**Assignment #1: Southword Case Study**

**COMMUNITY HEALTH NEEDS DEFINED**

A community health assessment (CHA) also termed a community health needs assessment (CHNA) is the process of community engagement, collection of demographic, survey and health outcomes data, and eventual identification of health disparities within the community.1 As a part of the Patient Protection and Affordable Care Act and mirroring the process of local health departments, all non-profit hospitals have been mandated since 2010 to conduct and implement community needs assessments and improvement plans every three years to identify health inequities in surrounding communities. These projects involve residents, families, businesses, and other community leaders, whose overarching goal is to identify health issues important to the community and implement a sustainable improvement plan.

A CHA is oriented around shared decision-making and is composed of specific steps. These begin with engaging stakeholders to identify the needs of the community and define a shared vision of health. Next, community survey and demographic data is collected, discussed, and collectively analyzed to identify key issues important to the community. Lastly, with this information, goals are set and action steps are created for each identified health issue.2

As seen in the assigned video documentary Southword3, the counties surrounding the affiliated hospitals of University of Mississippi Medical Center (UMMC) have many challenges. Their initial CHNA report4 from 2015-2016 was made of both focus group interviews of stakeholders and self-reported survey data to top leading health issues in Mississippi for adults such as obesity, hypertension, diabetes, and cardiovascular disease. Community focus groups similarly reported that health literacy particularly impacted their sense of access and trust in healthcare. Citizens from underserved communities had said they avoided seeking medical care because of concerns about the quality of care. “Some people just don’t trust the diagnoses of healthcare providers. Some hospitals and clinics just have bad histories”.1

When asked the questions, “What can be done to prevent these health issues?”, “What resources are available to help people to be healthy?”, and “What would a healthier version of your county (or Mississippi) look like?”, most focus group participants agreed that “the community” could play an important role in the prevention of the primary causes of disease and death in Mississippi. They also emphasized the importance of pediatric healthcare in disease prevention. Churches were identified as key community institutions that could be tapped to help keep people healthy. Respondents also cited the presence of other community-based programs or centers, however felt that these resources had not been fully leveraged because individuals in the community are largely unaware of their presence. A number of focus group and interview participants indicated that a healthier Mississippi would be one where the prevalence of chronic disease and poverty rates were low and all citizens had access to healthy foods and primary care. Some respondents articulated that a healthier Mississippi was one with healthier children. Most participants agreed that Mississippi should have programs to increase healthy eating or access to healthy foods. Many acknowledged the importance of healthy eating; however, some expressed concerns about the knowledge and awareness of healthy meal preparation.

In the initial process of this CHA, understanding and aligning community perspective of health priorities and vision of health with data about true disparities is critical to engaging communities surrounding the UMMC hospitals. Next steps in this project will be to provide a framework to organize the CHA results into a set of health improvement investments, and then develop an implementation plan of strategic objectives to achieve improvement in the issues identified during the CHA process. UMMC will establish measurable outcomes for each strategic objective linked to each priority identified during the CHNA process. To achieve sustainable community programs UMMC will build on existing community programs and partnerships to address the health need.

**References**

1. Community Health Needs Assessment 2015-2016. UMMC Office of Population Health. <https://www.umc.edu/uploadedFiles/UMCedu/Content/2015UMMC_CHNAreport(final).pdf> Retrieved on June 26 2016.
2. Community Toolbox. Section 13. MAPP: Mobilizing for Action through Planning and Partnerships. Workgroup for Community Health and Development. Published 2016. <http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/mapp/main>
3. Southword. Oxford America (2011)  
   <http://www.npr.org/2011/08/09/139238924/tackling-obesity-amind-poverty-in-a-mississippi-county>
4. CDC. Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health Outcomes and Determinants, Atlanta, GA: Office of Surveillance, Epidemiology, and Laboratory Services, 2013. <http://wwwn.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf>

**QUESTIONS**

**After reviewing the materials under Required Resources including the video for “Southword,” complete the following questions:**

**Link to video:** https://youtu.be/Z9K\_qLHB7Mk

1. List and describe the strengths and limitations of this community health assessment as a public health effort.
2. Identify one social determinant of health that contributes to obesity in Holmes County, and discuss its downstream effects on the community.
3. What additional interventions do you think could be put into place to counter the aspects of your answer in Question 2?

**EVALUATION AND GRADING CRITERIA**

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| **Grading Criteria** | **Possible Points** |
| **Each question is repeated as subtitles in your paper and then each question answered. The student analyzed and provided scholarly answers and opinion for each question. Therefore, logical, organized, and well-developed scholarly writing is expected.** | 6 points |
| **AMA or APA format is used. The paper has a separate title and reference page. The body of the paper is the equivalent length of 2 full double-spaced pages in Times New Roman 12 point font with one-inch margins on each side of the paper. Paper is submitted as a .docx, not a .pdf file.** | .5 point |
| **Correct spelling and grammar.** | .5 point |
| **Use of at least 5 outside sources to support your view.** | .5 point |
| **Citations within the body of the paper and in a reference page.** | .5 point |
| **TOTAL** | **8 points** |