Community Health Needs Assessment
FY 2016
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Good health is not something we can accomplish alone. It is a goal we must work toward and reach together.

Roger Steinkruger, 2016

Executive Summary

We are pleased to provide to you our 2016 Community Health Needs Assessment. We feel that this work is some of the most important work that we do toward our mission as a community hospital. Each view expressed in a survey, discussion held at a focus group or fact researched is carefully considered as we draft the input you have so generously provided into a strategy that works, one person at a time, to make our community healthier.

We hope that you will learn as much from this document as we have. Certainly, it is a body of work that we continue to reflect upon as we refine the plans that we have made to address the most pressing needs discovered.

We invite you to read this information, review our plans to address these needs and join us in this effort to make the community we all care about healthier. Whether its scheduling your own wellness visit, attending a Lunch and Learn we might host or partnering with us on one of these initiatives, good health is not something we can accomplish alone. It is a goal we must work toward and reach together.

Thank you for giving us the opportunity to serve you.

Roger Steinkruger
Chief Executive Officer
June 30, 2016
Community Description

The Community Health Needs Assessment (CHNA) is a snapshot of the health status of the community that CH-F (Community Hospital-Fairfax) serves. CH-F, a 501(c)(3) serving the community since 1949, is the sole hospital services provider in Atchison and Holt County.

The community described in the CHNA represents the location of the majority of patients served:

- 45.6% of Atchison County hospital discharges are from CH-F and another 16% from Holt.
- 70.9% of Atchison County outpatient visits and 12.7% of Holt are at CH-F.

Demographics

Holt and Atchison Counties represent 1,016 square miles in the extreme northwest corner of Missouri. The counties are rural with a combined population of 9,790. Atchison and Holt Counties are home to several communities including Rock Port, Watson, Tarkio, Fairfax, Westboro, Skidmore, Craig, Forest City, Big Lake, Maitland, Mound City and Oregon.

Atchison and Holt Counties have experienced significant population loss in the last 30 years. Atchison County has lost 34% of its population since 1980 and Holt County has suffered a 29% loss. Between 2000 and 2010, Atchison County’s population declined 11 percent and Holt County’s declined 8.2 percent. The population for the whole state of Missouri increased 7 percent during this decade. From 2010 to 2015, the population loss has continued with Holt County experiencing 8.7% loss and Atchison another 6.7%.

Atchison and Holt County also have an aging population; 21% of the population is 65 and older compared to 13% of the population in this age range statewide.

Citizens of these counties work primarily in education, healthcare, agriculture, manufacturing, transportation and retail trade. The median household income is approximately $41,000 compared to the State of Missouri’s $53,000.

Atchison and Holt Counties compare favorably with the State of Missouri for educational attainment. 89% of residents have a high school education compared to the rest of Missouri at 86.3%.
Healthcare Services

Atchison and Holt Counties are home to a number of healthcare providers. The healthcare community is represented by the following:

- Community Hospital-Fairfax is an 18 bed critical access hospital offering specialty clinics (cardiology, neurosurgery, vascular, OB-GYN, Oncology, Orthopedic, Urology, Interventional Radiology), a 24 hour Emergency Room, obstetrics, a full range of therapy services, laboratory, radiology, surgery, home health and inpatient care. CH-F has been in operation since 1949.
- CH-F also operates two primary care clinics in Mound City and Oregon. Practicing in these locations are Dustin Carpenter M.D., Becky Heits FNP and Sherlyn Sipes, FNP.
- Aron Burke M.D. operates two physician clinics in Atchison County with additional Family Nurse Practitioners working with him to provide care to Atchison County residents.
- Northwest Health Services operates a Mound City clinic, home to Amber Brown-Keebler M.D.
- Dental clinics are available in Fairfax and Rock Port in Atchison County and in Mound City through the Northwest Health Service.
- Long term care facilities are available in four communities, 2 in each county.
- One part-time optometrist is available in Rock Port, Missouri.
- Both Atchison and Holt Counties have public health agencies offering programs such as AA, BCCCP, Birth & Death Certificates, Blood Pressure Clinic, Cholesterol Clinics, WIC, Core Public Health, Family Planning, HIV Testing, Immunizations, Property Tax Credit Assistance, STD Education, and Toenail Clinics. Atchison County Health Department also operates a Women’s Health Clinic where women’s screenings are offered at a reduced price.
- Atchison and Holt Counties are home to number of privately licensed counselors. C.A.R.E. is also located in Atchison County with domestic violence programs.
The World Health Organization on the Determinants of Health

"The context of people’s lives determines their health. Individuals are unlikely to be able to directly control many of the determinants of health. These determinants—or things that make people healthy or not—include these factors, and many others:

- Income and social status
- Education
- Physical environment
- Employment and working conditions
- Social support networks
- Culture
- Genetics
- Personal behavior
- Health services
- Gender"

http://www.who.int/hia/evidence/doh/en/

Health Status of the Community

Social and Economic Determinants of Health: Poverty, Income, Unemployment and Education

County Health Rankings: Socioeconomic Factors

Income and Poverty

Low incomes and poverty limit the ability to pay for direct and indirect expenses related to healthcare, healthy lifestyle choices and medications.

