

# 2019 Community Health Needs Assessment

## Executive Summary





In January 2019, for the first time ever, Methodist Le Bonheur Healthcare (MLH) collaborated with Shelby County Health Department (SCHD), Regional One Health, Baptist Memorial Health Care, and St. Jude Children's Research Hospital to conduct a joint Community Health Needs Assessment (CHNA) for Shelby County.

These five renowned healthcare agencies convened to share ideas, resources, data, and most importantly to decrease duplications of CHNA efforts even though our geographic service areas

and reporting timelines differed. Regional One Health spearheaded a survey of key industry and stakeholder informants. The SCHD developed a community health needs survey that MLH translated to both Spanish and Arabic. Some of the partners promoted the surveys on social media

platforms, while SCHD and Methodist went directly into the community to gain perspectives from the people we serve.

MLH took an integrative approach to utilize various methods for this assessment for our primary geographic area including Shelby County,

Tennessee and DeSoto County, Mississippi. In addition to publically available secondary data, MLH incorporated results from the Methodist Congregational Health Needs Survey, an assessment to learn health needs of faith-based communities in and around Shelby and DeSoto Counties.



Program evaluation staff of Methodist Le Bonheur Community Outreach conducted 11 focus groups with 139 community members to gather more in-depth knowledge of health and barriers to health.

In summary, our CHNA revealed the following key information:

CAUSES OF DEATH IN THE COMMUNITY	PREVALENCE OF CONDITION	ISSUES IDENTIFIED BY THE COMMUNITY
Cardiovascular*	High Blood Pressure	Mental Health
Cancer*	Obesity	High Blood Pressure
Neurological	Diabetes	Diabetes
Diabetes	Alcohol Excess	Heart Disease
Lower Respiratory	Heart Disease	Obesity
Unintentional Injuries	Violent Crime	Drug / Alcohol / Addiction
Mental Health / Suicide	STIs	Cancer
Maternal Infant Child Health*	Cancer	Violence
Homicide	Teen Births	Infant Mortality
	Teen STIs	Overall: Access to Health*

\* Health Priorities Identified in the 2016 CHNA and Implementation Plan

Regardless of the health conditions, the community voiced several issues related to accessing healthcare which cut across all health conditions:

- Lack of mental health resources
- No or limited transportation
- Lack of financial resources to pay basic living costs
- Lack of health insurance or adequate coverage
- Lack of provider cultural humility and trust
- Confusing and overwhelming healthcare navigation

Although the secondary data, stakeholder and community surveys did not identify these barriers due to methodology, these issues were consistently voiced during the 11 focus groups that were held with community members as well as reflected in the congregational health surveys administered to local churches.

#### The health issues prioritized in 2016 included:

- Cardiovascular health
- Cancer
- Maternal child health
- Access to health services

Efforts to address these issues have been and will continue to be deployed as these same issues continue to plague our community.

In establishing system priorities to address the 2019 CHNA, the senior leadership of our system reviewed and discussed the report and established that:

- Efforts to address 2016 priorities should continue.
- Leadership within all of our facilities should review the 2019 CHNA and develop their own, facility-specific implementation plan.
- Our system should not only address specific diseases and top causes of death but should also work to address barriers and issues that

have the greatest geographic/racial/gender disparity within our service area.

- African Americans die from heart disease, stroke and respiratory diseases at a much higher rate than Caucasians.
- While the rate of infant mortality is lower than any of the other major causes of death, the racial disparity is staggering. The preterm birth rate for Shelby County is 2.2 times worse than Tennessee and the percent of mothers lacking prenatal care is 2.2 times greater than the United States. African Americans have a rate of premature births that is much higher than Caucasians and a death rate that is almost 3 times greater than Caucasians.
- Although teen birth rates have dropped nationally and locally through targeted efforts to educate youth such as the “Be Proud Be Responsible” program, African American and Hispanic teens gave birth at rates 4 to 6 times greater than Caucasians in Shelby County. Shelby County’s sexually transmitted disease rate among teens is 2 times greater than Tennessee. African Americans acquired new cases of HIV and Chlamydia at 5 times the rate of Caucasians and gonorrhea 11 times more often than Caucasians.





We increasingly understand that many health conditions are negatively affected by Social Determinants of Health, which are most prevalent among impoverished populations.

The poverty rate for our areas is 20%, which is higher than state and national averages. A third of all children live in poverty. A third of the populations of both of our primary counties have limited access to healthy foods while more than 10% have no access to personal transportation. Additionally, more than 10% of our children don't complete a high school education, which limits employment opportunities and drastically affects earning potential.

While changing the educational and economic climate of our service area is out of our scope, as a system there are things we can control, including:



how and where care is provided, quality of care, physician and provider cultural sensitivity and community assistance to help navigate a complex healthcare system.

