

Professional Research Consultants, Inc.

2016 PRC Community Health Needs Assessment

Staunton City, Waynesboro City, and Augusta County, Virginia

Prepared for:

Augusta Health

By Professional Research Consultants, Inc.

Custom Research for Achieving Excellence



The PRC Community
Health Needs
Assessment consists of
both primary and
secondary data.

BENCHMARKING

- PRC National Health Survey
- Virginia BRFSS data
- Healthy People 2020 targets
- National vital statistics data

PRC Community Health Needs Assessment



Customized Local Health Survey

- · Population-based, stratified by city/county
- · Conducted via landline and cell phones
- Targets health status, experience, behaviors



Secondary Data

- · County-level and city-level data
- · Census data, vital statistics, other health-related data



Online Key Informant Survey

- Community stakeholder input physicians, public health, other health providers, social services, community leaders
- Based on their experiences, the populations they serve



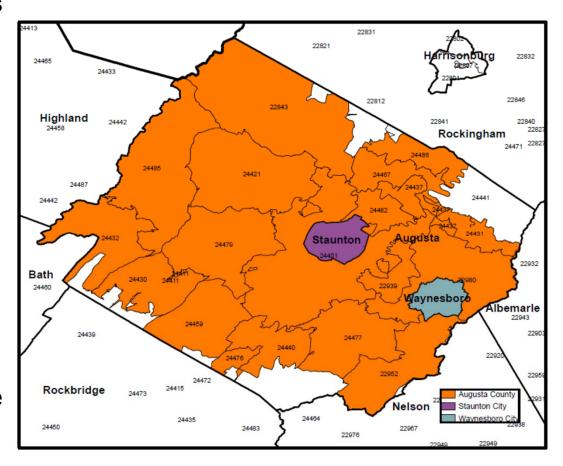
Population Survey

400 surveys stratified across the service area:

- 100 in Staunton City
- 100 in Waynesboro City
- 200 in Augusta County
- Final sample weighted in proportion to total population

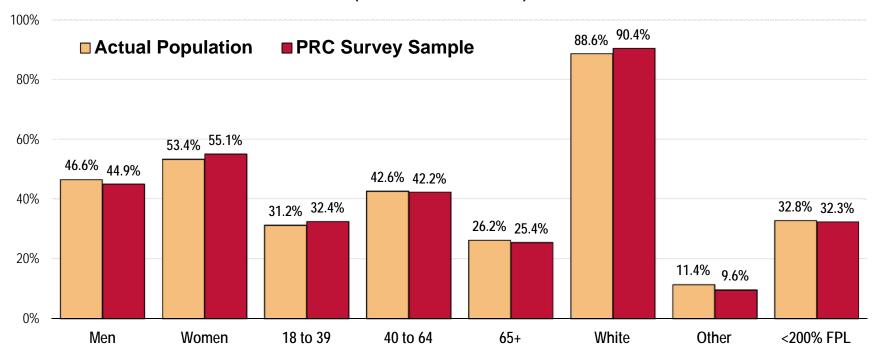
Over 145 survey items; 25-30 minute interview.

Total sample size gives an overall maximum confidence interval of ±4.9%.



Population & Survey Sample Characteristics

(Total Area, 2016)



Sources:

- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc.

Today's Activities

Presentation

- Represents just a fraction of the data collected through this assessment.
- Primarily focuses on areas of need ("Areas of Opportunity"); however, there were many positive findings for the area as well.
- Will allow for Q&A at the end.

Prioritization

 During the second half of our meeting, you will be asked to rank health issues along various criteria to inform the prioritization process. 13 Identified "Areas of Opportunity"

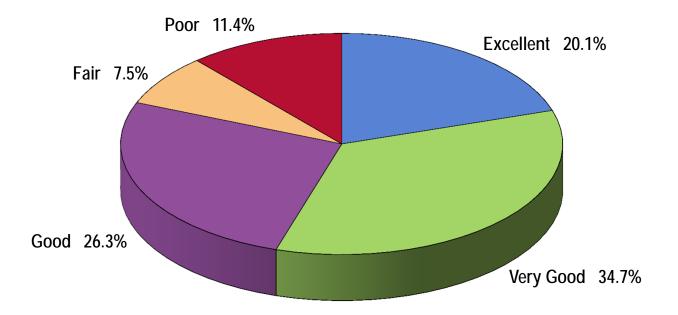
General Health Status Areas of Opportunity

- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- Dementia, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use



Self-Reported Health Status

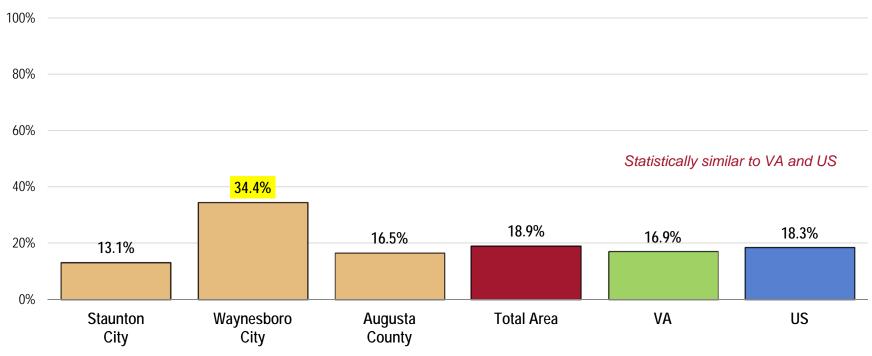
(Total Area, 2016)



Sources: Notes:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Asked of all respondents.

Experience "Fair" or "Poor" Overall Health



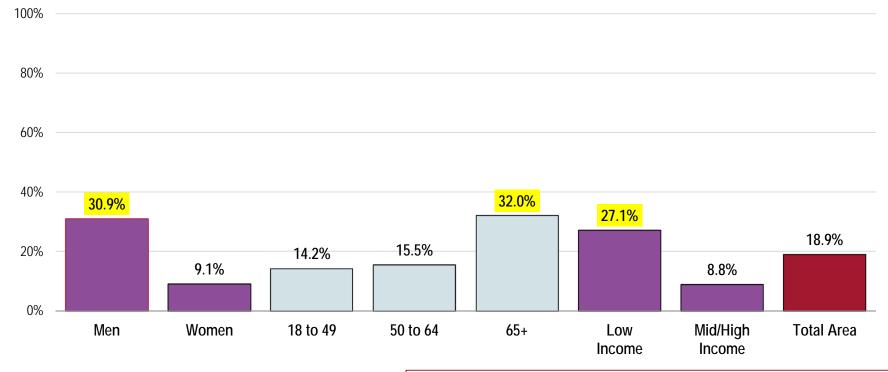
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Experience "Fair" or "Poor" Overall Health

(Total Area, 2016)



Sources

- 2016 PRC Community Health Survey, Professional Research Cor
- Asked of all respondents.
- Income categories reflect respondent's household income as a rat with incomes up to 200% of the federal poverty level; "Mid/High In

In addition, 25.6% of adults report health-related activity limitations, significant higher than VA (18.6%) and US (20.0%).

