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# 2017-2019 Community Health Needs Assessment Implementation Plan

**ADOPTED BY THE MARCUM & WALLACE MEMORIAL HOSPITAL  
BOARD OF TRUSTEES, DECEMBER 2016**

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A Catholic healthcare ministry serving Kentucky and Ohio

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# Introduction

Marcum & Wallace Memorial Hospital (Marcum & Wallace) is a 25-bed, critical-access hospital providing inpatient, outpatient and ancillary healthcare services. Marcum & Wallace, along with local health, education, social service, nonprofit and governmental agencies participated in a Community Health Needs Assessment (CHNA) conducted for Estill County and surrounding areas. The detailed process, participants and results are available in Community Health Needs Assessment Report which is available at [mercy.com](http://mercy.com).

This Community Health Needs Assessment Implementation Plan will address the significant community needs identified through the CHNA. The plan indicates which needs Marcum & Wallace will address and how, as well as which needs the hospital won't address and why.

Beyond the programs and strategies outlined in this plan, Marcum & Wallace will address the healthcare needs of the community by continuing to operate in accordance with its Mission. This includes providing care for all people regardless of their ability to pay.

The strategies and tactics of this implementation plan will provide the foundation for addressing the community's significant needs between 2017 and 2019. However, Marcum & Wallace anticipates that some of the strategies, tactics and even the needs identified will evolve over that period. Marcum & Wallace plans a flexible approach to addressing the significant community needs that will allow for adaption to changes and collaboration with other community agencies.

## COMMUNITY SERVED BY HOSPITAL

Marcum & Wallace is in Irvine, Kentucky, (Estill County) and is also the center of care for three other rural Kentucky counties: Lee, Owsley and Powell. ZIP codes in these counties include 40336, 41311, 40380, and 41314. Like those of other rural communities, residents in the defined service area are more likely to suffer from chronic illness than their urban counterparts. They also have limited access to healthcare services, lower incomes and insurance coverage, and fewer physicians per capita. Access to healthcare continues to be a major issue for people of this region, particularly for those without adequate health insurance. Although uninsured rates are improving with the expansion of Medicaid, the uninsured rate, the Medicaid rate, poverty and unemployment are all considerably higher in this region compared to the rest of the nation.

The underinsured population in this region is higher than the state average. People don't receive preventive healthcare. They go to the emergency room for routine illnesses or put off medical care until their conditions becomes emergencies. Healthcare providers are often uncompensated for the care, which weakens regional hospitals and clinics financially. It's also difficult to recruit healthcare professionals to an area with many underinsured households.

As expected, areas with high underinsured rates have higher-than-average rates of chronic diseases, cancer deaths and diabetes. This reflects the health of people living in the four-county service area compared to statistics for the Commonwealth of Kentucky and the United States. Rates are high for unhealthy behaviors, such as smoking, obesity, little physical activity and poor oral health.

# Executive summary

## MISSION

We extend the healing ministry of Jesus by improving the health of our communities with emphasis on people who are poor and under-served.

Mercy's Mission and culture are expressed through the organizational core values:

### Compassion

Our commitment to serve with mercy and tenderness

### Excellence

Our commitment to be the best in the quality of our services and the stewardship of our resources

### Human Dignity

Our commitment to value the diversity of all persons and to be respectful and inclusive of everyone

### Justice

Our commitment to act with integrity, honesty and truthfulness

### Sacredness of Life

Our commitment to reverence all life and creation

### Service

Our commitment to respond to those in need

## BACKGROUND AND PROCESS

The CHNA was conducted in collaboration with the Community Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky. CEDIK was primarily responsible for collecting all data for the CHNA. Three types of data were collected:

- Hospital-specific data was obtained by direct request from the Kentucky Hospital Association. This included inpatient and outpatient origin reports from 2014 to justify the community served by the hospital. The diagnosis-related groups (DRGs) for inpatient and outpatient visits were collected to identify the procedures and underlying health issues of the patients who visited Marcum & Wallace.
- The secondary community-health data source was the Robert Wood Johnson Foundation County Health Rankings 2016.
- Community input was obtained by CEDIK, and the Marcum & Wallace Community Steering Committee gathering input in a variety of ways: focus groups and surveys distributed at the health department, public housing authority, primary care clinics and schools. A mobile link to the survey was shared online and through social media. Six focus groups were held and 215 surveys were completed between June and September 2016.

The Community Steering Committee includes individuals that represent organizations and agencies from the defined service area. This enabled the hospital to get input from populations not often engaged in conversations about their health needs. Representatives included those serving the local health department, EMS, public housing, senior citizens and other healthcare providers (provider clinics, etc.) and a representative of small businesses. During this process, the Community Steering Committee met as a group in June 2016 and in September 2016. CEDIK asked that hospital representatives not be present during any focus group discussions or debrief the Community Steering Committee without the consent of those participating.

