Manchester Memorial Hospital & Rockville General Hospital

Community Health Needs Assessment

Final Report

2013

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Overview

Manchester Memorial Hospital (MMH) and Rockville General Hospital (RGH), as part of the Eastern Connecticut Health Network (ECHN), dedicate millions of dollars and thousands of staff hours to activities that enhance the overall health and wellness of their shared 19-town service area with special focus on the unmet needs of financially disadvantaged and underserved populations.

In 2013, MMH & RGH collaborated to conduct a comprehensive community health needs assessment (CHNA). The goals of the assessment were:

- To identify current and future healthcare needs in the community
- To improve and strengthen programs and services provided to address them

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The Community Served

The Community Served

MMH & RGH share a 19-town primary and secondary service area located east of the Connecticut River in northern Connecticut with municipalities in Hartford, Tolland and Windham Counties.

The primary service area, shaded in orange, includes any town where total inpatient and newborn discharges are ≥ 20 percent.

The secondary service area, shaded in yellow, includes any town where total inpatient and newborn discharges are ≥ five percent and < 20 percent.

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The Community Served

Demographic Profile:

Population: 341,499 people

Gender: 48.9% male
51.1% female

Age: Median age 39.5 years
33.3% 50 years or older

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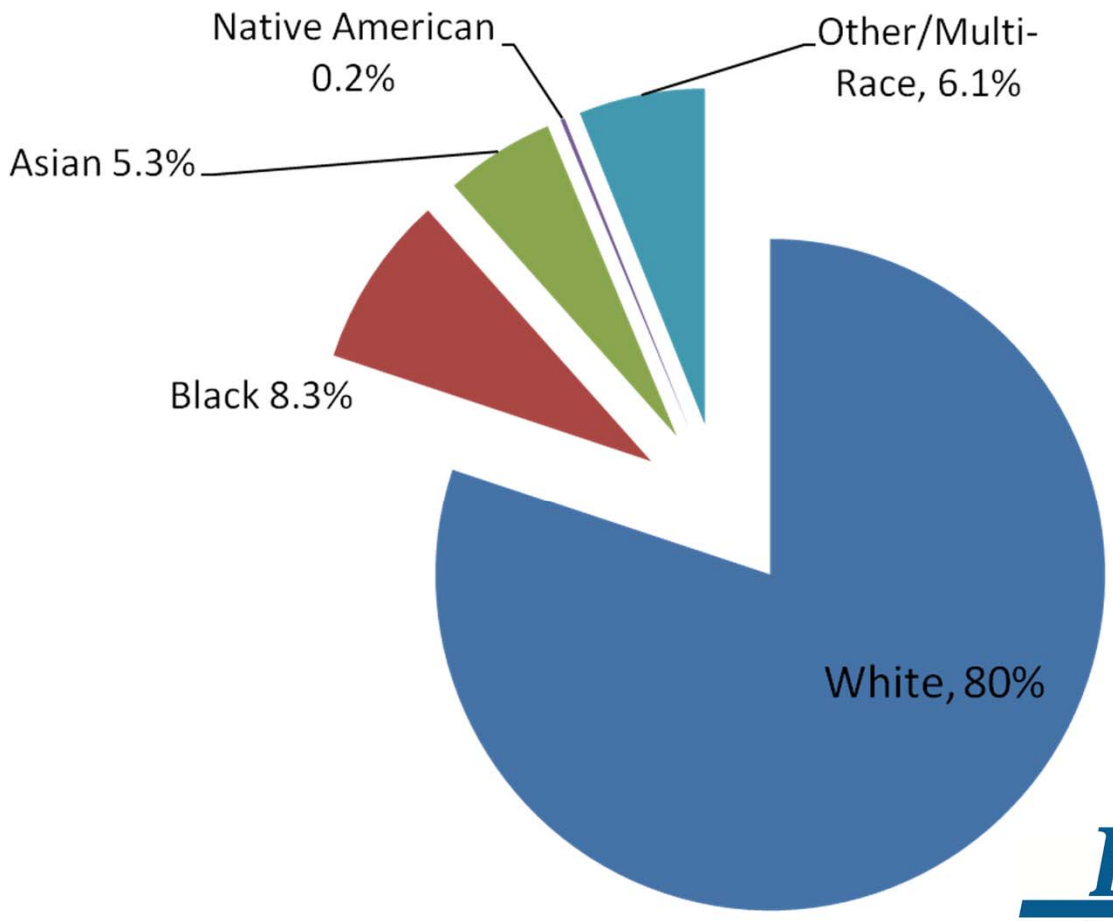
The Community Served

