

# AdventHealth Manchester

## 2020-2022

### COMMUNITY HEALTH PLAN



Manchester Memorial Hospital d/b/a AdventHealth Manchester

**Approved by Hospital Board on:** April 13, 2020

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Extending the Healing  
Ministry of Christ

  
**AdventHealth**

# 2020-2022 COMMUNITY HEALTH PLAN

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## Acknowledgements

This community health plan was prepared by David Watson, with contributions from members of AdventHealth Manchester Community Health Needs Assessment Committee representing health leaders in the community and AdventHealth Manchester leaders.

We are especially grateful for the internal and external partners who helped guide the development of the community health plan, which will enable our teams to continue fulfilling our mission of *Extending the Healing Ministry of Christ*.

# OVERVIEW

Manchester Memorial Hospital d/b/a AdventHealth Manchester will be referred to in this document as AdventHealth Manchester or the “Hospital.”

## Community Health Needs Assessment Process

AdventHealth Manchester in Manchester, KY conducted a community health needs assessment in 2019. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations.

In order to ensure broad community input, AdventHealth Manchester created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met throughout 2018-2019. The members reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospital, and helped develop the Community Health Plan (CHP) to address the priority issues.

The CHP lists targeted interventions and measurable outcomes for each priority issue noted below. It includes resources the Hospital will commit and notes any planned collaborations between the Hospital and other community organizations and hospitals.

## Priority Issues to be Addressed

The priority issues to be addressed include:

1. Obesity
2. Tobacco Usage
3. Behavioral Health
4. Diabetes
5. Lack of Access

*See Section 3 for goals, objectives and next steps for each priority selected to be addressed.*

## Priority Issues not to be Addressed

The priority issues that will not be addressed include:

1. Poor Pregnancy Outcomes
2. ED Utilization
3. Chronic Disease
4. Food Insecurity
5. Dental

*See Section 4 for an explanation of why the Hospital is not addressing these issues.*

## **Board Approval**

On April 13, 2020, the AdventHealth Manchester Board approved the Community Health Plan goals, objectives and next steps. A link to the 2020 Community Health Plan was posted on the Hospital's website prior to May 15, 2020. The Community Health Plan can be found at <https://www.adventhealth.com/community-health-needs-assessments>.

## **Ongoing Evaluation**

AdventHealth Manchester's fiscal year is January – December. Implementation of the 2020 CHP begins upon its approval by the Board. The first annual evaluation will begin from the date of implementation through the end of the calendar year. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

## **For More Information**

Learn more about the Community Health Needs Assessment and Community Health Plan for AdventHealth Manchester at <https://www.adventhealth.com/community-health-needs-assessments>.

# CHP PRIORITY 1

## Obesity

According to the Centers for Disease Control and Prevention, an individual is considered obese when their weight is higher than what is considered a healthy weight for a given height. Body Mass Index (BMI), a number based on weight and height, is used to measure obesity. Obesity can be caused by behavioral and genetic factors. Another factor that contributes to obesity includes the built environment. For example, where one lives, and/or if one has access to healthy food and the ability to exercise outside. Serious health complications including high blood pressure, high cholesterol, heart disease, osteoarthritis and some cancers can be caused by obesity. From 2015 to 2016, obesity affected about 93 million adults and 13 million children in the U.S. AdventHealth Manchester recognizes the importance of reducing the risk for poor health through prevention. In the Hospital's Primary Service Area (PSA) 35.9% of adults are Obese (BMI > 30) and 34% of adults are overweight. In addition, 30.9% of adults aged 20 and older self-report no leisure time for activity, which is a determinant of future health. Reducing the incidence of obesity/overweight population will help to prevent and treat several issues identified during the CHNA process.

AdventHealth Manchester will address this priority through two signature programs that target obesity: our Live It Up and Summer Fitness programs. The Live It Up program is offered at local county middle schools and teaches CREATION Life principles—Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook and Nutrition—and their impact on a health. Our Summer Fitness program is an eight-week course offered to all community members and focuses on nutrition and activity.

AdventHealth Manchester recognizes the importance of a healthy diet as a determining factor for any aspects of health, reducing the risk of chronic disease, overall quality of life, as well as life expectancy. Addressing this issue will help community members increase the availability and consumption of the necessary nutrients to ensure a higher quality of health and life.