General Health Status

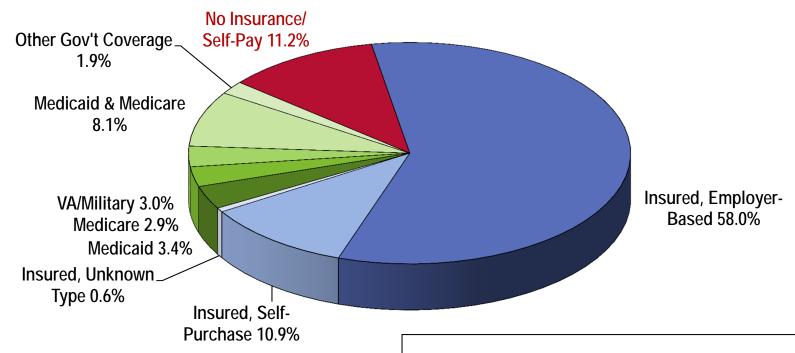
Areas of Opportunity

- ► Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- Dementia, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- ▶ Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use



Healthcare Insurance Coverage

(Among Adults Age 18-64; Total Area, 2016)



Sources: • 2016 PRC Community Health Survey,

Professional Research Consultants, Inc. [Item 190]

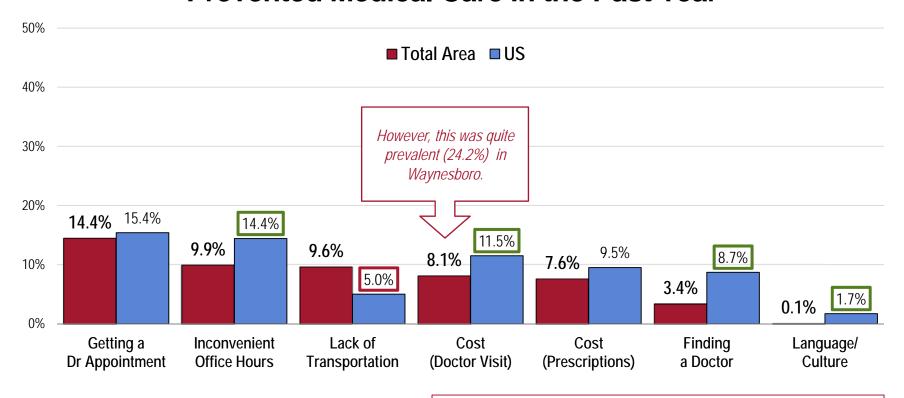
Notes: • Reflects respondents age 18 to 64. Private Insurance = 69.5%

Gov't-Sponsored = 19.3%

Uninsured **= 11.2%** (similar to US)

· Women and young adults more likely uninsured.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources

- 2016 PRC Community Health Survey, Professional Research Consult
- 2015 PRC National Health Survey, Professional Research Consultan

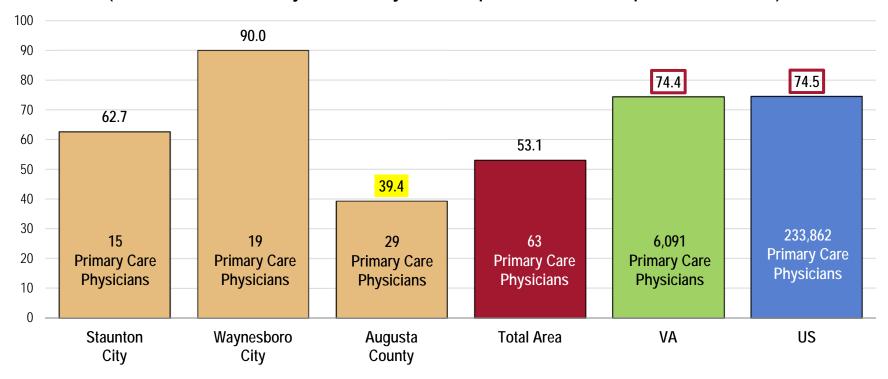
Notes:

Asked of all respondents.

In all, 36.9% encountered one or more of these barriers (similar to US), higher among low-income and young adults.

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2012)



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2011.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:

• This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

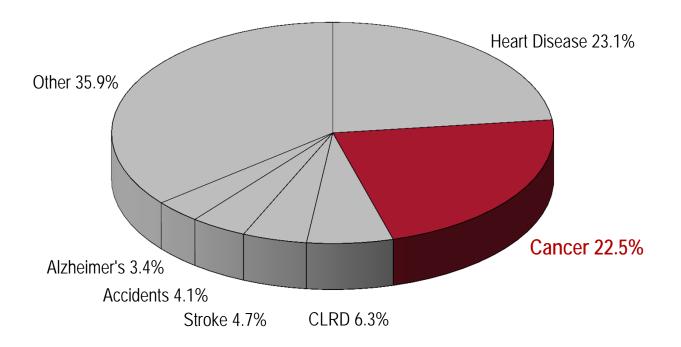
General Health Status Areas of Opportunity

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- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use



Leading Causes of Death

(Total Area, 2014)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Cancer

Age-Adjusted Mortality Rates (Deaths)

- Higher than US rates for:
 - Cancers (all types combined)
 - Lung cancer
 - Female breast cancer
 - Colorectal cancer

Incidence Rates (New Cases Diagnosed)

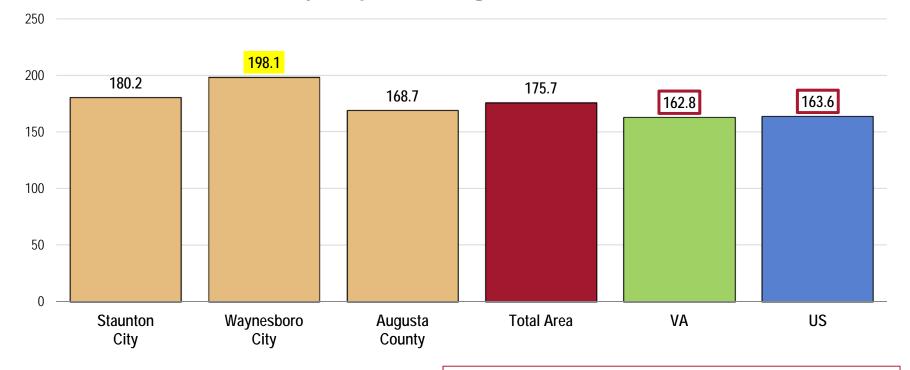
- Higher than US rates for:
 - Prostate cancer
 - Lung cancer



Cancer: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources

- CDC WONDER Online Query System. Centers for Disease Control an Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020.

Notes:

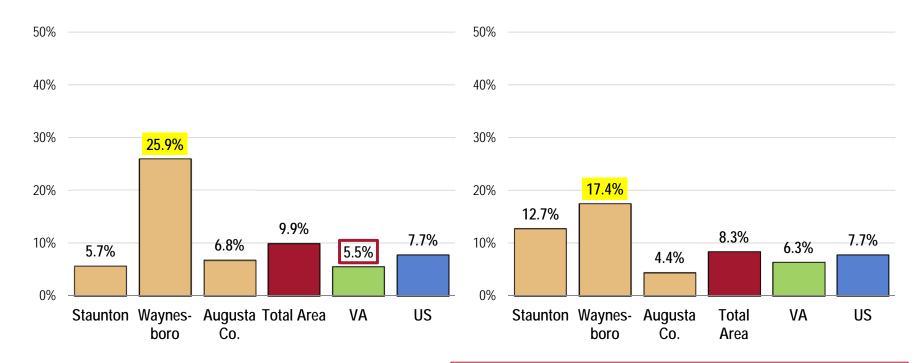
- Deaths are coded using the Tenth Revision of the International Statistic
- Rates are per 100,000 population, age-adjusted to the 2000 US Standa

Mortality rates in the area are also higher for certain leading sites: lung cancer; female breast cancer; and colorectal cancer.

