2016 COMMUNITY HEALTH NEEDS ASSESSMENT

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1. **Executive Summary: The Community Health Needs Assessment Process**

    Goals

    Manchester Memorial Hospital in Manchester, Kentucky conducted a Community Health Needs Assessment in 2016. The goals of the assessment were to:
    - Engage public health and community stakeholders including low-income, minority and other underserved populations
    - Assess and understand the community's health issues and needs
    - Understand the health behaviors, risk factors and social determinants that impact health
    - Identify community resources and collaborate with community partners
    - Publish this Community Health Needs Assessment
    - Use Assessment findings to develop and implement a 2016-2019 Community Health Plan (implementation strategy) based on the Hospital's prioritized issues

    Methods for Engaging the Community in the Assessment

    The 2016 Community Health Needs Assessment was built on input from people representing the broad community, as well as low-income, minority and other medically underserved populations. This input was solicited throughout 2016, and was gathered and considered in multiple ways:

    1. The hospital formed a Community Health Needs Assessment Committee (CHNAC) that included representatives of the hospital and community with a special focus on underserved populations within the hospital community/service area. Those members of the Committee who serve members of minority, low-income and other medically underserved populations are indicated in the listing The Committee's role was to guide the Assessment process and select the priority issues for the hospital's community. Specific Committee functions include:
        a. Review of all primary and secondary data
        b. Prioritization of key issues identified in the Assessment
        c. Selection of Priority Issues to be addressed by the hospital
        d. Assistance with the development of a Community Asset Inventory (see Section 9)
        e. Participation in community stakeholder surveys
        f. Development of the Community Health Plan (implementation strategies) to address the Priority Issues identified in the Assessment.
    2. Community surveys *(see Appendix)*
    3. Public Health input and expertise
        a. Membership on the CHNAC
        b. Reliance on Public Health input and expertise throughout the Assessment process *(see Section 6)*
        c. Use of Public Health data (s*ee Section 7)*

    Community Health Needs Assessment Committee (CHNAC)

    In order to assure broad community input, Manchester Memorial Hospital (MMH) created a Community Health Needs Assessment Committee (CHNAC) to help guide the hospital through the Assessment process. The Community Health Needs Assessment Committee included representation not only from the hospital, public health and the broad community, but from low-income, minority and other medically underserved populations.

The CHNAC met twice in 2016. They reviewed the primary and secondary data, helped define the Priority Issues to be addressed by the hospital, and helped develop the Community Health Plan (implementation strategies) to address the Priority Issues. *See Section 5 for a list of CHNAC members.*

Data
Manchester Memorial Hospital collected both primary and secondary data. The primary data included stakeholder and community surveys, and internal hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to Manchester Memorial Hospital over the past year.

Much of the secondary data report was compiled through www.CommunityCommons.org. Their secondary data sources included publicly available from state and nationally recognized data sources. *See Section 7 for a list of data sources.*

Asset Inventory
The next step was a Community Asset Inventory. This Inventory was designed to help the Manchester Memorial Hospital and the Community Health Needs Assessment Committee (1) understand existing community efforts to address these particular issues and (2) prevent duplication of efforts as appropriate. *See Section 9 for the Asset Inventory.*

Selection Criteria
Using the data findings and the Community Asset Inventory, the Community Health Needs Assessment Committee narrowed the list of 8-12 issues to the Top 5 Priority Health and Health Behavior/Risk Factor Issues (determinants of health).

Next, the Community Health Committee used a Decision Tree tool that uses clearly defined criteria to select the top Health and Health Behavior/Risk Factor Issues.

The Decision Tree criteria included:
  A. How **acute** is the need? (based on data and community concern)
  B. What is the **trend**? Is the need getting worse?
  C. Does the hospital **provide services** that relate to the priority?
  D. Is someone else – or multiple groups – in the community **already working** on this issue?
  E. If the hospital were to address this issue, are there opportunities to **work with community partners**?

Priority Issues
The Community Health Needs Assessment Committee selected five Priority Areas. S*ee Section 11 and 12 for an explanation of the issues chosen and not chosen, and the reasons why or why not.*

  1. Obesity/Overweight population
  2. Tobacco usage
  3. Behavioral health
  4. Diabetes
  5. Cancer

Approvals

The Community Health Needs Assessment findings and selected Priority Issues were approved by the Manchester Memorial Hospital Board on November 15th, 2016. The final Needs Assessment was posted on the hospital's web site prior to December 31, 2016.