Survey Says: Are medical, dental or prescription co-pays a large enough problem that you postpone or go without services or prescriptions?

Yes 33.54%

No 66.46%

Persons and Children in Poverty
Atchison and Holt Counties fare well when compared to other rural communities and to Missouri and the United States as a whole for individuals living in poverty. However, the per capita income is well below state and national average. As a result, healthcare still becomes a significant financial issue in many households.

There are also substantial poverty rate differences between communities.

Income inequality is a factor in Atchison and Holt Counties with a ratio of 4 and 3.6 respectively between incomes on the 80th percentile and those on the 20th. The rest of the state has a ratio of 4.6. (County Health Rankings)
Free and Reduced Lunch program participants corroborate these differences. They also tell the story of children living in lower income households. In fact, children living in poverty exceed the county average of all people in poverty. 17% of Atchison County children live in poverty and 22% of Holt County children live in poverty.

Unemployment
- Atchison 6%
- Holt 5%
- State of Missouri 5.7%
- Missouri’s Rural Counties 6.1%

Rural populations in the State of Missouri tend to have higher unemployment rates than their urban counterparts. Since most Americans under 65 obtain health insurance from employers, unemployment can limit opportunities for health insurance coverage in addition to reducing resources available to pay for care and healthy lifestyle choices.

Education
A key factor in unemployment, income and poverty is education. Holt and Atchison County compare favorably with the State of Missouri in educational attainment.
Quality of Life Issues

Crime Rate
Fewer property and violent crimes are reported in rural Missouri than urban. Violent crime rates are .29 per 100 residents and 2.21 for property crimes in rural Missouri. Both Atchison and Holt County report violent crime rates even lower than the average for rural Missouri (Missouri Department of Health and Senior Services).

Seatbelt Usage
69.1% of Northwest Missourians use their seatbelt when driving or riding. The State of Missouri reports a 78% seatbelt compliance rate overall (BRFSS).

Drinking and Driving
9.2% of Northwest Missourians report driving after having too much alcohol compared to the rest of the State of Missouri at 13.7% (BRFSS).

Inadequate Sleep
35.7% of Northwest Missourians sleep less than 7 hours in a 24-hour period compared to 33.1% of all Missourians (BRFSS).

Social Associations
County Health Rankings ranks counties based on social associations which are defined as, “the number of associations per 10,000 populations. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.”

Atchison and Holt Counties are two of the top ranked counties in Missouri reporting association rates of 34.9 and 21.9 respectively.
Health Status of the Community: Access to Care

Primary Care

Primary Care continues to be a challenge in rural communities. Both Atchison and Holt Counties are considered Primary Medical Care Health Professional Shortage Areas or HPSAs, which are designations made by the federal government using a ratio of the population of a county to the number of primary care physicians available. Of the 101 rural counties in Missouri, 98 are considered a HPSA.

Both Atchison and Holt Counties continue to rank near the bottom of Missouri counties for the ratio of primary care physicians to the population. However, when ratios include access to primary care providers other than physicians, such as Family Nurse Practitioners, both counties rank in the top quartile of Missouri counties for access to primary care.

In the CH-F CHNA Survey and in all focus groups, it was noted multiple times by participants that there was a need for urgent care or a walk in clinic and that additional access to a primary care physician is desired.

Survey Says: 97% of respondents reported “yes, they have a doctor to go to.” However, 27% also responded that they sometimes did not seek medical care when they needed it. The primary reasons stated were the high cost of medical care and the inability to get a convenient appointment.

Specialty Care

Access to specialty care can be a challenge in rural communities. While Community Hospital-Fairfax provides 9 specialty clinics and maintains strong relationships with tertiary care centers, needs still remain. The following is a list of the specialties needed expressed most often by those responding to the CHNA Survey:

1. Psychiatrist or Mental Health Services
2. Ophthalmologist
3. Podiatrist
4. ENT
5. Neurologist
6. Pulmonologist
Mental Health

Mental health, its impact on the community, and the continued shortage of providers was a reoccurring theme in all research conducted for the 2016 CHNA.