CEDIK facilitated three focus groups in the summer of 2016. They also created a template and provided training for Community Steering Committee members to facilitate community focus groups with identified populations. CEDIK also created and provided mobile and paper surveys for the hospital and the Community Steering Committee. These surveys were developed to gather community input about current health needs.

The Community Steering Committee's meeting in June was a focus group conversation. Focus group information was used to identify community health needs and to help members better understand how to conduct their own focus groups. Two members of the committee did conduct focus groups of their own. Two representatives of Interfaith Wellness facilitated a focus group during an August resident meeting at a public housing location. One of these was a retired nurse who's served the community for many years and has the trust of the underserved population. Facilitators used the focus group questions and the survey to interview participants. A Powell County community outreach employee for Marcum & Wallace held a focus group with the Marcum & Wallace auxiliary to capture opinions from senior citizens. CEDIK facilitated a focus group at the Estill County Board of Education, scheduled by a Community Steering Committee member. The attendees included teachers, board of education staff and Family Resource Youth Service Center directors who work with families and students in Estill County. This group focused on the health needs of children and families in the community as well enablers for, and barriers to, healthcare access.

A survey was developed with Marcum & Wallace staff and the Community Steering Committee and was available in paper form and online. The mobile survey was used to increase survey response. Each member of the steering committee was responsible for distributing and collecting surveys and sharing the mobile link with coworkers and the populations they served. The surveys were available at Marcum & Wallace, public health departments, the Interfaith Wellness Ministry, Estill County Schools and Carhartt, Inc. 215 surveys were completed and returned.

Focus groups and surveys both included questions that asked respondents how they felt the hospital could address the health needs of the community.

The CHNA relied heavily on input from local residents and health-related organizations. The primary sources of data included one-on-one interviews with numerous local stakeholders, a variety of local focus groups and survey data gathered from people within the service area. Combined input was received from local public health departments, social agencies, healthcare providers and local employers within the service region. Much of the secondary data came from the Kentucky Department of Vital Statistics, U.S. Census, U.S. Centers for Disease Control, Kentucky Hospital Association and [countyhealthrankings.org](http://countyhealthrankings.org).

## Identifying significant needs

On Sept. 20, 2016, the Community Steering Committee met to review the results of surveys and input received from community focus groups. They compared the survey and focus group data to the various health data and made recommendations to Marcum & Wallace for CHNA health priorities to be addressed.

There were several steps in the priority of the health needs identified. The first step occurred with CEDIK reporting back to the Community Steering Committee with a review of survey and focus group results to allow them to make recommendations to the executive team of the hospital. The executive team pared down the findings for analysis on Nov. 14, 2016.

After reviewing community input and survey and focus group results from the CHNA process, the Marcum & Wallace executive team ranked the identified needs in order of priority to be addressed by the hospital. To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on five factors:

- The ability of Marcum & Wallace to evaluate and measure outcomes
- The number of people affected by the issue or the size of the issue
- The consequences of not addressing this problem
- Prevalence of common themes
- The existence of hospital programs which respond to the identified need



Health needs were then prioritized by their overall ranking, the degree to which Marcum & Wallace can influence long-term change and the impact of the identified health needs on overall health.

## Implementation Plan

Marcum & Wallace continues to work with other county agencies to address the health needs of the community through the strategies and tactics described in this implementation plan.

### PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

The table below lists the significant community needs identified through the CHNA and specifies which needs Marcum & Wallace will address.

Prioritized significant community health need	Addressed by hospital
Substance Abuse .....	Yes
Prescription Assistance.....	Yes
Increase Specialty Physician Clinics .....	Yes
After Hours/Urgent Care Clinic .....	Yes

### IMPLEMENTATION STRATEGIES TO ADDRESS SIGNIFICANT COMMUNITY HEALTH NEEDS

#### SUBSTANCE ABUSE

##### Description

As detailed in Marcum & Wallace’s Community Health Needs Assessment Report:

The Marcum & Wallace service area has limited resources for community education, awareness and prevention. The hospital has identified a need to increase substance-abuse education and awareness within the community.

By partnering with Estill County EMS and other community-based organizations, the hospital can accomplish three goals:

- Deliver substance-abuse-prevention education to students.
- Assist the community by providing identified patients with appropriate prevention and treatment referral resources.
- Collaborate with the KY ASAP of Estill and Powell Counties to promote community awareness and education regarding substance abuse prevention and detection.

##### Goal

Give the community resources to build awareness for preventing and recognizing substance abuse.

