

**Memorial Hospital, Inc.**  
**d/b/a Manchester Memorial Hospital**  
**2013 Community Health Needs Assessment**

**Executive Summary**

Clay County, Kentucky is nestled in the beautiful Appalachian Mountains. Unfortunately, those same mountains make it hard for a population suffering from joblessness and poverty to travel to the only urban area in the entire county, the city of Manchester. This transportation barrier leads to inadequate health care and poor eating habits due to lack of access to affordable, healthy foods.

In July 2010 the Washington Post labeled Clay County “the unhealthiest county in Kentucky”, as well as one of the unhealthiest in the nation.

Clay County is one of the lowest ranked counties in the state and nation on general health issues. In the County Health Rankings, published by the University of Wisconsin Population Health Institute, Clay County ranked 106<sup>th</sup> of 120 Kentucky counties in Health Outcomes (Healthiest Counties) and 120<sup>th</sup> in Health Factors (influences on the health of the county). *Source:*

<http://www.countyhealthrankings.org/#app/kentucky/2012/clay/county/1/overall>

Clay County is considered to be a food desert with only 11% of the population reported to have access to healthy foods. The County has small grocery stores and country stores and food costs are high. Residents must drive at least 25 miles to shop at a supermarket for more variety of produce and food products.

Concerned by the disease of the county and spurred on by the Washington Post article, several agencies, including Manchester Memorial Hospital (MMH or the Hospital), the Regional Health Department, and community members formed a coalition called Healthy Clay in 2011. Healthy Clay received funds through a Healthy Communities ACHIEVE grant sponsored through the Center for Disease Control (CDC). This coalition, which meets monthly, recognized several obvious health issues:

- 1) Clay County is located in an area of our nation labeled the ‘Coronary Valley’ due to the high rates of heart disease deaths;
- 2) The county is within the nation’s ‘Diabetes Belt’. People who live in the diabetes belt are more likely to have Type 2 Diabetes than people who live in other parts of the United States; and,
- 3) Clay County is located in the ‘Stroke Belt’ for the nation.

The vision of Healthy Clay is to accomplish several things over the next ten years:

- Create a community that recognizes and builds on its assets to create an economically vital and healthy place where people want to live, work and visit;
- Show the rest of Kentucky that Clay County is located within a cherished natural environment that provides many opportunities for active lifestyle choices;
- Build a community where an awareness of health and wellness is fully integrated into the policies and activities of worksites, schools and organizations; and

- Create a community that celebrates the success of individuals, families, and organizations that value and pursue healthy lives.

Manchester Memorial Hospital worked with Healthy Clay to conduct a Community Health Needs Assessment in 2013. Our goal was to identify the top health needs of the county’s residents, and develop a plan to address these needs. In order to ensure broad community input, core members of Healthy Clay serve on the Manchester Memorial Hospital Community Health Needs Assessment Committee (CHNAC). This committee included people who represented the needs of low-income and underserved populations. We also established an internal Hospital Health Needs Assessment Committee (HHNAC) that supported the CHNAC. The CHNAC and the HHNAC reviewed data, top issues, and resources available in the community.

Data for the Needs Assessment was obtained through interviews with several support-level agencies (representing the majority of residents – including underserved populations – in the county), interviews with community level organizations, a community forum, and secondary research. In partnership with the Cumberland Valley Regional Health Department, we will be receiving results of their MAPP (Mobilizing for Action through Planning and Partnerships) assessment, which pulls information from the populace of the county through surveys and interviews. It is believed that this additional information will further solidify the data that we have already obtained.

This data helped to determine that the top eight health-related issues affecting Clay County are as follows:

- Tobacco Use
- Physical Inactivity
- Cancer
- Heart Disease
- Diabetes
- Overweight Population
- Access to Healthy Food, and
- Access to Primary Care.

Clay County is a vivid example of how poverty and health disparities go hand in hand. For example, poor dietary options lead to obesity, which is a risk factor for heart disease and diabetes. Through in-depth review and discussion by the HHNAC and CHNAC (Healthy Clay) it was determined that the Hospital can help to make the most difference in the following areas: Diabetes, Access to Healthy Food, Heart Disease, Overweight population (while addressing the Physical Inactivity issue), and Cancer.