Next Steps

Next, the Community Health Needs Assessment Committee will work with Manchester Memorial Hospital to develop a measurable 2017-2019 Community Health Plan (implementation strategy) to address the priority issues. The Plan will be completed and posted on the hospital's web site prior to May 15, 2017.
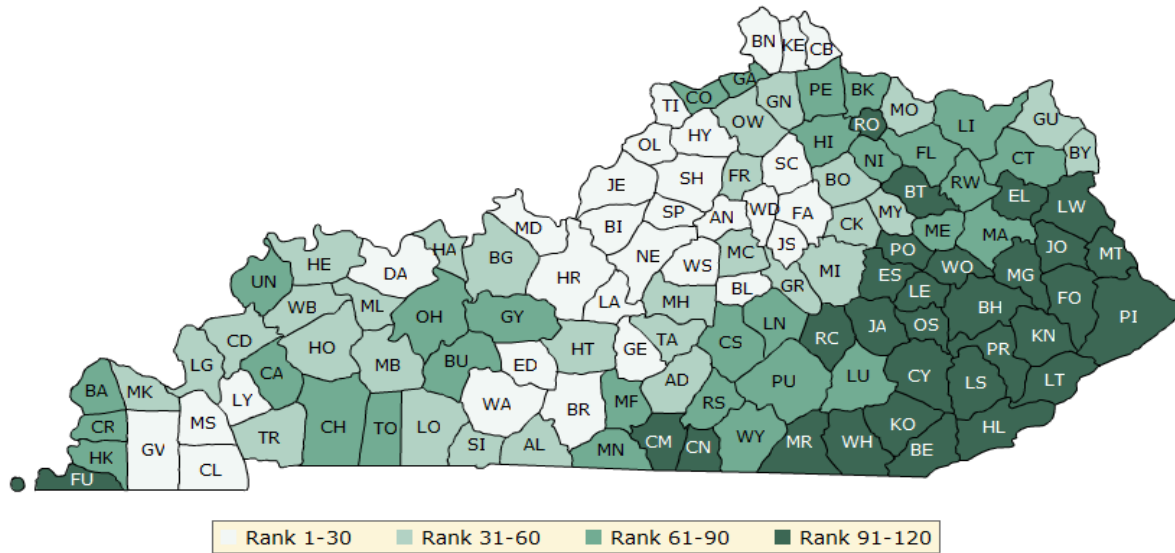
2. Hospital Description

Situated in the heart of the Daniel Boone National Forest, Manchester Memorial Hospital is a 63 bed hospital which provides healthcare services to the Manchester community and surrounding areas. 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, orthopedics, cardiology 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) that 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.

- Electronic medical records improve patient safety and quality of care.

Manchester Memorial Hospital is part of the Adventist Health System (AHS), which has 44 hospitals in 10 states. AHS is a national leader in quality, safety and patient satisfaction. Although separated in geography, our facilities are united by the common values of Christian mission, community wellness, quality and service excellence, high ethical standards, compassion and cultural diversity. Our facilities practice the tradition of whole-person care in all that we do.

3. Choosing the Community

Manchester Memorial Hospital (MMH) defined its "community" as its Primary Service Area (PSA) from which 75-80% of its patients come.

4. Community Description & Demographics

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.

Clay County, Kentucky is settled in the hills of the Appalachian Mountains and is surrounded by beautiful forests and a variety of wildlife. Once known as the 'Painkiller Capital', the county seat, Manchester, is now dubbed the 'City of Hope'. Manchester is also the location of Memorial Hospital and is the only urban area in the county. Because of the size of the county (465 sq. miles) and location of Manchester, many people have long distances to travel for basic necessities and healthcare, and transportation is a problem for many. This transportation barrier leads to inadequate health care and poor eating habits due to lack of access to affordable, healthy foods.

The total population of 21,463 is 54% male and 46% female, and primarily white (93%). Much of the Manchester community is very poor. The capita income of an individual is $13,542 with a median household income of $22,626, and 37.7% of the population is 100% below the federal poverty level.

Grappling with the decline of coal, the quality of life for the underserved population living in Clay County has been on a decline for the past decade. Clay County falls well behind our state and country in almost every economic category. Education levels are also low; 36.4% of people 25 years and older have no high school diploma. The unemployment rate is 9.8%.

Back in July 2010, the *Washington Post* labeled Clay County 'the unhealthiest county in Kentucky', as well as one of the unhealthiest in the nation based on general health issues. In the current *County Health Rankings* published by the University of Wisconsin Population Health Institute, Clay County ranks 115th of 120 Kentucky counties in Health Outcomes (Healthiest Counties) and 119th in Health Factors.

Rank 1-30 Rank 31-60 Rank 61-90 Rank 91-120

Clay County is located in an area of our nation labeled the 'Coronary Valley' due to the high rates of heart disease deaths. The county is also within the nation's 'Diabetes Belt'. According to research from the American Diabetes Association, 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. Clay County is located in the nation's 'Stroke Belt' as well.

Clay County is a vivid example of how poverty and health disparities go hand in hand. For example, poor dietary options, a sedentary lifestyle and lack of exercise lead to obesity. Obesity, which is a risk factor for heart disease and diabetes that we so obviously struggle with, has reached an epidemic level in Clay County.

Clay County is also considered a food desert with 21.96% of the population reported to have low food access. The county has small grocery stores and country stores, and food costs are high. Residents must drive at least 25 miles on average to shop at a supermarket for more variety of produce and food products. Obviously, this is another detriment to the health of our county.

The remoteness of the area, substandard infrastructure and lack of synergy can be blamed for nearly non-existent business and community development in the county.

5. Community Health Needs Assessment Committee (CHNAC)

An external Community Health Needs Assessment Committee was formed to help Manchester Memorial Hospital conduct a comprehensive assessment of the community. The Committee included representation from the broad community and public health, as well as low-income, minority and other medically underserved populations. The Committee met regularly throughout 2016.

