AZCOVIDTXT-RH Community Needs Assessment

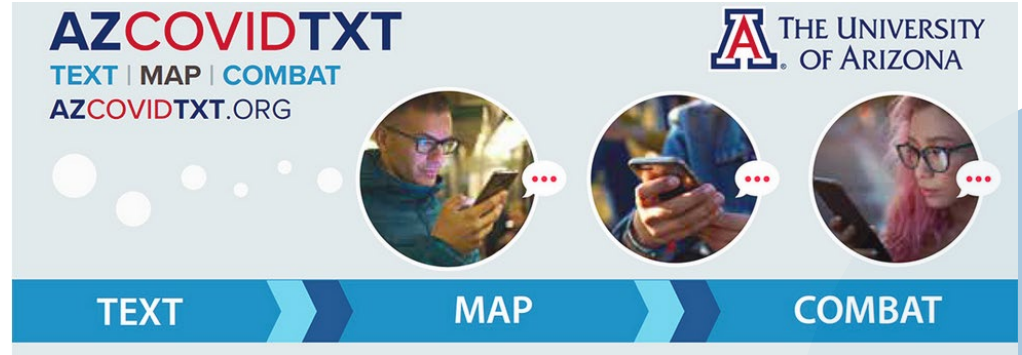Maiya Block Ngaybe , MPH & Samantha Heckman

Arizona Rural Health Conference | June 14th, 2022

AZCOVIDTXT-RH

What is AZCOVIDTXT-RH?

- A bilingual, information sharing platform that allows for the *dissemination of expert - curated health information tailored to the unique needs of rural healthcare workers*

AZCOVIDTXT-RH Background

Developed in collaboration with the Arizona Center for Rural Health as a component of the AHEAD AZ grant.

Based off AZCOVIDTXT, an established COVID-19 information sharing platform, but now focused on resilience too

The team is comprised of staff, faculty, and students across multiple University of Arizona colleges

Goal of AZCOVIDTXT -RH

OUR GOAL is to disseminate <u>tailored</u> information related to social determinants of health to <u>rural healthcare workers</u> in Arizona to support them and their communities to <u>build resilience</u> against future health - implicating disasters and shocks to community wellbeing and <u>promote health equity.</u>

AZCOVIDTXT-RH Objectives

Promote Resilience Through….

1

Providing rural healthcare workers with <u>weekly, expert-curated health information</u> related to community-specific <u>social determinants of health</u>

2

Supporting rural healthcare workers in <u>communicating health information</u> to their communities

3

<u>Tailoring health messaging</u> to the unique interests of rural individual healthcare workers and the needs of their communities

4

<u>Incorporating feedback</u> through input from community advisors and participants

5

<u>Collaborating</u> with local partners and organizations who are pursuing similar objectives

User Experience

Subscribe by texting "JOIN" or "UNIRSE" to the AZCOVIDTXT-RH phone number (1-833-410-2974)

Brief intake survey - used to ensure future content is tailored to their needs and interests

