

A Community Health Assessment Summary Report

Prepared for the Augusta Health Care Community Health Foundation

By Community Health Solutions, Inc.

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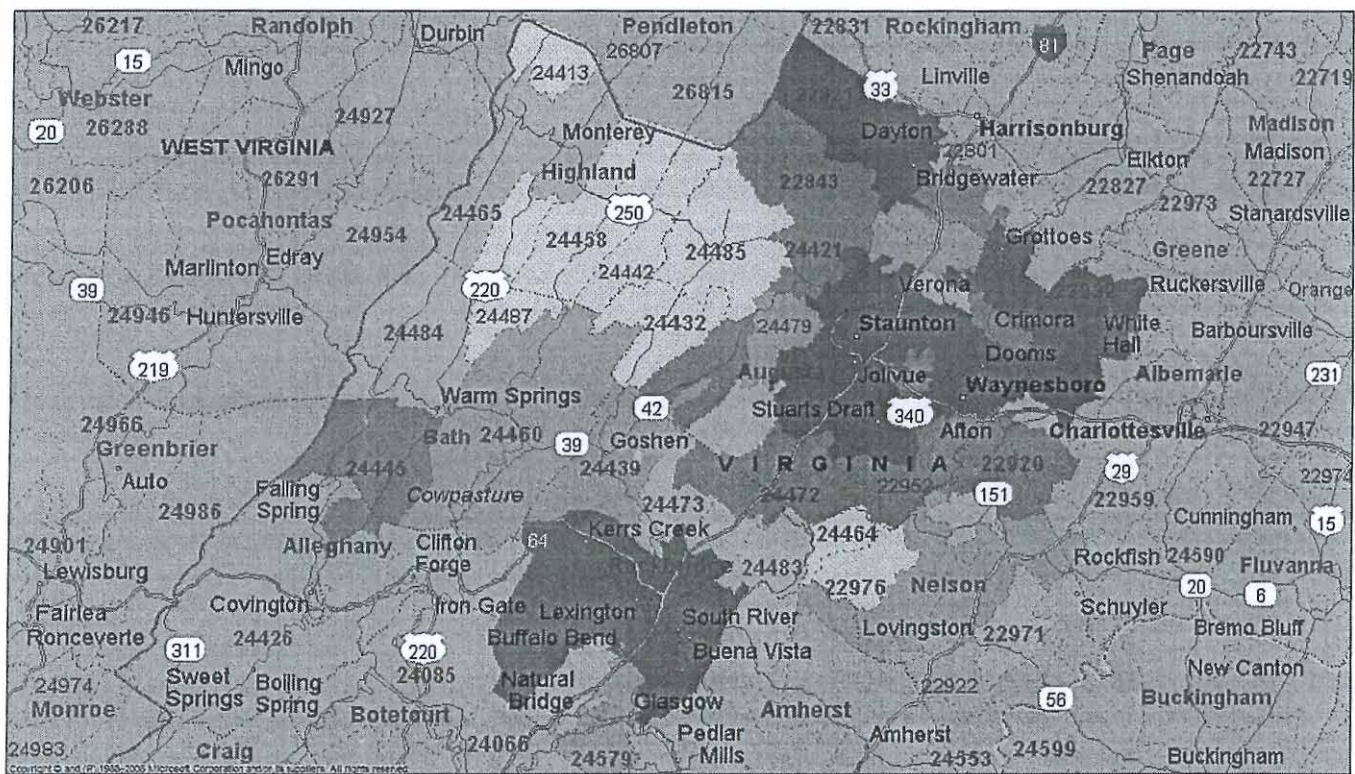
Introduction

The AHC Community Health Foundation exists to support the mission of Augusta Health Care, Inc., and its efforts to improve the health of the citizens of the Greater Augusta County area. The Foundation commissioned Community Health Solutions to conduct this community health assessment to help inform its future programs and services.