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Prevalence of Skin Cancer

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants,

- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Incidence rates are high in the area for prostate and lung cancers; in addition, Waynesboro also has high rates for female breast and colorectal cancer diagnoses.

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Cancer Screenings



Mammogram in the Past 2 Years (Women 50-74) Healthy People 2020 Target = 81.1% or Higher

Pap Smear in the Past 3 Years
(Women Age 21-65)
Healthy People 2020 Target = 93.0% or Higher

Colorectal Cancer Screening
(Adults Age 50-75)
Healthy People 2020 Target = 70.5% or Higher

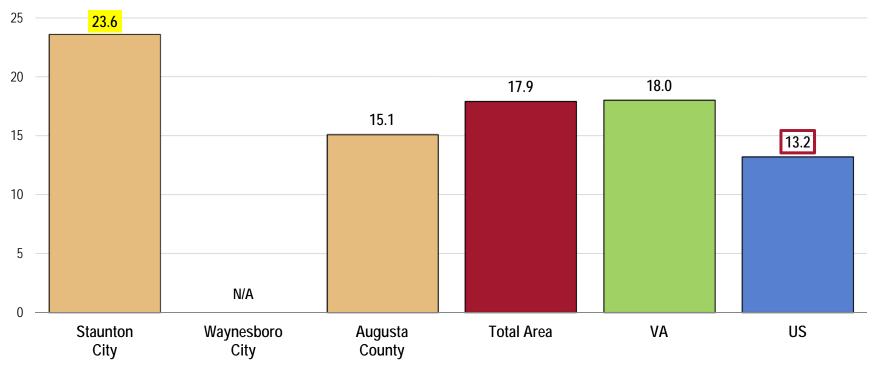
General Health Status Areas of Opportunity

- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- ▶ Dementia, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- ▶ Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- ▶ Tobacco Use



Kidney Disease: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)



Sources:

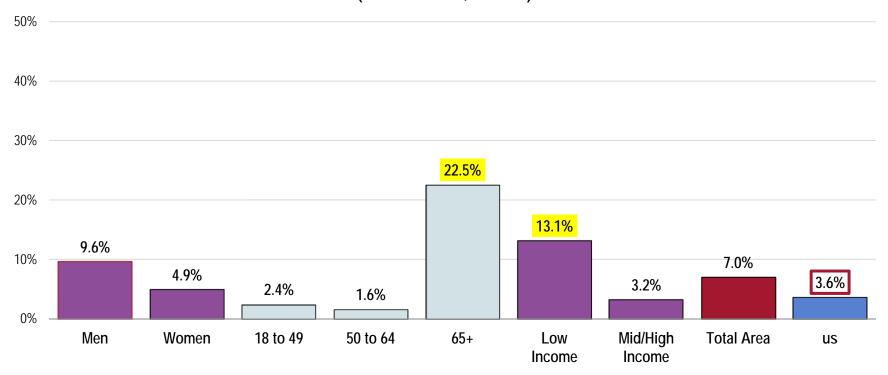
• CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

(Total Area, 2016)



Sources: Notes:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

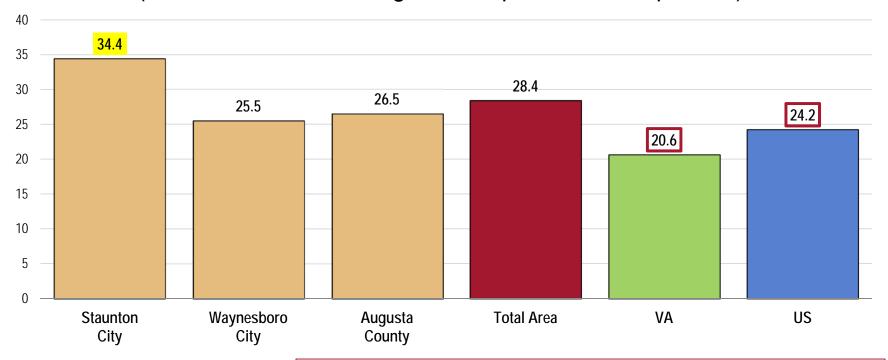
General Health Status Areas of Opportunity

- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- **▶** Dementia, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- ▶ Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use



Alzheimer's Disease: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)



Sources:

 CDC WONDER Online Query System. Cer Informatics. Data extracted April 2016.

Notes

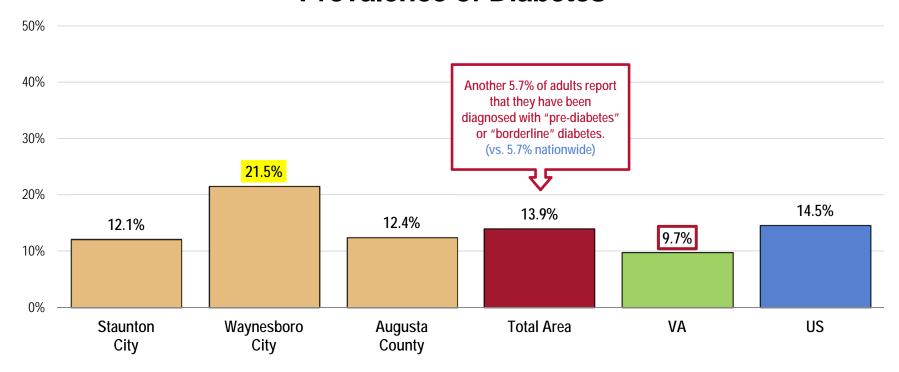
- Deaths are coded using the Tenth Revision
- Rates are per 100,000 population, age-adju
- 28.2% of residents report a **family member** diagnosed with dementia/Alzheimer's.
- 11.2% of adults 45+ report **themselves** experiencing increasing confusion/memory loss over the past year.

General Health Status Areas of Opportunity

- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
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- Diabetes
- Heart Disease & Stroke
- Injury & Violence
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- Nutrition, Physical Activity & Weight
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- Respiratory Diseases
- Substance Abuse
- Tobacco Use



Prevalence of Diabetes



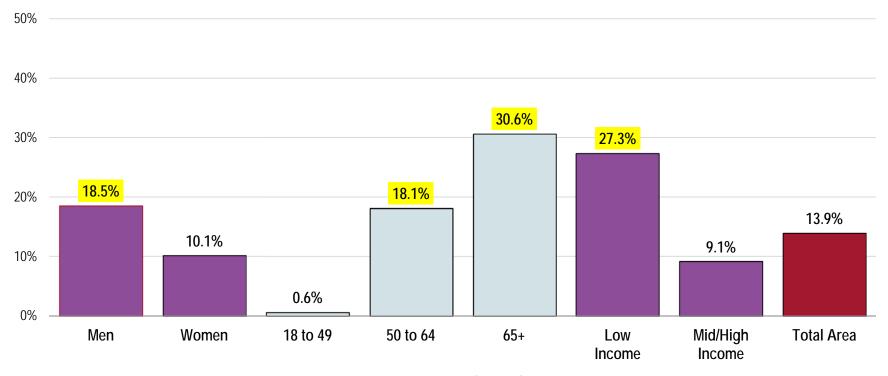
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]

- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.

Notes: • Asked of all respondents.

