



Wayne County Hospital

2020 Community Health Needs Assessment



166 Hospital St. | Monticello, KY 42633 | (606) 348-9343
www.waynehospital.org

This Community Health Needs Assessment (CHNA) Implementation Strategy was prepared for Wayne County Hospital by the Community and Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky.

CEDIK works with stakeholders to build engaged communities and vibrant economies. If you have questions about the assessment process, contact Melody Nall, CEDIK Extension Specialist: melody.nall@uky.edu or (859) 218-5949.



University of Kentucky

**College of Agriculture,
Food and Environment**

*Community and Economic
Development Initiative of Kentucky*

cedik.ca.uky.edu



166 Hospital Street
Monticello, KY 42633-2416
(606) 348-9343
Fax: (606) 348-5796
www.waynehospital.org

To the Residents of Wayne County,

Welcome to Wayne County Hospital!

I encourage you to review our 2020 Community Health Needs Assessment. The staff and I are honored to have the privilege of providing for your healthcare needs, and our goal is to make you as comfortable as possible when using our services.

Our mission is to provide quality healthcare with a personal touch, and I think you will be pleasantly surprised at the number and type of services that we offer in a community focused setting. At Wayne County Hospital you may have family or close friends in the community providing your care, and I think you will find that this is most comforting in a time of need.

I would encourage you, your family and your friends to read the information about this Community Health Needs Assessment. I would also encourage you to read the section regarding your rights as a patient while in our hospital. Should you feel that your needs are not being met when utilizing our services, please do not hesitate to speak with the Chief Nursing Officer or with me. The Chief Nursing Officer may be reached at 1-606-340-3218. The hospital staff will contact her for you after hours, or I may be reached by phone directly at 1-606-340-3283. We want to ensure that your needs are met in the most effective and efficient way possible, and look forward to helping you meet your health needs.

Sincerely,

Joe Murrell, MHA, FACHE
Chief Executive Officer

Introduction

Wayne County Hospital is a 25-bed Critical Access Hospital in Monticello, Kentucky. It is located about 30 minutes southwest of Somerset, Kentucky and about 5-8 miles from the shores of Lake Cumberland. The Wayne County Hospital was built in 1971 and redesigned in 1996 and 2003. Wayne County Hospital is fully accredited by the Healthcare Facilities Accreditation Program (HFAP) and has a number of programs to meet the needs of its populations.

Our lab is College of American Pathology (CAP) approved, and our Mammography is American College of Radiology (ACR) accredited. We have excellent Wound Care services and the only Pediatric Speech Therapist in the area.

Wayne County Hospital is proud of its swing bed (extended recovery and rehabilitation) program which allows us to serve many orthopedic and medical patients requiring longer recovery and rehab services. As we've grown to meet the ever changing needs of our population we continue to provide the same high quality, compassionate care you've come to expect which is close to home.

Mission

The mission of Wayne County Hospital is to deliver high-quality healthcare regardless of an individual's economic status, sex, race or religion. Wayne County Hospital will maintain high standards of quality in all aspects of care, and will strive to meet the patient's needs promptly, professionally, and efficiently in a friendly and caring manner. Care will be delivered in an individualized approach and in a safe environment.

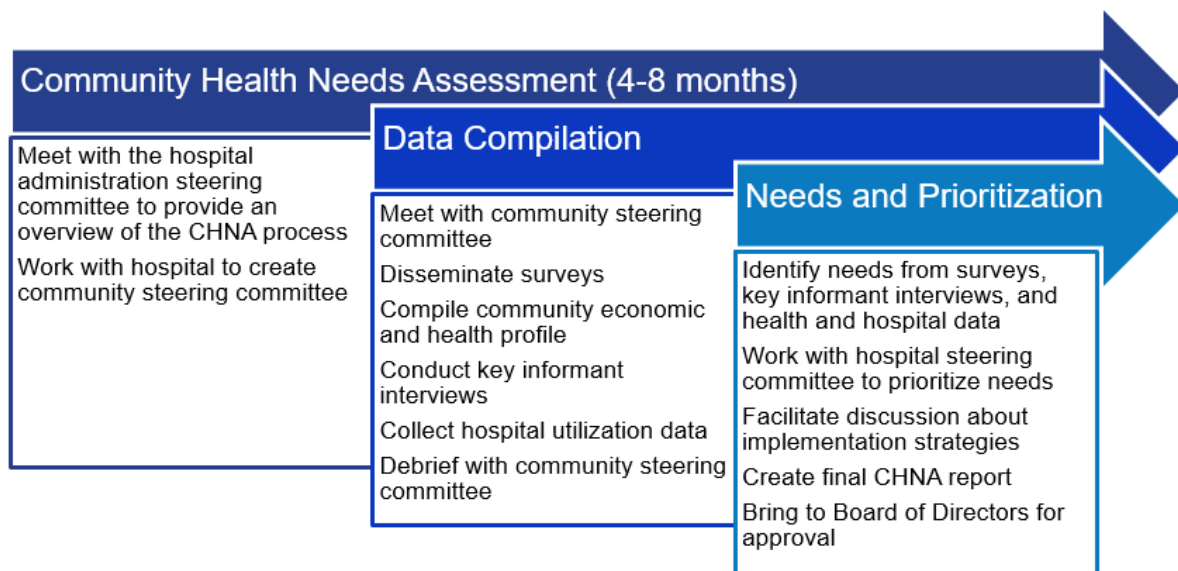
Vision

Wayne County Hospital will meet or exceed customer expectations and become the healthcare provider of choice for Wayne County and surrounding areas, while supporting all activities and patient interactions in a safe environment.

CHNA Background

Wayne County Hospital contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) in the summer of 2020 to conduct a Community Health Needs Assessment (CHNA) in accordance with the Affordable Care Act (ACA). The Affordable Care Act (ACA), enacted March 23, 2010, added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3), as well as new reporting and excise taxes.

The IRS requires hospital organizations to complete a CHNA and adopt an implementation strategy at least once every three years. This CHNA was the third prepared by CEDIK for this organization; prior reports were completed in 2014 and 2017. Here is an overview of the CHNA process that CEDIK uses based on the IRS guidelines:



Wayne County Hospital

2016 community health needs... addressed!