Name	Entity/Agency Represented	Title	Minority	Low-income	Public Health	Other Medically Under-served
Laura Lee Howard	University of Kentucky, Cooperative Extension Office, Clay County – offers educational programs in nutrition, gardening and other household skills	CEA for Family & Consumer Sciences, community member	x	x	x	
Angela Hubbard	Red Bird Mission – spiritual, educational, health and outreach ministries for low-income people	Home Health Nurse, community member		x	x	x
Neeraj Mahboob, MD	Medical Associates of South Eastern Kentucky – medical practice that sees patients of all income levels	Physician	x	x	x	x
Leslie Sizemore	Clay County Physical Therapy/TheraCare – PT, OT and speech/language services. OT representative to the Technical Advisory Council for Medicaid.	CEO		x	x	x
Luke Shepard	First National Bank – business community	President, First National Bank				x
Kathy Miller	Clay County Health Department – public health services		x	x	x	x
Christie Green	Healthy Clay – healthy lifestyle coalition. Cumberland Health Dept. – public health services		x	x	x	x
James Philips	Clay County Clerk's Office – county government	County Clerk	x	x		x
Missy Roberts	Clay County Public Schools – school system			x	x	
Tammy Jones	Martin Family Resource Center – school-family-community partnership to build ties among schools, social services, and community partners. Serves low-income families.			x	x	x

Hospital Health Needs Assessment Committee
Manchester Memorial Hospital also formed an internal committee with cross-departmental representation from within the Hospital staff. This Committee accepted the findings of the Community Committee, and will work with the Committee to implement strategies to address those needs. Complete details about the HHNAC are provided in Appendix 1.1.

	Name	Position
1	Eric Lunde	Chief Operating Officer
2	Hurriyat Ghayyur	Director, Community Benefit, Outreach, Marketing, CREATION Health and Business Development
3	Arlene Baker	Director, Case Management/Utilization Review
4	James Couch	Director, (medical) Clinic Operations
5	Darlene Jones	Manager, Patient Financial Services and Physical Therapy Clinics
6	Megan Kunkel	Diabetes Educator
7	Kellie Gray	Dietitian
8	Michelle Hoskins	Administrator, Home Health – Adventist Health System Kentucky Division
9	David Watson	Director, Engineering, Plant Services and Patient Experience

6. Public Health

Public Health is not only represented on the Community Health Needs Assessment Committee, but is also a partner in the collection of primary data through MAPP assessments (Mobilizing for Action through Planning and Partnerships). The MAPP assessment data findings have complemented the findings in our CHNA, helping the Hospital develop effective community health strategies that serve all residents, including the very low income. In partnership with the Cumberland Valley Regional Health Department, we received results of their MAPP assessment, which pulls information from the populace of the county through surveys and interviews. Christie Green, 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. Kathy Miller, Clay County Health Department, served on the CHNAC as well as assisted in locating key leaders in the community for additional information. Both of these individuals also bring tremendous amounts of expertise in community needs assessment to the table.

Christie Green, MPH, MCHES, has worked in public health for 19 years. Before coming to Cumberland Valley District Health Department, she served as a Public Health Services Manager for Madison County Health Department. In that role, she was responsible for clinical support services, interpreter services, information technology and EHR implementation, communications and marketing, and public health emergency

preparedness and response activities. In addition to working in local public health, Ms. Green teaches public health organization and administration for the Masters in Public Health program at Eastern Kentucky University. She serves on the board of directors for the New Opportunity School for Women and is a member of the Rockcastle Karst Conservancy.

Kathy Miller, APRN, Clay County Health Department Supervisor. She began working at Clay County Health Department directly after receiving her RN degree from EKU in 1992. She started working in Home Health fulltime for a year and also worked weekends at Manchester Memorial Hospital that first year out of school. She then transferred to Clay County Health Department Public Health as an RN and worked in the general clinic until 1996 at which time she was selected to go to the APRN/Title X program at Emory University in Atlanta, Georgia. She completed her APRN in 1997 and has worked in the clinic as a Family Planning/ Women's Health APRN since that time. She has worked in many of eastern Kentucky's health departments as an APRN through her position at Clay County, including the Harlan, Bell County, Jackson, Rockcastle, Laurel, Whitley, Jackson, Middlesboro and Pineville Health Departments, as well as Middlesboro ARH Hospital (when the District Health Department had a Prenatal Clinic there). She has also served as Nurse Case Manager for the Kentucky Woman's Cancer Screening Program (KWCSP) since 2001. In November 2015, she was promoted to Supervisor at Clay County Health Department. She continues to have clinics twice times a month in Clay County, and once a month in Rockcastle and Whitley County.

7. **Other Community Collaborations**
As referenced above, Manchester Memorial Hospital is actively engaged in partnerships and the MAPP process with the Clay County and other health departments.

The Hospital is also active in the Healthy Clay Coalition. Healthy Clay works to encourage healthy lifestyles among those living and working in Clay County through policy and community change. Healthy Clay's 10-year vision is:
a. A community that recognized and builds on its assets to create and economically viable and healthy place where people want to live, work and visit.
b. Located within a cherished natural environment that provides many opportunities for active lifestyle choices
c. A community where an awareness of health and wellness is fully integrated into policies and activities in worksites, schools and (other) organizations
d. A community that celebrates the success of individuals, families and organization who pursue health lives

In addition, Hospital leadership is highly engaged with the public school system, Chamber of Commerce (economic development) and other community organizations working to improve the quality of life in Clay County.

