

# COMMUNITY HEALTH NEEDS ASSESSMENT Summary

PIKE AND WAYNE COUNTIES AND  
CARBONDALE AREA

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WAYNE MEMORIAL HOSPITAL

JUNE 2016

HMS Associates, Getzville, NY

# Summary - Contents

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This Report and the Summary of the 2016 Community Health Needs Assessment are available for downloading at [www.wmh.org](http://www.wmh.org) or inspection at Wayne Memorial Hospital.

# Purpose

- Community stewardship
- Assess needs
- Identify significant needs
- Develop strategies
- Implement most needed programs
- Improve services and community health
- Advance local high quality health care system
- Meet regulatory requirements of governmental agencies

This presentation, which is intended for the general public, summarizes key significant needs for the region, counties and communities and is intended to promote dialogue around needs and collaborative solutions with partner agencies. The Pike and Wayne Counties and Carbondale Area Community Health Needs Assessment Report and User's Guide contains extensive data on the assessment and is available upon request.

# Advisory Committee

- The assessment was guided by an 19 member advisory committee, representative of providers, consumers and key leadership in the area.
  - Jessica Aquilina, Forest City Region School District
  - Michele Bannon. City of Carbondale
  - Michael Campbell, MD, Wayne Memorial Community Health Centers – Honesdale, Behavioral Health
  - Donna Decker, Wayne Memorial Hospital – Community Health
  - Carrie Demers, MD, Centers for Health/Healing
  - Jack Dennis, Wayne Memorial Hospital – Development and Veterans Programs
  - Maria Diehl, Wayne Memorial Hospital – Public Relations
  - Rashesh Dholakia, MD, MPH, Wayne Memorial Community Health Centers – Lords Valley, Behavioral Health
  - Juliann Doyle, Wayne Memorial Hospital Advisory Board
  - Steve Durkin, Carbondale YMCA
  - Dave Hoff, Wayne Memorial Hospital - Administration
  - Joann Hudak, Wallenpaupack Area School District
  - Fred Jackson, Wayne Memorial Community Health Centers – Administration
  - Wendell Kay, Wayne County Commissioner
  - Dirk Mumford, Wayne Memorial Hospital
  - Lee Oakes, Wayne Memorial Hospital
  - Jim Pettinato, Wayne Memorial Hospital – Administration.
  - Patrick Pugliese, MD, Wayne Memorial Hospital – Emergency Department
  - Martha Wilson, Wayne Memorial Hospital System Board and Auxiliary

## Significant Needs - Concepts

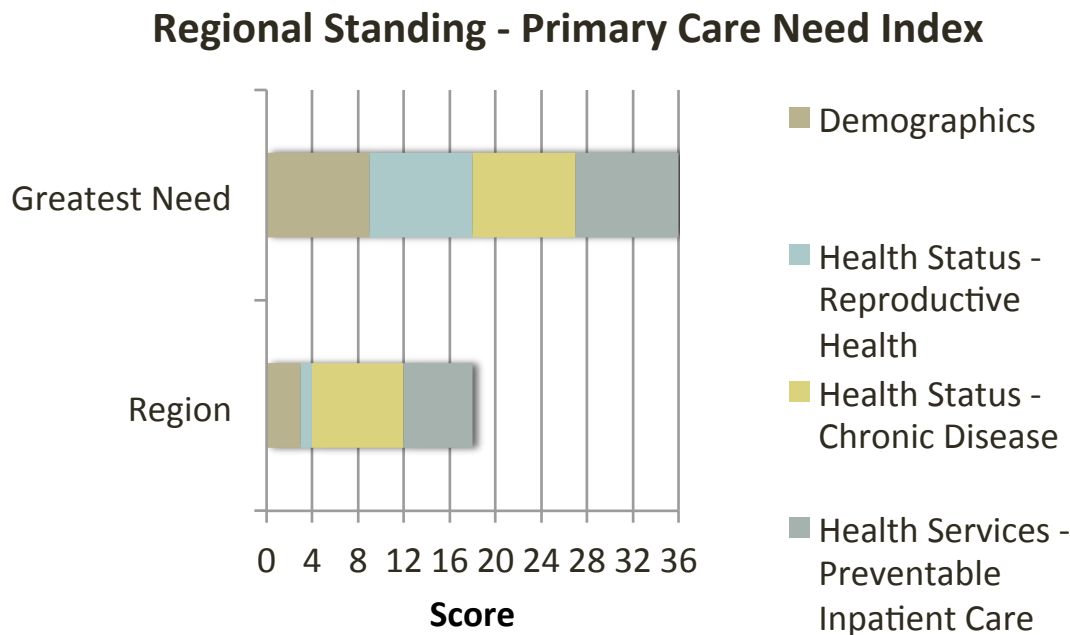
- Significant needs emerged from both statistical and qualitative assessments.
- The Advisory Committee met four times in person during the months of March through June 2016 and considered data and analyses prepared by HMS Associates from three major sources
  - Statistical data and analyses for the Primary Care Need Index (PCNI)
  - Qualitative data on perceptions and opinions of the general public gathered in a 22 item internet based survey with 1,110 respondents and
  - Qualitative data on key informant interviews with 40 local leaders at ten locations in the area
- The assessment was structured to reflect the different characteristics of communities within the overall service area and identify significant needs requiring implementation strategies that varied by community need. In some respects this reflects a health disparity approach to the assessment process itself.
- Significant needs were those needs which had the poorest Index ranks and or represented a high degree of consensus emerging from either the survey or interview process.