##### Expected impact

Increase substance abuse education and awareness within the community.

##### Targeted populations

All populations within the hospital’s service area.

##### Strategies

- Partner with Estill County EMS and other community-based organizations to give students substance-abuse-prevention education, such as Project Prom and Ghost Out.
- Help the community by referring identified patients to appropriate prevention and treatment.
- Collaborate with the KY-ASAP of Estill and Powell counties to promote community awareness and education about substance-abuse prevention and detection.

##### Strategic measures

- Track the completion of substance-abuse-prevention education events.
- Increase awareness of substance-abuse-prevention and treatment resources in this service area.
- Collaborate with KY-ASAP to complete an event promoting community awareness and educating people about substance abuse.

### **Community collaborations and resources available**

Community collaborations, existing healthcare facilities and other resources in the community available to meet the prioritized need include:

- Local school districts
- Estill County EMS
- KY-ASAP
- West Care
- Substance abuse community-based programs

## **PRESCRIPTION ASSISTANCE**

### **Description**

As detailed in Marcum & Wallace's Community Health Needs Assessment Report:

More prescription assistance services are needed in the defined rural service area. The hospital has also identified a need to improve medication-management issues and chronic-disease outcomes and to reduce emergency department visits and hospitalizations. A need also exists to develop a medication-therapy-management (MTM) program using a community registered pharmacist. This program will provide integrated healthcare delivery to improve the health of people in rural communities. The MTM program will address prescription-cost assistance, medication reconciliation, medication adherence and patient understanding, and disease control for the at-risk and medically under-served population.

### **Goal**

Develop an MTM program with a community registered pharmacist to provide integrated healthcare delivery to improve the health of people in rural communities.

### **Expected impact**

Improvement in medication-management issues and chronic-disease outcomes, reduced emergency department visits and hospitalizations.

### **Targeted populations**

All populations within the hospital's service area.

### **Strategies**

- Develop an MTM program for at-risk and medically under-served population that provides:
  - Prescription-cost assistance
  - Medication reconciliation
  - Resources to increase medication adherence
  - Resources to build patient understanding
  - Disease control
- Increase awareness of a 340B pharmacy program to give the at-risk population prescription assistance.

### **Strategic measures**

- Develop and implement an MTM program.
- Track the number of patients assisted through the MTM program.
- Track the increase in utilization of 340B pharmacy program for prescription assistance.

### **Community collaborations and resources available**

No local resources are available to address this need. The hospital plans to partner with Project HOME Network and 340B pharmacy partners to address this need.

## **INCREASE SPECIALTY PHYSICIAN CLINICS**

### **Description**

As detailed in Marcum & Wallace's Community Health Needs Assessment Report:

Transportation is a barrier to care for some people in the defined rural service area. Specialty clinic services are needed for orthopedics, oncology and pain management. To improve overall health, the community also needs to recruit more providers in these specialties.

### **Goal**

Increase local access to specialists through specialty clinics at Marcum & Wallace.

### **Expected impact**

Improve overall community health by increasing access to specialized care.

### **Targeted populations**

All populations within the hospital's service area.

### Strategies

- Identify community need for defined specialists.
- Recruit more specialty providers for Marcum & Wallace specialty clinics.
- Complete a master facility-planning process to build more space to accommodate specialty services.

### Strategic measures

- Successful recruitment of additional specialists for Marcum & Wallace specialty clinics to meet defined needs.

### Community resources available

No local resources are available to address this need. To do that, the hospital will partner with Mercy Health.

### Strategic measures

- Establish and track the access of people in the service area to primary care after hours and on weekends.
- Track the number of patients served by an after-hours clinic.
- Complete an evaluation of opportunities for after-hours care in Lee and Powell Counties.

### Community collaborations and resources available

No local resources address this need. To do so, the hospital plans to partner with Mercy Health Primary Care Irvine.

## AFTER-HOURS/URGENT CARE CLINIC

### Description

As detailed in Marcum & Wallace's Community Health Needs Assessment Report:

No resources in Estill County provide after-hours or weekend care for patients with non-emergency illnesses and injuries. People come to the emergency room for non-emergency care. In the four-county area, only one hospital offers emergency or after-hours care. Transportation is a barrier to care for some people.

### Goal

Provide community access to after-hours/weekend care for non-emergency illnesses and injuries.

### Expected impact

Reduce visits to the emergency room for non-emergency care.

### Targeted populations

All populations within the hospital's service area.

### Strategies

- Provide an after-hours/weekend clinic for patients who need treatment for non-emergency illnesses and injuries in Estill County.
- Investigate options for after-hours care in Lee and Powell counties, which have no hospital.