Focus Groups:
- Focus groups from Atchison and Holt frequently sighted mental health as a major issue in the constituencies that they serve from pediatrics to geriatrics. A majority of participants claimed mental health as one of the largest barriers to good health in their communities.
- Focus group members were frustrated with access to mental health care providers. School personnel noted more coverage is needed from social workers and that counselors in schools can be overwhelmed with some of the needs.
- Focus group members felt like substance abuse problems were growing and might be able to be impacted positively by more mental health resources.
- Long term care facilities noted that it is challenging to find services for patients that do not qualify for local long term care due to mental health status. A three-month wait is very common.
- Atchison-Holt Ambulance District finds mental health transfers a large issue. Ambulances are taken out of service for many hours to complete the transfer.

CHNA Survey:
- Mental health was one of the answers most given when CHNA survey participants were asked what service they would most like CH-F to offer.
- 35% of households completing the CHNA Survey reported that depression is a problem for them.

Other Facts:
- Atchison and Holt residents report an average of 3.6 and 3.7 poor mental health days in the last 30 days. Residents in the State of Missouri report an average of 4. Both Atchison and Holt have remained steady in this measure since 2013.
- The State of Missouri averages 1 mental health care provider for 600 people. Atchison and Holt average 1700-2200 people to 1 mental health care provider.
- Atchison and Holt qualify as a HPSA for mental health providers.

21.8% of Northwest Missourians report having a depressive disorder. This is similar to the State of Missouri as a whole. Across the state, reports of depressive disorder are highest among the low income with rates at 36% for incomes less than $15,000 and rates close to 30% for incomes $40,000 and below (BRFSS).
Cost of Care

After the implementation of the Affordable Care Act and the Health Insurance Exchange, national rates of uninsured under 65 dropped substantially. However, Missouri rates have been much more static. This includes Atchison and Holt County. This is attributed to the State of Missouri’s decision not to expand Medicaid.

![Uninsured Rates, 2013-2016](http://www.ahrq.gov/research/findings/nhqrdr/nhqdr15/access.html)

<table>
<thead>
<tr>
<th>Medicaid Category</th>
<th>Atchison</th>
<th>Holt</th>
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<tr>
<td>All Medicaid Enrollees (Jan. 2016)</td>
<td>778</td>
<td>683</td>
</tr>
<tr>
<td>MO Healthnet for Children and Families</td>
<td>444</td>
<td>421</td>
</tr>
<tr>
<td>Medicaid: Old Age Assistance</td>
<td>97</td>
<td>67</td>
</tr>
<tr>
<td>Medicaid: Permanently and Totally Disabled</td>
<td>104</td>
<td>83</td>
</tr>
<tr>
<td>Medicaid: Medicare Cost Savings Program</td>
<td>48</td>
<td>28</td>
</tr>
<tr>
<td>All other Medicaid Programs</td>
<td>85</td>
<td>84</td>
</tr>
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</table>

http://health.mo.gov/data/mica/mica/medicaid_new.php

It is uncertain if uninsured rates will continue to decrease or remain static in Atchison and Holt County. It is clear, however, that they are not decreasing as quickly as nationwide rates. Projections would seem to indicate that rising premiums will continue to negatively impact
insurance coverage in the population below 65 years of age in Atchison and Holt as insurance is primarily purchased privately or provided to employees of small businesses.

Bad debt and charity care continue to rise at Community Hospital-Fairfax. Since 2010 the percentage of total charges written off to bad debt or charity care has risen over 60%. While the total number of patients has not increased, the amount of dollars has risen significantly in the private pay population. High deductibles contribute to this issue with 30% of bad debt in 2016 attributed to unmet deductibles.

The 2014 Missouri Behavioral Risk Factor Surveillance System says this about the cost of care (BRFSS):

- 24% of Northwest Missourians have health care bills being paid off over time
- 13.4% of Northwest Missourians needed to see a doctor in the last 12 months but could not due to cost
- Of those 18-64 in the income range of $24,000 and below, 35% are uninsured
- 9.9% did not take medicine as prescribed during the last 12 months due to cost

We can expect the increasing cost of care combined with the increasing cost of insurance to continue to impact the health of Atchison and Holt County residents negatively.

Those unable to pay for care

- Are LESS likely to receive preventive care
- Are MORE likely to avoid or go without needed treatment
- Have HIGHER death rates from many chronic diseases
  (World Health Organization)

**Health Status of the Community: Lifestyles**

**Life Expectancy and General Good Health**

In the State of Missouri, rural residents tend to have a shorter life expectancy than urban residents. However, Atchison and Holt Counties are exceptions to that rule. Both counties have some of the highest life expectancies in the state in the range of 78.1 to 80.2 years of age. This is on par with national life expectancy (Missouri Department of Health and Senior Services).