Users then gain access to relevant weekly health information

Regular opportunities to provide feedback on programmatic features and content

RESILIENCE

Resilience is "the ability of people, households, communities, countries and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth"
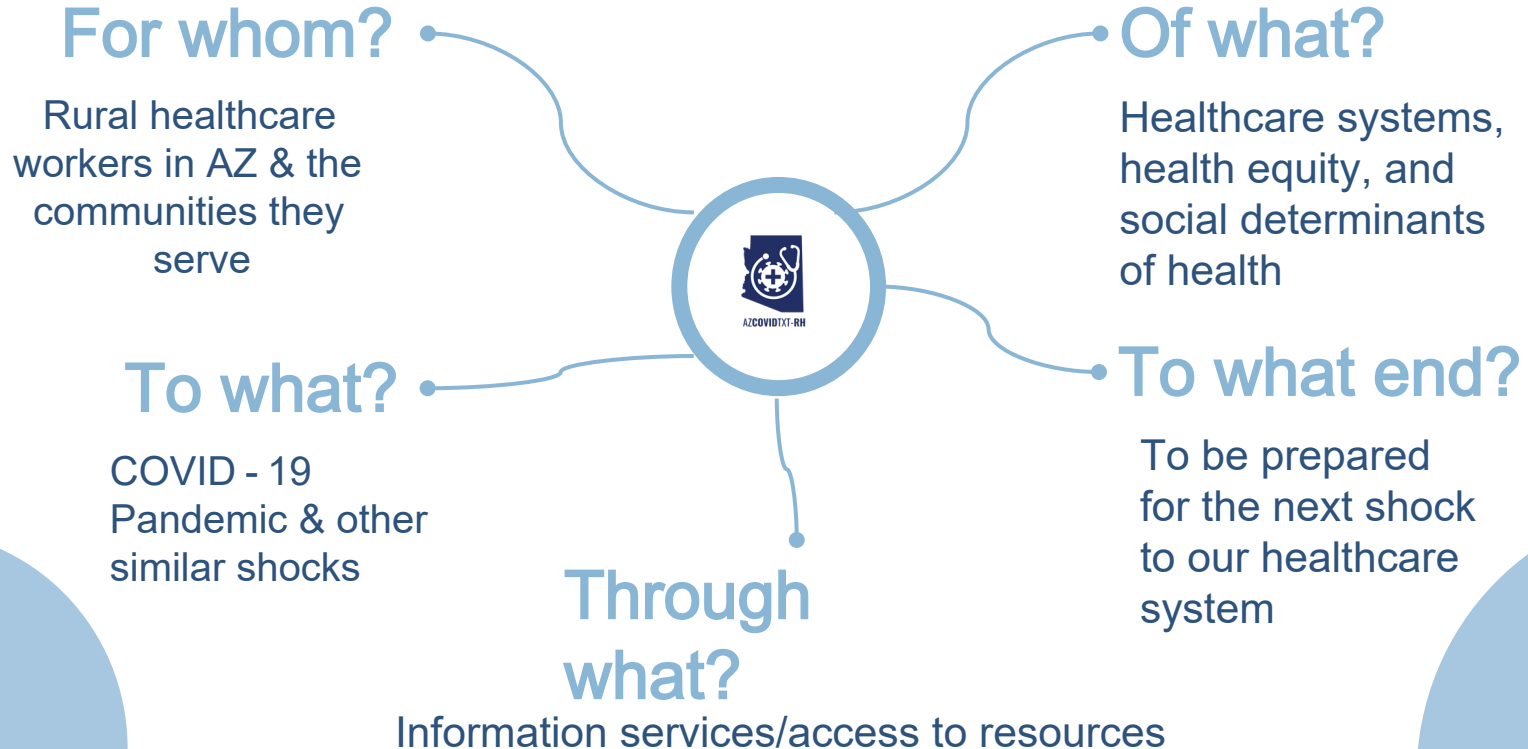
- USAID 2022

