2015 Community Health Needs Assessment (CHNA) Results

Public Health and Wellness
September, 2016
Executive Summary

In 2012 and 2015, Louisville Metro Department of Public Health and Wellness partnered with local hospitals to conduct Community Health Needs Assessment surveys. These surveys solicit opinions from community members about local health, health needs, and healthcare. Community members, key leaders and healthcare providers who serve the community were asked to complete surveys.

This report produces a nuanced picture of resident perspectives and community health needs in Louisville Metro, by comparing quantitative and qualitative results, comparing the opinions of community members to those of leaders and providers.
### Key Findings

1. Leaders and providers rated dental care, mental health care, and substance abuse treatment as the most deficient services in Louisville Metro. Community residents agreed that these are priority high-need areas.

2. Louisvillians prioritized improving elements of their environments, including better access to sidewalks, parks, and fresh fruits and vegetables.

3. While still a significant factor to address, the high cost of healthcare and health insurance was much less of a barrier to care in 2015.

4. Leaders and providers, along with community residents, agreed that primary care services would be more effective with more evening and weekend hours and improved provider-patient communication.

5. Residents of Louisville Metro were concerned about very apparent inequities in access to resources across the city, especially inequities related to income and neighborhood.

6. Louisville Metro residents, leaders, and providers agreed that improving health for the city will require community involvement and cross-sector collaboration.
Background

The Patient Protection and Affordable Care Act of 2010 (ACA) requires tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy at least once every three years. While the IRS does not require local health departments to participate in the CHNA process, an approach lead by local health department represents a neutral voice that has a vested interest in an integrated, collaborative approach to improving health and healthcare across the county and for all people served by local hospitals.

By taking lead of the CHNA survey process, Louisville Metro Department of Public Health and Wellness is able to bring hospitals together to create and distribute one quality survey, align data collection activities with hospital and healthcare provider needs, and promote increased community engagement. Beyond the survey, a health department led approach also contributes to the creation of a strategy to address identified needs by allowing for a comprehensive, collaborative approach to health systems planning at the local level. This approach also reduces risk of service duplication and ensures broader reach of resources that benefit the community.
Development of Survey Tool

- LMPHW invited representatives from the hospitals operating in Jefferson County to plan a collaborative approach to conducting the community health needs assessment.

- A workgroup was formed to develop the design and administration of the surveys (a survey for the general public and a survey for community leaders/healthcare providers).
Data Collection Method

- General Population Survey
  - Conducted April 6th - June 15th, 2015
  - Available in English and Spanish
  - Data collected by:
    - Distributing paper copies at hospitals
    - Online invites through the hospital and health department listservs
    - Online link posted on the LMPHW website
    - Invitations sent through a newsletter developed by LMPHW and its community partners
Data Collection Method

- Leaders/Providers/Physicians Survey
  - Conducted September 7th - October 26th 2015
  - Data collected by:
    - Online invitations through hospital systems
    - Online invitations through a list of community partners curated by LMPHW
  - The surveys provided both quantitative and qualitative data, which is examined separately, before merging results for interpretation.
Demographics

General Population
- n = 10,645
- 72% female
- 84% White, 12% Black, and 4% other
- 98% respondents speak English at home
- 65% were 45 years of age or older

Leaders/Providers
- n = 215
- 60% female
- 87% White, 6% Black
- 96% respondents speak English at home
- 65% were 45 years of age or older
- 51% work in clinical setting
General Population –
Responses by ZIP Code

Community Health Needs Assessment Survey Responses by Zip Code, 2015

Number of Responses by ZIP Code:
- 1 - 76
- 77 - 169
- 100 - 341
- 342 - 429
- 430 - 576

Source: Community Health Needs Assessment Survey, 2015
Louisville Metro Department of Public Health and Wellness
RESULTS
Services Used By General Population (past year)

- **Children Vaccinated at Doctor’s office**: 91%
- **Saw a Dentist**: 73%
- **Saw their regular doctor**: 93%
### Insurance Coverage In Louisville

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General population - reports having insurance</td>
<td>99%</td>
</tr>
<tr>
<td>2015 BRFSS Data - % of Jefferson County residents who have insurance</td>
<td>93%</td>
</tr>
<tr>
<td>Leaders &amp; Providers - believe their clients have insurance</td>
<td>89%</td>
</tr>
</tbody>
</table>
Use of Emergency Services

33%
Used an emergency room (past year)

20%
Took a child to an emergency room (past year)

13%
Use ER or urgent care as primary provider (past year)

Why?