Atchison County ranks 22 out of 115 counties for length of life and Holt County ranks 19 out of 115 (County Health Rankings).
5.5% of residents of Northwest Missouri describe themselves as being in poor general health. This is lower than 6 of 7 regions in the state with only the St. Louis Metro reporting a lower percentage. Conversely, the St. Louis Metro is the only area reporting a higher percentage of citizens in good or excellent health than Northwest Missouri (BRFSS).

Missouri residents report 4.1 poor physical health days a month, but Atchison and Holt residents report 3.9 (County Health Rankings 2016).

Hospitalizations and Emergency Room Utilization

Survey Says: How many times have you or any household member used a hospital emergency room?
- 53% have not used the ER
- 36% have used the ER 1-2 times
- 9% have used the ER 3-5 times
- 2% have used the ER more than 6 times

Of those that visited the ER, most were for injuries that required immediate attention or an ongoing illness. 25% were because it was the most convenient service available.

Rural Missourians visit the ER more than their urban counterparts and many focus group members expressed concern about ER utilization among the population they represent. However, Atchison and Holt County residents are not typical rural counties and happen to have lower than expected ER visit rates.

County Health Rankings provides a measure for preventable hospital stays which is described as “the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. This measure is age-adjusted.”

For this measure, Atchison County has a rate of 77 and Holt County 59. This is higher than most other Missouri counties.

Top DRGs, Inpatient Admissions, Community Hospital-Fairfax
- Pneumonia
- Digestive Disorders
- Obstetric
• Chronic Obstructive Pulmonary Disease
• Cellulitis
• Cardiac Disorders

Health Behaviors

Smoking, Alcohol and Tobacco Use

“The CDC estimates that half of all U.S. adults who continue to smoke will ultimately die from a smoking-related cause.” (Health in Rural Missouri, Missouri Dept. of Health and Senior Services)

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<thead>
<tr>
<th></th>
<th>Missouri</th>
<th>NW Missouri</th>
<th>Holt</th>
<th>Atchison</th>
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<tbody>
<tr>
<td>Adults Smoking</td>
<td>21%</td>
<td>25%</td>
<td>19%</td>
<td>18%</td>
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<tr>
<td>Smokeless Tobacco</td>
<td>4.8%</td>
<td>7.7%</td>
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<tr>
<td>Women More than 1 Alcoholic Beverage/Day</td>
<td>3.7%</td>
<td>4.8%</td>
<td></td>
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</tr>
<tr>
<td>Men More than 2 Alcoholic Beverages/Day</td>
<td>6.8%</td>
<td>6.9%</td>
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(BRFSS).

Physical Activity and Obesity

Focus group members expressed great concern about obesity and unhealthy choices among the population that they serve. “Quick food”, growing screen time and sedentary lifestyles were often sighted among both the young and elderly population. Research validates these concerns:

• 31% of adults in Atchison and Holt County report a body mass index of 30 or greater and are considered obese. This percentage has not increased but remained static for the last 4 years. It is the same as the State of Missouri as a whole and less than other Missouri rural counties which hover around 32.5%. 1 in 3 Americans are considered obese nationwide.

• 34% of Atchison County residents and 30% of Holt County residents report physical inactivity or no leisure time physical activity. Both counties are in the bottom of all Missouri counties reporting much higher rates of physical inactivity than many of their neighboring counties and certainly much higher than the Missouri average of 26%. Nationally, the country reports 20% inactivity.
Preventive Health

Preventive health is important to the overall health of the community, unfortunately Northwest Missourians receive most types of preventive health at lower rates than the rest of the state.

Routine Check Ups

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<th>Missouri</th>
<th>NW Missouri</th>
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<tbody>
<tr>
<td>Routine Checkup within the Past Year</td>
<td>65.3%</td>
<td>59.4%</td>
</tr>
<tr>
<td>Routine Checkup within the Past 2 Years</td>
<td>11.7%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Routine Checkup within the Past 5 Years</td>
<td>9.9%</td>
<td>11%</td>
</tr>
<tr>
<td>Never had a routine checkup by a Doctor</td>
<td>1.9%</td>
<td>2.6%</td>
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Vaccinations

Survey Says: 45% responded that they had received a flu vaccination in the last 12 months. In 2013, 56% responded that they had received a flu vaccination in the last 12 months.

- 43% of Missourians over 18 had a flu vaccination in the last 12 months. 40.4% of Northwest Missourians received the flu vaccination.
- 72% of Missourians 65 and older have received the pneumonia vaccination while 70.4% of Northwest Missourians 65 and older have ever received the pneumonia vaccine.
- 20.3% of Missourians 50 and older have ever received the shingles vaccine while 18.1% of Northwest Missourians report the same.

