

# Overview of Findings for Grow Well Community Partners and Stakeholders

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## Overview

In preparation for Henry County Medical Center (HCMC)'s application to the Health Resources and Services Administration (HRSA) funding opportunity for the Delta States Rural Development Network Grant Program, a range of primary and secondary data was analyzed by Conduent Healthy Communities Institute (HCI) to inform community health efforts in the Western Tennessee region related to three priority areas: Behavioral Health, Children's Health and Chronic Disease.

Secondary data related to community health and quality of life were examined for the 18-county service area comprised of: Benton, Carroll, Chester, Decatur, Dyer, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Tipton, and Weakley counties.

In addition to secondary data, community input (primary data) was gathered to understand community barriers, needs and opportunities. HCMC stakeholders and partners involved in the Grow Well regional initiative were invited to complete an inventory of existing community programs, services and populations reached. Findings from the inventory informed the design of an online community survey as well as focus group questions on health needs and access barriers in the region.

Based on the findings, recommendations and reference tools/resources are listed to inform community health improvement efforts.

## Secondary Data Update

### Access to Health Services

**Persons with health insurance** (0-64 years old): between 2016 and 2017, the majority of counties in the service area saw a decrease in coverage; Gibson: 1.7% decrease, Hardeman: 1.4% decrease, Haywood: 1% decrease and Carroll: 1% decrease

### Behavioral Health

**Mental health providers** per 100,000 members of population, in 2018:

- 15 counties in the 18-county service area have a lower mental health provider rate than the state of Tennessee
- Henry and Madison counties were the only two counties that had a higher mental health provider rate than the state of Tennessee
- Lake, Lauderdale, and Gibson counties have the lowest mental health provider rates among the 18 counties

### Children's Health

**Children with health insurance**

- 6 counties in the service area have a lower rate of health insurance among children than the state of Tennessee

## Chronic Disease

### Adults 20+ with diabetes

- 15 counties in the service area have a higher rate of diabetes than the Tennessee state value

### Age-Adjusted death rate due to coronary heart disease

- 5 counties in the service area have a higher rate of coronary heart disease than the Tennessee state value

## Exercise, Nutrition and Weight

**Access to exercise opportunities:** percentage of individuals who live reasonably close to a park or recreational facility, for 2019:

- 16 counties in the service area have a lower value than state of Tennessee
- Obion and Madison counties are the only counties to have higher values than the state value
- Carroll, Weakley and Lake counties have the lowest levels of access to exercise opportunities

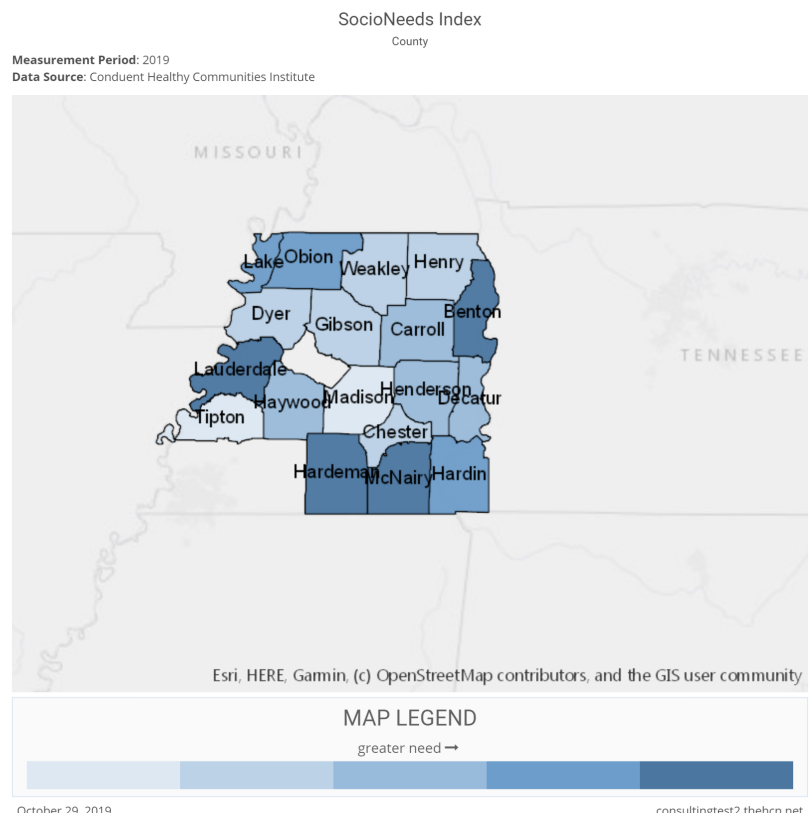
### Adults 20+ who are obese, in 2015:

- 15 out of the 18-county service area have a higher percentage of obese population than the state of Tennessee
- Hardeman, Lauderdale and Dyer counties have the highest percentage of obese adults in the region
- McNairy, Henderson and Hardin counties have the lowest levels of obesity in the region

## SocioNeeds Index

The 2019 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. The SNI takes into account data related to poverty, education, linguistic barriers, and correlates that data with preventable hospitalizations and premature death.