There are some programs available in the county addressing a portion of these health needs, both in the form of annual events and community classes; these are generally small and not well attended. The Hospital will assist in those programs as well as work with agencies to create new programs to ‘fill in the gaps’ where possible.

While the issue of ‘Cancer’ is a very broad topic, it is also an issue weighted with many different prognoses (no single one stands out in our county) and we believe that we can assist the individual groups that address various cancers with screening programs and education. The Memorial Hospital Foundation holds an annual breast cancer awareness program, Project Pink, every year. MMH has been

a collaborator in many community health initiatives and has a healthy partnership with many of the groups and agencies working within the community to combat our many health issues.

We chose NOT to prioritize the issue of Tobacco Use because MMH already provides a tobacco cessation program (the single program for the county and surrounding counties). Access to Primary Care was also NOT chosen. The State of Kentucky will expand Medicaid under the Affordable Care Act. Between Medicaid expansion and the Health Insurance Marketplace, we are anticipating that the rate of insurance coverage in Clay County will rise considerably. For patients who have access issues based on transportation needs, the Hospital has a new transportation program beginning soon; we believe it will make some difference in alleviating this problem.

### **Hospital Description**

Situated in the heart of the Daniel Boone National Forest, Manchester Memorial Hospital provides healthcare services to the Manchester community and surrounding area. Our facility began service in 1917 as the Oneida Mountain Hospital before building at the current location in 1971. As a hospital, our vision is to be the first choice in healthcare in our community. Our services include home health, lab, imaging, surgery, weekend express care, pediatrics, family medicine, internal medicine, and women's health.

Some of the advanced services provided by our Hospital are:

- A 64-slice, low-dose radiation CT scanner, which gathers high-resolution images of the heart, brain, or lungs in less than five seconds;
- An 11-bed Emergency Department equipped with two complete trauma/cardiac rooms and one isolation room;
- Computerized Physician Order Entry (CPOE), which puts us at the forefront of new medical technology designed to improved patient safety. Our Hospital ranks in the top 10.5% of the nation's hospital for having a fully-integrated electronic medical records system;
- ID system (medication positive patient identification – mPPID) provides a safer and more accurate process for administering medication. Only 5% of the hospitals nationwide are utilizing this technology designed to improve patient safety;
- High definition surgical imaging enhances precision cutting, analysis of potential problems, and evaluation of disease and digital mammography provides vivid images for physician, enhances diagnoses and ultimately improves treatment of breast cancer.

### **Defined Community**

Clay County, Kentucky is settled in the hills of the Appalachian Mountains and is surrounded by beautiful forests and a variety of wildlife. The county seat, Manchester, is the location of Memorial Hospital and the only urban area in the county. Because of the size of the county (469 sq. miles) and location of Manchester, many people have a large distance to travel for basic necessities and transportation is a large problem for many.

The people of Clay County have a rich heritage and culture and a strong sense of family. With this history, however, the struggles of life are also very real. Clay County has been named the 9<sup>th</sup> poorest

county in the country and falls well behind our state and country in almost every economic category. Education levels are low.

- Total population, 22,197
  - 53% male, 47% female, 24% <18 yrs, 24% >55 years, 89% white, 8% black
- High school graduation rate, 65% (41%, 25 and older, have no diploma), 7.9% have a bachelor's degree or higher.
- Average annual income of an individual - \$12,568, median household income - \$20,206
- Population below 200% federal poverty level - 60%

Clay County is the primary service area for MMH, representing zip codes: 40914, 40932, 40941, 40944, 40951, 40972, 40983, and 40962. This area not only represents the community but is also the area where the Hospital can create the biggest impact. All relevant data was collected from the primary service area.

*See Attachment 2.3*

### **Stakeholder Input Process**

Vital to the assessment of any community's health needs is the collection of primary data in which representatives of the community can provide their input regarding the community's significant health needs. The CHNAC and HHNAC determined that interviews with relevant community stakeholder be conducted. Interviews with targeted stakeholders were conducted via verbal interviews as well as written surveys. Targeted stakeholders were chosen because of their past and current interest in community health, their connections to a variety of demographics within the community, and their ability to represent the medically underserved, low-income and minority populations. They represent the educational system in the county, support agencies (both private and government run -providing social services, food assistance, transportation assistance, etc. to the at-risk members of Clay County), and the health department. Most of these members are also life-long residents of Clay County.

