County is ranked 51st healthiest County in Virginia out of 134 city/counties in 2012. Virginia is ranked 20th out of the 50 states.



Key Findings of the Community Health Assessment

Bath County is living up to its marketing of offering “timeless beauty and tradition” and is a relatively healthy place to live. In general, Bath County outperforms the state averages for health status indicators. Where local results fall at or below those levels, we see an opportunity for action that results in improved community ratings and health. There are several lifestyle gaps that need to be closed to move Bath County up the chart to be the healthiest community in Virginia and eventually the Nation. Based on this study, the issues needing the most attention are Morbidity (poor or fair health, poor physical health days, poor mental health days and low weight births) and Health Behaviors (adult smoking, obesity, physical inactivity, excessive drinking, motor vehicle crash death rate, sexually transmitted infections and teen birth rate).

Based on the telephone survey research of Bath County residents, 18% believe people taking more responsibility for their own lifestyle/health

Key Demographic Statistics:

- The median age of Bath County (47.7) is higher than Virginia (37.4) and the U.S. (37.2)
- The median household income of Bath County (\$43,658) is significantly lower than Virginia (\$58,234) and lower than the U.S. (\$50,227)
- The per year growth rate from 2011 to 2016 of Bath County (.07%) is lower than Virginia (.86%) and the U.S. (.67%)
- The medical care index for Bath County (94) is significantly lower than Virginia (120) and lower than the U.S. (100). This measures healthcare spending of the population.

is the issue most impacting people’s health. While 10% believe cancer and 9% believe heart trouble are the second and third issues that have the most impact on people’s health. Healthcare providers believe that more primary care professionals is the issue that most impacts people’s health as well as dental, mental health, other health services, more specialists, jobs/employment and people taking more responsibility for their own lifestyle/health. The community focus group mentioned lifestyle, children’s health, economic issues, behavioral health, dental care and transportation as the top issues that impact people’s health.

The overall demand for health services in Bath County is growing with the older population. The estimated Emergency Room Visits (2,113) per population are lower than Virginia but higher than the U.S. Inpatient Admissions (673) and Physician Office Visits (20,474) are higher than Virginia and the U.S. Outpatients Visit rates (1,297) per population are lower than Virginia and the U.S. These trends are consistent with an older population.

There are three broad themes that emerged in this process:

- Bath County needs to ignite a “Sense of Health” that permeates the culture of the county, cities, employers, churches, and community organizations.
- There is a direct relationship between health outcomes and income and education. Those with the lowest income and education generally have the poorest health outcomes.
- While any given measure may show an overall good picture of community health, there are significantly challenged subgroups.

Overall Health

Strengths

- Bath County ranks well in Clinical Care at #35 out of 134 counties. Clinical Care is comprised of measures for percent uninsured, number of primary care physicians, preventable or unnecessary hospital stays, and diabetic and mammography screenings.
- The low violent crime rate in Bath County is below the U.S. benchmark
- The Physical Environment ranks high for Bath County at #39. These are factors such as: air pollution-particulate matter days, air pollution-ozone days, access to recreation facilities, access to healthy foods, and access to fast food restaurants
- Clinical care pertaining to diabetic and mammography screenings is very positive

Opportunities

- Morbidity measured by poor or fair health, poor physical health days, poor mental health days and low weight births; 25% of those surveyed in the community survey claim to be in fair (20%) or poor (5%) health; 41% indicated they have a chronic disease or condition, primarily diabetes, cancer and heart disease.
- The percentage of children in poverty (16%) is higher than Virginia (15%) and the U.S. benchmark (13%)
- The county has an issue with cholesterol based on the higher index of people using diet to control cholesterol
- The eastern side of the county has a very high index for uses prescription drugs for depression, 131-172
- The median income is lower in the county and there is more poverty in the Hot Springs ZIP Code, 24445, than other parts of the county
- Access to health care can be difficult for those with public health insurances (Medicaid and Medicare), particularly when it comes to finding a provider that accepts new Medicaid and Medicare patients. Access to affordable dental care and mental health care for those with mild to moderate conditions is also a struggle
- Those without adequate income or health insurance (18% uninsured) are less likely to receive the appropriate care at the appropriate site

Social & Economic Factors

Strengths

- Lower prevalence of violent crime in Bath County (29 per 100,000 pop.) than Virginia (252), and lower than the U.S. benchmark (73)

- Unemployment is lower in Bath County (6.3%) than Virginia (6.9%), but higher than the U.S. benchmark of 5.4%
- Bath County has a 95% high school graduation percentage, compared to Virginia at 87%

Opportunities

- Higher percentage of children living in poverty in Bath County (16%) than Virginia (15%) and the U.S. benchmark of 13%
- Lower post-secondary/college education rates compared to Virginia (65%), and the U.S. benchmark of 68%
- Bath County has lower median household income than Virginia or the U.S.