All counties in the region are given an Index Value from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value.



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## Primary Data (Community Input)

Three methods were used to collect community input: a resource inventory, focus group discussions, and an online community survey.

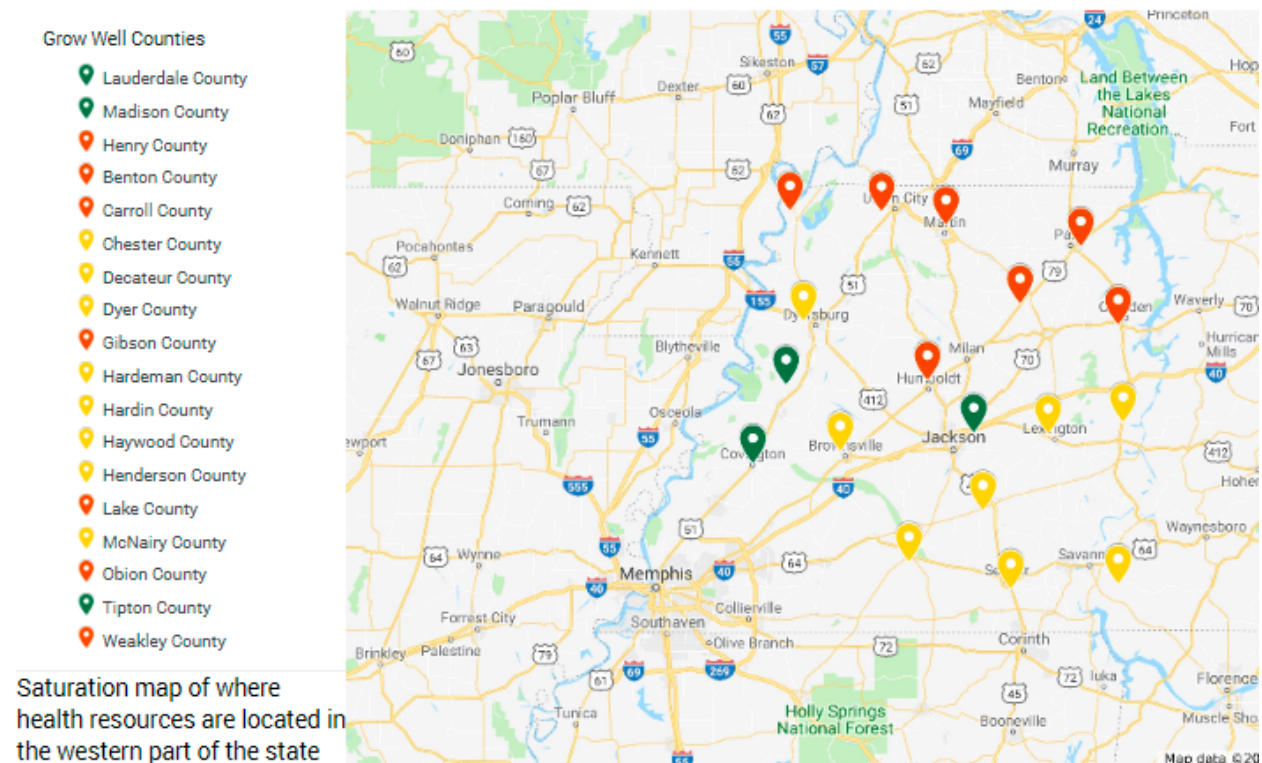
### Resource Inventory

The purpose of developing a resource inventory was to create a list of available services and programs across the 18 counties specifically for behavioral health, chronic diseases, and children’s health. 39 stakeholder respondents completed the online resource collection tool. **The results were sorted by content area. Since these resources have been selected and recommended by key stakeholders, they may be considered essential resources in the region. (See attachment.)**

To build on the resources collected from key stakeholders, a supplementary resource inventory search was conducted using the Community Resource Referral Platform (CRRP), AuntBertha.com (<https://www.auntbertha.com/>). Resources were identified as either ‘State or National’ resources or ‘Serving the local area’ and sorted accordingly. Resource sections that were scanned in AuntBertha.com included: **Health**/Medical Care/Prevent & Treat; **Care**/Community Support Services/ Recreation and Exercise; and **Food**/Meals and Nutrition Education.