- ✓ Goal: Increase drug and substance abuse education in our community, schools, and other programs.

In the Community: Wayne County Hospital partnered with the Kentucky Hospital Association to offer the SOS Opioid Stewardship Program.

In-house educational opportunities for our Physicians: Improving STEMI Care in Kentucky Building a Regional System of Care, Diagnosis and Treatment of Acute Ischemic Stroke, Responding to Addiction in the Workplace, Advanced Cardiac Life Support (ACLS) re-certification, Pediatric Advanced Life Support (PALS) update, Antimicrobial Stewardship: Our Role and Opportunities for Improvement, Pediatric Advanced Life Support.

- ✓ Goal: Increase mental health services to the residents of our community.

WCH has now begun to manage referral and placement of patients presenting to the Emergency Department with acute symptoms.

- ✓ Goal: Increase education about obesity and lack of physical activity.

WCH, along with community partners, had planned a nutrition fair. Unfortunately due to COVID, we have had to delay the fair.

WCH has a new website that provides timely information about services available to the community.



✓ **Goal: Establish conversation about increasing specialist access.**

After determining that WCH has the ability to increase specialist access at our facilities, WCH now has a new Orthopedic doctor coming 2 times a month, and our Cardiologist has increased clinic days.

WCH has ensured that existing doctors on staff are knowledgeable about expanded specialist access so that referrals are made when appropriate.

WCH plans to assess the usage of the expanded specialist services and make adjustments as needed.



Our hospital conducts a Community Health Needs Assessment every three years.

We are excited to share our progress from the last assessment, as we prioritize our next goals based on recent community input.

Thank you for your continued support of Wayne County Hospital.

Joe Murrell, MHA, FACHE
CEO Wayne County Hospital

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Introduction

Wayne County Hospital Services

Emergency Department - The Wayne County Hospital Emergency Department serves the residents in and around Wayne County. We are open 24 hours a day, 7 days a week. The Emergency Department contains 5 treatment rooms including 2 trauma/critical care rooms and additionally a triage room.

Lab Services - We have a 24/7 laboratory that focuses on serving our local community by providing convenience right in the heart of your hometown.

Rehab/PT/PT/Speech - Our Physical Therapy (PT) is focused on treating the musculoskeletal and neuromuscular systems in order to improve problems such as: weakness, pain, difficulty walking, impaired balance, and poor activity tolerance. Our excellent staff strives to empower patients to safely gain strength, mobility and agility.

Surgery - Wayne County Hospital surgical department provides quality patient care to achieve the best possible outcome for our patients. These services include inpatient and outpatient services. The surgery department provides general surgery, endoscopy and ophthalmology services.

Radiology - Our radiology department offers a complete line of radiology services to meet your needs.

Swing Bed - A Swing Bed admission acts as a bridge between acute hospital care and discharge to another setting such as your home. Some patients require extended care after an acute short stay and need more time to strengthen, heal, and/or adjust before returning to everyday life. The Swing Bed program provides the additional benefit of being able to move patients from acute care to skilled care for extended nursing and rehabilitative therapies to assist with this transition.

WCH Patient Rights

1. The right to participate in the development and implementation of his or her plan of care.
2. The patient or his or her representative has the right to make informed decisions regarding his or her care, be informed of his or her health status, and be involved

in care planning and treatment; and be able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

3. The right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
4. The right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.
5. The right to personal privacy.
6. The right to receive care in a safe setting.
7. The right to be free from all forms of abuse or harassment.
8. The right to the confidentiality of his or her clinical records.
9. The right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.
10. The right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
11. The right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services;
12. The right to know the professional status of any person providing his/her care/ services.
13. The right to know the reasons for any proposed change in the Professional Staff responsible for his/her care.
14. The right to know the reasons for his/her transfer either within or outside the hospital.
15. The relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care.
16. The right to access the cost, itemized when possible, of services rendered within a reasonable period of time.
17. The right to be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.