Prevalence of Diabetes

(Total Area, 2016)



Sources

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal with incomes up to 200% of the federal poverty level; "Mid/High Income" includes
- Excludes gestational diabetes (occurring only during pregnancy).

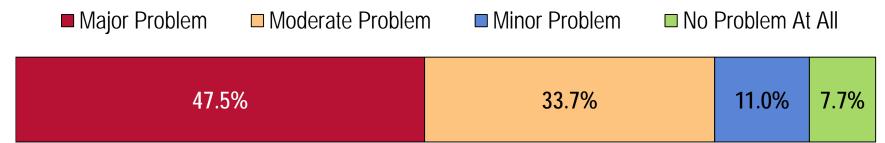
The City of Staunton experiences a relatively high diabetes **mortality** rate.

Staunton, Waynesboro, and Augusta County, Virginia



Perceptions of Diabetes as a Problem in the Community

(Key Informants, 2016)



• PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

Top Reasons for "Major Problem" Responses:

- **Health Education**
- Disease Management
- **Nutrition**
- Obesity
- Affordable Care/Access



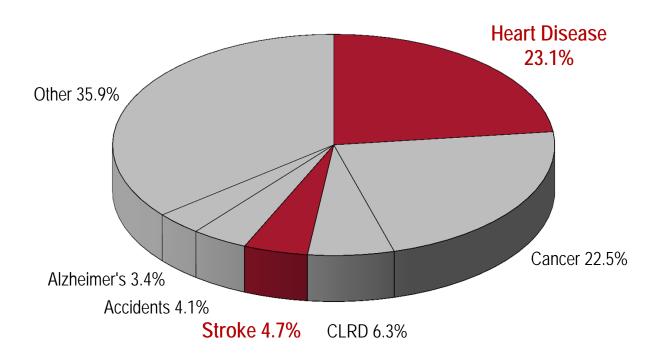
General Health Status Areas of Opportunity

- Access to Healthcare Services
- Cancer
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- Dementia, Including Alzheimer's Disease
- Diabetes
- ▶ Heart Disease & Stroke
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use



Leading Causes of Death

(Total Area, 2014)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

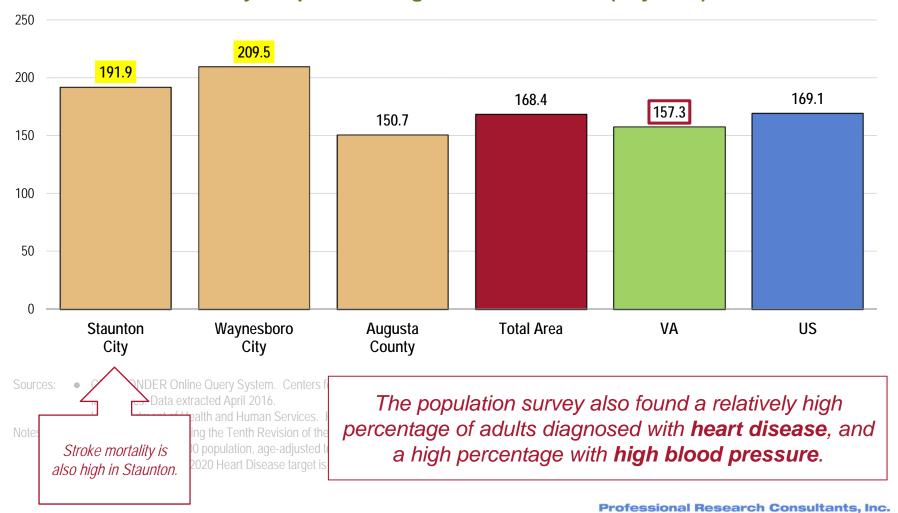
Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

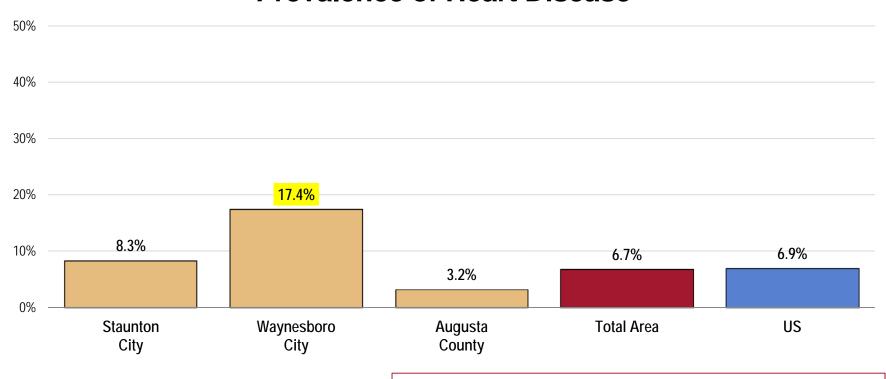
Heart Disease: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Prevalence of Heart Disease



Sources: • 2016 PRC Community Health Survey, Professional Research Con

2015 PRC National Health Survey, Professional Research Consu

Notes: • Asked of all respondents.

• Includes diagnoses of heart attack, angina or coronary heart dise

42.7% of adults have been told they have high blood pressure, significantly higher than found statewide (32.5%) or nationally (36.5%).

General Health Status Areas of Opportunity

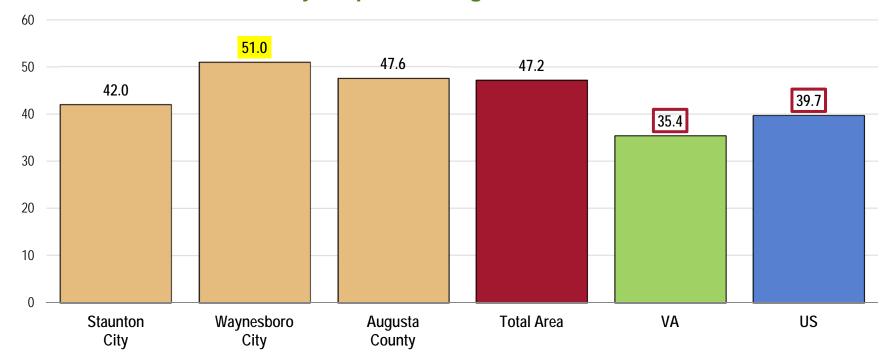
- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- Dementia, Including Alzheimer's Disease
- Diabetes
- ▶ Heart Disease & Stroke
- ▶ Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use



Unintentional Injuries: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources

- CDC WONDER Online Query System. Centers for Diseas Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy P

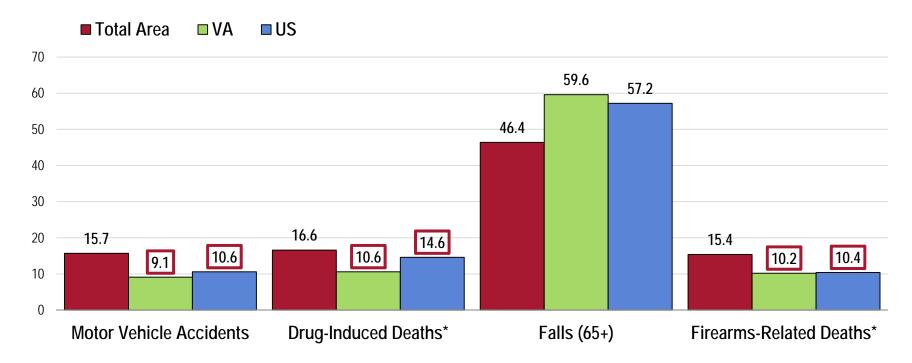
Notes:

- Deaths are coded using the Tenth Revision of the International
- Rates are per 100,000 population, age-adjusted to the 200

Motor vehicle crashes, poisoning, falls and suffocation are leading causes of accidental death.