<b>Goal</b>	<b>Decrease the average BMI of 150 Clay County residents by the end of year three through the participation in the Summer Fitness program.</b>
<b>Objective</b>	Provide eight nutrition education sessions annually by a registered dietician as part of the program curriculum.
<b>Objective</b>	Offer program participants weekly guided fitness classes to engage in a healthier, active lifestyle.
<b>Objective</b>	Provide pre and post biometric screenings for all program participants to measure outcomes.
<b>Goal</b>	<b>Increase youth awareness on the importance of nutrition, rest, lifestyle choices and establishing good habits on long term health.</b>
<b>Objective</b>	Provide the Live It Up program to three area school districts and more than 1,500 students annually.
<b>Objective</b>	Offer pre and post evaluation focused on the healthy habits, lifestyle choices and their impact on long term health to determine program effectiveness.

## Hospital Contributions

- A registered dietician to teach nutritional education programs
- Fitness instructors for the Summer Fitness program
- Program instructors for the Live It Up program
- Provide equipment as needed
- Provide biometric screenings for program participants
- Community benefit staff time for program management and deployment

## Community Partners

- Clay County Fitness Center, provides space for Summer Fitness program
- Clay County, Oneida, Red Bird and Owsley middle schools

# CHP PRIORITY 2

## Tobacco Usage

Since 1964, 20 million people in the U.S. have died from causes associated with using tobacco. Tobacco use can cause a wide range of health issues including cancer, heart disease, diabetes, oral health diseases and harmful respiratory effects. More than 30 million adults in the U.S. smoke cigarettes and more than 50 million are exposed to secondhand smoke, which is just as harmful as smoking. Secondhand smoke can cause heart disease and lung cancer in nonsmokers as well as asthma, sudden infant death syndrome (SIDS) and other respiratory infections in infants and children. Tobacco usage is a serious concern in the Hospital's Primary Service Area (PSA) where more than a quarter (27.9%) of adults smoke. The mortality rate for lung disease in the PSA is 68.38 per 100,000 of the population is higher than that of the state (64.65).

<b>Goal</b>	<b>Decrease tobacco usage by 45 people in the Hospital's Primary Service Area (PSA).</b>
<b>Objective</b>	Continue to offer the Freedom from Smoking Cessation program to individuals in the Hospital's PSA quarterly.
<b>Objective</b>	Identify six new sites for program deployment in the Hospital's PSA by the end of year three.
<b>Objective</b>	Increase program participation by 15% annually over three years from a baseline of 20 people to 23.

### Hospital Contributions

- Provide a certified Freedom from Smoking Cessation program facilitator
- Supplement program materials (booklets, CDs, smoking patches, etc.)

### Community Partners

- American Lung Association  
ASAP (Kentucky Agency for Substance Abuse Policy)

# CHP PRIORITY 3

## Behavioral Health

Behavioral health can contribute greatly to an individual’s mental and physical well-being. By addressing behavioral health concerns, there is potential for an individual to improve on their overall well-being. During community surveys and conversations, mental health was identified as a priority issue. Mental/behavioral health conditions were also identified in Hospital emergency department data and the rate of alcohol consumption was high in secondary data.

AdventHealth Manchester recognizes the importance as a health provider to help address this multi-faceted issue. The Hospital’s Primary Service Area (PSA) has been designated as a Health Professional Shortage Area for Mental Health Care Facilities, with seven identified in the PSA compared to the state average of 68. Lack of access to the proper treatment contributes to the incidence of drug and substance misuse in the area.

In the Hospital’s PSA, 18.5% of the Medicare population has been diagnosed with depression. During community conversations 23.7% of individuals reported a lack of social or emotional support in the Hospital PSA compared to 19.7% for the state. This is based on adults who self-report they receive insufficient social and emotional support all or most of the time. This type of support is critical for navigating the challenges of daily life as well as for good mental health.

**Goal** | **Develop a referral pipeline that connects patients from the Whole Person Clinic to community resources that provide wrap around care.**

**Objective** | Identify six community organizations that provide support services over the first two years.

**Objective** | Partner with three of the identified agencies to create a referral pipeline connecting Whole Care patients to support organizations.

### Hospital Contributions

- Community benefit staff time for development of patient referral pipeline



# CHP PRIORITY 4

## Diabetes

Diabetes is the seventh leading cause of death in the U.S. affecting 29 million people. More than 80 million people in the U.S. are pre-diabetic, meaning they are at an increased risk of developing diabetes in the next few years. When diabetes goes untreated it can lead to more serious health issues such as vision loss, heart disease, stroke, nerve and kidney diseases. Chronic disease was identified as area of high concern by community members. Secondary data identified diabetes as an increasing problem in the AdventHealth Manchester Primary Service Area (PSA). In the Hospital's PSA, 12.1% of the population has been diagnosed with diabetes.

