



2013 Community Health Needs Assessment

Catholic Health Partners' (CHP) long-standing commitment to the community covers more than 150 years. This commitment has expanded and evolved through considerable thought and care in considering our communities' most pressing health needs. One avenue for examining these needs is through a periodic, comprehensive Community Health Needs Assessment (CHNA) for each CHP hospital. The most recent assessments were completed by teams comprised of CHP and community leaders. They include quantitative and qualitative data that guide both our community benefit and strategic planning.

Through our CHNA, CHP has identified the greatest needs among each of our hospital's communities. This enables CHP to ensure our resources are directed appropriately toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.

The following document is a detailed CHNA for Marcum & Wallace Memorial Hospital (MWMH). Marcum & Wallace Memorial Hospital has extended the healing ministry of Jesus by improving the health of our communities for more than 50 years. Marcum & Wallace Memorial Hospital is a licensed Critical Access Hospital and Level 4 Trauma Center characterized by its family-centered care, community involvement and progressive ideas in healthcare. Providing primary care, outpatient services and a wide range of specialty clinic services, MWMH serves as a regional referral center the following Eastern Kentucky counties: Estill, Lee, Powell, & Owsley counties. Marcum & Wallace Memorial Hospital outpatient services include: Laboratory, Radiology, Rehabilitation, Sleep Medicine, Cardiac Services, and Nutritional Therapy.

CHP has responded to community health needs as part of a five-year strategic plan that concludes in 2013. Planning also has begun on a five-year plan that will guide CHP through 2018. Recently, CHP has built new hospitals in Cincinnati, Springfield and Willard, all in Ohio, and renovated and expanded facilities in Toledo, Youngstown, Lima and other communities served by CHP. CHP is investing more than \$300 million in an electronic health system as we build integrated networks of care designed to improve the health of communities. We operate health and fitness centers, hospice facilities, outpatient clinics and senior living facilities.

CHP contributes more than \$1 million per day in community benefit services as we carry out our long-standing mission of extending care to the poor and under-served.

Marcum and Wallace Memorial Hospital strives to meet the health needs of its community. Please read the document's introduction below to better understand the health needs that have been identified.

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Introduction

Community Served by Hospital

Geographic Identifiers: Estill, Lee and Powell Counties

Zip Codes: 40336, 41311, 40380

Information and Data Considered in Identifying Potential Need

Information and Data Sources: Federal, State or Local Health or Other Departments or Agencies; Community Input

Source #1: Focus Group Meetings across Region

Date of Data/Information: Fall 2012

Source #2: Survey Instrument for Community Input

Date of Data/Information: Fall 2012

Source #3: Inpatient/Outpatient Origin Report

Date of Data/Information: 2011 Calendar Year

Source #4: U.S Census

Date of Data/Information: 2010

Source #5: Kids Count Data Center

Date of Data/Information: 2010

Source #6: Kentucky Health Facts

Date of Data/Information: varies

Source #7: BRFSS

Date of Data/Information: 2004-2010

Executive Summary

Cancer

- Higher rates of Cancer (compared to Kentucky), particularly colon cancer.
- MWMH currently offers community education and screenings for colon cancer, but the community is not aware of the availability of this service.

Capacity and Adequacy of Service Levels

MWMH currently works to provide community education and screenings for colon cancer, but needs to increase awareness of this service within the community.

Current Service Providers

Marcum & Wallace Memorial Hospital and Estill County Health Department

Obesity

- Lack of physical activity and obesity (compared to Kentucky).
- Limited activities/programs within the community to address this need.

Capacity and Adequacy of Service Levels

Limited activities within the community to address this need — most initiatives target children with no focus on adults.

Current Service Providers

Marcum & Wallace Memorial Hospital has a Dietician/Diabetes Educator that works with patients to address eating habits and healthy food choices.

Heart Disease

- Higher rates of heart disease (compared to Kentucky).
- No defined programs within the community to address heart disease.