Select Injury Death Rates

(By Cause of Death; Annual Average Deaths per 100,000 Population)



- Sources: CDC WONDER Online Query System. Centers for Disease Control
 - US Department of Health and Human Services. Healthy People 20.

- Deaths are coded using the Tenth Revision of the International Stat
- Rates are per 100,000 population, age-adjusted to the 2000 US Sta
- *Includes both intentional and unintentional deaths.

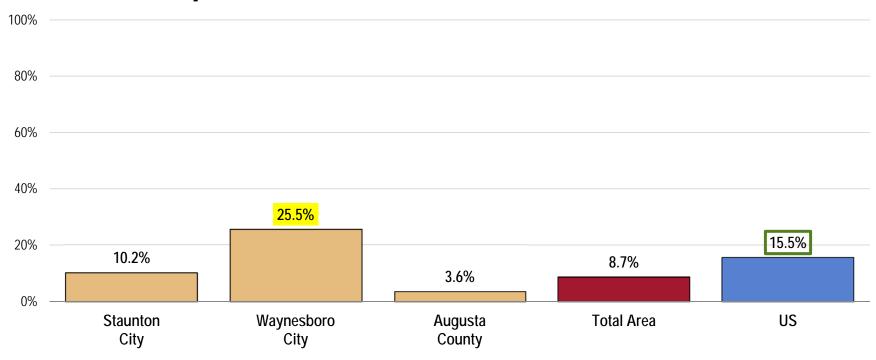
59.4% of local households have a firearm. much higher than found nationally (33.8%).

General Health Status Areas of Opportunity

- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- Dementia, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use



Experience "Fair" or "Poor" Mental Health



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [I

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Overall: 69.8% Excellent/Very Good

Fair/poor responses particular high (20.6%) among lower-income residents

Suicide: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

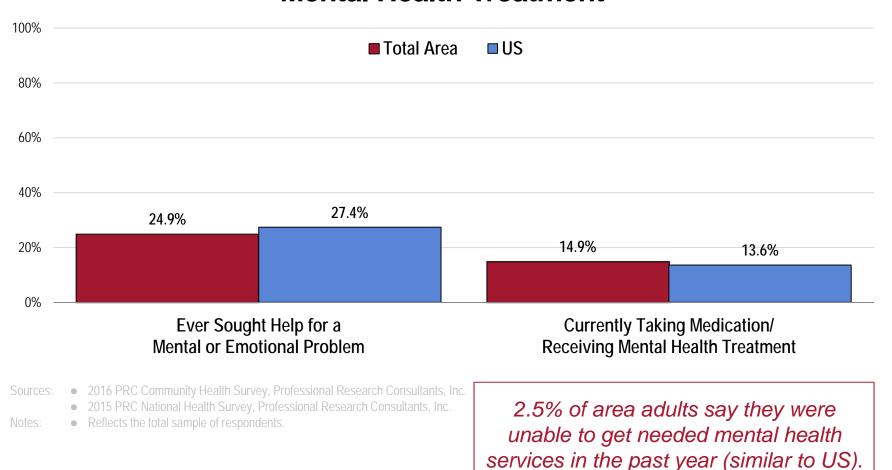
Healthy People 2020 Target = 10.2 or Lower



- Sources: CDC WONDER Online Query System Informatics. Data extracted April 2016
 - US Department of Health and Human

- Deaths are coded using the Tenth Re
- Rates are per 100,000 population, ag
- 14.9% of adults have been diagnosed with depression.
- 21.8% have experienced **symptoms** of chronic depression.

Mental Health Treatment

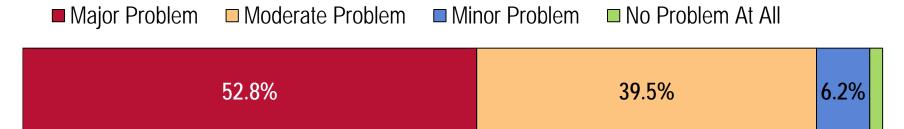


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Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2016)



Sources

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes: Asked of all respondents.

Top Reasons for "Major Problem" Responses:

- Access to Care/Affordability
- Prevalence
- Denial/Stigma
- Co-Occurrence With Substance Abuse



Professional Research Consultants, Inc.

General Health Status Areas of Opportunity

- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- Dementia, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- ▶ Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use

Q & A



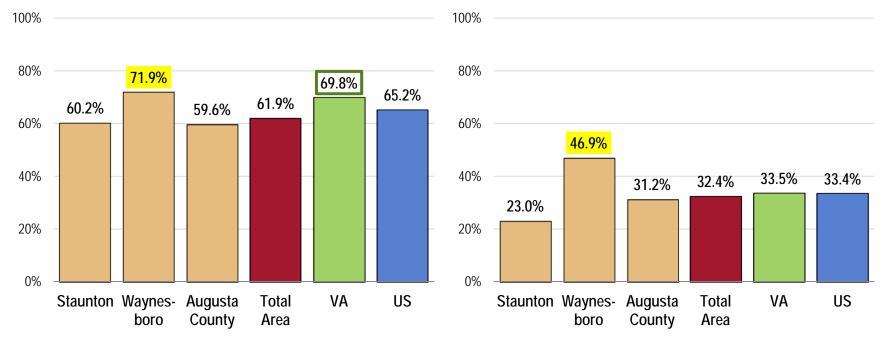
Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 176-177]

- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.

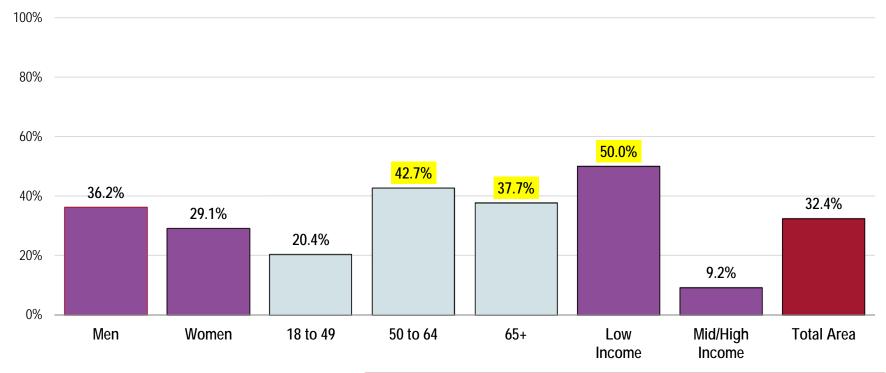
Notes: • Based on reported heights and weights, asked of all respondents.

• The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Total Area, 2016)

Healthy People 2020 Target = 30.5% or Lower



- Sources: 2016 PRC Community Health Survey, Professional Research
 - US Department of Health and Human Services. Healthy

Based on reported heights and weights, asked of all response

- Income categories reflect respondent's household income
- The definition of obesity is having a body mass index (BM)

Overall, fruit/vegetable consumption appears good in the area, while physical activity levels are low.

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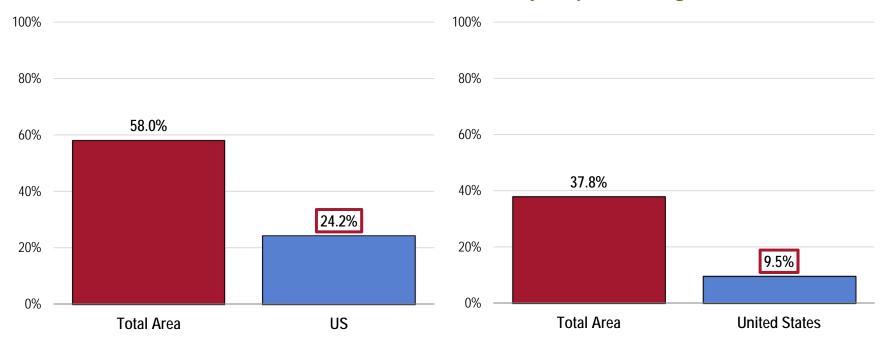
Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

• Asked of all respondents with children age 5-17 at home.

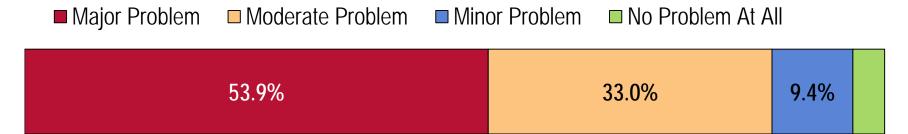
• Overweight among children is determined by children's Body Mass Index status at or

These levels are very high, <u>in spite</u> of relatively high children's physical activity levels reported by parents.



Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2016)



Sources Notes:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Asked of all respondents.

Top Reasons for "Major Problem" Responses:

- Obesity Prevalence
- Health Education
- Nutrition/Access to Healthful Food
- Lifestyles/Lack of Physical Activity



General Health Status Areas of Opportunity

- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- Dementia, Including Alzheimer's Disease
- Diabetes
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- Injury & Violence
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- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use

Q & A

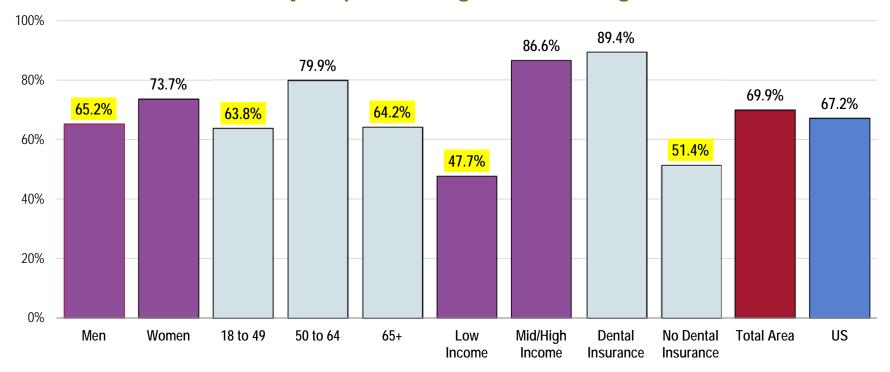


Staunton, Waynesboro, and Augusta County, Virginia

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Area, 2016)

Healthy People 2020 Target = 49.0% or Higher



Sources

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy Peopl

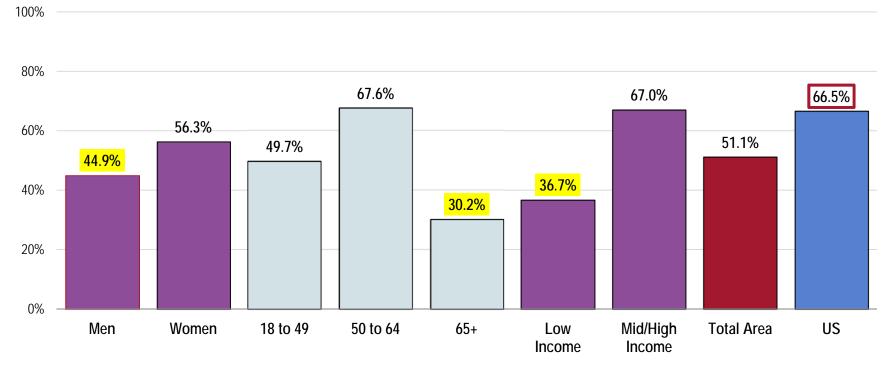
Notes

- Asked of all respondents.
- Income categories reflect respondent's household income as a with incomes up to 200% of the federal poverty level; "Mid/Hig

88.0% of children age 2-17 have had dental care in the past year (similar to US).

Have Insurance Coverage That Pays All or Part of Dental Care Costs

(Total Area, 2016)



Sources: Notes:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use

Q & A

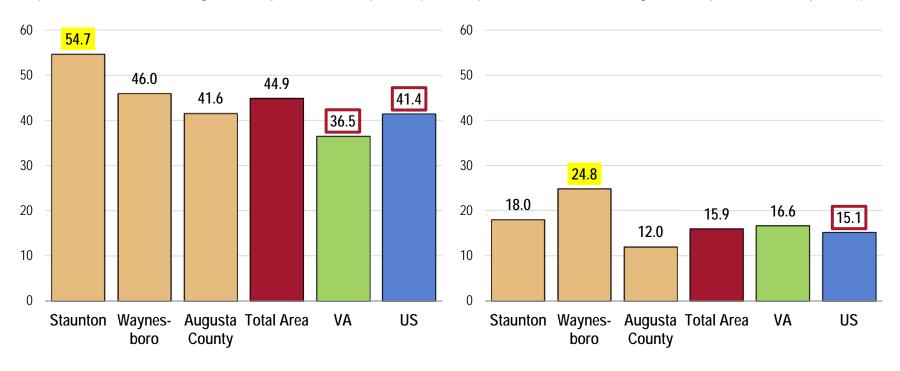


CLRD: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Pneumonia/Influenza: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)



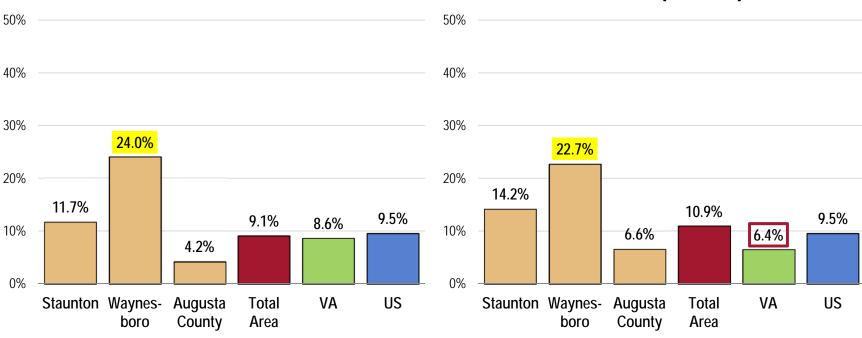
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

Prevalence of Asthma (Adults)

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Asthma is particularly prevalent (19.2%) in lower-income adults.

Also, asthma affects 9.3% of children, statistically similar to US findings.

nc. [Item 15*6*

United States Department of Health and Human Services. Centers for Disease Contro

that they still have asthma.

General Health Status Areas of Opportunity

- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- Dementia, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
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- Substance Abuse
- Tobacco Use

Q & A



Cirrhosis/Liver Disease: Age-Adjusted Mortality

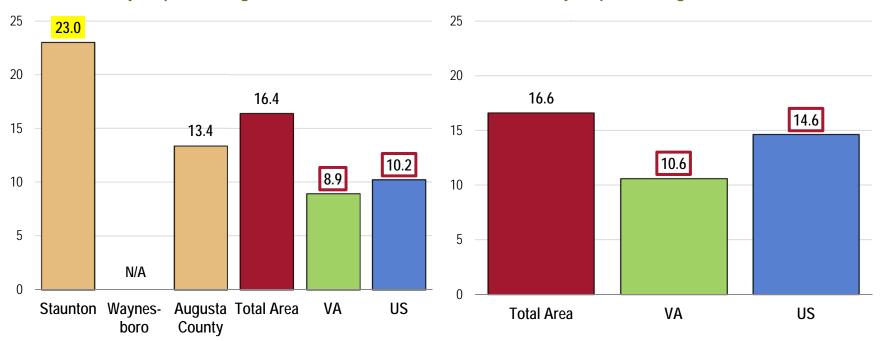
(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower

Drug-Induced Deaths: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

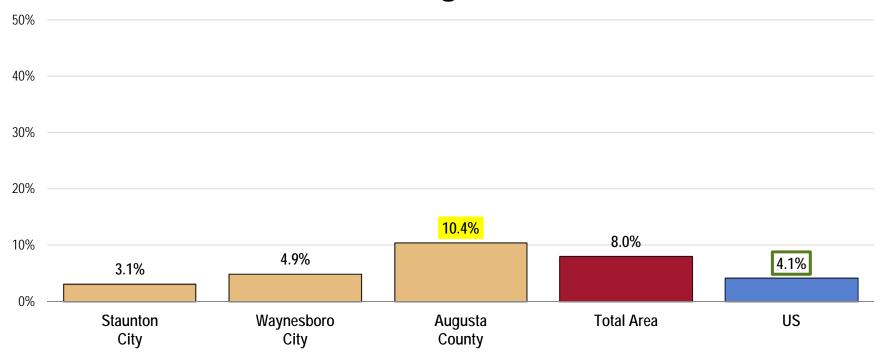
Healthy People 2020 Target = 11.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]
- Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources

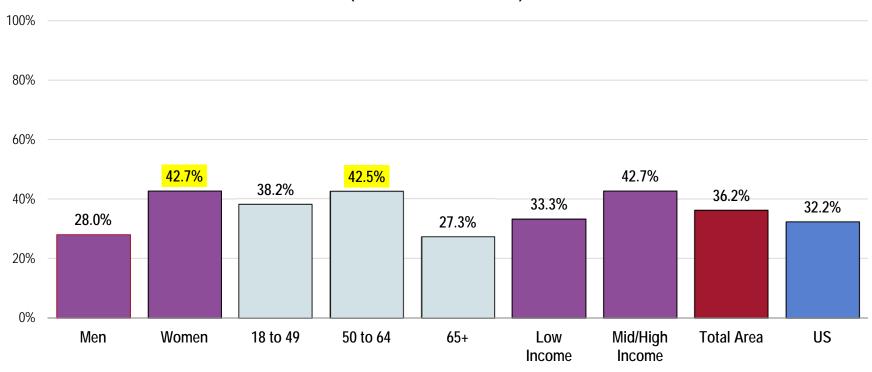
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

Asked of all respondents.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(Total Area, 2016)



Sources

• 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]

lotes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their house with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200%

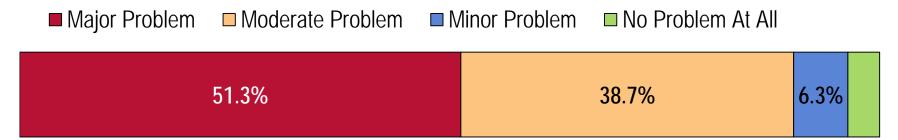
Geographically, highest (42.9%) in Staunton.

eholds



Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2016)



Sources

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes: Asked of all respondents.

Top Reasons for "Major Problem" Responses:

- Denial/Stigma
- Access to Care/Affordability
- Incidence/Prevalence
- Health Education



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General Health Status Areas of Opportunity

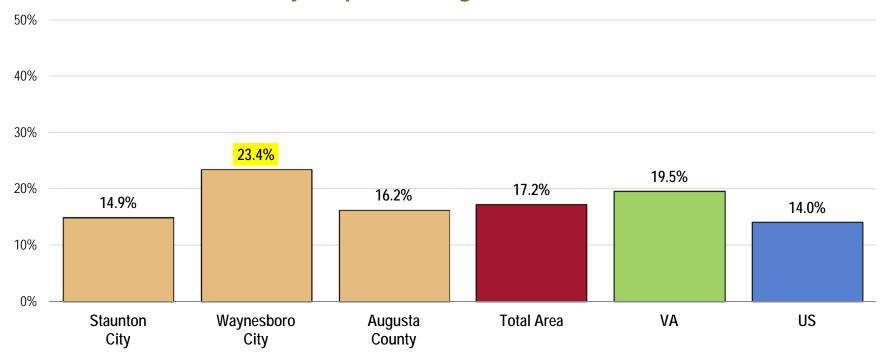
- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- Dementia, Including Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- ▶ Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- ▶ Tobacco Use

Q & A



Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 57, 181]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

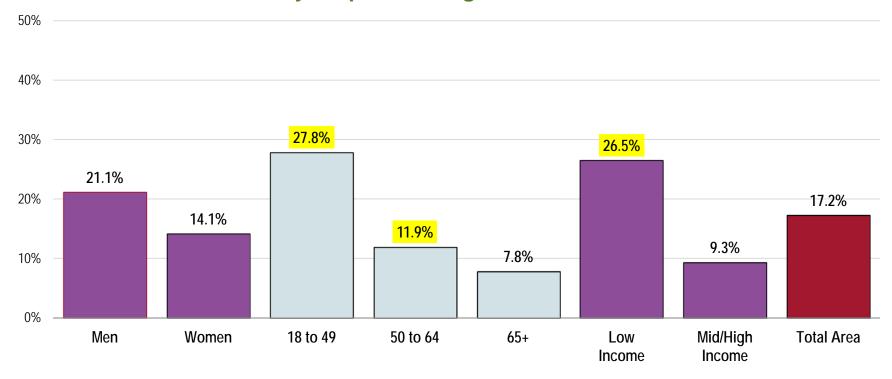
Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers

(Total Area, 2016)

Healthy People 2020 Target = 12.0% or Lower



Sources

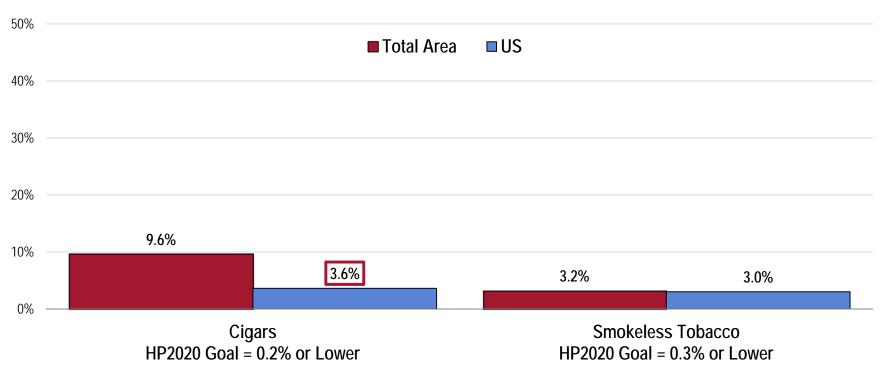
- 2016 PRC Community Health Survey, Professional Research Consult
- US Department of Health and Human Services. Healthy People 2020

Notos:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to with incomes up to 200% of the federal poverty level; "Mid/High Incom
- Includes regular and occasion smokers (every day and some days).