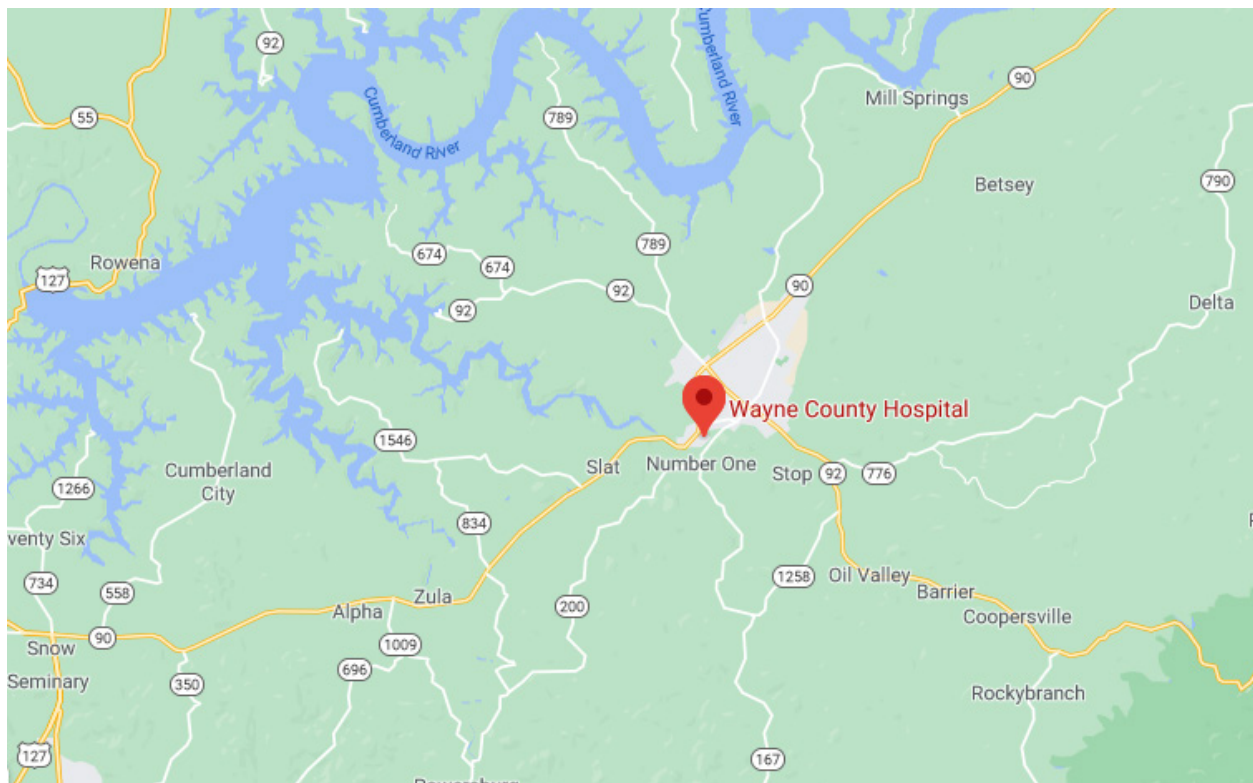
18. Informed of the right to have pain treated as effectively as possible.
19. The patient's family has the right of informed consent of donation of organs and tissues.
20. Impartial access to treatment, regardless of race, religion, sex, sexual orientation, ethnicity, age or handicap;
21. Exercise of his/her rights while receiving care or treatment in the hospital without coercion, discrimination or retaliation;
22. Having a surrogate (parent, legal guardian, person with medical power of attorney) exercise the patient's rights when the patient is incapable of doing so, without coercion, discrimination or retaliation.
23. The right to lodge a grievance when his/her rights have been violated. The contact person for grievances at this facility is the CEO or his/her designee (606) 348-9343. You may also contact the state Quality Improvement Organization (QIO) at KEPRO, 5201 West Kennedy Blvd, Suite 900 Tampa, FL 33609. Telephone (888) 317-0751 or Fax (844) 878-7921.
24. The right to be informed of your visitation rights, including clinical restriction or limitation on such rights in advance of patient care, whenever possible.
 - a) The right to receive visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same sex partner); another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
 - b) The right not to restrict, limit, or otherwise deny visitation privileges on the basis of race, color national origin, religion, sex, gender identity, sexual orientation, or disability.
 - c) The right to ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.
25. The patient (or their representative) has the right to request a discharge planning evaluation anytime during their stay.

This institution is an equal opportunity provider and employer.

A Portrait of the Community Served by Wayne County Hospital

Monticello, Kentucky is the county seat and serves as the gateway to Kentucky's southern lakes region, arguably among the most beautiful and unspoiled stretches of the Bluegrass State.

Wayne County lies at the foothills of the Appalachian Mountains. While it contains remnants of Eastern Kentucky's rugged landscapes, mostly in the form of low foothills bordering Lake Cumberland, the area is mostly composed of ranch-quality farm lands and rolling landscapes along the southern border with Tennessee.



Map created with Google Maps, 2020

Assessment Process

The assessment process included collecting secondary data related to the health of the community. Social and economic data as well as health outcomes and providers data were collected from secondary sources to help provide context for the community (see below). In addition, CEDIK compiled hospital utilization data to better understand who was using the facility and for what services (next section). Finally, with the assistance of the Community Steering Committee, input from the community was collected through key informant interviews and surveys.

First we present the demographic, social, economic and health outcomes data that were compiled through secondary sources. These data that follow were retrieved from County Health Rankings Spring 2020. For data sources see appendix.

Demographics

	Indicator	Wayne County	Kentucky	National Level
	2017 Population Estimate	20,468	4,468,402	325,719,178
	Percent of Population under 18 years	20.4%	22.6%	22.6%
	Percent of Population 65 year and older	21.0%	16.4%	15.6%
	Percent of Population Non-Hispanic White	92.9%	84.3%	60.7%
	Percent of Population Non-Hispanic Black	1.6%	8.2%	12.5%
	Percent of Population Hispanic	3.5%	3.8%	18.1%
	Percent of Population other Race	2.0%	3.7%	8.7%
	Percent of the Population not Proficient in English	0.0%	1.0%	4%

Social and Economic Factors

Indicator	Wayne County	Kentucky	National Benchmark*
Median HH Income	\$34,382	\$48,332	\$60,300
Graduation Rate of 9th Grade Cohort in 4 Years	95%	90%	85%
Percentage of Ages 25-44 with Some Post-Secondary College	40%	61%	65%
Percent of Unemployed Job-Seeking Population 16 Years and Older	7.6%	4.9%	4.4%
Percent of Children in Poverty	35%	22%	18%
Percent of Children Qualifying for Free or Reduced Lunches	77%	59%	52%
Percent of Single-Parent Households	26%	34%	33%
Violent Crime Rate per 100,000 population	78	222	386

Health Behaviors

Indicator	Wayne County	Kentucky	National Benchmark*
Percent Adult Smokers	24%	24%	17%
Percent Obese Adults with BMI >= 30	40%	34%	26%
Percent Physically Inactive Adults	32%	27%	22%
Percent of Adult Excessive Drinking	13%	16%	18%
Motor Vehicle Mortality Rate	26	3687	11
Chlamydia Rate Newly Diagnosed per 100,000 Population	215	413	497
Teen Birth Rate Ages 15-19 per 1,000 Population	58	36	25

**National Benchmarks indicate the 90th percentile at the national level*

"n/a" denotes where national benchmarks were not made available by County Health Rankings.

Health Outcomes

Indicator	Wayne County	Kentucky	National Benchmark*
Years of Potential Life Lost Rate	11,381	9,716	6.900
Percent of Population in Fair/Poor Health	27%	21%	16%
Physically Unhealthy Days	5.7	4.8	3.7
Mentally Unhealthy Days	5.1	4.8	3.8
Percent of Live Births with Low Birth Weight	9%	9%	8%
Percent of Population who are Diabetic	15%	13%	10%
HIV Prevalence Rate	35	180	362
Child Mortality Rate	109	60	50

Physical Environment

Indicator	Wayne County	Kentucky	National Benchmark*
Average Daily Density of Air Pollution - PM 2.5	9.7	10.7	8.6
Presence of Drinking Water Violations	No	n/a	n/a
Percentage of Severe Housing Problems with at least one of the following: Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities	15%	14%	18%
Percentage of Workforce Driving Alone to Work	85%	82%	76%
Percentage of Workforce Commuting Alone for More than 30 Minutes	28%	30%	35%

Hospital Utilization Data

The Tables below provide an overview of Wayne County Hospital's patients and in particular where they come from, how they pay, and why they visited.