Race



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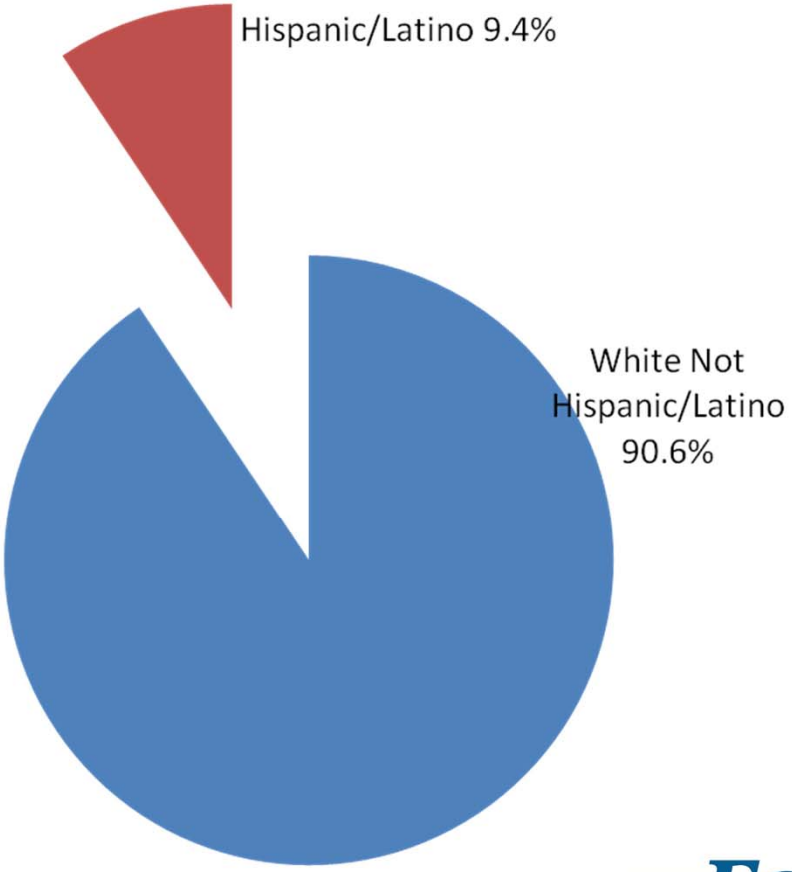
The Community Served

Ethnicity



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The Community Served

Education: 91.5% High school graduates
35.6% Bachelor's degree or higher

Average Household Size: 2.61 people

Employment: 7.4% unemployment rate

Median Household Income: $82,075 per year

Poverty Rate: 7.6%

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Demographic Summary:

- The total service area population has increased 4% in two years.
- Gender, Age, and Household Size are all very similar to CT and US ratios.
- Compared to CT and US rates, the service area has a higher White population and a lower Black population percentage.
- The Hispanic/Latino population percentage is lower than CT and US percentages.
- The median household income is well above the state ($67,034) and national ($50,502) annual figures.
- The unemployment rate is below that of the state (8.0%) and matches the nation.
- Higher percentage of high school college graduates than CT (88.6%) and US (85.9%). Percentage who've earned a bachelor's degree or higher matches the state's percentage and exceeds the nation's (28.5%).

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The Assessment Process

The Process

Oversight

The CHNA initiative was steered by an Oversight Committee that included members of the ECHN organization, many who have established relationships with community groups and agencies. The Committee included:

- Senior Vice President, Planning, Marketing, & Communications
- President, Visiting Nurse & Health Services of Connecticut, Inc.
- Vice President , Patient Care Services
- Assistant Vice President, Patient Care Services
- Executive Director, Woodlake at Tolland
- Administrative Director, Women's Services
- Administrative Director, Cancer Services
- Regional Director, Eastern Connecticut Medical Professionals Foundation
- Director, Patient Financial Services
- Community Benefit & Education Manager
- Quality Improvement Manager
- Market Analyst

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The Process

Secondary Data Profile

Data from publicly available sources, including the US Census Bureau, Center for Disease Control and other community, civic and social service agencies, was collected to create a "secondary data profile," which provides a statistical snapshot of the service area:

- Demographics
- Disease state profiles
- Mortality statistics
- Infectious diseases
- Maternal health statistics
- Environmental health statistics

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The Process

Community Health Survey

A community health survey, modeled after the Center for Disease Control (CDC) Behavior Risk Factor Surveillance System (BRFSS) survey, was developed to gather information from service area residents on how lifestyle and behaviors affect health risks and outcomes.

The survey was promoted and made available to residents in paper form and online.