*See Attachment 2.6*

### **Community Health Needs Assessment Committee (CHNAC)**

This committee was made up of core members of a community coalition called Healthy Clay. Healthy Clay is a group that encourages healthy lifestyle choices by those living and working in Clay County through policy and community change. The group meets monthly, and Manchester Memorial Hospital is an active member.

As noted above, the vision of Healthy Clay is to accomplish several things over the next ten years:

- Create a community that recognizes and builds on its assets to create an economically vital and healthy place where people want to live, work and visit;
- Show the rest of Kentucky that Clay County is located within a cherished natural environment that provides many opportunities for active lifestyle choices;
- Be a community where an awareness of health and wellness is fully integrated into the policies and activities of worksites, schools and organizations; and

- Create a community that celebrates the success of individuals, families, and organizations that value and pursue healthy lives.

The Healthy Clay coalition, as a whole, consists of a wide representation of community leaders who are actively involved in community improvement overall. The key membership includes, but is not limited to: the Mayor of Manchester (county seat), the Clay County Judge Executive, the Superintendent of Clay County Schools, the Cumberland Valley District Health Department, Jackson Energy, Manchester Memorial Hospital, the Kentucky Department of Transportation, the University of Kentucky Extension Office, Operation UNITE, and Promise Neighborhood. The members bring experience and concerns for each area of the population that they serve, including low-income and underserved populations. .

Key members of the Healthy Clay coalition serve on the CHNAC.

*See Attachment 1.2*

### **Public Health**

Public health is represented on the CHNAC membership as well as a partner in the collection of primary data through MAPP assessments. The MAPP assessment data findings will complement the findings in our CHNA in order for the Hospital to develop effective community health strategies that serve all residents, including the very low income. In partnership with the Cumberland Valley Regional Health Department, we will be receiving results of their MAPP assessment, which pulls information from the populace of the county through surveys and interviews. Lynnett Renner, Director of the Cumberland Valley District Health Department (CVDHD), served on the CHNAC and as a partner in completing the MAPP assessment for the Health Department. Rhonda Bowling, Health Educator for the CVDHD, served on the CHNAC as well as assisted in locating key leaders in the community for additional information. Both Lynnett and Rhonda have served on county coalitions for health development (professionally and personally) as well as in the creation of several large grants that have benefitted the county. Both of these individuals also bring tremendous amounts of expertise in community needs assessment to the table.

### **Data Sources**

Primary Data Sources included:

- Interviews with stakeholders
- Top Ten Hospital Diagnoses for MMH (2012 ER visits, 2012 Inpatient Admissions), September 2012
- Community Health Forum facilitated by UNITE (**U**nlawful **N**arcotics **I**nvestigations, **T**reatment and **E**ducation) and a Community Transformation Grant (a federal grant that helps communities plan for and implement a comprehensive community health plan)

Secondary Data Sources included:

- CHNA.org
- Healthy People 2020 (<http://chfs.ky.gov/dph/hk2010.htm>) – 2010 data
- <http://chfs.ky.gov/dph/hk2010.htm> - 2010 data

- <http://apps.nccd.cdc.gov/PASurveillance/StateSumResultV.asp?Cl=&Year=2007&State=36#data> -2007 data
- <http://www.cdc.gov/nchs/nhds.htm> - 2010 data
- [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf) - 2007 data
- <http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=TU&yr=2008&qkey=4396&state=All> – 2008 data
- <http://chfs.ky.gov/NR/rdonlyres/E065E6AB-42C0-49C0-A007-C643C1D9D4B0/0/HKY2010Ch3.pdf> - 2010 data
- <http://www.chna.org/Report/Datalist.aspx> (expansive list of sources found for this report) – 2010 data

### Data Collection & Analysis

The CHNAC performed one-on-one interviews with targeted stakeholders (this included verbal interviews as well as written surveys).

Internal Hospital data was used, showing the Top 10 diagnoses.

In addition, a community health forum was held by UNITE to find out what community members thought were their greatest health concerns and where agencies should focus their attention. The UNITE findings were then shared with MMH.