Capacity and Adequacy of Service Levels

Limited cardiology services available within the community. Patients face financial burdens when traveling outside of the community for cardiovascular care.

Current Service Providers

Marcum & Wallace Memorial Hospital

Mental Health

- Higher rates of poor mental health days.
- Limited activities/programs within the community to address this need.

Capacity and Adequacy of Service Levels

There is only one facility within the service area to address mental health needs. There are excessive wait times for consultations/treatment.

Current Service Providers

Comprehensive Care Center

Substance Abuse

- Substance abuse is a community-wide issue.
- Limited activities/programs within the community to address this need.

Capacity and Adequacy of Service Levels

There is only one facility within the service area to address substance abuse; therefore, individuals are forced to wait for treatment or seek options outside of the service area.

Current Service Providers

West Care

Specific Requests

- Specific requests to provide OB/GYN care, chemo and radiology, ENT, and after hours care.
- MWMH currently provides radiology services and is investigating options for after-hours care, but other identified services are not currently available within the community.

Capacity and Adequacy of Service Levels

With the exception of radiology and after hours care, other identified services are not available within the community due to lack of specialty providers.

Current Service Providers

Recruitment of specialty providers is ongoing by MWMH, but it is very difficult to recruit to rural service areas.

Hospital Staff

The hospital needs someone on staff locally to answer billing questions/issues. Billing questions/issues are directed to the hospital's off-site billing department in Paducah, Kentucky. MWMH does have staff available to address billing concerns and works closely with off-site billing department to resolve issues.

Capacity and Adequacy of Service Levels

MWMH has staff on-site to answer billing questions and resolve billing issues. MWMH staff works closely with off-site billing department in Paducah, KY.

Current Service Providers

MWMH has staff on-site to answer billing questions and resolve billing issues. MWMH staff works closely with off-site billing department in Paducah, KY.

Emergency Department

The Emergency Department is used for non-life threatening issues. Numerous patients are treated in the ER for non-life threatening issues. After hours care is not currently available within the community to treat non-emergent patients; therefore, patients are forced to utilize the emergency room.

Capacity and Adequacy of Service Levels

Currently, physician clinics within the service area provide limited services after normal business hours, but MWMH physician clinics are investigating the option of offering after hours clinics.

Current Service Providers

Marcum & Wallace Memorial Hospital, MWMH physician clinics and other local providers

Hospital Transportation

It is difficult to visit the hospital or clinics without transportation, patients rely too heavily on EMS. There are limited public transportation resources within service area.

Capacity and Adequacy of Service Levels

Limited public transportation resources within service area.

Current Service Providers

Project HOME and LKLP

Process and Methods

Process for Gathering and Analyzing Data/Information

(IRS Notice 2011-52 Section 3.03 (2))

Process and methods used (including participants involved and also the duration and number of meetings) to identify sources of data/information and the time period over which this occurred:

CEDIK was primarily responsible for collecting all data for the CHNA. In total, there were three separate types of data collected.

1. Hospital specific data: Della Deerfield, VP of Finance at MWMH, collected the inpatient and outpatient origin reports during the previous calendar year when the CHNA started (2011). These data were used to justify the “community” served by the hospital. In addition, Mrs. Deerfield compiled data that described the DRGs for inpatient and outpatient visits in the 2011 calendar year. These data were used to identify the procedures (and underlying health issues) of the patients that visited MWMH.
2. Community secondary data sources: CEDIK compiled a list of indicators that described the health of the community. These indicators were categorized as health behaviors and health outcomes. Health behaviors include access to care and lifestyle choices. Data were collected using a variety of data sources including County Health Rankings, BRFSS, Kentucky Health Facts, and Kentucky KIDS Count. Some data are not available because the population of the community is too small.
3. Community input: CEDIK and the MWMH Steering Committee conducted focus groups in the community in addition to distributing surveys out at the health department, public housing authority, and County Cooperative Extension offices. The purpose of the surveys and focus groups was to directly solicit needs that the community identified related to the hospital and health in the community. Three focus groups were conducted during the Fall of 2012 and surveys were distributed in September and October 2012.