29%
Because their regular doctor’s office wasn’t open

28%
The problem was too serious
Top Barriers to Receiving Healthcare

<table>
<thead>
<tr>
<th>General Population</th>
<th>Leaders/Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>Transportation</td>
</tr>
<tr>
<td>35%</td>
<td>17%</td>
</tr>
<tr>
<td>Inconvenient doctor's office hours</td>
<td>Barriers to patient/provider communications</td>
</tr>
<tr>
<td>29%</td>
<td>13%</td>
</tr>
<tr>
<td>Understanding insurance</td>
<td>Inability to pay</td>
</tr>
<tr>
<td>20%</td>
<td>13%</td>
</tr>
</tbody>
</table>

52% of leaders/providers believe their clients have difficulty accessing the medical services they need.
# Healthcare Needs In Community

## Top 3 Individual Health Needs

<table>
<thead>
<tr>
<th>General Population</th>
<th>Leaders/Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging Population</td>
<td>Obesity</td>
</tr>
<tr>
<td>Alcohol/Drugs</td>
<td>Alcohol/Drugs</td>
</tr>
<tr>
<td>Obesity</td>
<td>Heart disease/Stroke</td>
</tr>
</tbody>
</table>
General Population  
Healthcare Needs In Community

- Respondents had varying opinions of the biggest health problems in their community, depending on their neighborhood

<table>
<thead>
<tr>
<th>Region</th>
<th>1st Health Problem</th>
<th>2nd Health Problem</th>
<th>3rd Health Problem</th>
<th>4th Health Problem</th>
<th>5th Health Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td>Alcohol/drugs</td>
<td>Aging population</td>
<td>Obesity</td>
<td>Diabetes</td>
<td>Violent Crimes</td>
</tr>
<tr>
<td>South West</td>
<td>Alcohol/drugs</td>
<td>Aging population</td>
<td>Obesity</td>
<td>Cancers</td>
<td>Heart disease and stroke</td>
</tr>
<tr>
<td>Central</td>
<td>Aging population</td>
<td>Alcohol/drugs</td>
<td>Cancers</td>
<td>Obesity</td>
<td>Heart disease and stroke</td>
</tr>
<tr>
<td>South East</td>
<td>Aging population</td>
<td>Alcohol/drugs</td>
<td>Obesity</td>
<td>Cancers</td>
<td>Heart disease and stroke</td>
</tr>
<tr>
<td>East</td>
<td>Aging population</td>
<td>Obesity</td>
<td>Cancers</td>
<td>Heart disease and stroke</td>
<td>High blood pressure</td>
</tr>
</tbody>
</table>
## Best Ways to Address Health Needs

<table>
<thead>
<tr>
<th>General Population</th>
<th>Leaders/Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lower costs</strong></td>
<td>Increased access to primary care physicians</td>
</tr>
<tr>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td><strong>More health screenings</strong></td>
<td>Lower cost of health care and prescription drugs</td>
</tr>
<tr>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>More places to exercise</strong></td>
<td>Offering chronic disease management classes</td>
</tr>
<tr>
<td>10%</td>
<td>14%</td>
</tr>
</tbody>
</table>
Health Organizations in Louisville

Percent Who Believe Health Organizations in Louisville are Helping the People to be Healthy

- **General Population**: 70%
- **Leaders/Providers**: 52%
Most Helpful For Health Organizations To Do

- Easier access to health care services (flexible office hours, transportation, etc) - 21%
- Provide health coach/navigators - 19%
- More education or prevention programs - 19%
Leaders/Providers
Opinion of Work in Louisville

**Most Successful % Very Good/Good**
- Emergency Service: 80%
- Shots/Immunizations: 68%
- Blood Drives: 64%

**Least Successful % Poor/Very Poor**
- Mental Health Services: 54%
- Drug and Alcohol Treatment: 42%
- Oral Health Services: 37%
2,444 comments were received

Key issues emerging from comments:

- Impacts of alcohol/drug addiction
- Lack of affordable health care
- Lack of accessibility of health care
- Impacts of poor mental health
- Wanting more access to fresh fruits/vegetables, sidewalks, exercise venues/programs
I think the high cost is basically what stops most people from seeing a doctor. I know it is a huge factor for me. I can't afford to see my doctor let alone fill prescriptions, buy groceries and pay the bills. My income just doesn't stretch that far no matter what I do to try and make ends meet.

A call line for people who don't know how to find a doctor and don't know what insurance to use. I have elderly neighbors that have struggled to get help and haven't known where to go or how to pay.

Accessibility

Affordability
I see an increasing rise in heroin addiction. It has affected many of my friends and family.

The education needs to start in the doctor's office and hospitals where they're handing out pain pills, which are very addictive. Pain pill addiction leads to heroin addiction. Educate people on this!

Mental health is the elephant in the room no one wants to talk about.

“Normalize” seeking treatment for mental health & drug/alcohol use in order to reduce the stigmas attached to having these health problems.
We eat a healthy diet in our household and we get a lot of exercise. We see the doctor regularly and address health issues in a timely manner. Everyone in Louisville should have the same opportunities, regardless of where they live or what their economic situation is. I don't think we are there yet, but it sounds like we are at least trying to understand and do something to improve the health of the entire community.

[...] include fresh fruits and vegetables on the commodity foods, educate elderly (especially shut-ins) about food resources that can be delivered to the home. Expand "kids kitchens" to other areas of Louisville. Maybe the people making policy need more education and info. [...]
NEXT STEP AND DISCUSSION
Next Steps

- Convene Hospital Leadership
- Determine what we can change in Louisville
- Develop and launch implementation plan

Requires:
- Commitment from healthcare community
- Staffing resources to coordinate/manage
Develop Implementation Plans

- Health Status and Health Behavior Data
- Community Survey Findings
- Hospital Service Area Data
- Implementation Plans Addressing the Needs and Healthcare and Public Health Service Gaps in Jefferson County
Other References

Community Health Needs Assessment Guide: