

Access to Healthcare & Mental Health Services: Community Health Assessment Findings from Marshall County, KY

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Abstract

Community Health Assessments (CHA) are part of the public health accreditation process and provide the foundational data for community health programming. It is important during this process to include the voices of vulnerable populations, such as children and those 65 years of age and older. This session will discuss the innovative approach to the CHA process used by Marshall County Health Department and the findings and recommendations related to access to healthcare and mental health services from the CHA process.

Learning Objectives

Upon completion of this session, attendees will be able to:

- (1) Identify the vulnerable populations in your community.
- (2) Develop a plan to engage your community stakeholders, especially vulnerable populations, to obtain access to their data to make better, informed SMART goals and conduct community programming.

Introduction

- Youth mental health has been identified as a public health crisis by the U.S. Surgeon General (2021).
- In the years 2016-2019, it was estimated that between the ages of 3-17,
 - approximately 9.4% of children experience anxiety,
 - 8.9% experience behavior problems, and
 - 4.4% experienced depression (Bitsko et al., 2022).
- Youth mental health deteriorated even further during the COVID-19 pandemic.
 - In a meta-analysis of 29 studies, the global prevalence of depression and anxiety symptoms in children and adolescents doubled during COVID-19 (Racine et. al, 2021).

Suicide

- Second leading cause of death in people aged 15 to 24
- COVID-19 also increased the risk factors for suicidal behavior
- Suicide rates among youth
 - aged 10-14 and 15-24 increased between 2019 and 2020
 - males in age group 10-14 increasing by 13%
 - females in age group 15-24 increasing by 4% (Curtin et. al, 2021)

Rural Health

- Youth living in rural areas are twice as likely to commit suicide (NRHA, 2023).
- Rural children and adolescents also reported a higher prevalence of anxiety, depression, and behavioral problems, compared to their urban counterparts, between 2018 and 2020 (Figas et al., 2022).

Rural Health & Social Determinants

- Individuals in rural areas have a
 - lower household income,
 - higher percentage of children living in poverty,
 - have fewer adults with post-secondary education, and
 - have a higher percentage of people aged 65 and older (NCRHRP, 2017).

Rural Health

- Mortality Rates
 - Higher levels of suicide, unintentional injuries, and drug poisonings (overdose) compared to those in urban areas (NCRHRP, 2017).
- Health
 - Higher percentage of those uninsured under the age of 65 compared to urban areas (NCRHRP, 2017).
 - Transportation to healthcare providers, higher levels of tobacco use among rural youth, and more than half of rural Americans lack access to high-speed internet are additional socioeconomic factors in rural areas (NRHA, 2023).

The Community

- A rural county in Western Kentucky
- One of eight counties in far-west Kentucky that make up the Purchase Area Development District (PADD) region.
- Population of approximately 31,777
 - 4.7% under the age of 5 years old
 - 19.9% under the age of 18 years old
 - 22.7% aged 65 years old and over (U.S. Census Bureau, n.d.).
 - Children in poverty is 15% (County Health Rankings, 2022).
 - Food insecurity in the county is 12% (County Health Rankings, 2022).
 - 50% of children are eligible for free or reduced-price lunch.

County Comparison - Access

County	Kentucky	United States
Primary Care Provider		
1 : 2220	1 : 1540	1 : 1310
Dentist		
1 : 2600	1 : 1520	1 : 1400
Mental Health Provider		
1 : 3120	1 : 360	1 : 350

Reference: County Health Rankings, 2022

County Comparison

County	Kentucky	United States
Suicide		
17 per 100,000	17	14
Firearm-related Deaths		
13 per 100,000	17	12

Reference: County Health Rankings, 2022

Community Health Assessment (CHA) Process

- Purpose
 - To identify key health needs and issues through data and develop strategies for action.
- Utilized the MAPP Process
- Process:
 - Invited community stakeholders to a meeting to discuss the CHA Process and request for data to assist
 - Held town hall meetings with vulnerable populations
 - Conducted a community survey
 - Traditional secondary data sources for CHA Process
- NOTE: CHAs (or CHNAs) are now required as part of the Public Health Transformation Framework (KRS 211.187)

Data

Secondary data analyses were performed from survey results conducted by the local health department, local public schools, and data from other community and regional partners.