Framework, Logic Model, & Assumptions

AZCOVID -TXT Resilience

For whom?
Rural healthcare workers in AZ & the communities they serve

Of what?
Healthcare systems, health equity, and social determinants of health

To what?
COVID - 19 Pandemic & other similar shocks

To what end?
To be prepared for the next shock to our healthcare system

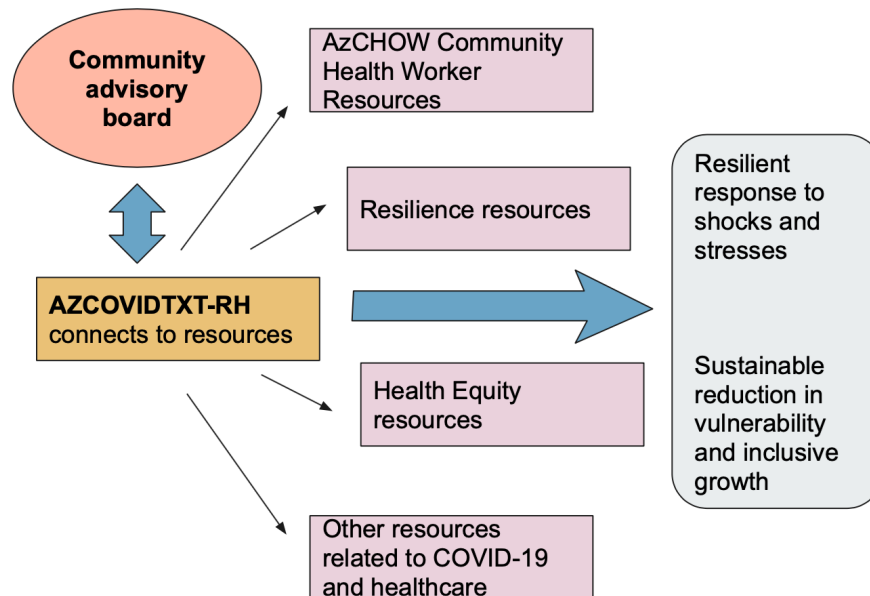**Through what?**
Information services/access to resources

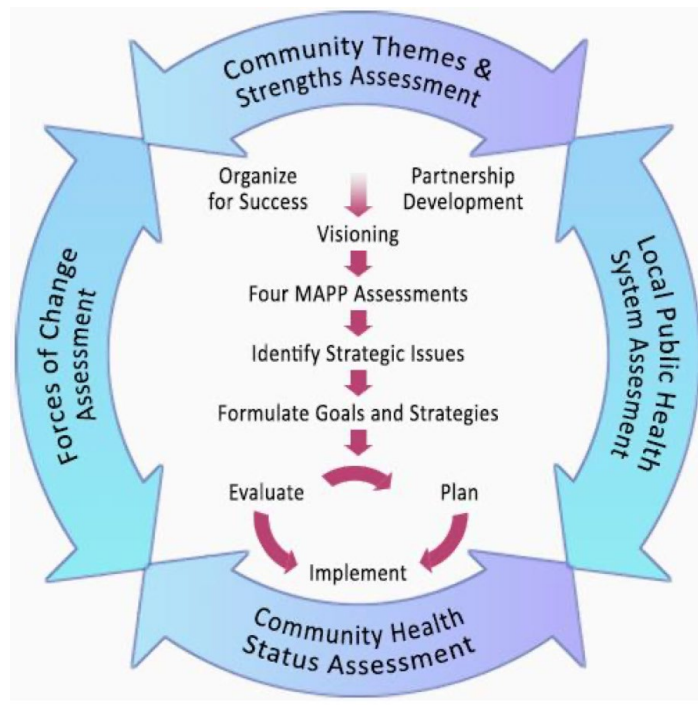# Logic Model

Social Determinants of Health Issues
- Economic Insecurity
- Lack of healthcare access
- Substance abuse
- Mental health
- Chronic disease(e.g. Obesity and diabetes)

Shocks and Stresses
- COVID - 19
- Climate Change

Community advisory board

AzCHOW Community Health Worker Resources

Resilience resources

AZCOVIDTXT-RH connects to resources

Health Equity resources

Other resources related to COVID-19 and healthcare

Resilient response to shocks and stresses

Sustainable reduction in vulnerability and inclusive growth

MAPP Framework

Desired Outcomes

Implementing strategies to improve messaging based on our findings

Foster relationships with community health care workers, leaders and stakeholders