Table: Hospital Inpatient Discharges, 1/01/2018 - 12/31/2018

	City of Origin	Discharges
	Clinton - KY	450
	Pulaski - KY	16
	McCreary - KY	15
	Adair - KY	3
	Decatur - PA	2

Table: Hospital Inpatient Payer Mix, 1/01/2018 - 12/31/2018

	City of Origin	Discharges
	Medicare (Excluding Medicare Managed Care)	275
	Medicare Managed Care	82
	Commercial - Other	36
	Aetna Better Health of KY Medicaid Managed Care	25
	Commercial - Anthem Health Plans of KY PPO Plan	22
	Passport Medicaid Managed Care	13
	WellCare of Kentucky Medicaid Managed Care	10
	Humana Medicaid Managed Care	9
	In State Medicaid	5
	Self Pay	4
	Anthem Medicaid Managed Care	2

Table: Hospital Outpatient Visits, 1/01/2018 - 12/31/2018

	City of Origin	Visits
	Clinton - KY	23,816
	Pulaski - KY	741
	McCreary - KY	530
	Casey - KY	66
	Adair - KY	24
	Fentress - TN	2
	Clay - KY	12
	Fayette - KY	11
	Lincoln - KY	10
	Jefferson - KY	9

Table: Hospital Outpatient Payer Mix, 1/01/2018 - 12/31/2018

	City of Origin	Discharges
	Medicare (Excluding Medicare Managed Care)	7,838
	Wayne County Hospital	3,837
	Aetna Better Health of KY Medicaid Managed Care	3,251
	WellCare of Kentucky Medicaid Managed Care	2,887
	Medicare Managed Care	2,569
	Commercial - Other	1,237
	Passport Medicaid Managed Care	923
	Humana Medicaid Managed Care	849
	Self Pay	630
	Anthem Medicaid Managed Care	622
	Other Self Administered Plan	225
	In State Medicaid	206

Table: Hospital Inpatient Diagnosis Related Group, 1/01/2018 - 12/31/2018

DRG Description	Discharges	Total Charges	Average Charges
Esophagitis Gastroent & Misc Digest Disorders	25	\$583,112.98	\$23,324.50
Kidney & Urinary Tract Infections	19	\$254,986.20	\$13,420.30
Aftercare Musculoskeletal System & Connective Tissue	18	\$133,406.27	\$7,411.50
Cellulitis	16	\$316,861.10	\$19,803.80
Chronic Obstructive Pulmonary Disease	14	\$214,756.73	\$15,339.80
Nutritional & Misc Metabolic Disorders	12	\$110,500.43	\$9,208.40
Aftercare Musculoskeletal System & Connective Tissue	11	\$36,072.51	\$3,279.30
Chronic Obstructive Pulmonary Disease	11	\$101,190.39	\$9,199.10
G.I. Hemorrhage	11	\$121,042.38	\$11,003.90

The Community Steering Committee

The Community Steering Committee plays a vital role to the CHNA process. CEDIK provided a list of potential agencies and organizations to the hospital to aid in the recruitment of members that would facilitate broad community input.

These committee members represent organizations and agencies that serve the Wayne County population in a variety of areas that relate to a populations health. By volunteering their time, the committee members enabled the hospital to acquire input from residents that are often not engaged in conversations about their health needs. Conducting this assessment during the COVID-19 pandemic added multiple challenges in accessing community input. The steering committee's role in providing both community input and in distribution of the community survey became even more important.

Upon recruitment to the steering committee, CEDIK representatives schedule and complete virtual conversations to introduce the assessment process, the role and duties of a committee member and conduct a key informant interview. A final steering committee was held via Zoom for the reporting of survey and key informant interview results and completing a prioritizing of health needs process with the goal to make recommendations for the hospital to address over the next three years.

Wayne County Hospital Community Steering Committee

Name	Organization
Shannon Beaty	Lake Cumberland District Health Department
Gay Hutchinson	Wayne County Extension Office
Jamie Reagan	Monticello Banking Co.
Anne Garner	Wayne County Library
Melissa Jones	Adanta
Kathryn Tucker	Wayne County Schools Nutrition Services
Amy Morgan	CHFS Guardianship
Mary Ann Morgan	State Farm Insurance

Community Feedback

Key Informant Interviews

A total of ten key informant interviews with steering committee members and additional community leaders identified by steering committee members, were completed in late summer and fall of 2020. Below is a summary of the responses that highlights comments, identifies the strengths of the community, challenges/barriers in the broader healthcare system and opportunities for improving the community's health.

Vision for a healthy Wayne County

- Good education system
- Healthy and affordable food
- Transportation
- Drug free community and treatment available
- Healthy lifestyles – physically active, access to healthcare, access to food
- Community partners collaborate to provide information and services
- Employment available with good pay and insurance
- Residents have knowledge of and access to local resources
- All community residents embrace and promote wellness

Most significant health problems/issues

- Diabetes
- Stroke
- Heart disease
- Cancer – skin, lung, breast
- Tobacco use and vaping (adults and youth)
- Nutrition - lack of knowledge of healthy food & money to purchase
- Drugs and drug overdoses
- Transportation challenges to medical appointments and essential services
- COPD and other respiratory issues

- Dental care
- Mental Health stigma
- Obesity/Overweight – causes other issues
- Lack of physical activity
- Healthy food is expensive and hard to access in the county
- Lack of a treatment center for substance use
- Grandparents raising grandchildren (or other family members) and all the repercussions
- COVID-19 pandemic
- Homelessness, joblessness
- Domestic violence
- Lack of specialists – must travel to access specialty care