In seven counties, less than five resources were found through the CRRP search and in ten counties, between five and ten resources were found. Only three counties had more than ten resources found through the search; Tipton County had by far the most resources. It is important to note that this is a thorough, but not comprehensive list of resources in the community and some resources may not have been identified through this resource inventory development process.

*Saturation Map of Resources by County*



<b>Key:</b>	
<b>Orange</b>	– limited resources [<5]
<b>Yellow</b>	– some resources [5-10]
<b>Green</b>	– more resources [10+]

### Focus Group Discussions

The goal of the focus group discussions was to gain a better understanding of the barriers individuals in the community experience accessing programs and services for chronic disease, mental health, and children’s health. Three focus groups took place over a two-day period in three different counties across the region and included a total of 25 participants. A complete list of the key findings is listed in the table below for each focus group. The primary themes emerging from all the focus group discussions on how to improve health in the region were:

- Stakeholders have a desire for more regional collaboration
- To address mental health, need to contest stigma about seeking help
- In areas with limited resources, find alternative ways to encourage physical activity and promote healthy behaviors
- There are opportunities for partnership, such as developing programs with schools to improve children’s health and development

*Focus Group Key Findings*

<i>Jackson</i>	<i>Paris</i>	<i>Bolivar</i>
<ul style="list-style-type: none"> <li>• Misconception that chronic disease is not preventable               <ul style="list-style-type: none"> <li>○ Lack of sense of urgency</li> <li>○ Lack of understanding and education available</li> <li>○ Early education and early intervention are needed</li> </ul> </li> <li>• Lack of availability of mental health providers</li> <li>• Mental health is stigmatized               <ul style="list-style-type: none"> <li>○ Needed: crisis intervention training and educating community about programs available</li> </ul> </li> <li>• Socioeconomic status (SES) issues cause people to prioritize other issues</li> <li>• Children’s health: leverage</li> </ul>	<ul style="list-style-type: none"> <li>• There is a lack of prevention for chronic disease</li> <li>• SES/Education play a role in uptake of preventative care</li> <li>• Cost is a barrier for getting chronic disease care</li> <li>• Mental health issues are stigmatized</li> <li>• Cost is a barrier to getting mental health care</li> <li>• Lack of mental health providers in the community</li> <li>• Need to educate community on these issues and resources available</li> <li>• Children’s weight and physical activity is a concern</li> <li>• Parents lifestyle influences child’s behavior</li> <li>• Need more programs to address children’s health (ex. Mentoring programs)</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic disease is not seen as preventable</li> <li>• Cost is a major barrier to accessing care</li> <li>• Mental health is stigmatized</li> <li>• Cultural beliefs are a barrier to uptake of mental health care</li> <li>• Need to educate community on mental health issues</li> <li>• Childhood obesity is a concern in the community</li> <li>• Perception that eating healthy is expensive</li> <li>• Lack of behavioral health providers for children</li> <li>• Miseducation and parent’s lifestyle set children up for engaging in unhealthy behaviors</li> </ul>

<i>Jackson</i>	<i>Paris</i>	<i>Bolivar</i>
existing school events	<ul style="list-style-type: none"> <li>Lack of transportation is a barrier to accessing health care</li> </ul>	

## Community Survey

A web-based community survey was developed and distributed to collect additional information about children’s health, access to services, chronic disease, exercise, nutrition, food insecurity, community infrastructure, and mental health. The questions were designed to learn more about: perceived personal health and community needs; utilization and knowledge of programs and services; and access to services and barriers.

The survey was opened on September 15, 2019 and closed on October 5, 2019. The survey was distributed by the Grow Well team and community stakeholders. 356 community members completed the survey with representation from across the 18 counties. Representation across the county was not equivalent and the results should be considered informative but not entirely representative of the region. The majority of respondents were from Tipton County (52%, 184), while some counties had between one and three respondents (Benton, Chester, Decatur, Gibson, Hardin, and Obion counties). The survey was analyzed by age group and for certain questions the results were assessed by county.