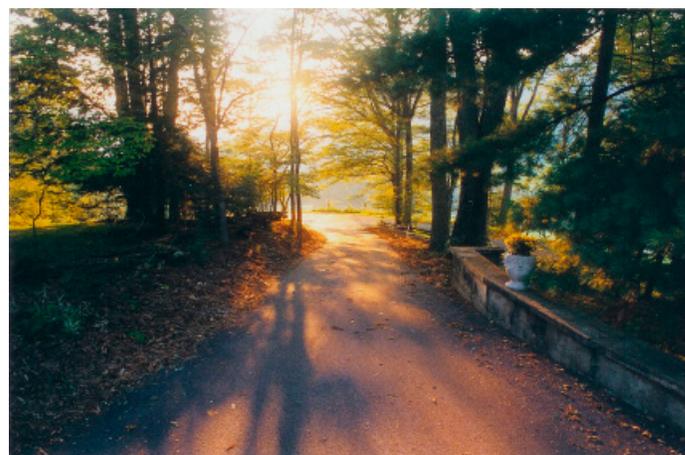
Health Behaviors

Strengths

- Smoking in Bath County is less (13%) than Virginia (19%) and slightly lower than the U.S. benchmark of 14%
- Sexually transmitted infections are lower in Bath County (242 Chlamydia infections per 100,000 pop.) than Virginia (398), but higher than the U.S. benchmark of 84

Opportunities

- Leisure time physical inactivity, 27%, is higher in Bath County than Virginia (24%) and the U.S. benchmark of 21%
- Teen Birth Rate is higher than Virginia, 35, and the U.S. benchmark of 22
- Adult obesity, 27%, is lower than Virginia at 28% and higher than U.S. benchmark 25%. Obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease



Health Outcomes

Strengths

- Bath County's % of low birthweight babies (5%) is lower than Virginia (8.3%) and the U.S. benchmark (6%)

Opportunities

- Relatively low morbidity ranking at 71
- Bath County's poor or fair health percentage is 25%, which is higher than Virginia at 13% and the U.S. benchmark of 10%

Clinical Care

Strengths

- Input from the community is very positive regarding care at Bath Community Hospital. The level of trust is high and percent of people who would recommend Bath Community Hospital is also high
- Diabetic screening is higher at 92% than Virginia (84%) and slightly higher than the U.S. benchmark of 89%
- Mammography screenings are higher at 76% than Virginia (67%) and close to the U.S. benchmark of 74%

Opportunities

- The percent uninsured at 18% is higher than Virginia at 14%, and higher than U.S. benchmark of 11% as well as the U.S. average of 16%
- The number of population per physician is quite high. The physician needs analysis indicates a shortage. The community needs to work together collaboratively with the hospital, existing medical staff, and government to attract more primary care and specialists to the community.

Physical Environment

Strengths

- Air pollution is minor and there have been no chemical releases
- The fast food restaurants as a percent of total restaurants are lower than Virginia, and lower than the U.S. benchmark

Opportunities

- The percent of low income population with long travel distance to a grocery store is higher than Virginia and the U.S. benchmark
- Access to recreational facilities per population is lower than Virginia (11), and the U.S. benchmark of 16. However, Bath County has Parks and Recreation pools, courts, ballfields.



Based on input from the Community Summit, the following Goals and Actions were created by the groups and form the foundation of Bath County's health initiatives. The work in the next months will determine the ideas to be implemented.

Access:

Goal 1: Increase providers

Action 1: Identify space for additional providers (1-2 years)

Action 2: Explore offsite clinic locations – retirement community, school system, Homestead 1-2 years

Primary Responsibility: Hospital, community leaders

Goal 2: Explore an urgent care center

Action 1: Gather statistics to determine need and location for urgent care (i.e. Augusta Health model, Stonewall Jackson model)

Action 2: Discuss site locations with community leaders

Primary Responsibility: Hospital, community leaders

Goal 3: Extend the scope of specialty services offered to the community

Action 1: Increase specialists in the time share clinic such as endocrinologists, pediatrics, and internists

Action 2: Partner with community leaders to address gaps in services – dentistry, mental health, healthy lifestyles, stress management

Primary Responsibility: Hospital, community leaders

Nutrition, Exercise and Obesity

Goal 1: Increase physical activity programs county-wide by January 2014

Action 1: Identify and involve stakeholders

Action 2: Identify specific effective, accessible activities for all ages

Primary Responsibility: Parks & Recreation Department, Schools, Public Health Department, Bath Community Rehab and Wellness Center (Wellness Center)

Goal 2: Decrease childhood obesity by 10% by 2014

Action 1: Include nutrition and activities within standards of learning

Action 2: Collaborate with the stakeholders

Primary Responsibility: Schools, County government, Public Health Department, nutritionists

Goal 3: Increase community outreach, education and marketing

Action 1: Identify key individuals and groups who could promote programs effectively

Action 2: Initiate and implement local community activities and programs

Primary Responsibility: individual communities rescue squads, fire departments, faith communities, Chamber of Commerce, service organizations, Parks & Recreation Department, Wellness Center



Chronic Diseases:

Goal 1: Reduce incidence of cardiovascular disease and hypertension by 2% in five years

Action 1: Implement education and community outreach

Action 2: Early screenings (no or low cost)

Primary Responsibility: Healthcare providers, Hospital, physical therapy, School System, Parks & Recreation Department, partnership needs to be created where we combine our resources and pull together to address each of these issues



Goal 2: Reduce incidence of diabetes 5% next 10 years

Action 1: Education and community outreach

Action 2: Early screenings (no or low cost)

Primary Responsibility: Public Health Department, Hospital, healthcare providers, Schools, Parks & Recreation Department, Education provided through partnership

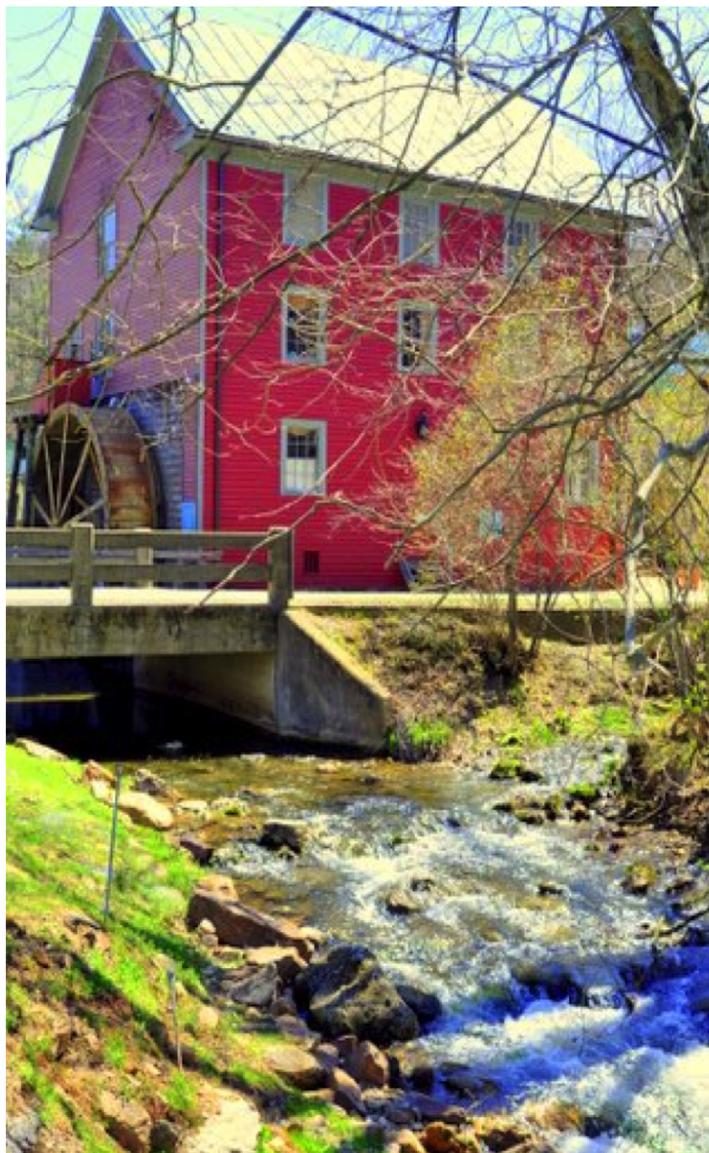
Goal 3: Reduce the use of smoking and tobacco products (dipping, chewing)