Secondary data was gathered from a number of sources as listed above. The primary and secondary data sets were then compiled and shared with the Community Health Needs Assessment Committee and the Hospital Health Needs Assessment Committee. The findings from the interviews, as well as the secondary data, were discussed at length. The committees looked at subjective opinions from the interview process and cross-referenced it with the technical secondary data. Both committees determined the health needs using government and clinical data available as well as perception of the community. In determining the final list of needs that they would address, both committees utilized a Decision Tree format that assisted the committees in focusing on those identified health needs for which the Hospital had the ability to provide programs as well as the community assets already available and currently addressing the issues.

*See Attachment 3.3*

### Asset Inventory

Of the top eight identified health needs, there are several Hospital and /or community programs available, but they tend to be poorly attended, very short-term, and/or not indicative of a collaborative effort throughout the community.

- **Diabetes** is found to have a support group in the community (facilitated by the Cumberland Valley District Health Department) that provides educational classes throughout the year. Our Hospital is working on the glycemic index of patients, but education is lacking throughout that program.
- In the area of **Nutrition**, there are regular classes provided in the community (Clay County Cooperative Extension Office), but they are poorly attended and only available to people who

have access to transportation to such events. The Hospital's 'Live It Up!' program provides some nutrition education, but it is limited to middle school students at present.

- **Heart Disease** is a concern for the entire community and there are no known community programs addressing this issue, though the Hospital provides regular free health screenings (through our mobile unit) which check blood pressure and total cholesterol.
- In the area of **Physical Inactivity and obesity** it was found that several community groups (Clay County Cooperative Extension, and independent community groups in the form of 5Ks) have programs to address this problem, but they are in need of assistance and, while the Hospital provides the education program of 'Live It Up!' and a fitness center, they are limited in attendance (age and monetary limits). Promise Neighborhood (<http://www.berea.edu/esp/programs/promise-neighborhood-program/>) has been able to provide some programs, but with sporadic funding.
- With regard to the high rate of **Cancer Incidences and Cancer Morbidity** there is a community group, the Clay County Cancer Coalition, which provides gas cards to patients needing treatment and The American Cancer Society holds 'Relay for Life' each year. The Hospital Foundation holds an event for breast cancer each October.
- The City of Manchester has set a city-wide smoking ban to address the issue of **Tobacco Use** and the Hospital provides a smoking cessation program throughout the year.
- **Lack of Access to Primary Care:** There are two agencies, Daniel Boone Community Action Agency and LKLP Community Action Council, in the community that provide transportation assistance. These agencies are criteria bound (income, vehicle ownership, household member with vehicle) and, very often, restrictive for people to easily use.

*See Attachment 3.1*

## **Data Summary**

The Secondary Data Spreadsheet, Healthy People 2020 data and the Priority-setting Decision Tree are attached to show where the priorities were scored. Both the HHNAC and CHNAC looked at the data to determine the highest needs and came up with eight priorities. The CHNAC used the Priority-setting Decision Tree to determine if these needs were being addressed and how the Hospital could be a partner in current programs or a leader in new initiatives. They then narrowed the list to five issues to be address by Manchester Memorial Hospital.

The top health issue addressed was **Tobacco Use**. The Hospital receives grant funding from KY-ASAP (Kentucky Agency for Substance Abuse Policy) and uses those funds to provide nicotine-replacement-therapy products for participants in their smoking cessation program (Cooper Clayton Method to Stop Smoking) throughout the year. MMH is the only one currently providing these classes for Clay and surrounding counties. Also, the city of Manchester went smoke-free in 2012 (the Hospital went completely tobacco free in 2011) and the county is discussing following suit. The discussion led to the belief that this was a strong initiative to battle this issue.

The second health issue was **Physical Inactivity** and it was determined that this issue could be addressed *while* addressing concurrent issues.

The third health issue was **Cancer** and the biggest conversation in both committees was not *if* it was an issue that would be addressed but *which cancer* should be focused on. While cancer is a very broad topic, it is believed that it is an important subject with many victims and should be addressed.

The fourth health issue was **Heart Disease** and committees recognized that very little is being done to directly address this issue, therefore it would be one of our top priorities.