8. Primary & Secondary Data Sources

Primary, Secondary and Hospital Utilization date were used in this Needs Assessment.

Primary Data
a. Community Health Needs Assessment Committee
b. The hospital conducted a two-page community input Survey of community members at the hospital and/or its affiliated clinics, as well as with church groups and at community meetings. A total of 351 responses was received. The responses reflected the demographic and ethnic makeup of the community. (S*ee 9.A. for a compilation of the findings, and the Appendix for a copy of the survey questions)*
c. Hospital Utilization Data (Top 10 Inpatient and Emergency Department diagnoses by payer

Secondary Data
Secondary Data Note: the following data sources are included in the Community Commons/chna.org tool.
a. Cardiac Arrest Registry to Enhance Survival (CARES), 2011-2012
b. Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)
c. Centers for Disease Control & Prevention (CDC), National Center for Chronic Disease Prevention & Health Promotion, 2012
d. Centers for Disease Control & Prevention (CDC), National Vital Statistics System
e. Centers for Disease Control (CDC), Wide-Ranging Online Data for Epidemiologic Research, 2006-2010
f. Dartmouth Atlas of Health Care, Clinical Practice, 2012
g. Dartmouth College Institute for Health Policy
h. Federal Bureau of Investigation (FBI), FBI Uniform Crime Reports with additional analysis by the National Archive of Criminal Justice Data
i. Healthy People 2020
j. National Institutes of Health (NIH); National Cancer Institute (NCI); Surveillance, Epidemiology and End Results Program; State Cancer Profiles; 2007-2011
k. University of Wisconsin Population Health Institute, County Health Rankings, 2015
l. US Census Bureau, American Community Survey (ACS), 2009-2013
m. US Census Bureau, Small Area Health Insurance Estimates, 2013
n. US Dept. of Agriculture (USDA), Economic Research Service, USDA Food Access Research Atlas, 2010
o. US Dept. of Health & Human Services (HHS), Center for Medicare & Medicaid Services (CMS), Provider of Services File, Sept. 2015
p. US Dept. of Health & Human Services (HHS), Health Indicators Warehouse
q. US Dept. of Health & Human Services (HHS), Health Resources & Services Administration (HRSA), Area Health Resource File, 2013
r. US Dept. of Labor (DOL), Bureau of Labor Statistics, Sept. 2015
s. Healthy People 2020 (http://chfs.ky.gov/dph/hk2010.htm) – 2010 data
t. http://chfs.ky.gov/dph/hk2010.htm - 2010 data
u. http://apps.nccd.cdc.gov/PASurveillance/StateSumResultV.asp?CI=&Year=2007&State=36#data -2007 data
v. http://www.cdc.gov/nchs/nhds.htm - 2010 data
w. http://www.census.gov/quickfacts/table/INC110214/21051
x. http://chfs.ky.gov/NR/rdonlyres/E065E6AB-42C0-49C0-A007-C643C1D9D4B0/0/HKY2010Ch3.pdf - 2010 data
y. http://www.countyhealthrankings.org/sites/default/files/state/downloads/2016%20Health%20Outcomes%20-%20Kentucky.png

9. Data Summary & Priority Selection

A review of the Secondary Data showed the following:

Name of Issue	Magnitude # or % of people impacted	Rationale					
		Disparity Is one group of people affected more than another?	Acuity of Need High, Medium or Low	Trend Is the Issue getting worse?	Hospital Capacity Is this something the hospital could change or improve?	Duplication Is someone else leading out on the Issue?	Collaboration Is there opportunity to work with others?
Obesity/Over-weight population and physical inactivity	30.1% of adults aged 20+ self-report no leisure time activity. 33% of adults have BMs >30. 71.68% of adults 18+ have been told by a doctor that they have high cholesterol. 46.7% of adults 18+ self-report a Body Mass Index (BMI) between 25.0 and 30.0 (overweight).	All	High	Yes	Yes	No	Yes Promise Neighborhood
Tobacco usage	34.9% of the population aged 18+ indulge in smoking. Lung Cancer Incidence rate (per 100,000 pop) is 113.3%	All	High	Yes	Yes	No	Yes American Lung Association
Behavioral health (drug/substance abuse)	22.5% adults aged 18+ say they have insufficient social/emotional support all or most of the time. 22.7% of people with Medicare report battling depression.	Adults	High	Yes	Yes	No	Yes Chad's Hope Hawk Creek Church
Diabetes	12.1% of adults aged 20 have been diagnosed with Diabetes.	Men: 13.4% Women: 12.8%	High	Yes	Yes	Yes	Yes Cumberland Valley Health Department
Cancer	Cancer mortality rate is 264.7% (per 100,000 population)	Adults	High	Yes	Yes	No	No

A. Primary & Secondary Data – high-level findings

The Primary and Secondary data sets were compiled into charts (below). Both the Community and Hospital Community Health Needs Assessment Committees looked at the data sets to determine the highest needs and used the Decision Tree *(Attachment 3.2)* 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. Challenges include the rural nature of the area and the minimal numbers of community resources compared to other U.S. communities.