Phase 1

Conduct a literature review

Phase 1-4

Conduct focus groups, community maps, & key informant groups

Phase 1: South/southeast
Phase 2: West
Phase 3: Central
Phase 4: North

Phase 5

Promotion & continued evaluation of the project

The Plan

Breakdown of State Regions

Phase 1: South/Southeast Arizona
- Pima
- Santa Cruz
- Cochise

Phase 2: Western Arizona
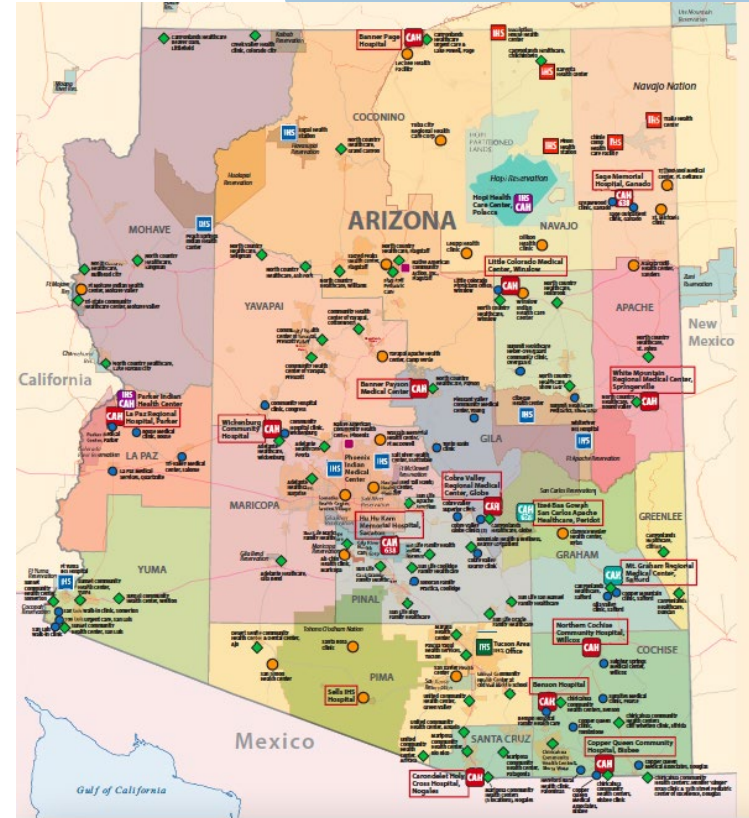- Yuma
- La Paz
- Mohave

Phase 3: Central Arizona
- Maricopa
- Pinal
- Graham
- Greenlee
- Gila

Phase 4: Northern Arizona
- Yavapai
- Coconino
- Navajo
- Apache

CNA Phase 0 Activities: Literature Review

- Existing CNA findings from rural Arizona
- Google Scholar searches
- Arizona and Local Health Department websites
- Initial meetings with community stakeholders
- Health Sciences Librarian, **Jean McClelland**

CNA Phase 0: Domains of Information Extracted

- Top three needs identified in each CNA
- Time period
- Health Equity issues
- Resilience issues
- Other relevant domains:
  - Mental Health/burnout
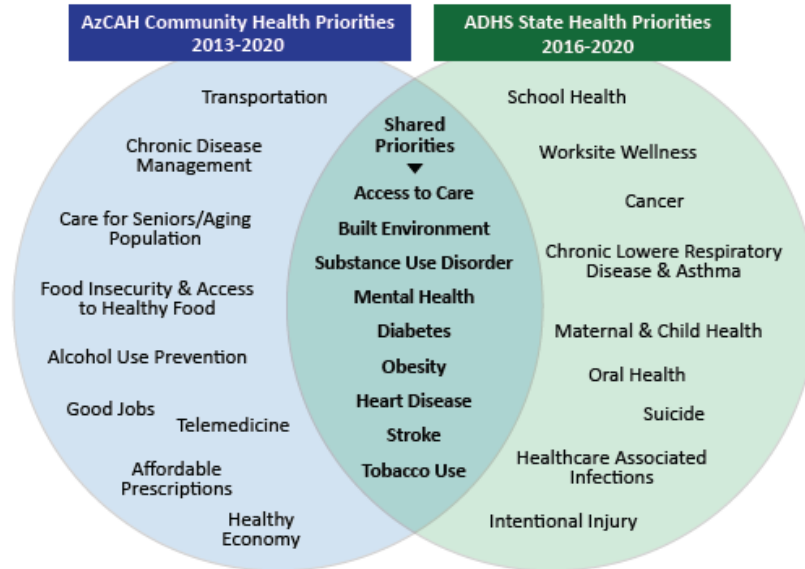 - Unemployment
  - Advocacy
  - Leading causes of death