### Survey Demographics

- Majority of survey respondents were from Tipton County (52%, 184)
- 52% between the ages of 35-44 (24%, 84) and 45-54 (28%, 99)
- 89.3% White/Caucasian, 7% Black/African American
  - 1% (3) are Hispanic Latino, 2% (6) Prefer not to answer
- 99.7% (354) speak English as their primary language
- 47.2% (168) have Children; most participants had two or fewer children in the home

### Access to Health Care – Preventative Services

- 94.2% (146) had accessed health care services for their child/children (any service type) for any reason;
  - 15.5% (24) of respondents said that none of the children in the home had had a well-child visit
  - 5.8% (9) of respondents said that some but not all of the children in the home had had a well-child visit
- 15.5% (47) adults had not had a preventative check-up with a health provider in the past 12-months
- Participants (179) selected which health related activities or services they wanted more of in their community:
  - 14.0% (25) wanted regular meetings with other who have similar health conditions
  - 26.3% (47) wanted informational materials to better manage their health
  - 39.1% (70) wanted community events with health professionals that know about their health condition

- 45.3% (81) wanted health care follow up that does not require travel to a clinic such as email, text messages, phone or video appointments
- 13.4% (24) selected other

### *Chronic Disease*

- 22.4% (70) have been told by a health care professional that they have a chronic health condition or disease
  - Of those who said they have been told they have a chronic health condition or disease, 46.3% (31) had been told they had Diabetes
- Of those participants (24) who had challenges seeking services for their chronic disease;
  - 37.5% (9) said they experienced issues related to costs
  - 20.8% (5) said that the services that they needed were not available in their area
  - 20.8% (5) said that the clinic office wasn't open when they needed care
- Participants were asked about the quality of their chronic disease health care services and availability of community services:
  - 26.6% of participants 'somewhat disagree' or 'definitely disagree' that their provider has shared information about programs that can join in their community to help them manage their health condition – the age group most impacted are 35-44 and 75+
  - 47.7% of participants 'somewhat disagree' or 'definitely disagree' that there are programs, groups or events in their community to help them to manage their health condition – the age groups most impacted are 25-34, 35-44 and 45-54
  - Age groups 35-44 and 65-74 reported more difficulty scheduling follow-up appointments with their provider and less likely to receive information materials about their condition from their provider
  - The following age groups may benefit from health goal conversations related to their chronic disease with their providers: 25-34, 35-44, 45-54, 55-64, and 75+
  - Age groups 35-44 and 75+ are less likely to receive periodic follow up and check-ins from their provider about their chronic disease
  - Age groups 25-34 and 75+ were more likely to disagree that all their providers are aware of their health condition and they do not have to repeat themselves at appointments

### *Nutrition/Food Security*

- 19.5% (60) said they could afford enough to eat but not always the kinds of foods they should eat and 2.6% (8) said they sometimes could not afford enough to eat
- Participants (73) selected which nutrition related activities they would like to have more of in the community (they could select all that applied):
  - 38.4% (28) – Easy Access to a food pantry that stocks healthy food items
  - 43.8% (32) – Cooking demonstrations with low cost recipe options
  - 57.5% (42) – More farmers markets and community gardens
  - 68.5% (50) – Information about how to choose healthy foods within my budget

### *Exercise*

- 30.8% (97) exercised zero times in the past week for at least 60 minutes
- 48.9% (154) exercised one to three times in the past week for at least 60 minutes

- 7.4% (11) reported that none of the children in the home and 6.8% (10) reported that some of the children in home participated in physical activity for at least 60 minutes on three or more days
  - Common comments from participants were about the lack of physical education classes and programs in schools
- Participants were asked how much they agreed or disagreed with a series of questions about the community infrastructure and environment. The survey results reflected that some counties had higher need for more sidewalks/walking paths, low-cost exercise facilities, and an improved overall neighborhood environment (ex. Housing, vandalism, and clean streets):
  - Improving sidewalks and/or walking paths may be needed more in Gibson, Henderson, Lauderdale, Madison, and Tipton counties according to community survey respondents; Overall survey disagreement was 37.2% across the region
  - Respondents in Carroll, Decatur, Gibson, Hardeman, Henderson, Lake, Weakley counties disagreed, more than respondents from other counties, that there were low-cost gyms or recreation centers in their community; Overall survey disagreement was 45.4% across the region

### *Mental Health*

- 9.1% (14) reported that a child/children in the home needed treatment or counseling from a mental health professional
- 20.1% (61) had been told by a health care professional that they have a mental health condition
  - Age groups 17-24 and 75+ reported slightly more mental health diagnosis than other groups
- 51.7% (148) said that they had NOT been asked by a health provider about their mental health and well-being
- Participants (147) were asked which mental health services or programs they would like more of in their community:
  - 17.0% (25) wanted regular meetings with others in the community about mental health and well-being
  - 20.4% (30) wanted informational materials to help better manage their health condition
  - 47.6% (70) wanted community events with health professionals that know about mental health
  - 34.7% (51) wanted mental health services that do not require travel to a clinic such as email, text messages, phone or video appointments
  - 18.4% (27) selected 'other'

### Recommendations

Based on the findings from all data sources, some high-level recommended strategies for addressing the core health issues in the region include:

1. Establish a strong regional collaborative or network to increase the coordination, sustainability, and impact of efforts.
2. Build the professional capacity of stakeholders to address mental health in the community.
3. Develop a mental health campaign to address stigma for targeted audiences (e.g., children, parents, men, older adults).