Prostate Screening

- 5.8% of Northwest Missouri men 40 and older have received a PSA test in the last 5 years.

Colon Cancer Screening

Survey Says: 36% of CHNA survey participants 50 and older or with a family history of colon cancer have NEVER had a colonoscopy.
• 33.3% of Missourians 50 and older have never had a colonoscopy. 36% of Northwest Missourians 50 and older have never had a colonoscopy.

Women’s Health

Clinical Breast Exams:
• 60% of Missouri women 18 and older report a clinical breast exam in the last 12 months compared to just 51% of Northwest Missouri women 18 and older.
• 73.7% of Northwest Missouri women 50 and older have had a clinical breast in the last year compared to 77.8% of all Missouri women 50 and older.

Mammograms:
• 9% of women in Missouri and 9.8% of Northwest Missouri women 40 and older have never received a mammogram.
• 60% of women 50 years and older have had a mammogram in the last year in the State of Missouri. 54.5% of Northwest Missouri women 50 year and older have done the same.

Survey Says:
• 53% of women 40 or older had received an annual mammogram.
• 20% of women 40 and older had received a mammogram in the last 2 years.
• 18% of women 40 and older had received a mammogram 5 or more years ago.
• 7% of women had never received a mammogram.

Pap Test:
• Northwest Missouri women do not differ from the State of Missouri for pap test screening.
Chronic Diseases

Survey Says: 63% of respondent's experience 1 or more chronic disease conditions.

Have you ever been told by a doctor that you have one of the following conditions?

Survey Says: 63% of respondent's experience 1 or more chronic disease conditions.

Diabetes

10% of Missourians have been told by a medical professional that they have diabetes. 8% of Northwest Missourians have been told the same (BRFSS).

The rural death rate from diabetes in Missouri is 22.9. This is higher than the urban rates of 21.3. Rural residents also visit the emergency room more frequently for diabetes than their urban counterparts. (Missouri Department of Health and Senior Services).

Survey Says: 18% of CHNA Survey respondents have been told that they have diabetes or high blood sugar. 91% are treating it.

79% of Atchison County Medicare participants with diabetes report HbA1c monitoring. 88% of Holt County Medicare participants with diabetes report the same. This compares to 86% of the same subset of Missourians (County Health Rankings).

Heart Disease and Stroke

Heart disease is the number one cause of death in rural Missouri. However, Atchison and Holt have low death rates compared to the State of Missouri as a whole.
5.4% of Missourians report that they have been told by a physician that they have had a heart attack. The Northwest Missouri rate is slightly higher at 5.9%.

4.8% of all Missourians report that they have had angina or coronary heart disease. Again, Northwest Missourians report a slightly higher rate of 5.8%.

**Survey Says:**

- 53% have been told by a doctor that they have high blood pressure. 86% are treating it.
- 13% have never had their cholesterol checked, but 75% have had it checked within the last 2 years.
- 40% have high cholesterol and 77% are treating it.

Stroke remains the fourth leading cause of death for Missouri rural residents. Rural residents are hospitalized at a rate of 28.4 per 1000 residents for stroke and the rate of emergency room visits for stroke is 1.1 per 1000 residents. Interestingly, stroke visits to the ER for rural residents is significantly higher than urban, but urban residents are more often hospitalized for stroke.

**Chronic Obstructive Pulmonary Disease (COPD)**

9.2% of Northwest Missourians report having COPD, emphysema or chronic bronchitis. This is higher than all other regions of the state except the Southeast and 1% higher than the state average as a whole.

COPD is both a leading cause of death in rural Missouri and one of the top admitting diagnosis for Atchison and Holt County inpatients. It is also one of the top reasons for an ER visit to the Community Hospital-Fairfax Emergency Room.

**Asthma**

9.2% of Northwest Missourians report having asthma. 7.3% of those responding to the CH-F CHNA survey report the same. ER visits per 1000 residents for Asthma in rural America is 3.4.

8.6% of children 17 years and younger report asthma in Northwest Missouri. This is much lower than the state average of 14.9%.
Cancer

Survey Says: When asked about the biggest health issue facing the community, cancer ranked second only to ability to pay for healthcare.

Cancer is the second leading cause of death of all Missourians. The rural rate of cancer prevalence is statistically higher than the urban rate. This is attributed to the aging population rural counties and the higher likelihood of cancer among older residents.

Encouraging news is that cancer death rates are falling. From 2003 to 2013, death rates from cancer have decreased 8.3% for rural Missourians.