- Slides 18 and 19 contain graphics depicting the methodology.
- The prioritization process included a consideration of the results of the Primary Care Need Index, Community Health Internet Based Survey and Key Informant Interview processes by the Advisory Committee. The final step was the selection of significant health needs identified in those aspects of the study to be addressed in the 2016 Implementation Strategy. In its final deliberation, the Committee considered 64 key comparative needs and those 30 listed on subsequent pages were selected. In general, higher numbers of significant needs were selected for those communities with the highest number of key comparative needs as operationally defined by the poorest or second poorest standing among the seven communities.

\*The Primary Care Need Index has four components which assess the need for health care services. They are demographics, chronic disease, reproductive health and preventable inpatient care. The measures which makeup each component are listed on Slide 22. Demographics refers to features of the community which are correlated with high health care needs. Communities which have high proportions of people with those characteristics need more health care services or specific types of services such as health literacy programs for people with low educational attainment or culturally sensitive health care programs for non-white populations. When interpreting those two statistics caution should be used in small rural communities with correctional institutions because the data may be reflective of the prison population rather than the community itself.

# Significant Needs - Regional

- Significant needs emerged from both statistical and qualitative assessments.
- The Pike and Wayne County Region, exclusive of the Carbondale area, was similar to other counties in northeast Pennsylvania. Statistical findings on the Primary Care Need Index for the two counties (18) was in the mid range of comparative need scores. Within the Index, the need for chronic disease programs was the highest of the four need components and is considered to be a significant need for the region.



- Primary Northeast Pennsylvania Counties**
- Bradford
  - Lackawanna
  - Luzerne
  - Monroe
  - Pike
  - Sullivan
  - Susquehanna
  - Wayne
  - Wyoming