Phase 0: Literature Search

SWOT Analysis

Strengths	Involvement of field experts, Unique project, Very adaptive, Collaborative, Machine learning (for message tailoring, personalized search)
Weaknesses	Limited human power (small team), Technological limitations, Current lack of rapport / relationships with rural community leaders
Opportunities	Potential for doing a lot of good, Optimize feedback opportunities for users, Leveraging existing resources / relationships from AZ AHEAD, Could leverage this project to meet future needs
Threats	Busy target population, Lack of potential interest / accessibility, Competing with other sources of information, Technical complications with SMS system, COVID - 19 burnout among users

Top Health Needs Around Arizona

AzCAH Community Health Priorities 2013-2020

Transportation

Chronic Disease Management

Care for Seniors/Aging Population

Food Insecurity & Access to Healthy Food

Alcohol Use Prevention

Good Jobs

Telemedicine

Affordable Prescriptions

Healthy Economy

Shared Priorities ▼

Access to Care

Built Environment

Substance Use Disorder

Mental Health

Diabetes

Obesity

Heart Disease

Stroke

Tobacco Use

ADHS State Health Priorities 2016-2020

School Health

Worksite Wellness

Cancer

Chronic Lowere Respiratory Disease & Asthma

Maternal & Child Health

Oral Health

Suicide

Healthcare Associated Infections

Intentional Injury

AzHIP Priorities 2021-2025

Health Equity

Health in All Policies/Social Determinants of Health

Mental Well-Being

Rural & Urban Underserved Health

CENTER FOR RURAL HEALTH

(Koch et al., 2022)

Figure 2B-5
Age-adjusted Mortality Rates[a] for the Five Leading Causes of Death by Gender in Urban[b] and Rural Areas, Arizona, 2019

Rank	Urban male	Urban female	Rural male	Rural female
1	Diseases of heart 168.9	Cancer 113.5	Diseases of heart 186.2	Cancer 129.1
2	Cancer 153.4	Diseases of heart 105.4	Cancer 168.9	Diseases of heart 110.2
3	Unintentional injury 79.1	Alzheimer's disease 39.1	Unintentional injury 97.2	Unintentional injury 47.3
4	Chronic lower respiratory diseases 38.4	Chronic lower respiratory diseases 34.7	Chronic lower respiratory diseases 54.5	Chronic lower respiratory diseases 46.7
5	Diabetes 29.9	Unintentional injury 34.0	Intentional Self-harm (suicide) 45.6	Alzheimer's disease 34.5

Notes: [a] Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard; [b] Urban = Maricopa, Pima, Pinal, and Yuma counties. The remaining counties comprise Arizona's rural areas.

South/Southeast

Pima, Santa Cruz, Cochise

Leading Causes of Death, By County

Pima County (2019)

1. Malignant Neoplasms (Cancer)
2. Diseases of Heart
3. Accidents
4. Chronic Lower Respiratory Diseases
5. Cerebrovascular Diseases

Santa Cruz (2019)

- **Infant:** Cardiovascular disorders (Rio Rico PCA) , low birthweight/short gestation disorders (Nogales PCA)
- **Ages 20 - 44:** Motor/non motor accident
- **Ages 45 - 64:** Chronic ischaemic heart disease
- **Ages 85+:** Chronic ischaemic heart disease (Rio Rico) Alzheimer's disease (Nogales)

Cochise (2017)

1. Cancer
2. Injury
3. Diabetes
4. Stroke
5. Kidney disease

Top Needs for South/Southeast AZ

- 2017 to 2022 timeframe
  - 5/9 included community input
- Top three needs:
  - Mental Health
  - Substance Use
  - Chronic disease (obesity/diabetes)