Primary Data: top 8-10 health priorities identified in 350 community surveys

1	Cancer	6	Teen pregnancies/Low Birth Weight
2	Diabetes	7	Mental Health Disorder
3	Heart Disease	8	Asthma - Children
4	High BP/Cholesterol	9	Immunizations - Children
5	Respiratory Diseases- Adults	10	Immunizations- Adults

Secondary Data: top 8-10 health priorities identified by the CDC, BRFSS, DOH and other publicly available sources

1	Overweight	6	Physical Inactivity
2	Tobacco Use	7	Colon Cancer
3	Heart Disease	8	Diabetes
4	Teen pregnancies/Low Birth Weights	9	Stroke Mortality
5	Lack of access to health care	10	Poor General Health* - *self reported*

Primary Data: top 8-10 health priorities identified by internal Hospital Data (ER & Inpatient)

1	Sepsis	6	RBC Disorder
2	Pulmonary Edema & Respiratory Failure	7	Pneumonia
3	COPD	8	Renal Failure
4	Heart Failure	9	Cellulitis
5	Gastro & Misc. Digestive Disorders	10	

B. Primary & Secondary Data – Aggregated Priorities

A review of the high-level findings above led to a list of eight aggregated priorities.

	Issue	Ethnic Group	Age Group	Specific Geographic Area
1	Diabetes	All	All	Manchester/ Clay County
2	Over weight population - youngsters	All	School-aged children	Manchester/ Clay County
3	Mental health	All	All	Manchester/ Clay County
4	Heart disease (BP, cholesterol, weight)	All	All	Manchester/ Clay County
5	Cancer	All	Adults	Manchester/ Clay County
6	Physical inactivity	All	All	Manchester/ Clay County
7	Teenage pregnancies	All	Teenagers (Female)	Manchester/ Clay County
8	Tobacco usage and substance abuse	All	All	Manchester/ Clay County

10. **Asset Inventory**

The Hospital then conducted an Asset Inventory to determine what if any priority-related services were available in the community. This Inventory would help with the prioritization process.

Of the top eight identified health needs cited in Section 9.B., there are several Hospital and /or community programs available, but many tend to be poorly attended, short-term, and/or not indicative of a collaborative effort throughout the community. There is opportunity for improvement in these programs.

   A. **Asset Inventory Summary**

- **A Diabetes** support group (facilitated by the Cumberland Valley District Health Department) provides educational classes throughout the year. Our Hospital is working on the glycemic index of patients and holds quarterly Diabetes Management classes.

- In the area of **Physical Inactivity and Obesity,** several community groups (Clay County Cooperative Extension and independent community groups sponsoring 5K runs) have programs to address this problem, but they are in need of assistance. The Hospital provides 'Live It Up!' and 'Summer Fitness' education programs, and has a fitness center, they are limited in attendance (due to age and monetary limits). Over the years, Promise Neighborhood has been able to provide some programs, but with sporadic funding.

- With regards to the high rate of **Cancer Incidences and Cancer Morbidity,** the Clay County Cancer Coalition provides gas cards to patients needing treatment; the American Cancer Society holds 'Relay for Life' each year. The Hospital Foundation also holds an event for breast cancer awareness each October.

- The City of Manchester has set a city-wide smoking ban to address the issue of **Tobacco Use.** The Hospital regularly provides a smoking cessation program in conjunction with the American Lung Association.

- In the area of **Behavioral Health**, there is a dearth of any kind of support group or organization/s to support emotional well-being and treat behavioral problems of the local residents.

- **Teen Births** is an area of growing concern for the community but, apart from the local church groups, no awareness/education is available. The Hospital encourages teens to make better choices for a healthier and happier life via its CREATION Health seminars in the local Middle and High schools.

- **Heart Disease** is a concern for the entire community and other than the Hospital, there are no known community programs addressing this issue. The Hospital provides regular free health screenings (through our mobile unit) which check blood pressure and total cholesterol. We also launched a Cardiology Clinic in July 2014, which is helping improve coronary issues.