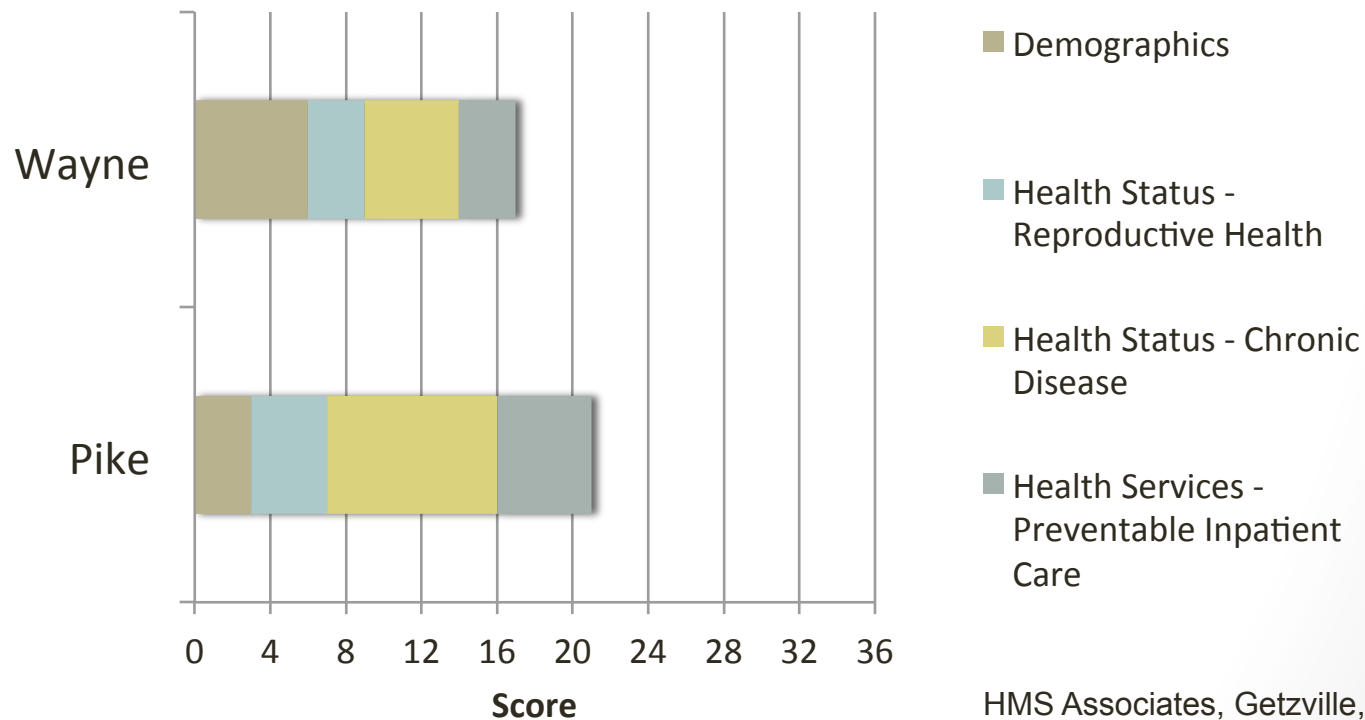
- Qualitative data from the internet survey and key leadership interviews provided insight on several areas that warrant consideration as significant needs for service development throughout the area.
  - Programs for assisting grandparents raising grandchildren and additional assistance to people with low incomes
  - Substance abuse services as evidenced by high interest levels in opiate related accidental overdoses and deaths and concern over growing drug use in youth
  - Mental health services as evidenced by waiting lists for access to psychiatric care, ER use and concerns throughout the community for both preventive services and specialty care for tick borne illnesses
  - References were made to the need for better access to specialists in general with attention on psychiatrists, dermatologists, endocrinologists, neurologists, oncologists, pain management specialists, gerontologists, and cardiologists
  - Primary care service development was viewed to be problematic especially in light of expected retirements of current primary care capacity



# Pike County

- From the county perspective, Pike County's score (21) on the Primary Care Need Index was in the mid range of the nine counties studied and higher than Wayne County's score (17).
- As in 2013, the Chronic Disease component of the Index received the highest (poor) score (8) of the four components studied and is a county-wide significant need.