1,047 responses received from service area residents

80% submitted on paper; 20% online

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The Process

Community Stakeholder Survey

In February 2013, community agencies and organizations throughout the service area, representing a variety of medically underserved, low-income and minority populations, were invited to participate in an online survey, which asked:

- What is healthy about your community?
- What is unhealthy about your community?
- What is your perception of MMH/RGH and the programs and services it offers?
- What can MMH/RGH do to improve the health and quality of life in the community?

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The Process

Community Stakeholder Survey

Responses received from:

Agency/Organization	Population Served
WIC Program, Department of Public Health	Low income and at nutritional risk women, infants and children
Community Child Guidance Clinic	Children & families with mental health needs
Vernon Youth Services Bureau, Town of Vernon	Youth
Town of Ellington Human Services	Residents of Ellington; programs specifically for youth and elderly
Town of Manchester Health Department	Residents of Manchester
Town of Andover, Elder Services	Seniors residing in Andover
Maple Street School, Vernon	children
Bev's Corner, Vernon	General community
Vernon Adult Education	Vernon adults
Indian Valley YMCA	Families, including low-income
MARC, Inc.	People with developmental disabilities

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Key Findings

Cancer

Key Findings

Cancer

Second leading cause of death in the total service area, CT, & US.

Cancer Incidence (2012 Estimates) Incidence Rates per 100,000	United States	Connecticut	ECHN Total Service Area
Cancer (All Sites)	465.0	508.5	490.6
Breast (Female)	122.0	137.3	134.7
Colon & Rectum	46.2	47.2	48.6
Lung & Bronchus	67.2	68.0	66.0
Prostate (Male)	151.4	165.2	167.3

Data Source: National Cancer Institute SEER Database

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Key Findings

Cancer

Among All Cancer Sites: Incidence rate estimates above US, below CT rates

Breast: Incidence rate above that of the nation but below CT rates

Prostate: Incidence rate above CT and US

Colon & Rectum: Incidence rate above CT and US
23.0% of community survey respondents reported never having had a colonoscopy

Skin: 32.2% of survey respondents reported never having a skin cancer screening.

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Identified Community Health Needs

After reviewing the CHNA data, the Oversight Committee identified the following areas of need:

- Heart Disease Incidence
- **Cancer Incidence**
- Diabetes Incidence
- Arthritis Incidence
- Alzheimer's Disease Incidence
- Multiple Sclerosis Incidence
- Substance Abuse
- Childhood Lead Screening

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Priority Health Needs

The Oversight Committee prioritized the CHNA's identified health needs based primarily on the size and severity of a particular need, and also took into account the hospital's ability to impact the need, and the availability of resources that exist to address it. Based on these criteria, the following health needs were given the highest priority:

- Heart Disease Incidence
- **Cancer Incidence**
- Diabetes Incidence
- Arthritis Incidence

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Implementation Plan

Strategies to Address Cancer Incidence

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Strategies to Address

Cancer

Monitor reports of newly- diagnosed cancer cases in the service area using the National Cancer Center Data Base (NCDB) to identify significant changes, trends or abnormal activity.

Educate the public about managing lifestyle behaviors that impact cancer risks

- Free community health educational programs
- Articles in *Better Being*
- Health fair participation
- "Freedom from Smoking" smoking cessation program

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Strategies to Address

Cancer

Provide free screenings through the community and access to follow-up care

Offer comprehensive support programs for cancer survivors and caregivers

- Oncology Nurse Navigator and Survivorship Navigators services
- Annual Cancer Survivors Day event
- Regular support group meetings
- Cancer Caregiver Workshops

Community Collaboration

An important component of these strategies will be collaboration with community resources including those currently available to respond to the health needs including:

- Cornerstone Foundation
- Eastern Highlands Health District
- Hockanum Valley Community Council, Inc.
- Johnson Health Network
- Manchester Area Conferences of Churches
- MARC, Inc. of Manchester
- Natchaug Hospital
- North Central Health Department
- Town Departments of Health & Human Services
- Town Departments of Social Services
- Tri-Town Shelter Services
- United Way
- Vernon Community Network
- Visiting Nurse and Health Services of CT

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Measuring the Impact

Measuring the Impact

Measureable impact of the above strategies will take time to materialize, however ongoing analysis of hospital utilization data for specific diagnoses, enrollment in hospital-sponsored education or disease management programs, feedback from community partners and reassessing community health needs in three years will assist in the evaluation of strategy effectiveness.

Approval

Approval

The Community Health Needs Assessment and the strategies to address the priority needs identified (Implementation Plan) were reviewed and approved by the ECHN Strategic Planning Committee on August 21, 2013.

The ECHN Board of Trustees reviewed and approved the CHNA and Implementation Plan on September 25, 2013.