Process and methods used (including participants involved and also the duration and number of meetings) to analyze data/information and the time period over which this occurred:

CEDIK compiled all data described in the previous section. The CEDIK staff tagged indicators as being an issue if the average in the community was higher than state and national average. For instance, if the rate of heart disease in the three counties that make up the community are above the state average, this factor was flagged as a community health need. This process was followed for all secondary data.

The individuals who comprised the focus groups assisted us in determining what issues were most pressing in the community. We recorded all comments but CEDIK synthesized the overall themes from each question.

CEDIK compiled all survey data and provided averages for each variable. In addition, we categorized the open-ended comments into quality and access issues and provided these back to the hospital administrators.

Information gaps learned through the process (which impact the Hospital’s ability to assess needs):

The community served by Marcum and Wallace Memorial Hospital is small and as a result, secondary data are not always available and not always reliable. Specific information gaps include actual diabetes rates and better data regarding cancer rates.

Community Input

(IRS Notice 2011-52 Section 3.06)

Resources used to gather community input: **must** include 1) federal, regional, state or local health officials, departments or agencies including individuals with current data or information relevant to the health needs of the community served by the Hospital and 2) individuals with “special knowledge of or expertise in public health including the individuals’ affiliation and description of their expertise:

Individuals contacted (expertise listed in parenthesis):

Courtney Barnes, Health Educator, Feb 2012
(Public Health)

Elizabeth Walling, Community Outreach, Feb 2012

Laura Ashley Dennis, Dietician, Feb 2012 (Nutrition)

Organizations contacted:

Estill County Health Department, Feb 2012
Courtney Barnes, Health Educator

Estill County EMS, Feb 2012
Ron Jackson, Director

Estill County Attorney Office, Feb 2012
Becky Warner, Legal Assistant

Citizens Guaranty Bank and Estill County Chamber of
Commerce, Feb 2012
Regina Robertson, Vice President

Leaders, representatives, or members of medically underserved, low-income and minority populations, and populations with chronic disease needs contacted:

Sister Loretta Spotila, Feb 2012
Represents Interfaith Wellness Ministry

Erica Adams, Feb 2012
School Nurse, Estill County Schools

The Community Steering Committee is a vital part to the CHNA. These individuals represent organizations and agencies from the service area. In particular, the individuals who were willing to volunteer enabled the hospital to get input from populations that were often not engaged in conversations about their health needs. CEDIK provided a list of potential agencies and organizations that would facilitate broad input. Specifically, the list included individuals serving the local health department, EMS,

public housing, senior citizens, and other healthcare provider (EMS, clinics, etc) and a representative of small businesses.

The Community Steering Committee met twice as a group at Citizens Guaranty Bank in May 2012 and then in July 2012. Each time a hospital representative from the hospital welcomed and thanked the individuals for assisting in the process and then excused themselves. CEDIK asked that hospital representatives not be present during any focus group discussions or debriefing with the Community Steering Committee.

CEDIK met with the Community Steering Committee in May and conducted a focus group with the individuals present. The purpose of this was two-fold. First, the information gathered from the focus group was used to identify the health needs of the community and second, the committee members better understood how to conduct a focus group on their own. Three of the members of the community steering committee conducted their own focus groups of the clientele they represent. Ron Jackson, the director of Estill County EMS held a focus group in July 2012 with eight individuals who were all service providers in the community. These individuals in many instances also provided service to those who went to the neighboring hospital (Jackson) and as a result could provide comparisons between MWMH and Jackson. Mr. Jackson specifically reached out to these individuals to be a part of the process. Courtney Barnes held a focus group in July 2012 at the Powell County Extension office. This location was selected because it was located in Powell County, the smallest county served by the hospital and we wanted to ensure their voice was included. Finally, Sister Spotila (representing public housing) interviewed her clientele using the MWMH CHNA survey because many of these individuals are not able to read at a level that would allow them to complete the survey themselves. Sister Spotila is a retired nurse and has served in the community for a long time and has the trust of the underserved population.