<b>Goal</b>	<b>Improve community members knowledge of diabetes management techniques in the Hospital's PSA through increased attendance at the Diabetes Management classes.</b>
<b>Objective</b>	Provide the Diabetes Management Class at three sites annually throughout the Hospital's PSA.
<b>Objective</b>	Increase knowledge of diabetes management techniques by providing education on food preparation, health literacy and community resources.
<b>Objective</b>	Identify three new sites for program deployment in the Hospital's PSA by the end of year three.
<b>Goal</b>	<b>Increase access to fresh nutritiously dense food through a pilot program (Farmacy).</b>
<b>Objective</b>	Identify local farmers and farmer's markets to partner with as suppliers for the Farmacy program.
<b>Objective</b>	Create patient pipeline for enrollment to the Farmacy program.
<b>Objective</b>	Establish pre and post testing appointment structures to capture biometric impact as a result of changes in diet.

## **Hospital Contributions**

- Diabetes curriculum educator to teach classes
- Nutritionist to provide food preparation and cooking disease specific education
- Provide snacks and educational materials for the Diabetes Management class participants
- Community Benefit staff time to identify, develop and connect resources for Pharmacy program.

## **Community Partners**

- New Roots, community organization dedicated to increasing access to fresh, nutritious foods
- Local farmers and farmer's markets
- Clay County middle school

# CHP PRIORITY 5

## Lack of Access

The built environment is a contributing factor to an individual’s overall health and long-term health outcomes. For example, where one lives, and/or if one has access to healthy food, clean water and proper living conditions. In the Hospital’s Primary Service Area (PSA) the majority of residents lack this access to many basic necessities. The food insecurity rate in the Hospital’s PSA (17.5%) is higher than that of the state (16.8%). The percentage of the population living below 100% of the Federal Poverty Line is 22.9% in the Hospital’s PSA compared to 18.81% in the state. AdventHealth Manchester recognizes the challenges members of our community face as a result of access and seeks to address them over the next three years.

<b>Goal</b>	<b>Increase access to medical services by alleviating transportation barriers.</b>
<b>Objective</b>	Provide free transportation to and from doctor’s appointments, via the CREATION Life Transportation service.
<b>Objective</b>	Provide rides for patients for up to 2,000 appointments by the end of year three.
<b>Goal</b>	<b>Address Social Determinants of Health in the community by improving access and housing conditions for individuals in need.</b>
<b>Objective</b>	Identify three new potential sites for water kiosks by end of year two.
<b>Objective</b>	Build one new community water kiosk by the end of year three.
<b>Objective</b>	Identify 45 community members for housing improvement projects by the end of year three.
<b>Objective</b>	Coordinate logistics for on-site teams for housing improvements at 30 locations by the end of year three.

### Hospital Contributions

- Paid Hospital staff time to identify and coordinate housing projects
- Paid Hospital staff time to identify and coordinate water kiosk development
- Provide all necessary materials to successfully deploy project initiatives

## **Community Partners**

- Madison Academy, contributes in-kind donations for engineering and planning development
- University of Tennessee, contributes in-kind donations for engineering and planning development

# PRIORITIES THAT WILL NOT BE ADDRESSED

The Community Health Needs Assessment also identified the following priority health needs that will not be addressed. These specific issues and an explanation of why the Hospital is not addressing them, are listed below.

## 1. **Poor Pregnancy Outcomes**

Poor pregnancy outcomes were cited both in community interviews and stakeholder surveys as an area of concern. The asset inventory identified multiple community initiatives already working to address this issue. The CHNAC decided not to recommend this as a priority to avoid duplication of services

## 2. **ED Utilization**

The CHNAC felt that focusing on increasing access to care, while not addressing ED utilization directly, this may re-route those who currently utilize the ED for preventative and primary care to a more appropriate setting of care

## 3. **Chronic Disease**

After reviewing the data, it was decided that the Hospital would focus on diabetes, which also effects onset and complications for various chronic diseases. The Hospital also felt that focusing on access to care would have a positive effect on management and prevention of chronic disease.

## 4. **Food Insecurity**

In the community, we currently have local church and organizations that have food banks for our communities. Although not one of the top issues selected, AdventHealth Manchester will continue to address this issue through the food pantry, which is available through their AdventHealth Primary Care Clinic.

## 5. **Dental**

The Hospital recognizes the importance of dental health for community members. The inventory process identified community efforts, which already exist to address this important issue. The CHNAC agreed that it was best not to recommend this priority to avoid duplication of services.