**County Standing - Primary Care Need Index**

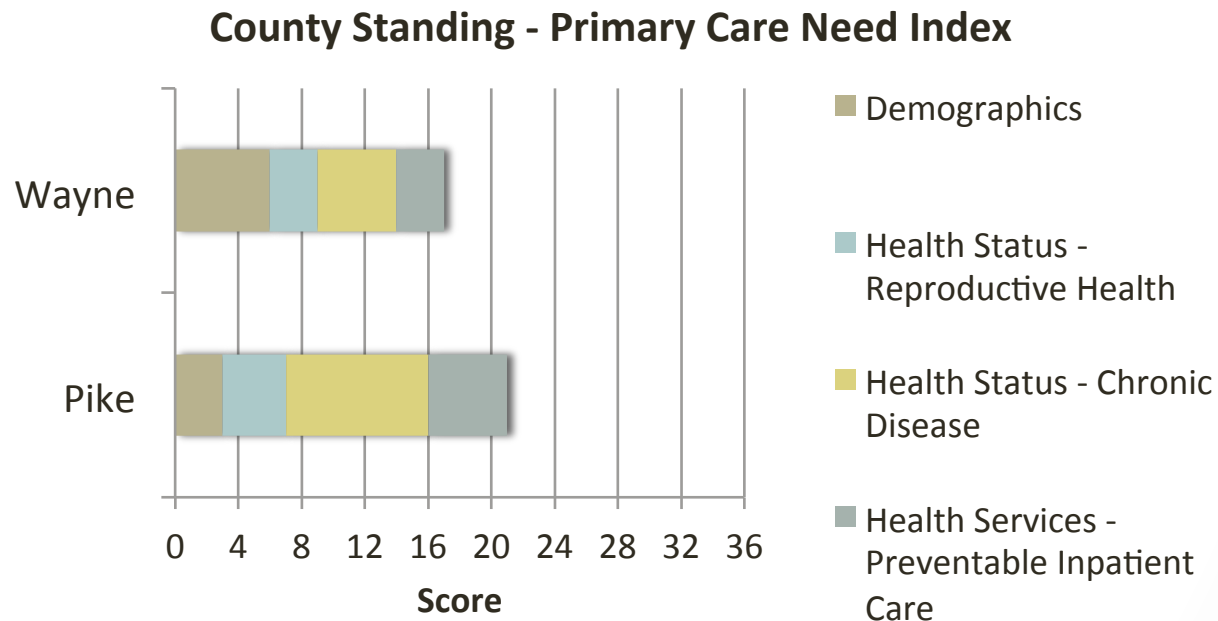


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- Within the Index components, several specific significant need areas were noted for Pike County in comparison to the nine counties studied.
  - Major Cause of Death/Chronic Disease Need: Disease of Heart: Acute Myocardial Infarction (AMI)
  - Major Cause of Death/Chronic Disease Need: Malignant Neoplasms: All
  - Reproductive Health: Birth Weight: <1500 Grams
  - Reproductive Health: First Trimester Prenatal Visit: No
  - Preventable Inpatient Care: All ages or specific age group(s)

# Wayne County

- Wayne County's score (17) on the Primary Care Need Index was among the lowest of the nine counties studied and lower than Pike County's score (21).
- The Demographics Component of the Index received the highest (poorest) score of the four components studied and is a significant need concern.
- Reproductive Health and Preventable Inpatient Use scores were in the lowest (best) grouping of counties.



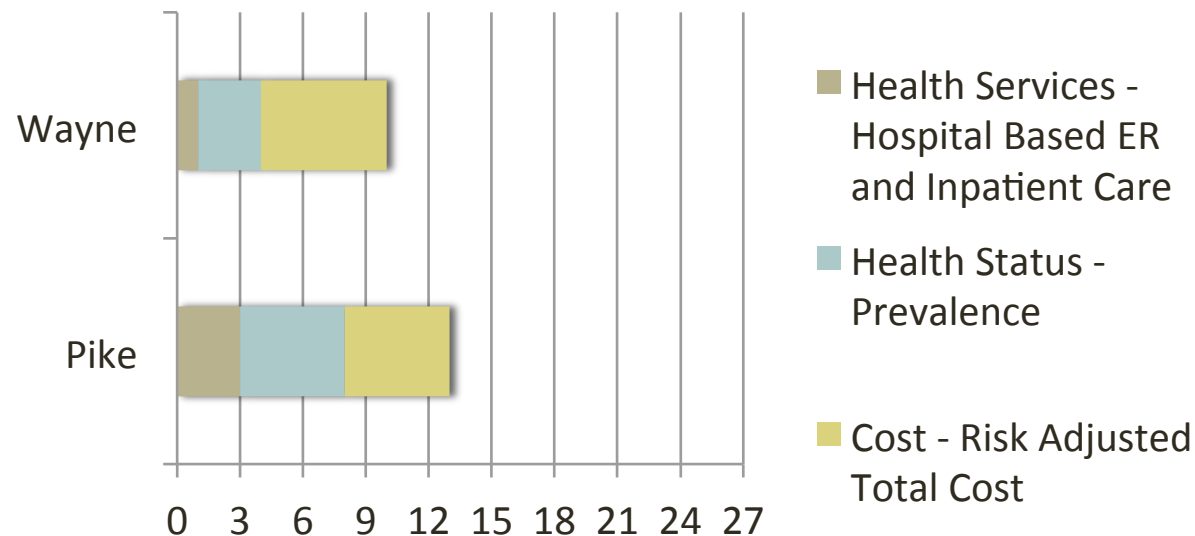
- Within the Index components, several specific significant need areas were noted for Wayne County in comparison to the nine counties studied:
  - Major Cause of Death/Chronic Disease Need: Disease of Heart: All
  - Major Cause of Death/Chronic Disease Need: Cerebrovascular Disease
  - Demographic Need\*: Age 65+
  - Major Cause of Death/Chronic Disease Need: Alzheimer's Disease

\*See note on Slide 5.