17.2% of residents live in a home where someone smokes regularly (US=10.2%).

Other Tobacco Use



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59-60]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives TU-1.2, TU-1.3]

Notes:

- Reflects the total sample of respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Areas of Opportunity

- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- Dementia, Including Alzheimer's Disease
- Diabetes
- ▶ Heart Disease & Stroke
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use

Q & A



Questions?



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Prioritizing Health Needs



Criteria for Prioritizing Health Needs

Today, you will be asked to rate each area of opportunity along two specific sets of criteria (details to follow):

Scope & Severity

 Rate how much of a problem each issue is for our community.

(i.e., How big is the problem?)

Ability to Impact

 Rate how much we are able to have a positive impact, either alone or with community partners.

(i.e., Can we make a difference?)

Guidance & Advocacy

Before we begin, are there any of these "Areas of Opportunity" that you would like to lobby for?

AREAS OF OPPORTUNITY

- Access to Healthcare Services
- Cancer
- Chronic Kidney Disease
- Dementias, Alzheimer's Disease
- Diabetes
- Heart Disease & Stroke
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Respiratory Diseases
- Substance Abuse
- Tobacco Use

Criteria for Prioritizing Health Needs: Criterion 1

Scope & Severity

- How many people are affected by this health issue?
- How do we compare to state or national levels, or Healthy People 2020 targets?
- To what degree does this lead to death or disability, impair quality of life, or impact other health issues?

SCALE: Scope & Severity

NOT very prevalent at all, with only minimal health consequences



















EXTREMELY prevalent, with very serious health consequences

Scope & Severity Ranking

8.88	Nutrition, Physical Activity & Weight
8.14	Diabetes
7.75	Heart Disease & Stroke
7.68	Mental Health
7.55	Cancer
7.53	Substance Abuse
6.47	Dementias, Including Alzheimer's Disease
6.13	Access to Healthcare Services
6.09	Injury & Violence
5.98	Tobacco Use
5.88	Respiratory Diseases
5.14	Chronic Kidney Disease
4.21	Oral Health

Criteria for Prioritizing Health Needs: Criterion 2

Ability to Impact

- What is the likelihood of our organization having a positive impact on this health issue?
- This should reflect our ability to address this issue independently or in conjunction with potential community partners.

SCALE: Ability to Impact

NO ability to impact $\mathbf{1} \leftrightarrow \mathbf{2} \leftrightarrow \mathbf{3} \leftrightarrow \mathbf{4} \leftrightarrow \mathbf{5} \leftrightarrow \mathbf{6} \leftrightarrow \mathbf{7} \leftrightarrow \mathbf{8} \leftrightarrow \mathbf{9} \leftrightarrow \mathbf{10}$























GREAT ability to impact

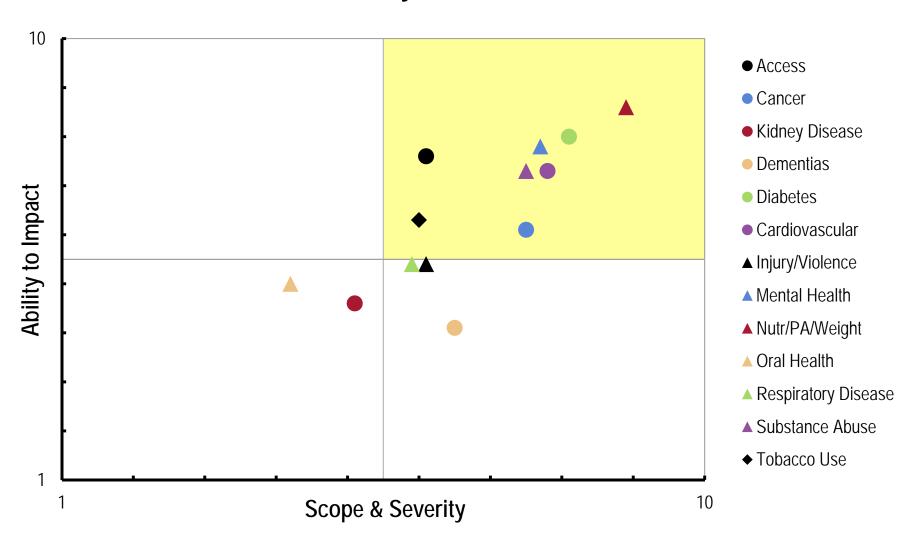
Ability to Impact Ranking

8.59	Nutrition, Physical Activity & Weight
8.02	Diabetes
7.84	Mental Health
7.59	Access to Healthcare Services
7.30	Substance Abuse
7.30	Heart Disease & Stroke
6.34	Tobacco Use
6.12	Cancer
5.45	Injury & Violence
5.41	Respiratory Diseases
5.00	Oral Health
4.59	Chronic Kidney Disease
4.07	Dementias, Including Alzheimer's Disease

Quadrant Analysis Results



Prioritization of Community Issues



Next Steps



Thank You!



Professional Research Consultants, Inc.

Bruce Lockwood

Director, Community Health

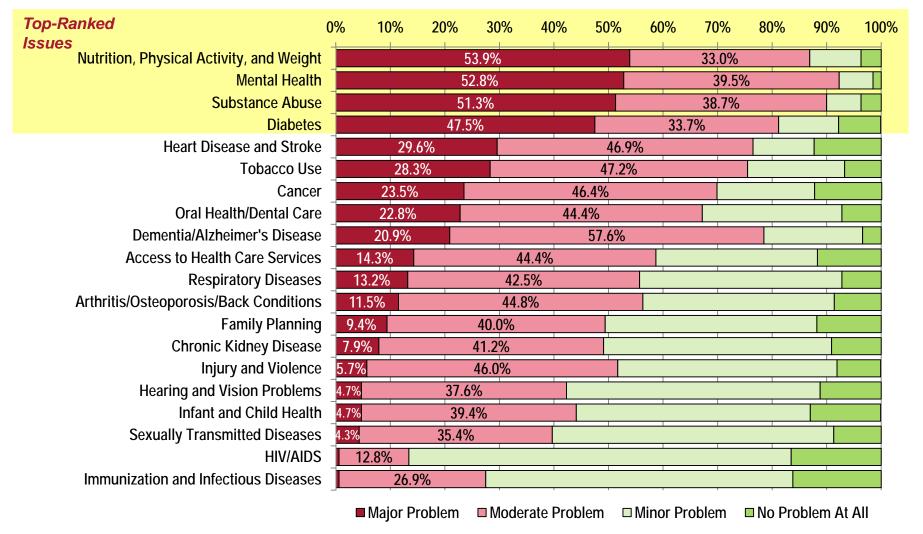
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Keypoint Interactive

- SAVE presentation
- Write down scores in case!
- Keypoint > Reports > Create Report(s)
- Close presentation
- REMOVE Transceiver!

Key Informants: Relative Position of Health Topics as Problems in the Community



Additional Areas of Concern for Waynesboro City (in addition to the identified Areas of Opportunity)