- Quantitative data was analyzed using SPSS software.
- Qualitative data were analyzed through qualitative methodologies using a two-cycle coding process.

Findings

- Mental health identified as a top health issue in county
- Community Health Survey
 - Stress reported by 57.2% (n=281)
 - Mental health/suicide/anxiety reported by 33.6% (n=165)
- Town Hall Meetings
 - Lack of mental health services was identified as a barrier

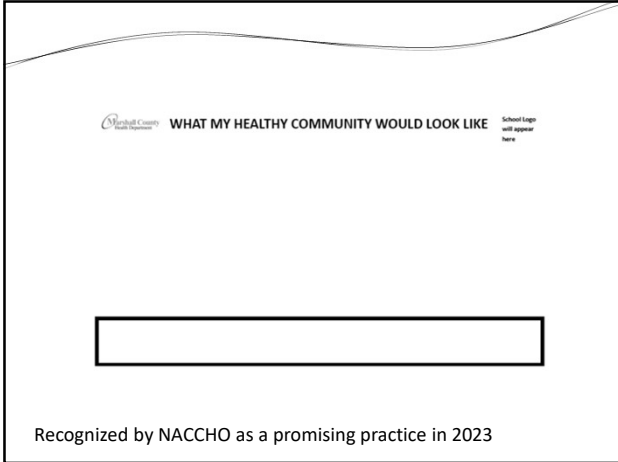
Town Halls & Visioning Sessions

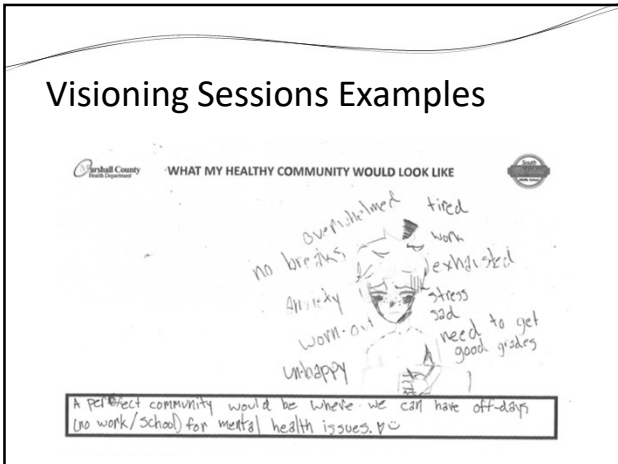
Town Halls

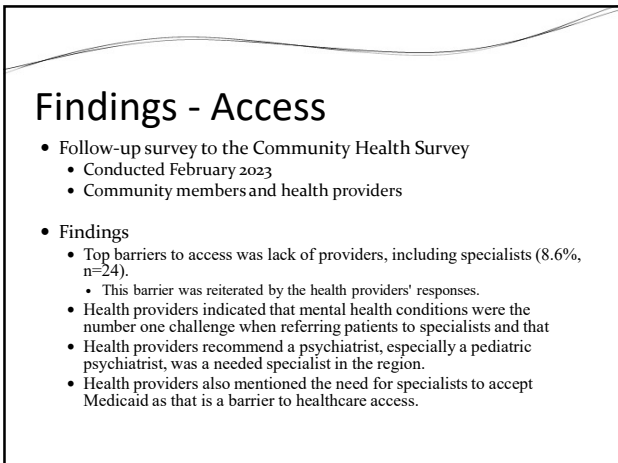
- 65+ individuals
- LGBTQ+
- Parents of kids under 5

Targeting Students

- Visioning Sessions
 - Conducted at the Public Schools
 - Two cycles
 - AY 2021-2022
 - Spring 2023
- PhotoVoice session with high school students







Recommendations

- Develop a plan for cross-training other professionals in the school to address the mental health needs of youth.
- Build partnerships with mental health providers in the community to provide telehealth services to students while at school.
- Work with healthcare providers to accept Medicaid from service recipients to increase access to mental health services among youth.

Take Away Points

- Policies need to be developed to address the geographical inequities in rural areas that are attributing to health disparities.
- Schools may be the ideal space to provide mental health services in rural areas
 - Provide cross-training to teachers to identify mental health issues and do referrals.
 - Telehealth services can be provided even if student does not have internet access at home.
 - Evidence-based programs, such as Iowa Strengthening Families, have shown to be effective in rural areas.

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Questions?



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