**B. Detailed Asset Inventory for Top Issues Defined by the Primary and Secondary Data**

Issue	Current Community Programs	Current Hospital Programs
Lack Social/Emotional support - - 22.5% receive insufficient support, leading to behavioral problems like drugs and substance abuse, crime, psychological disorders, etc.	✓ Clay Co. Health Dept.- General health education (on request) ✓ Extension Office - Community Family Fun Nights (3/year)	✓ CREATION Health Live It Up!
Cancer mortality - Age adjusted rate 264.7 (every 100,000 pop). HP 2020 target <=160.6	✓ Clay Co. Health Dept. - Micro Clinics (adults @ risk of chronic diseases, once/quarter) ✓ Relay for Life ✓ Cancer Coalition (gas cards to cancer patients)	✓ Project Pink - Breast Cancer Awareness (annual) ✓ Advertising on awareness (focus on digital media)
Age-adjusted population indulging in **Tobacco smoking:** 34.9% (US avg. is 18.1%). Age-adjusted lung cancer mortality at 90.3.	✓ Cooper-Clayton Smoking Cessation Program	✓ Freedom From Smoking Program (8-week session, quarterly)
Overweight Population - 46.7% of adults aged 18+ self- a Body Mass Index (BMI) between 25.0 and 30.0 (overweight). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. **Physical Inactivity -** 30.1% of adults aged 20+ self-report no leisure-time activity **Obesity -** 33% of adults aged 20+ self-report a BMI >30	✓ Clay Co. Board of Education - Health education curriculum (K8 and k9) ✓ Clay Co. Board of Education - Jump Start (elementary students, 30 minutes before school) ✓ Extension Office - Healthy Walking, Healthy Life (3 months/year) ✓ Extension Office - Nutrition Programs (3-4/year) ✓ Extension Office - Cooking School ✓ Extension Office - Just Get Moving (families, 3/year) ✓ Community 5Ks	✓ Summer Fitness & Nutrition Program (annual, open to the community)
Age-adjusted **Diabetes** diagnosed population is 12.1%. Diabetes rate in males is 13.4% and 12.8% in females.	✓ Clay Co. Health Dept. - Diabetes Support Group (Adults, 1/month) ✓ Humana Vitality Checks (adults, covered by KEHP, on request) ✓ Clay Co. Health Dept. - National Diabetes Prevention Program	✓ Glucose screenings ✓ Glycemic Index goals ✓ Quarterly diabetes classes ✓ CREATION Health lifestyle seminars ✓ Focused CREATION Health education in PCU (pilot)
Teen Births – Birth rate of 63.9% (per 1000 pop.) in Manchester area		✓ CREATION Health lifestyle choices
Heart disease – age-adjusted death rate per 100,000 populations is 289 vs. 175 for US average. 25.6% of adults aged 18+ have told by a doctor that they have coronary heart disease or angina.		✓ Screenings: EKGs on mobile unit with special emphasis in February (Heart Health month)

11. Decision Tree

The Committee considered the Asset Inventory, and used the following questions and a Decision Tree to select Priority Issues from the list in Section 9.B.

- A. How **acute** is the need? (based on data and community concern)
- B. What is the **trend**? Is the need getting worse?
- C. Does the hospital **provide services** that relate to the priority?
- D. Is someone else – or multiple groups – in the community **already working** on this issue?
- E. If the hospital were to address this issue, are there opportunities to **work with community partners**?

Decision Tree
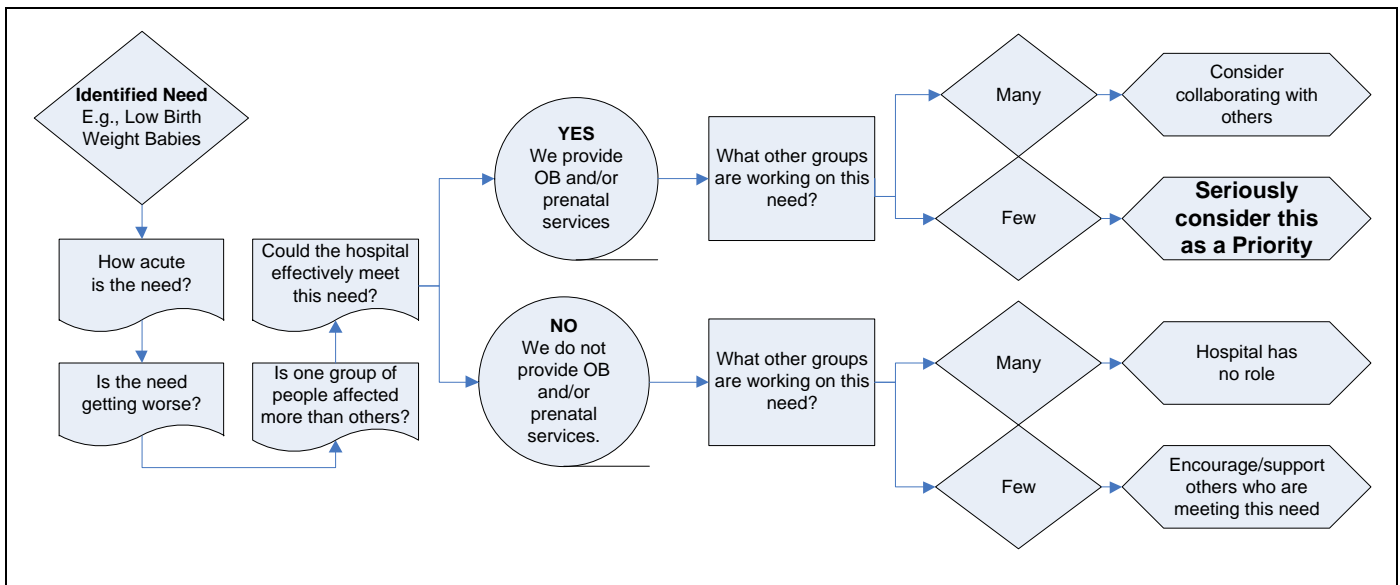
12. Priority Issues to be Addressed

The Manchester Memorial Hospital Community and Hospital Needs Assessment Committees chose the following Priority Issues to be addressed by the Hospital. The rationale for the selections is included below.

a. **Obesity/Overweight Population**: The Washington Post published article in 2010 entitled "Unhealthy Manchester" labeled Manchester, in Clay County, as one of the unhealthiest places in the nation. While the statistics found in that article have been called into question *(52% obesity in Clay County),* our current statistics show that 33% of adults in Clay County are obese. With growing community concern and a Healthy People 2020 national goal of 30% for obesity, we see this as a large concern. There have been several groups working to combat this issue, but they have funding issues and we are hoping to help in alleviating that problem, as well as provide some ongoing programs in addition. This issue was highlighted by both the committees and 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.