Strengths of healthcare in Wayne County

- Good physicians in the county
- Wound care is a great service, provides great results
- During COVID-19, the health department, physicians and EMS working together well
- Rural Health Clinic is good to have located next to hospital and the extended hours
- Hospital has more services than people know
- Pharmacies are available in the county
- Telehealth offered by some physicians (since COVID)
- Good EMS
- Great physical therapy department
- Dialysis center in Monticello

Challenges with current healthcare in Wayne County

- Perception that hospital is outdated or not up to date equipment
- Not many specialists providing services in the county
- People need to make health and healthy lifestyle a priority

- Lack of dental care, especially for children
- Perception that services at hospital are more expensive than at other hospitals
- More advanced practice nurses providing care than MD's – need to educate public on the qualifications of nurse practitioners to gain respect and trust
- Housing (rentals) trouble with bed bugs, cockroaches

Barriers to Healthcare

- Lack of knowledge of available hospital services
- Costs – high copays, underinsured, time away from work
- Transportation – seniors rely on family members to take to appointments, “If you don't have family to take you, it's hard.”
- Low health literacy – do not know the questions to ask a provider
- Lack of motivation or understanding on need for healthcare (preventative care)
- Specialty care is lacking in the county – must travel for dermatology, heart, lung, cancer treatment (chemo and radiation),
- Our rural area is somewhat of a barrier – we won't ever have all the services or types of specialists in Monticello. But we are fortunate to be 30 minutes from Somerset.

What can be done in the county to better meet health needs?

- Promote services available at hospital
- Encourage medical providers to make referrals to services: dietician, home health
- Health education must be a priority in the community – for all ages (especially children and senior adults)
- Community engagement – through the health coalition, hospital and other organizations
- Reduce stigma of mental health challenges and need for services
- Hospital staff and physicians visit schools, participate in events to reduce fear and barriers
- More funding for the hospital – to add more services

- Teach basic life skills in schools – hospital participate with speakers
- Promoting of services – good physicians, services and equipment (“Did you know?” campaign)
- Expanded services for diabetes and cancer
- Hospital and HD partner on classes (ex. Freedom from Smoking)
- Promote physical activity – walking groups, hiking groups, sponsor story walk in downtown or at a walking trail
- Collaborations on food insecurity for elderly and connecting them to services
- Costs at hospital perceived as higher than others – opportunity for education

Wayne County Hospital

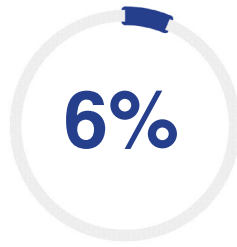


Fall 2020 Survey Results

223 Surveys*

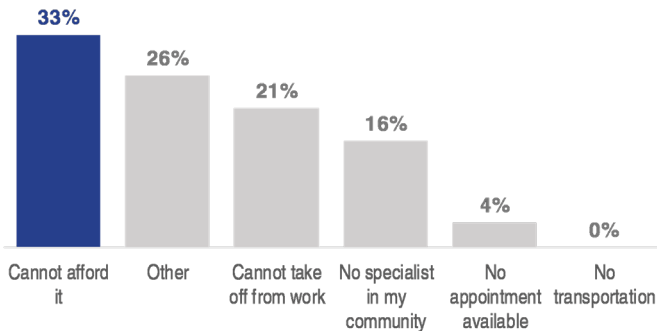


Respondents **have a family doctor, and 72% visit their physician regularly.**



Households are **currently without health insurance.**

Reasons respondents **do not receive routine healthcare**:



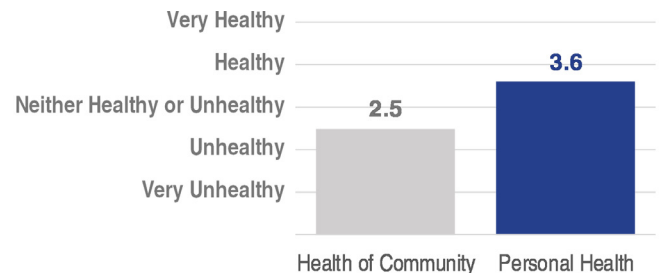
**Other reasons include: Only go when sick, haven't found doctor to trust, no time.*

Routine health care accessed by respondents:

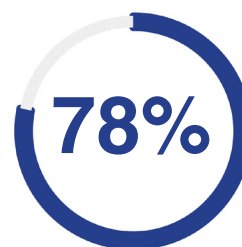
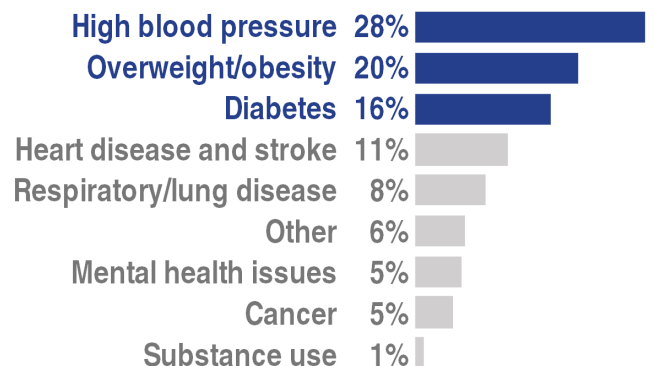
Pap smear (Women)	106
PSA - Prostate Specific Antigen Screening (Men)	18
DRE - Digital Rectal Exam (Men)	5

** Not all survey respondents answered every question. Respondents = total number of responses for each question; Households = questions where respondents were asked if "anyone in their household" were impacted.*

Respondent's rating **of their health** and the **health of the people in this community**:



Top three health challenges that households face:



Respondents **would recommend WCH to friends and family.**

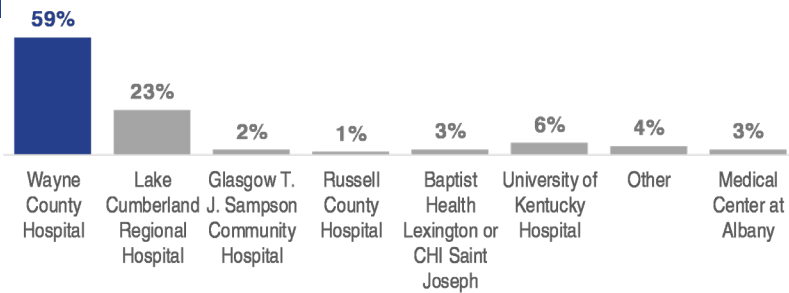


Households are **satisfied with the ability to access healthcare services** in Wayne County.