Leading Causes of Cancer Deaths in Rural Missouri
- Lung/Bronchus/Trachea
- Colon/Rectum/Anus
- Breast
- Pancreas
- Prostate

Most Common Sites of New Cancer Cases in Rural Missouri
- Breast
- Prostate
- Lung
- Colon

Communicable Diseases

Pneumonia and Influenza

Missouri rural residents die at a much higher rate for Pneumonia and Influenza than urban counterparts. The Missouri Department of Health and Senior Services reports that rural residents may not be as likely to receive needed vaccinations.

ER visits are also more common for pneumonia in rural areas than urban at a rate of 4.1 visits per 1000 rural residents compared to 3.2 visits per 1000 urban residents.
Data Analysis

Analysis of the data collected by the 2016 Community Health Needs Assessment was completed in May and June of 2016. Primary and secondary data sources revealed the following areas of concern to the ongoing health of the community:

- Population loss
- Aging population
- Children in poverty compared to the overall poverty rate (indicating young families bear the larger burden for poverty)
- Low per capita income
- Disparity between communities for poverty
- Income inequality
- Inadequate sleep
- Access to physician provided primary care
- Access to specialty care in mental health, ophthalmology, podiatry, ear, nose and throat, neurology and pulmonology.
- Access to mental health providers and support
- Stagnate and higher than national average uninsured rates
- Inability to pay for care
- Physical inactivity
- Preventive Health
  - Routine checkup rates lower than state average
  - Lower adult vaccination rates (flu, pneumonia, shingles)
  - Colon cancer screening rates
- Chronic disease prevalence
  - Heart disease and stroke
  - Chronic Obstructive Pulmonary Disease
- Cancer
- Hospitalization rates for pneumonia
The data was reviewed by Community Hospital-Fairfax Medical Staff and Advance Practice Nurses. These questions were asked:

Where does the data suggest a need to improve?
Is the issue important to community members?
Do we have the ability, as a community, to make an impact?

As a result of these questions and discussion among senior leadership, the following areas were determined to be a priority for focus:

- Access to Primary Care
- Preventive Health and Wellness
- Inability to Pay for Care
- Mental Health
Method

Sources


Missouri Department of Health and Human Resources Missouri Information for Community Assessment http://health.mo.gov/data/mica/MICA/


University of Wisconsin Population Health Institute, County Health Rankings, http://www.countyhealthrankings.org/

Internal data from patient population

Community Focus Groups

Three community focus groups were held in April of 2016. Those invited represented various constituencies across the community including schools, public health, long term care facilities, federally qualified health centers, ambulance providers, ministerial alliance, elected officials and law enforcement. Attending were those from the following organizations:

Tarkio R-1 School District
Pleasant View Care Center
Tiffany Care Center
Atchison-Holt Ambulance District
Fairfax Baptist Church
Community Services, Holt County
Holt County Public Health
Tiffany Heights Care Center
Northwest Health Services

Nodaway Holt-R-5 School District
Holt County Courts
Community Services, Atchison County
Tarkio Presbyterian Church
Low Income Housing, Atchison and Holt
Rock Port R-2 School District
Fairfax R-3 School District
Mound City R-1 School District
Rock Port Methodist Church

Focus group members were asked the following questions to spur discussion:

Do you feel that the health of the constituency you represent is getting better or worse?
What unhealthy behaviors do you see in the constituency that you represent?

What are the barriers to good health that you see in the population that you represent?

What types of health services in the community does your constituency use?

Do you think that health services in this community are getting better or worse? Why?

Are there specific community health issues that particularly concern you? Why?

What should the role of the hospital be in addressing the issues that you have identified?

**CHNA Survey**

The Community Health Needs Assessment Survey was released on February 22, 2016. The questions on the survey were similar to the survey conducted in 2013 so that data could be compared.

The CHNA was provided online and promoted on the hospital website and on Facebook. It was also directly emailed to many. Paper copies were provided at Nutrition Centers at Tarkio, Rock Port and Mound City. Community Services in both Atchison and Holt distributed paper copies directly to their constituents. Paper copies were also distributed to primary care clinics in Mound City, Oregon and a drop box was placed at the hospital in Fairfax.

- 111 paper copies were returned
- 90 surveys were returned from email blasts
- 41 direct visits to the website
- 314 accessed the survey via Facebook

556 total responded.
The demographics from those who responded are as follows:

In what zip code is your home located?