b. **Tobacco Usage:** 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 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.

c. **Behavioral health:** 22.5% adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. With this data and having an overview of the problems existing in the community, the Committees felt that this dearth of social support was leading a large majority of the youth to indulge in wrongful practices like tobacco, drug and substance abuse. The Committees will look to determine what kind of support is feasible.

d. **Diabetes:** Of the Clay County population, 12.1% are diagnosed with diabetes. The national percentage is 9.11% (the State rate is 10.79%). While the Health Department provides education through support groups, their attendance is low and we see many patients in our hospital with high glucose levels. Our hospital staff finds that, many times, these patients do not understand the best practices for treating their diabetes (diet, activity, etc.). It is also a goal of our hospital to reduce high glucose rates during patient stay, recognizing that the practice and education need to continue after patients are discharged.

e. **Cancer:** Clay County's cancer mortality rates are 1.5 times larger than the national average. Community concern is on the growing number of cancer diagnoses occurring in the area. A few small groups providing education and events, but they tend to focus on women's issues. We would like to partner in those events and bring some attention to the men in the community – encouraging them to get screenings.

13. Identified Issues that will Not Be Addressed

The Hospital will not address these issues for the following reasons:

a. **Heart disease**: Since our last CHNA (2013), the Hospital opened a new Cardiology clinic to service the Clay County area, in partnership with UK Gill Heart Institute and Appalachian Regional Hospital (ARH). The local health department has also started extensive micro-clinics to combat heart disease, and the hospital already offers screenings on its mobile medical unit.

b. **Teen pregnancies**: Through our CREATION Health program, the Hospital is trying to empower the younger generation into making better choices for themselves. The hospital has no capacity to address teen pregnancy rates.

14. Next Steps

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 and work together (not separately from their sponsoring groups) on 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 April 25, 2017. Implementation will also begin at that time.

15. Written Comments on 2013 Needs Assessment

We publicly posted our Community Health Needs Assessment 2013 on our website (www.manchestermemorial.org) prior to May 15, 2014, and have not received any written comments thus far. In case we do, we shall proceed to handle them as required.

18. Evaluation of the Strategies Undertaken in the 2013 Community Health Plan

The Hospital conducts an annual Evaluation of the progress made on its Community Health Plan (Implementation Strategies). The Evaluation is reported to the IRS in the hospital's Form 990. The following narrative is a copy of the 2015 Community Health Plan Evaluation as noted in Form 990, Schedule H, Part V, Section B, Line 11.

Manchester Memorial Hospital has 63 beds and is located in the town of Manchester in Clay County, KY. The town's total population is 1,420 people. The Manchester area is extremely mountainous and rural, and very low income, meaning that access to health care and other services is very limited for many residents.

The hospital's 2013 Community Health Needs Assessments reminded hospital and community leaders that health indicators in Clay County are among the worst in Kentucky, and that Kentucky indicators are among the worst in the nation. However, access to health care has improved since 2013. Kentucky expanded Medicaid under the Affordable Care Act; today, 45% of Clay County residents are enrolled in Medicaid. Expansion reduced the state's uninsured rate to just 10% (12% in Clay County).

Priority: Lack of Transportation

2013 Description of the Issue: Transportation was not specifically identified in the 2013 Community Health Needs Assessment, but is a major need in this mountainous, low-income, rural community. The impact of the lack of transportation is seen throughout the Priority Issues identified in the hospital's Needs Assessment.

2015 Update: Manchester Memorial Hospital continued to operate its "Mission in Motion" vans. The two vans transport low-income and elderly people to and from medical appointments, and is used for other purposes noted below.

Priority: Diabetes

2013 Description of the Issue: While Diabetes is being addressed in the community and in the hospital, it lacks visibility among residents. The hospital wanted to play a bigger role in educating the entire community including staff and providers on the need to address diabetes.

2015 Update: Manchester Memorial Hospital used its "Mission in Motion" van to screen over 100 low-income people for diabetes (another 400 were screened in 2014). The unit also provided education on diabetes prevention and management to this population. Patients with high blood sugar levels were referred to local providers including Medicaid providers and the community's free clinic for uninsured patients.

Priority: Access to Healthy Food

2013 Description of the Issue: A high number of the population near the hospital have 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. While the hospital cannot solve the food access issue on its own, it will support community partners who work on the issue.

2015 Update: Manchester Memorial Hospital provided onsite Nutrition education to 20 area businesses. The Mission in Motion van transported residents to grocery stores, where "shopping tours" were also offered. The hospital reached over 700 seventh and eighth graders on healthy eating choices through Live It Up classroom session based on the principles of CREATION Health (choice, rest, environment, activity, trust, interpersonal relations, outlook and nutrition).

Priority: Heart Disease

2013 Description of the Issue: Although heart disease is a major cause of death, there was little being done to address the issue of Heart Disease in Clay County.

2015 Update: MMH provided 150 onsite cholesterol and blood pressure screenings at local businesses. It also provided free nicotine therapy tools to the Cooper Clayton smoking cessation program.