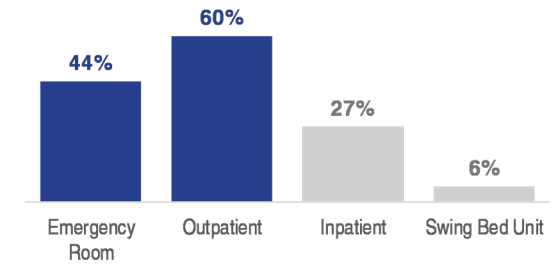
6.5 out of 10

The average ranking of Wayne County Hospital by respondents.

Hospitals* visited in the last 24 months by households:

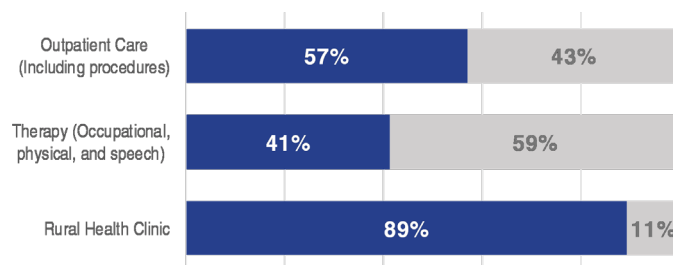


Hospital services used in the last 24 months by households:

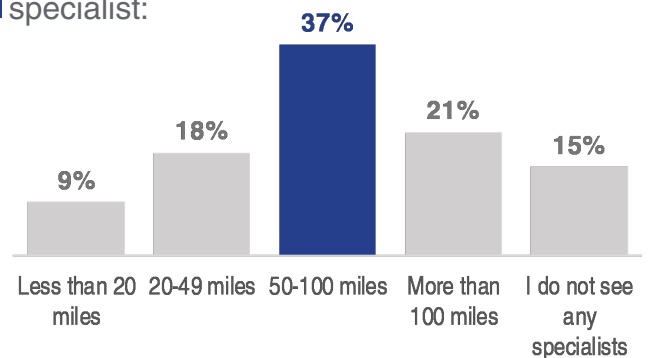


**Why another hospital? Service I needed was not available (39%), physician referred me (34%), insurance requires me to go elsewhere (3%), I prefer larger hospitals (11%). Other responses included: negative experience at WCH, personal choice, cost.*

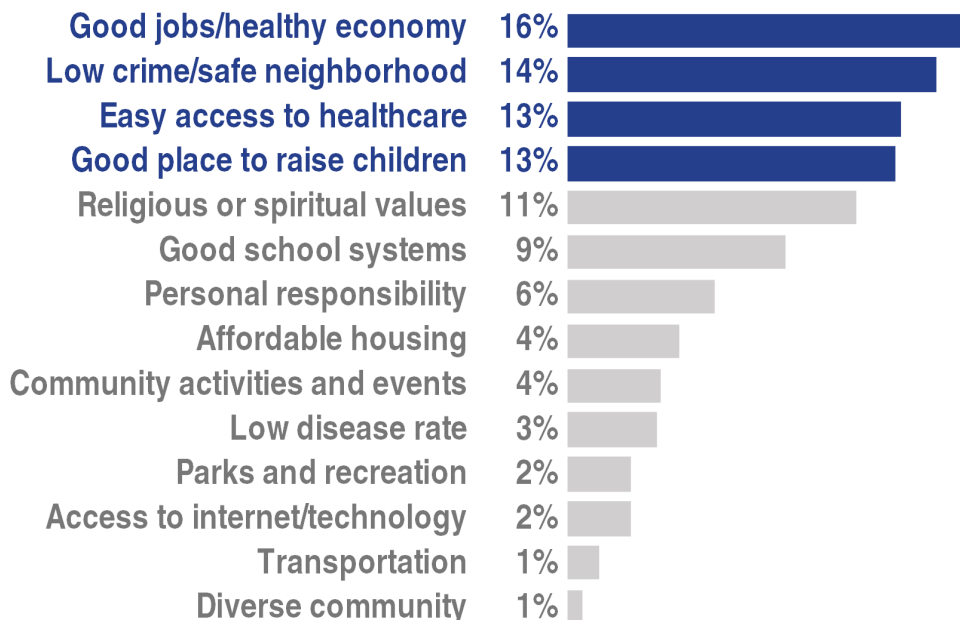
Households who have used specialty services at Wayne County Hospital or at another hospital in the past 24 months:



How far households travel to see a specialist:



Respondent rating of top three most important factors for a healthy community:



Prioritization of Identified Health Needs

The second Wayne County Hospital CHNA steering committee meeting was held via Zoom, a virtual platform for meetings, November 4, 2020, to review findings from the community surveys, key informant interviews and county specific secondary health data. Those in attendance were: Amy Morgan, Kathryn Tucker, Jaime Reagan and Gaye Hutchinson.

The process of priority selection followed the Association for Community Health Improvement (ACHI) recommendations to consider:

- 1) The ability of Wayne County Hospital to evaluate and measure outcomes.
- 2) The number of people affected by the issue or size of the issue.
- 3) The consequences of not addressing this problem.
- 4) Prevalence of common themes.
- 5) The existence of hospital programs which respond to the identified need.

CEDIK staff led a facilitated discussion with members of the committee on the findings and based on all of the information identified the following to recommend as needs for the hospital to address in the next three years.

Prioritized Needs

- 1) Increase community collaboration and communication (between organizations) to address health needs and communicate available resources.
- 2) Connecting patients (upon diagnosis) to resources* in community. (*home health, PT, OT and other resources)
- 3) Increase community health education focusing on healthy lifestyles to reduce chronic diseases (high blood pressure, obesity and diabetes).
- 4) Reduce preventable hospital stays by identifying high risk populations and connecting them to resources.
- 5) Increase communication/promotion about recommended preventative health screenings including where screenings are available locally and how to access get them.