Finally, a survey was developed with MWMH staff and the Community Steering Committee that was then disseminated throughout the community. Each member of the steering committee was responsible for distributing and collecting surveys and mailing them to the CEDIK office. The surveys were available at MWMH, the health departments, the County Courthouse, and the Interfaith Wellness Ministry. In total, 150 surveys were returned to be included in the CHNA.

Through both the focus groups and the surveys, questions were included that directly asked how the respondent believed that the hospital could address the health needs of the community. Specifically, there were four questions asked in the focus group.

1. What is your vision for a healthy community?
2. What is your perception of the hospital overall and of specific programs and services?
3. What can the hospital do to meet the health needs of the community?
4. Can you provide the hospital with any ideas about specific solutions they could employ that would address the health needs of the community?

Prioritization of Health Needs

There were several steps in the priority of the health needs that were identified through the robust identification and subsequent interviewing of key stakeholders in the community.

The first step occurred with the Executive Team of the hospital. There was a long list of findings that needed to be initially pared down to a reasonable number for analysis. The Executive Team accomplished this on May 13, 2013. After reviewing community input, survey and focus group results from the community health needs assessment process, the executive team ranked the identified needs in order of priority to be addressed by the hospital. Ranking was done on the basis of the following variables: size of the population affected, severity of health need, outcome evaluation, and community capacity to address the need.

Then, the prioritized list of health needs was presented to the Marcum & Wallace Memorial Hospital Board of Trustees for approval on May 20, 2013. The result of these efforts was the establishment of the following health need priorities:

Higher rates of Cancer (compared to Kentucky)

Cancer deaths (per 100,000 people) in the service area are more than 16% higher than the Kentucky rate, with lung, colorectal, breast and prostate cancer having the highest incidence. Improvements are needed in access to specialists and continued education and promotion of early detection and preventative screenings.

Higher rates of Heart Disease (compared to Kentucky)

Cardiovascular deaths (per 100,000 people) in the service area are more than 10% higher than the Kentucky rate. High percentages of obesity and diabetes within the service area also contribute to the high rate of cardiovascular disease. Improvements are needed in access to specialists and cardiology services. There are also financial barriers that sometimes prevent those with symptoms of heart disease from seeking care early on. There is also opportunity for better education around prevention and early signs and symptoms of heart disease.

Emergency Department utilized for non-life threatening issues

Currently, a large number of patients utilize the emergency room to treat non-life threatening issues/conditions. These are generally conditions that could be treated by the patient's primary care provider (PCP). Patients who do not have a PCP or "medical home" are forced to utilize the emergency room for treatment. Due to limited availability of physician clinics after normal business hours those with a PCP are sometimes required to seek treatment through the emergency room.

Existing Health Care Facilities and Resources Available to Meet Identified Needs

Higher rates of Cancer (compared to Kentucky)

Both Marcum & Wallace Memorial Hospital and the Estill County Health Department have limited programs to address this issue.

Higher rates of Heart Disease (compared to Kentucky)

Marcum & Wallace Memorial Hospital offers cardiology clinics 4 times per month, but additional services are needed due to the high rate of heart disease within the service area.

Emergency Department utilized for non-life threatening issues

Marcum & Wallace Memorial Hospital – Emergency Room
Mercy Primary Care of Irvine
Mercy Primary Care of Lee Count
Mercy Primary Care of Powell County
Other physician clinics within the community

Collaborating Partners

(IRS Notice 2011-52 Section 3.03 (2))

*The Community and Economic Development
Initiative of Kentucky*

University of Kentucky
411 CE Barnhart Building
Lexington, KY 40546

Qualifications:

A University-based Center that assists organizations in strategic planning, facilitation, and data collection.

CEDIK is working with 27 hospitals around Kentucky, West Virginia and Ohio.