The fifth health issue was **Diabetes** and, while the Hospital and community are addressing the issue, it is believed that there could be more to bring the issue to the forefront.

The sixth health issue was the community's **Overweight Population** and both committees believe that this is an issue that HAS to be addressed, as reducing the number of people that are overweight would, inevitably, reduce the number of a myriad of other health disparities.

The seventh health issue was **Access to Healthy Food**. While Clay County is, indeed, in a food desert, many people don't realize the health that can be found in the foods available. The committees felt that this issue could be addressed in education as well as working to provide more healthy foods through partnerships with local agencies and agricultural members of the community.

The eighth health issue was **Access to Primary Care**. Medicaid expansion and the Health Insurance Marketplace are expected to help with un-insurance issues. MMH has begun a transportation program that is expected to help alleviate issues as it relates to transportation.

*See Attachments 2.3 & 3.2*

## **Priority Selection**

While the selection of the top eight health issues was a challenge, prioritizing the top issues that Manchester Memorial Hospital should address in the near future was a lengthy conversation and process. So many of the issues are interrelated, and several are already being addressed but the depth of their reach is questioned. **Tobacco Use**, as stated before, is being addressed by our community as a whole, **Physical Inactivity** is something that will be addressed while discussing our priority issues, and **Access to Primary Care** is being addressed in the community and in a new Hospital program. A Priority Selection Report and template were utilized to help identify and aggregate the top health needs of the defined community using the primary and secondary data collected. The CHNAC used this Priority Selection Report tool to assist in the review of data collected and prioritization of the top eight health needs.

## ***Selected Priorities***

**Priority One:** While **Diabetes** is being addressed in the community and in the Hospital, it lacks visibility. The Hospital would like to play a bigger role in educating the entire community (staff and providers included).

**Priority Two: Access to Healthy Food** – a high number of the population has transportation difficulties and, with only one urban area in the county, lack of access to fresh and healthy food. The American Journal of Preventive Medicine states that the highest rates of obesity are in areas with no large supermarkets, while the lowest rates are among people living near supermarkets. Areas with higher rates of obesity are more prone to obesity related diseases, such as Diabetes and Heart Disease. MMH is not able to solve the food access issue on its own but will support community partners who do.



**Priority Three:** It was determined that there is very little being done to address the issue of Heart Disease; it was therefore determined that we would like to be a leader in our community in this area.

**Priority Four:** The Hospital wants to show more support to the community initiatives addressing the issue of an **Overweight Population**, and believes that expansion of the CREATION Health program into worksite wellness can result in a great impact.

**Priority Five: Cancer** – While the community programs provide awareness on differing cancers with 5Ks and other events, they are fleeting and the Hospital believes it could help in providing more education on prevention.

### ***Priorities Not Selected***

**Priority Six: Tobacco Use** – We chose not to currently address tobacco use because it is being addressed through several community programs. Manchester Memorial Hospital offers smoking cessation and other community agencies offer various smoking cessation programs.

**Priority Seven: Physical Inactivity** – We chose not to address physical inactivity directly because we believe that this issue will be addressed through initiatives that are ultimately addressing other priorities.

**Priority Eight: Access to Primary Care** – We also chose not to address access to primary care because the community is also addressing this issue. The Hospital also has a new transportation program that helps address this issue.

As mentioned earlier, the biggest challenge is in the recognition that many of these health issues are so interrelated. For example, if a person is physically inactive, it can be assumed that this can lead to being overweight, which would bring up issues such as diabetes and heart disease.

*See Attachment 3.3*

### **Next Steps**

This Community Health Needs Assessment was approved by the Manchester Memorial Hospital Board in Fall 2013.

In the coming months, Manchester Memorial Hospital staff will be meeting with the HHNAC and CHNAC, as well as the full Healthy Clay board, to map out a list of potential projects. We will prioritize these projects based on the programs already in the community (to work together and not separate from their sponsoring groups), funds availability, and impact possibilities. There will also be a period of evaluation at several points throughout the life of the projects to determine if significant improvements are being made in the areas addressed and if alterations to the program could improve those possibilities.

These activities will form the Community Health Plan (implementation strategy) that will be completed and published by May 15, 2014. Implementation will also begin at that time.