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>64446</td>
<td>23.8%</td>
</tr>
<tr>
<td>64451</td>
<td>18.6%</td>
</tr>
<tr>
<td>64452</td>
<td>23.1%</td>
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<tr>
<td>64454</td>
<td>1.2%</td>
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<tr>
<td>64456</td>
<td>1.9%</td>
</tr>
<tr>
<td>64459</td>
<td>4.8%</td>
</tr>
<tr>
<td>64463</td>
<td>2.9%</td>
</tr>
<tr>
<td>64470</td>
<td>12.6%</td>
</tr>
<tr>
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<td>64472</td>
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<td>64482</td>
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<tr>
<td>64483</td>
<td>15.0%</td>
</tr>
<tr>
<td>64484</td>
<td>20.0%</td>
</tr>
<tr>
<td>64485</td>
<td>25.0%</td>
</tr>
<tr>
<td>Other (please...)</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

What is your gender?

- Female: 24%
- Male: 76%

Counting all the income sources from everyone in your household, what was the combined household income last year?

- Less than $20,000: 13%
- $20,000-$29,000: 15%
- $30,000-$39,000: 9%
- $40,000-$49,000: 10%
- $50,000-$59,000: 4%
- $60,000-$69,000: 7%
- $70,000-$79,000: 12%
Information Gaps

The Atchison and Holt County population is very small. As a result, some of the sample sizes were very limited which made gathering data a challenge. In addition, much of the census data has not been updated for these small census areas since 2010.

Other areas were information was noticeably lacking:

- Childhood immunizations
- Children’s health due to such a small population
- Maternal health
- Sexually transmitted diseases
- Dental health

Items not explored in this survey but will be considered to be added in the next CHNA include:

- Advance directives
Implementation Plan

2013 CHNA in Review

Mental Health

• 2013 Commitments
  • Telemedicine Psychiatry Clinic
  • Counseling Program
• 2016 Accomplishments
  • Telemedicine Psychiatry Clinic Established from 2013-2015
  • Senior Life Solutions Opening January 2016

Access to Resources

• 2013 Commitments
  • Initiate education/training on Missouri Medicaid
  • Form Medication Assistance Program
  • Initiate Voucher System
• 2016 Accomplishments
  • Completed education/training on Missouri Medicaid
  • Formed Medication Assistance Program
  • Recruited and opened two primary care clinics with sliding scale fees to increase primary care access in Holt County

Healthy Lifestyles

• 2013 Commitments
  • Implement and continue Check it At the Door program in high schools
  • Develop community wellness program for area businesses
  • Develop COPD programming
• 2016 Accomplishments
  • Served 150 high school students in heart healthy education and screenings over two years.
  • Provided at work health screenings for 100 plus employees
  • Implemented FREE heart health screenings serving 200 plus over three years.
Unmet Needs

CH-F recognizes that we are unable to meet every need discovered in the CH-F CHNA. Sometimes resources are not available to meet these needs or the hospital is not the best organization to take a leadership role. Additionally, some organizations are already working on solutions for some of these issues. The following describes how we intend to meet the needs we identified and, if we chose not to address certain problems, why.

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Addressed</th>
<th>Why/Why Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Loss</td>
<td>No</td>
<td>Atchison and Holt Counties have existing organizations to meet these needs</td>
</tr>
<tr>
<td>Aging Population</td>
<td>Yes</td>
<td>This cannot be addressed; the needs can only be anticipated. The work that CH-F is doing in care transitions, wellness and homecare will prepare the hospital to meet the health needs of an aging population. Additional primary care resources will also meet this need.</td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>No</td>
<td>CH-F is not directly addressing this need in this CHNA implementation phase. However, the hospital has added sliding fee scale clinics in the last 18 months which have served this need. CH-F is also in the sixth year of providing the Back to School Fairs which include free school supplies and some health services for underprivileged children.</td>
</tr>
<tr>
<td>Inadequate sleep</td>
<td>No</td>
<td>CH-F does not have the resources to meet this need. However, wellness issues addressing overall health may assist this issue.</td>
</tr>
<tr>
<td>Access to primary care</td>
<td>Yes</td>
<td>CH-F plans to open a 3rd clinic and recruit an additional clinic in the fall of 2016.</td>
</tr>
<tr>
<td>Access to specific specialists</td>
<td>Yes</td>
<td>CH-F intends to recruit additional specialists identified in the survey.</td>
</tr>
<tr>
<td>Access to mental health providers</td>
<td>Yes</td>
<td>CH-F intends to maintain and expand Senior Life Solutions. Additionally, CH-F intends to bring additional counseling services to the area.</td>
</tr>
<tr>
<td>Health Issue</td>
<td>Status</td>
<td>Action Plan</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Stagnate and below national average</td>
<td>Yes</td>
<td>CH-F has identified this as a major issue in the community and will be developing strategies to assist the uninsured or underinsured in accessing care.</td>
</tr>
<tr>
<td>insurance coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to pay for care</td>
<td>Yes</td>
<td>See above.</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>Yes</td>
<td>CH-F is exploring opportunities to incorporate physical activity coaching and education into the wellness initiative.</td>
</tr>
<tr>
<td>Preventative health</td>
<td>Yes</td>
<td>CH-F is exploring opportunities to build wellness care through primary care clinics which will include identification of preventive health opportunities.</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>Yes</td>
<td>CH-F plans to address chronic disease care through the wellness initiative in addition to the care transitions project.</td>
</tr>
<tr>
<td>Cancer</td>
<td>No</td>
<td>CH-F does not have the resources to address this health issue. CH-F will maintain all necessary services to care for those with cancer.</td>
</tr>
</tbody>
</table>
Identified Needs and Areas of Priority