Count of County

Santa Cruz
11.1%

Pima County
33.3%

Cochise County
55.6%
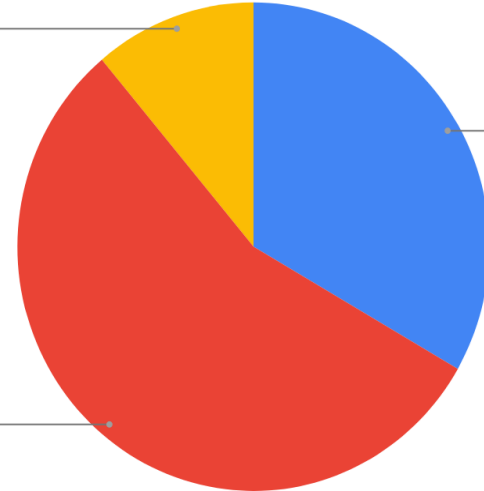
Mental Health/Burnout Issues

Pima County

- Poor mental health days (2022) :
  - 4.9
- **12%** of community members report <u>mental distress</u>
- Among Medicare seniors, **13.5 %** are treated for <u>depression</u>
- <u>High housing costs</u> relative to <u>family income</u> are associated with declines in mental health
- Suicide rate (2018):
  - 17.1 per 100,000

Santa Cruz County

- Poor mental health days (2022):
  - 4.2

Estimated on an annual basis (2018):

- 2,600 adults and 500 children (under 18) suffering from <u>depression</u>
- 3,960 individuals suffering from <u>anxiety</u>
- 2,700 individuals (>16) experiencing <u>a form of substance abuse</u>

Cochise County

- Poor mental health days (2022):
  - 4.4
- <u>Poor mental health</u> issues are prominent <u>among all ages</u> of county residents
- Suicide Rate → Sierra Vista (2019)
  - 27.3 per 100,000

# Health Equity Issues: Healthcare Access

Pima County

- **Uninsured (2022):** 12%
  - 26% of tribal Pascua Tribal members (2021)
- **PCP Ratio (2022):** 1,104:1
  - Pascua tribe region: 454:1 (2020)
    - AzDHS considered the Pascua Yaqui Tribal land a medically underserved area

Cochise County

- **Uninsured (2022)** : 11%
- **PCP ratio (2022):**
  - 1,840:1
- **Benson hospital SA:**
  - One of three rural critical access hospitals
  - 22 bed unit that provides care to skilled and acute nursing
  - Only 9 PCPs
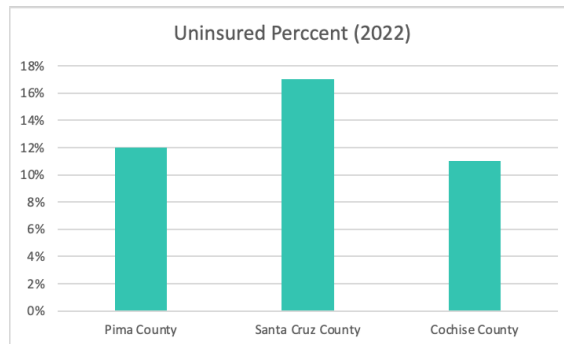
Santa Cruz County

- **Uninsured (2022):** 17%
  - Holy Cross Hospital SA: 78.1% (2018)
- **PCP ratio (2022):** 1,108:1
  - Nogales and Rio Rico have been designated as a Health Professional Shortage Area (2018)
- **16%** of the population reported not being able to see a doctor due to cost of medical care

Uninsured Perccent (2022)

County	Uninsured Percent
Pima County	12%
Santa Cruz County	17%
Cochise County	11%

West

Yuma, La Paz, Mohave

Leading Causes of Death, By County

Mohave County (2019)

1. Cardiovascular disease
2. Cancer & other Neoplasms
3. Chronic respiratory disease
4. Neurological diseases
5. Self harm & interpersonal violence

Yuma County (2019)

1. Heart disease
2. Cancer
3. Other
4. Chronic lower respiratory disease
5. Stroke

La Paz County (2012)

1. Heart disease
2. Cancer
3. Accidents
4. Suicides
5. Liver Disease

Top Health Needs for West AZ (2017 -2020)

- Mental Health
- Transportation
- Early learning and development
- Access to Healthcare

North

Yavapai, Coconino, Navajo, Apache

Leading Causes of Death, By County

Navajo County (2019)

1. Cardiovascular disease
2. Malignant neoplasms (cancer)
3. Accidents (unintentional injuries)
4. Diabetes
5. Chronic liver disease

Coconino County (2020)

1. Cancer
2. Heart Disease
3. Accident (motor vehicle, drug or alcohol accident, other)
4. Suicide
5. Chronic Liver Disease & Cirrhosis

Leading Causes of Death (cont.)