Action 1: Education and community outreach

Action 2: Early screenings (no or low cost)

Action 3: Possible partner for Clinic within the school system

Primary Responsibility: Public Health Department, Hospital, healthcare providers, Schools, Parks & Recreation Department, Education provided through partnership



Mental Health:

Goal 1: Increase resources to identify mental health issues by 2013

Action 1: Implement screening tools for high risk areas

Action 2: Identify at risk individuals

Primary Responsibility: Hospital, healthcare providers, nursing home, Rockbridge Area Community Services Board, Department of Social Services, Fire/Police, Pastors

Goal 2: Prevention and Education to reach 200 persons in education of mental illness

Action 1: Fundamental training of community resources

Action 2: Media blitz

Primary Responsibility: Public Health Department, Sheriff, Schools, Hospital, Rockbridge Area Community Services Board, Department of Social Services

Goal 3: Reduce alcohol and drug abuse

Action 1: Educate on responsible use focusing on generational element of how to change – 4 generations abusing alcohol

Action 2: Provide early intervention to avoid inpatient treatment

Primary Responsibility: Larger employers, School System, Rockbridge Area Community Services Board, Hospital, healthcare providers, Public Health Department

Cost/Affordability:

Goal 1: Create easier access to appropriate primary care by 12/31/2013 focusing on age group 19-until age of Medicare eligibility

Action 1: Investigate urgent care

Action 2: Explore expanded access to the free clinics

Action 3: Increase applications and enrollment in Medicaid

Primary Responsibility: Hospital, Public Health Department, Department of Social Services

Goal 2: Educate the public regarding access to healthcare for proper treatment (Doctor vs. urgent care vs. ER)

Action 1: Explore options for free screenings for ages 19-until Medicare eligible – physicals, screen and educate

Action 2: Create telephone hotline for guidance

Action 3: Education on drug adherence and affordable medication options

Primary Responsibility: Hospital, healthcare providers, Public Health Department, senior center

Goal 3: Improve access to insurance for the overall community by 12/31/2013 and continuously thereafter

Action 1: Create a public insurance exchange

Action 2: Provide Health savings accounts individuals can donate to and educate civic groups about the need and secure donations

Primary Responsibility: Board of Supervisors, Chamber of Commerce



Giving credit where credit is due

Acknowledgements

We would like to acknowledge the efforts of this collaborative group. It is energizing when a diverse group of citizens comes together to work toward a common cause.

Funding of this project has been provided by: Bath Community Hospital.

Participation in creating the Bath County Community Health Improvement Plan:

Bath Community Hospital, Stratasan, Catalyst Healthcare Research, Bath County Board of Supervisors, Bath County Schools, Valley Program for Aging Services, community leaders, volunteers and students, Bath County Sheriff's Department, Department of Social Services, Springs Nursing Center, The Homestead, Rockbridge Area Community Services Board, Rescue Squad, Central Shenandoah Health Department, Chamber of Commerce, Department of Tourism, members of the faith community and community members throughout the county took their time to be involved in this worthwhile project.

The report is not the end of the process.

Currently, several small groups are forming to begin implementation on several fronts related to the goals and actions identified in the Community Summit. Please contact Pat Foutz at Bath Community Hospital for information regarding ongoing efforts and how you may get involved.

The primary and secondary research is the basis of the Community Health Needs Assessment report for Bath County, Virginia. The health information contained in these reports will be utilized to define community health priorities, develop an updated community plan and guide collaboration and resource allocation.

Meet the people who have brought this important information together. As a community, we are appreciative of their work, their time and their talents.

- Bath Community Hospital, Board of Directors
- Debbie Lipes, Chief Executive Officer, Bath Community Hospital
- Mitzi Grey, Interim Chief Operating Officer Bath Community Hospital
- Pat Foutz, Clinical Director, Bath Community Hospital





Engagement Notes

Ways I see myself getting involved

Goals for my personal health



2012 Bath County Community Health Needs Assessment