Priority: Overweight Population

2013 Description of the Issue: 43% of Clay County residents are considered obese vs. 32% for the rest of the state

2015 Update: Manchester Memorial Hospital worked to address obesity and overweight issues through wellness programs. The CREATION Health lifestyle program began expansion into worksite wellness programs, and programming is also open to the public. MMH is also teaching "Live It Up" classroom sessions to seventh and eighth grade students in Clay, Jackson and Owsley Counties. Live it Up is based on the CREATION Health principles and includes nutrition education.

Priority: Breast and Other Cancers

2013 Description of the Issue: Overall, cancer rates in Clay County are slightly higher than the rest of Kentucky. However, breast cancer rates stand at 41 cases per 100,000 residents vs. 22 per 100,000 for the rest of the state.

2015 Update: MMH is addressing the issue of breast cancer. Prevention and early detection outreach for 30+ females in Clay, Jackson and Owsley Counties reached 400 in 2015; these numbers included uninsured and other low-income women. The hospital used the Mission in Motion mobile unit to disseminate educational materials on breast cancer and breast care at community events, and supports community awareness efforts on other cancers through 5Ks and other events.

Priorities Considered but Not Selected

Tobacco Use: We chose not to prioritize tobacco use because it is already being addressed. Manchester Memorial Hospital offers smoking cessation programs, and other community agencies offer various smoking cessation programs.

Physical Inactivity: Physical inactivity is linked to most of the items we did choose, and is addressed in our CREATION Health programs. Therefore, we believe that this issue will be addressed through other initiatives.

Access to Primary Care: The Manchester community has three FQHCs through Grace Community Health Centers. There are school-based clinics at Clay County Middle School as well as Goose Rock and Hacker Elementary Schools. The clinics accept Medicaid, Medicare and insurance; uninsured patients are seen on a sliding fee scale basis. The MMH Primary Care Center also provides primary and OB care. MMH's transportation program serves people in remote parts of the community.

Appendix: Community Survey Questionnaire

This survey was taken by 350 residents of the Manchester Memorial Hospital community.

Primary Data Collection

1. Gender ☐ Male ☐ Female

2. Age (Please check and specify)

   ☐ 10–20 _____   ☐ 20–30 _____   ☐ 30–40 _____

   ☐ 40–50 _____   ☐ 50+ _____

3. Income status

   ☐ Less than $30,000   ☐ $30,000 - $60,000   ☐ $70,000 - $100,000

   ☐ $100,000 - $150,000   ☐ $150,000+

4. Race

   ☐ American Indian / Alaska Native   ☐ Asian   ☐ African American

   ☐ White   ☐ Other (please specify) _____

5. Marital status

   ☐ Single   ☐ Widowed   ☐ Married   ☐ Divorced/Separated

6. Education

   ☐ High school graduate   ☐ College

   ☐ Post-graduate   ☐ Other (please specify) _____

7. How would you rate the following? (Please check one box per statement)

	Excellent	Good	Fair	Poor	Very Poor
Overall community health status					
Your personal health status					
Community understanding of health risks					
Your own understanding of health risks					
Community quality of life					
Your own quality of life					

8. What do you see as the greatest **health problems/conditions** in our community (check 3)

   ☐ Cancer   ☐ Mental Health Disorder   ☐ Heart Disease

   ☐ Immunizations – children   ☐ Immunizations – adult   ☐ Asthma – children

   ☐ Respiratory disease – adults   ☐ High blood-pressure / cholesterol   ☐ Diabetes

☐ Teen pregnancy rates / low birth-weight babies

☐ Other (please describe)

9. Which health **behaviors/risk factors** are the most common in our community? (check 3)

☐ Obesity   ☐ Substance abuse – alcohol   ☐ Seatbelt use

☐ Substance abuse – drugs   ☐ Smoking   ☐ Aging population

☐ Risky sexual behaviors   ☐ Poor nutrition   ☐ Lack of exercise

☐ Lack of family / religious support systems   ☐ Firearms in homes

☐ Other (please describe) _____

10. Which **community conditions** most impact the health of people in our community? (check 3)

☐ Unemployment   ☐ Low income families / poverty   ☐ Crime / violence

☐ Homelessness   ☐ Access to dental care   ☐ Air & water quality

☐ Lack of grocery stores / access to healthy food   ☐ Low education levels/literacy

☐ Lack of family / religious support systems   ☐ Inadequate transportation

☐ Lack of health insurance / affordable care

☐ Other (please describe) _____

11. Who in our community promotes good health? _____

_____

12. What are one or two things that they do that are effective? _____

_____

13. If you were in charge of promoting good health, what would you do first? _____

_____

14. Who else should we talk to? _____

_____

15. Do you use the internet?   ☐ Yes   ☐ No

16. What websites do you log on to?

☐ Facebook   ☐ Twitter   ☐ Hotmail   ☐ Yahoo!   ☐ Gmail   ☐ Google+

☐ LinkedIn   ☐ Instagram   ☐ Search Engines   ☐ Other _____

17. How frequently do you log online?

☐ Less than 4 hours/day   ☐ 4-8 hours/day   ☐ More than 8 hours/day _____

18. What devices do you use to connect?

☐ Desktop / Laptop   ☐ iPad / tablet   ☐ Cellphone

19. What other media do you look at? (Check all that apply)

☐ Billboard   ☐ Newspaper   ☐ Radio   ☐ Magazines   ☐ Newsletters

☐ Pamphlets / brochures   ☐ Direct mail / postcards