Apache County (2020)

- **Infant:** complications in placenta
- **15 - 19:** intentional self - harm
- **20 - 44:** alcoholic liver disease
- **45 - 64:** Malignant neoplasm of bronchus and lung
- **65 - 85+:** Cardiac arrest

(Springerville/Eager PCA)

Yavapai County (2019)

1. Heart Disease
2. Cancer
3. Coronary heart disease
4. Lung disease
5. Unintentional injury

Mental Health

Substance Use

Behavioral Health

Top Health Needs:
Northern AZ

Central/East

Maricopa, Pinal, Graham, Greenlee, Gila

Leading Causes of Death, by County

Graham County (2018)

1. Cardiovascular disease
2. Malignant neoplasms
3. Alzheimer's disease

Maricopa County (2019)

1. Cardiovascular disease
2. Cancer
3. Chronic Lower respiratory disease
4. Alzheimer's disease
5. Unintentional Injury

Leading Causes of Death (cont.)

Gila County (2017)

1. Cardiovascular disease
2. Malignant neoplasms
3. Accidents (unintentional injuries)
4. Drug - induced deaths
5. Intentional Self - harm (Suicide)

Pinal County (2020)

1. Cardiovascular Disease
2. Cancer
3. Chronic lower respiratory disease
4. Total Accidents
5. Lung Cancer

Access to Care

Substance Use

Mental/ Behavioral Health

Top Health Needs: *Central/East AZ*

Top Causes of Death in Rural AZ by Sex

Male:

1. Diseases of the heart
2. Cancer
3. Unintentional injury
4. Chronic lower respiratory diseases
5. Intentional self - harm (suicide)

Female:

1. Cancer
2. Diseases of the heart
3. Unintentional injury
4. Chronic lower respiratory diseases
5. Alzheimer's disease

(AZDHS, 2019)

Breakdown of State Regions

West

- Mental Health
- Transportation
- Early Learning & Development

North

- Mental Health
- Substance use
- Behavioral Health

South/Southeast

- Mental Health
- Substance Use
- Chronic disease (obesity/diabetes)

Central/East

- Access to Care
- Substance Use
- Mental/Behavioral Health

Next Steps: Phases 1-4

Next Steps

Focus groups and interviews for various healthcare workers

- Community health workers
- Public Health Professionals
- Specialized Care Providers
- Emergency Service Providers

Community Coalition Meetings

Community Advisory Board Recruitment

- Interview and Focus Group Participants

- Current AZCOVIDTXT(- RH) members

- Other stakeholders and experts in rural health and resilience around Arizona

Community Advisory Board's Role

Check in periodically to evaluate the progress of AZCOVIDTXT-RH

Guide the objectives, logistics, and content of messages to help it stay relevant to current rural health issues

Provide up-to-date, useful information which AZCOVID-TXT can share with subscribers

Continued Evaluation, Implementation, and Tailoring

- Periodic surveys
  - Pre‑test
  - Periodic feedback and evaluation surveys
  - Post‑test
- Interview evaluations
- Use of feedback and intake survey to further develop project implementation and tailoring complexity
- Continued expansion and recruitment of subscribers

Thank you !

Acknowledgements to our AZCOVID-TXT and AZ AHEAD teams for their help and support

Email mgblock@email.arizona.edu for questions about the project, or for a list of our references

@azcovidtxt

AZCOVIDTXT-RH

Text **JOIN** to
833-937-2974