The Service Region

The study was focused on the AHC Community Health Foundation service region (Exhibit 1). This region includes more than 199,000 people living in 52 zip codes spread across more than 3,200 square miles. The region includes all or part of Albemarle County, Augusta County, Bath County, Highland County, Nelson County, Rockbridge County, Rockingham County, and the cities of Buena Vista, Lexington, Staunton, and Waynesboro.ⁱ

Exhibit 1: The Study Region



Data Sources

The study has two major components: A quantitative analysis of demographic and health indicators, and a qualitative analysis of a survey of community professionals and volunteers. Both of these components are essential for understanding health needs in the community. Please read the end notes on methodology when interpreting the data.ⁱⁱ

Selected Results

Community Survey Responses: Top Priority Community Health Concerns ⁱⁱⁱ	By the Numbers: Selected Demographic & Health Profile Results	
<p>Mentioned by 10 or More Respondents</p> <ul style="list-style-type: none"> • Mental Health (n=22) • Obesity and Overweight (n=17) • Access to Health Care (n=14) • Substance Abuse (n=13) <p>Mentioned by 5 to 8 Respondents</p> <ul style="list-style-type: none"> • Transportation (n=8) • Cancer (n=6) • Family Planning (n=6) • Heart Disease (n=5) • Violence (n=5) <p>Mentioned by 2 to 4 Respondents</p> <ul style="list-style-type: none"> • Child Care (n=4) • Adult and Youth Diabetes (n=3) • Care for the Elderly (n=3) • Environmental/Family Stress (n=3) • Healthcare in the Home (n=3) • Oral Health Care Services (n=3) • Early Detection and Screening Services (n=3) • Enabling Services (n=3) • Public Health Services (n=2) • Social Services (n=2) <p>Mentioned by at Least 1 Respondent</p> <ul style="list-style-type: none"> • Affordable Home Modification • Alzheimer's • Behavioral Training • Cut in state, federal, and local funds • Equal Healthcare for Minorities • Health Education Services • Infant Mortality • Inter-agency Communications • Language Barriers • MRSA/VRE/Diff Management • Occupational Illness and Injury • Poor Eating Habits • Preventative Medicine • Problem Pregnancies • Sexual Abuse • Strokes • Youth Unit at Augusta Medical Center 	<p>Selected Demographics (2008)ⁱⁱ</p> <ul style="list-style-type: none"> • 199,448 Total Population • 41,147 Children Under 18 • 32,833 Seniors Age 65+ • 32,971 Age 25+ with less than high school education • \$57,631 Average household income • 19,508 Households with income under \$25,000 <p>Health Coverage Estimates (2008)^{iv}</p> <ul style="list-style-type: none"> • 15% = Uninsured rate • 29,600 Total uninsured • 25,000 Uninsured adults • 4,600 Uninsured children • 14,500 Low-income uninsured <p>Adult Health Estimates (2008)^v</p> <ul style="list-style-type: none"> • 158,300 adults age 18+ • 121,000 (76%) not eating enough fruits and vegetables • 90,400 (57%) overweight or obese • 49,500 (31%) have high cholesterol • 47,500 (30%) have arthritis • 44,500 (28%) have high blood pressure • 34,900 (22%) smoke • 34,600 (22%) have not exercised in past 30 days • 31,200 (20%) have physical limitations due to health concerns • 28,000 (18%) have not seen a dentist in two years • 24,200 (15%) at risk for binge drinking • 23,400 (15%) are in fair to poor overall health status • 20,000 (13%) have asthma • 12,500 (8%) have diabetes 	<p>Selected Birth Indicators (2007)</p> <ul style="list-style-type: none"> • 2,354 Total births • 165 (7%) Low weight births • 620 (26%) Late prenatal care • 235 (10%) Births to teen mothers • 21.8 Teen pregnancies per 1,000 females age 10-19 (Planning District 6) • 22 Infant deaths • 6.6 Infant deaths per 1,000 live births (Planning District 6) <p>Selected Death Indicators (2007)</p> <ul style="list-style-type: none"> • 1,895 Total deaths • 592 (31%) due to cardiovascular disease • 452 (24%) due to malignant neoplasm (cancer) • 101 (5%) due to unintentional injury • 84 (4%) due to Alzheimer's Disease • 83 (4%) due to chronic lower respiratory disease • 53 (3%) due to nephritis & nephrosis • 53 (3%) due to influenza & pneumonia • 44 (2%) due to diabetes • 30 (2%) due to septicemia • 25 (1%) due to suicide <p>Hospitalization for Ambulatory Care Sensitive Conditions (Jul 2007 – Jun 2008)^{viii}</p> <ul style="list-style-type: none"> • 3,224 Total • 644 (20%) for congestive heart failure • 602 (19%) for bacterial pneumonia • 458 (14%) for chronic obstructive pulmonary disease • 342 (11%) for kidney & urinary tract infection • 246 (8%) for cellulitis • 234 (7%) for diabetes • 203 (6%) for dehydration • 191 (6%) for asthma • 72 (2%) for epileptic events • 61 (2%) for gastroenteritis