Implementation Strategy

After reviewing the recommendations of the Community Steering Committee, the hospital administration team created a plan to address the needs through the following goals and action steps. Upon review, needs that were similar in scope are grouped into one goal.

Priority Needs

- 1) Increase community collaboration and communication (between organizations) to address health needs and communicate available resources.*
- 2) Connecting patients (upon diagnosis) to resources* in community. (*home health, PT, OT and other resources)*

GOAL 1. Complete inventory of available resources in community.

Action steps:

1. Communicate with leaders in identified community agencies to increase communication and collaboration.
2. Determine current community resources available to create internal and external distribution lists.
3. Develop materials to educate external and internal constituents on available community resources.
4. Provide community resource materials to hospital staff to disseminate to patients on an ongoing basis.
5. Create and provide updated list of available services at WCH to external constituents.

Implementation Strategy, continued

Priority Needs

- 3) *Increase community health education focusing on healthy lifestyles to reduce chronic diseases (high blood pressure, obesity and diabetes).*
- 4) *Increase communication/promotion about recommended preventative health screenings including where screenings are available locally and how to access get them.*

GOAL 2. Increase public relations, marketing and health education in the Wayne County Hospital service area.

Action steps:

1. Promote healthy lifestyles – develop additional marketing efforts promoting healthy lifestyle choices.
 - Determine best placement of messages to enhance reach to the intended audience (web, area newspaper, etc.).
2. Preventative screenings – develop promotion plan to educate community on the availability of and importance of preventative screenings for men and women.
 - Determine appropriate community venue for screenings and/or education.
3. Demonstrate dates and duration of informational, educational and preventative campaigns.

Priority Need

- 5) *Reduce preventable hospital stays by identifying high risk populations and connecting them to resources.*

Not addressing this identified need – WCH tracks readmissions and very judiciously admits patients. WCH does not have the resources to work deeply with high risk populations.

Next Steps

This Implementation Strategy will be rolled out over the next three years, from Fiscal Year 2021 through the end of Fiscal Year 2023.

Wayne County Hospital will kick off the implementation strategy by initiating collaborative efforts with community leaders to address each health priority identified through the assessment process.

Periodic evaluation of goals/objectives for each identified priority will be conducted to assure that we are on track to complete our plan as described.

At the end of Fiscal Year 2023, Wayne County Hospital will review the implementation strategy and report on the success experienced through the collaborative efforts of improving the health of the community.

Appendix

Sources for all secondary data used in this report:

Demographics*

Indicator (2017)	Original Source	Year
Total Population	Census Population Estimates	2017
Percent of Population under 18 years	Census Population Estimates	2017
Percent of Population 65 year and older	Census Population Estimates	2017
Percent of Population Non-Hispanic White	Census Population Estimates	2017
Percent of Population African American	Census Population Estimates	2017
Percent of Population Hispanic	Census Population Estimates	2017
Percent of Population other Race	Census Population Estimates	2017
Percent of Population Not Proficient in English	American Community Survey 5-year Estimates	2013- 2017
All "National Level" Demographics	U.S. Census QuickFacts	2017

Social and Economic Factors

Indicator	Original Source	Year
Median Household Income	Small Area Income and Poverty Estimates	2017
Graduation Rate of 9th Grade Cohort in 4 Years	State sources and the National Center for Education Statistics	Varies
Percent of Population with Some College Education	American Community Survey 5-year Estimates	2013-2017
Percent of Unemployed Job-Seeking Population 16 Years and Older	Bureau of Labor Statistics	2017
Percent of Children in Poverty	Small Area Income and Poverty Estimates	2017

Social and Economic Factors, continued

Indicator	Original Source	Year
Percent of Children Eligible for Free or Reduced Lunch	National Center for Education Statistics	2016-2017
Percent of Single Parent Households	American Community Survey 5-yr est.	2009-2013
Violent Crime Rate (per 100,000 population)	Uniform Crime Reporting, Federal Bureau of Investigation	2005-2010

Health Behaviors

Indicator	Original Source	Year
Percent of Adults who Smoke Regularly	Behavioral Risk Factor Surveillance System	2016
Percent of Adults who are Obese (BMI>30)	CDC Diabetes Interactive Atlas	2015
Percent of Adults who are Physically Inactive During Leisure Time	CDC Diabetes Interactive Atlas	2015
Percent of Adults who Drink Excessively (Heavy or Binge)	Behavioral Risk Factor Surveillance System	2016
Motor Vehicle Crash Deaths (per 100,000 population)	CDC WONDER mortality data	2011-2017
STDs: Chlamydia Rate (per 100,000 population)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2016
Teen Birth Rate (per 1,000 females ages 15-19)	National Center for Health Statistics – Natality files	2011-2017

Health Outcomes

Indicator	Original Source	Year
Premature Death (Years of Potential Life Lost Before Age 75 per 100,000 population)	National Center for Health Statistics	2015-2017
Percent of Adults Reporting Poor or Fair Health	Behavioral Risk Factor Surveillance System	2016
Average Poor Physical Health Days in Past 30 Days	Behavioral Risk Factor Surveillance System	2016
Average Poor Mental Health Days in Past 30 Days	Behavioral Risk Factor Surveillance System	2016
Percent of Babies Born with Low Birthweight (<2500 grams)	National Center for Health Statistics	2011-2017
Percent of Adults with Diabetes	CDC Diabetes Interactive Atlas	2015
HIV Prevalence Rate (per 100,000 population)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2015
Child Mortality (per 100,000 population)	CDC WONDER mortality data	2014-2017

Physical Environment

Indicator	Original Source	Year
Average Daily Density of Air Pollution - PM 2.5	Environmental Public Health Tracking Network	2014
Presence of Drinking Water Violations	Safe Drinking Water Information System	2017
Percentage of Severe Housing Problems with at least one of the following: Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities	Comprehensive Housing Affordability Strategy (CHAS) data	2011-2015
Percentage of Workforce Driving Alone to Work	American Community Survey	2013-2017
Percentage of Workforce Commuting Alone for More than 30 Minutes	American Community Survey	2013-2017



Wayne County Hospital CHNA 2020

The Community and Economic Development Initiative of Kentucky (CEDIK), from the University of Kentucky, in collaboration with Wayne County Hospital is conducting the Community Health Needs Assessment (CHNA) for Wayne County. We want to better understand your health needs and how the hospital and its partners can better meet those needs. Please take just 10-15 minutes to fill out this survey. Please do not include your name anywhere. All responses will remain anonymous.