Primary Care Access

**Problem Statement:** Primary care access was identified in both the CHNA survey and the focus groups as a significant issue. Atchison and Holt Counties are located in a HPSA. Both Atchison and Holt Counties are ranked low for ratios of population to primary care providers.

**Why?** Primary care physicians are scarce and difficult to recruit to rural areas.

**Community Hospital-Fairfax Strategies:** Community Hospital-Fairfax has recruited a third physician to the area in October of 2016. CH-F intends to open a third primary care clinic in the service area in 2016. Two previous clinics were opened in 2014 in Mound City and in 2016 in Oregon.

**Timeline:** October 2016

**Anticipated Impact:** CH-F believes that a new primary care physician will lessen the burden on existing providers and allow for patients to receive more convenient appointments. It should also allow clinics more time to see patients and further develop the wellness initiative highlighted later in this plan.

Mental Health

**Problem Statement:** Mental health was identified as a major priority among needs identified in the CHNA Survey and in Focus Groups. Atchison and Holt Counties are both in a mental health HPSA. ER utilization for affective disorders is increasing in rural Missouri.

**Why?** Mental health providers are extremely scarce and difficult to recruit.

**Community Hospital-Fairfax Strategies:**

- Maintain Senior Life Solutions Program and grow to a second track as needs suggest.
- Recruit and retain tele-psychiatry as an ongoing specialist clinic.
- Develop support groups for various needs such as grief, divorce and substance abuse.
- Partner with existing resources to bring additional counseling services to the community.
Timeline:

- Senior Life Solutions second track by June of 2018.
- Tele-Psychiatry specialty clinic by June of 2018.
- Support Group program development by June of 2017.
- Additional counseling resources to the community by June of 2017.

**Anticipated Impact:** SLS will accommodate twice as many patients than are being currently served. Tele-psychiatry and additional counseling resources should ease referral challenges for primary care physicians an increase access for patients. Support groups will give unmet needs an outlet for dealing with some of these challenges.

**Ability to Pay for Care**

**Problem Statement:** Uninsured rates continue to stagnate instead of improve. Per capita income remains below the state and national average. Bad debt and charity care are becoming a larger percentage of revenue each year at CH-F. Cost of care continues to increase making healthcare less and less affordable.

**Why?** Missouri did not expand Medicaid and despite additional insurance options being available, they are still largely financially unreachable for many in the lower income brackets.

**Community Hospital-Fairfax Strategies:** Community Hospital-Fairfax is committed to exploring a variety of strategies to assist those with no insurance or high deductibles in accessing the care that they need with options to make it affordable. These strategies may include training staff to provide counseling for payment options, developing discounts for private pay patients, providing better estimates for pre-payment and copayment, creating programs for forgiveness for old accounts and providing payment options to avoid collections whenever possible.

**Timeline:** Planning will occur in the remainder of 2016 with deployment of most strategies in 2017.

**Anticipated Impact:** We believe that these strategies will relieve those facing difficult decisions between healthcare and other competing financial needs. We believe that we will also be able to protect a vulnerable population from additional financial stress from the cost of care.
Preventive Care

**Problem Statement:** Northwest Missourians, including Atchison and Holt residents, have opportunities for increasing access to preventive care. Areas below the state as a whole include adult immunizations, routine checkups, colonoscopies, clinical breast exams, mammograms and heart disease screenings. With higher than state average in avoidable hospitalizations, preventive care could play an important role in making the community healthier.

**Why?** There are a variety of factors that contribute to lack of preventive care. Other data suggests that the primary reason is cost. With changes to insurance plans, additional wellness visits are now covered which should increase utilization.

**Community Hospital-Fairfax Strategies:** Community Hospital-Fairfax will have opened three primary care clinics since August of 2014. A new project will be initiated to increase preventive care visits in the population cared for by these clinics. These visits will include traditional screenings along with depression and counseling regarding advanced directives.

**Timeline:** January 2017

**Anticipated Impact:** We believe that increasing wellness visits in this population will increase rates of immunizations and preventive screenings.

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