Community Health in Context

It can be helpful to view community health data in the context of distinctive local factors and in comparison to the state as a whole. Some observations:

- The study region is geographically large and complex, encompassing multiple local jurisdictions and urban/suburban/rural diversity.
- Overall, the study region is older, less affluent, and less racially & ethnically diverse than the state as whole.
- The local region has a slightly higher estimated uninsured rate than the state as a whole, larger due to lower income status.
- The local region has a favorable teen birth rate, low weight birth rate, infant death rate, and overall age-adjusted death rate compared to the state as a whole
- The local region has a higher hospitalization rate than the state for ambulatory care sensitive conditions, although the difference may be attributable to a higher concentration of senior citizens in the region.
- For methodological reasons it is difficult to compare the local adult health estimates to statewide estimates. But it is reasonable to conclude that in the local region, as in the state and the nation, there is much room for improvement in lifestyle behaviors and lifestyle-related disease prevalence.

ⁱ Where the data allowed, Community Health Solutions developed community health indicators based on the actual zip-code level definition of the service region. In cases where this was not possible, indicators for Health Planning District 6 were used as a proxy. Planning District 6 includes most of the AHC Community Health Foundation service region.

ⁱⁱ To produce this report Community Health Solutions analyzed data from multiple sources. Community perspectives were captured from a survey of community professionals and volunteers conducted by Community Health Solutions in collaboration with the AHC Community Health Foundation. The Virginia Department of Health was the source for all of the birth and death data included in the report. Virginia Health Information, Inc. was the source of the hospital discharge data included in the report. Demographic data used in the report were purchased from Claritas and Demographics Now, two commercial vendors of such data. Additional health survey data were captured from a number of publicly available national and state health surveys.

ⁱⁱⁱ A total of 34 survey responses are included in this analysis. Sectors represented in the survey include local government, health care, mental health, family services, faith communities, business, law enforcement, schools, food assistance, public health, and youth serving organizations. Respondents were asked to identify in open-ended fashion what they see as the top priority community health issues. When interpreting the results, please note that the survey is essentially qualitative in nature. This was not a random sample survey in which the results would be appropriately generalized to some broader population represented by the sample. This was a non-random sample designed to solicit input from a diverse group of people with substantial experiential knowledge of the issues faced by community residents. Consequently, the fact that only one or a few people identified a particular issue as important should not be construed to mean that the issue is less important than one identified by dozens of respondents. In this context, the results are instructive for planning, but not definitive from a statistical standpoint.

^{iv} Community Health Solutions analyzed multiple sources of national and state data to develop estimates of the number of uninsured in the service region. These are 'synthetic estimates' in which national and state estimates for specific population estimates are applied to the particular demographic profile of the local region. These estimates are instructive for planning, but they are not guaranteed for statistical accuracy.

^v Community Health Solutions analyzed national and state data from the U.S Behavioral Risk Factor Survey to develop estimates of the number of adults age 18 and over who have or are at risk for particular health issues. Like the health insurance estimates reported earlier in this report, these are 'synthetic estimates' which are useful for planning but not based on actual surveys of area residents. In this sense the results are instructive but not guaranteed statistically accurate.

^{vi} Hospitalizations for ambulatory care sensitive conditions (ACSC hospitalizations) are defined as those "for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease." (Agency for Healthcare Research & Quality, 2004.)

^{vii} VHI requires the following statement to be included in this report: Virginia Health Information (VHI) has provided non-confidential patient level information used in this report which was compiled in accordance with Virginia law. VHI has no authority to independently verify this data. By accepting this report the requester agrees to assume all risks that may be associated with or arise from the use of inaccurately submitted data. VHI edits data received and is responsible for the accuracy of assembling this information, but does not represent that the subsequent use of this data was appropriate or endorse or support any conclusions or inferences that may be drawn from the use of this data.