Q1. Please tell us your zip code: _____

Q2. How satisfied are you with your or anyone in your household's ability to access healthcare services, on a scale from 1 to 5, where 1 is "not very satisfied" and 5 is "very satisfied"?

	1	2	3	4	5
Satisfaction with access to healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3. Do you have a family doctor?

- ☐ Yes
☐ No

Q4. If Yes, do you visit regularly? (Annually)

- ☐ Yes
☐ No

Q5. If No, do you receive routine healthcare? (Routine healthcare includes screenings, check-ups and patient counseling to prevent illnesses, disease or other health problems)

- ☐ Yes
☐ No

Q6. If you do not receive routine healthcare, please select all that apply as to why:

- ☐ No appointment available
☐ No specialist in my community
☐ No transportation
☐ Cannot take off from work
☐ Cannot afford it
☐ Other. Please specify: _____

Q7. Have you or someone in your household used one of these services at a hospital in the past 24 months?

	Yes	No
Emergency Room	<input type="radio"/>	<input type="radio"/>
Outpatient	<input type="radio"/>	<input type="radio"/>
Inpatient	<input type="radio"/>	<input type="radio"/>
Swing Bed Unit	<input type="radio"/>	<input type="radio"/>

Q8. If Yes, where did you visit a hospital?

- ☐ Monticello - Wayne County Hospital
- ☐ Somerset - Lake Cumberland Regional Hospital
- ☐ Albany - Medical Center at Albany
- ☐ Glasgow T. J. Sampson Community Hospital
- ☐ Russell Springs - Russell County Hospital
- ☐ Lexington - Baptist Health Lexington or CHI St. Joseph
- ☐ Lexington - University of Kentucky Hospital
- ☐ Other. Please specify:

Q9. Please select the top **THREE** health challenges you or anyone in your household face:

- ☐ High blood pressure
- ☐ Diabetes
- ☐ Cancer
- ☐ Heart disease and stroke
- ☐ Mental health issues
- ☐ Substance use
- ☐ Alcohol use
- ☐ HIV/AIDS/STDs
- ☐ Overweight/obesity
- ☐ Respiratory/lung disease
- ☐ Other. Please specify:

Q10. Are you or anyone in your household without health insurance currently?

- ☐ Yes
- ☐ No

Q11. Have you or someone in your household used any of the specialty services below in the past 24 months?

	At Wayne County Hospital	At another hospital
Therapy (occupational, physical, speech)	<input type="radio"/>	<input type="radio"/>
Rural Health Clinic	<input type="radio"/>	<input type="radio"/>
Outpatient surgery	<input type="radio"/>	<input type="radio"/>

Q12. If you went to a hospital other than Wayne County Hospital, please select all that apply as to why:

- ☐ Service I needed was not available
- ☐ My physician referred me
- ☐ My insurance requires me to go somewhere else
- ☐ I prefer larger hospitals
- ☐ Other. Please specify:

Q13. How far do you or anyone in your household travel to see a specialist?

- ☐ Less than 20 miles
- ☐ 20-49 miles
- ☐ 50-100 miles
- ☐ More than 100 miles
- ☐ I do not see any specialists

Q14. Please select any of the following preventive procedures you have had in the last year:

- ☐ Pap Smear (Women)
- ☐ Prostate Cancer Screening (Men).
- Please check if:
 - ☐ PSA - Prostate Specific Antigen
 - ☐ DRE - Digital Rectal Exam

Q15. How would you rate your **own personal health**?

- ☐ Very healthy
- ☐ Healthy
- ☐ Neither healthy nor unhealthy
- ☐ Unhealthy
- ☐ Very unhealthy

Q16. How would you rate the **overall health of the people in Wayne County**?

- ☐ Very healthy
- ☐ Healthy
- ☐ Neither healthy nor unhealthy
- ☐ Unhealthy
- ☐ Very unhealthy

Q17. Overall, how would you **rank Wayne County Hospital** on a scale from 1 to 10, where 1 is "not very good" and 10 is "very good"? Please circle your answer.

Wayne County Hospital Overall Ranking	1	2	3	4	5	6	7	8	9	10
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Q18. Please select the top **THREE** most important factors for a healthy community. Choose only **THREE**:

- ☐ Good place to raise children
- ☐ Low crime/safe neighborhood
- ☐ Good school systems
- ☐ Easy access to healthcare
- ☐ Community activities and events
- ☐ Affordable housing
- ☐ Low disease rate
- ☐ Personal responsibility
- ☐ Diverse community
- ☐ Good jobs/healthy economy
- ☐ Religious or spiritual values
- ☐ Transportation
- ☐ Parks and recreation
- ☐ Access to internet/technology
- ☐ Other. Please specify:

Q19. Would you recommend Wayne County Hospital to friends and family?

- ☐ Yes
- ☐ No

Q20. What is your age?

- ☐ 18-24
- ☐ 25-39
- ☐ 40-54
- ☐ 55-64
- ☐ 65-69
- ☐ 70 or older

Q21. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other. Please specify:

Q22. What is the highest level of education you have completed?

- ☐ High school
- ☐ Undergraduate degree
- ☐ Graduate degree
- ☐ Technical school
- ☐ Other. Please specify:

Q23. What is your current employment status?

- ☐ Unemployed
- ☐ Employed part-time
- ☐ Employed full-time
- ☐ Retired
- ☐ Student
- ☐ Other. Please specify:

Thank you for participating in the survey!

Approval

This Community Health Needs Assessment was approved by the Wayne County Hospital Board of Trustees on <<DATE>>.


SIGNATURE


DATE