4. Partner with health providers in the region to ensure the Chronic Care Model (CCM) is implemented consistently across primary care practices.
5. Leverage and expand farmer's markets to increase the availability and accessibility of healthy foods in the community.
6. Promote physical activity for children and families in partnership with school-based stakeholders.
7. Consider opportunities to implement Health in All policies that cut across sectors to support sustained, community-level change.

The implementation of these strategies may be broken down into a phased approach with activities being rolled out over time. Laying the groundwork for collaboration will be critical for implementing activities with key stakeholders and improving outcomes related to behavioral health, children's health, and chronic diseases.

## Tools and Resources

The following online resources (listed in alphabetical order) offer a range of tools and more detailed information that may support the above summary of recommendations.

- **Action 4 PSE Change:** <http://action4psechange.org/>
- **CDC**
  - **Community Health Improvement Navigator:** <https://www.cdc.gov/chinav/resources/index.html>
  - **Framework for Program Evaluation:** <https://www.cdc.gov/eval/framework/index.htm>
  - **Health in All Policies:** <https://www.cdc.gov/policy/hiap/index.html>
  - **Principles of Community Engagement:** [https://www.atsdr.cdc.gov/communityengagement/pdf/PCE\\_Report\\_508\\_FINAL.pdf](https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf)
  - **WISEWOMAN Evaluation Toolkit:** [https://www.cdc.gov/wisewoman/evaluation\\_toolkit.htm](https://www.cdc.gov/wisewoman/evaluation_toolkit.htm)
- **Chronic Disease – Improving Care Management**
  - Chronic Care Model: <http://www.improvingchroniccare.org/>
  - Primary Care Team Guide: <http://www.improvingprimarycare.org/>
- **Collective Impact Forum – Getting Started** (including *Launching Collective Impact Toolkits and Guides*): <https://www.collectiveimpactforum.org/getting-started>
- **Community Toolbox**
  - Creating and Maintaining Partnerships: <https://ctb.ku.edu/en/creating-and-maintaining-partnerships>
  - Leadership Development: <https://ctb.ku.edu/en/building-leadership>
- **County Health Rankings – Getting Started with Policy Change:** <https://www.countyhealthrankings.org/take-action-to-improve-health/learning-guides/getting-started-with-policy-change>
- **Exergames**
  - Influence of Pokémon Go on Physical Activity: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5174727/> (*J Med Internet Res.* 2016 Dec; 18(12): e315)



- Exergames for Physical Education Courses: Physical, Social, and Cognitive Benefits: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3339488/> (Child Dev Perspect. 2011 Jun; 5(2): 93–98)
- **Farmer’s Markets**
  - Farmer’s Market Expansion – National Conference of State Legislatures (NCSL): <http://www.ncsl.org/research/agriculture-and-rural-development/farmers-market.aspx#tn2>
  - Farmers Market Impact Toolkit: <https://www.demonstratingvalue.org/resources/farmers-market-toolkit>
- **Mental Health First Aid**
  - <https://www.mentalhealthfirstaid.org/>
  - Rural Mental Health First Aid: <https://www.mentalhealthfirstaid.org/external/2018/01/rural-mental-health-lacking-mental-health-first-aid-can-help/>
- **National Alliance on Mental Illness**
  - <https://www.nami.org/>
  - <https://www.curestigma.org/>
- **Plan 4 Health** – PSE Changes in Rural Communities: <http://plan4health.us/pse-changes-in-rural-communities/>
- **Prevention Institute** – Strategies for Enhancing the Built Environment to Support Healthy Eating and Active Living: <https://www.preventioninstitute.org/publications/strategies-for-enhancing-the-built-environment-to-support-healthy-eating-and-active-living>
- **Promising Practices** database on HCMC’s CHNA platform: <https://www.hcmc-tn.org/about-hcmc/our-community/community-health-information>
- **Rural Health Information Hub**: <https://www.ruralhealthinfo.org/>
- **Robert Wood Johnson Foundation** – Building a Culture of Health: <https://www.rwjf.org/en/cultureofhealth/taking-action/fostering-cross-sector-collaboration.html>