# Medicare Analytics

- Pike and Wayne counties compare very favorably to other PHC4 counties
- Pike – Noteworthy - Diabetes Short-term Complications and Heart Failure – Prevalence; Stroke/Transient Ischemic Attack – Inpatient Care

## System Performance - Medicare Enrollees - 2014



Score - Highest (worst) is 27 - 9 per component

# Communities

- Seven Communities  
135,023 people (2010 Census)

Carbondale Area (CA) – 27,672

Pike East (PE) – 29,604

Pike South (PS) – 10,461

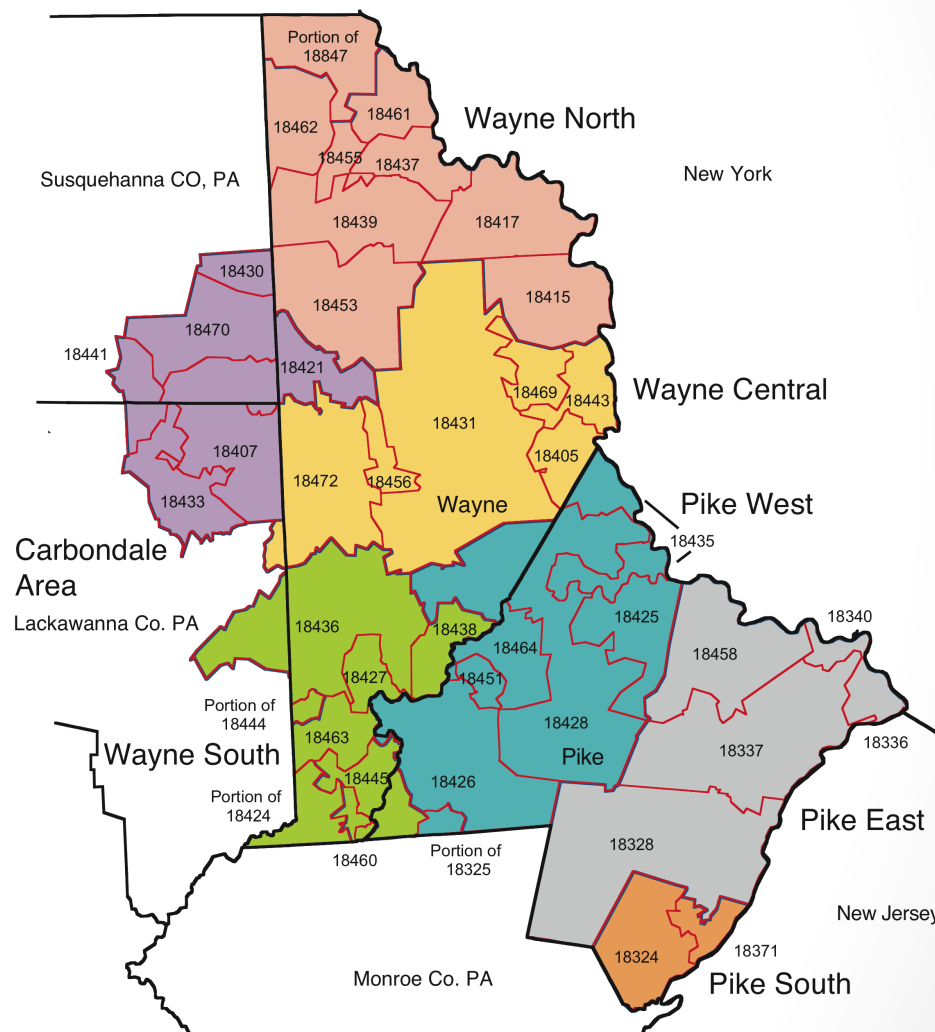
Pike West (PW) – 20,328

Wayne Central (WC) – 23,986

Wayne North (WN) – 5,117

Wayne South (WS) – 17,855

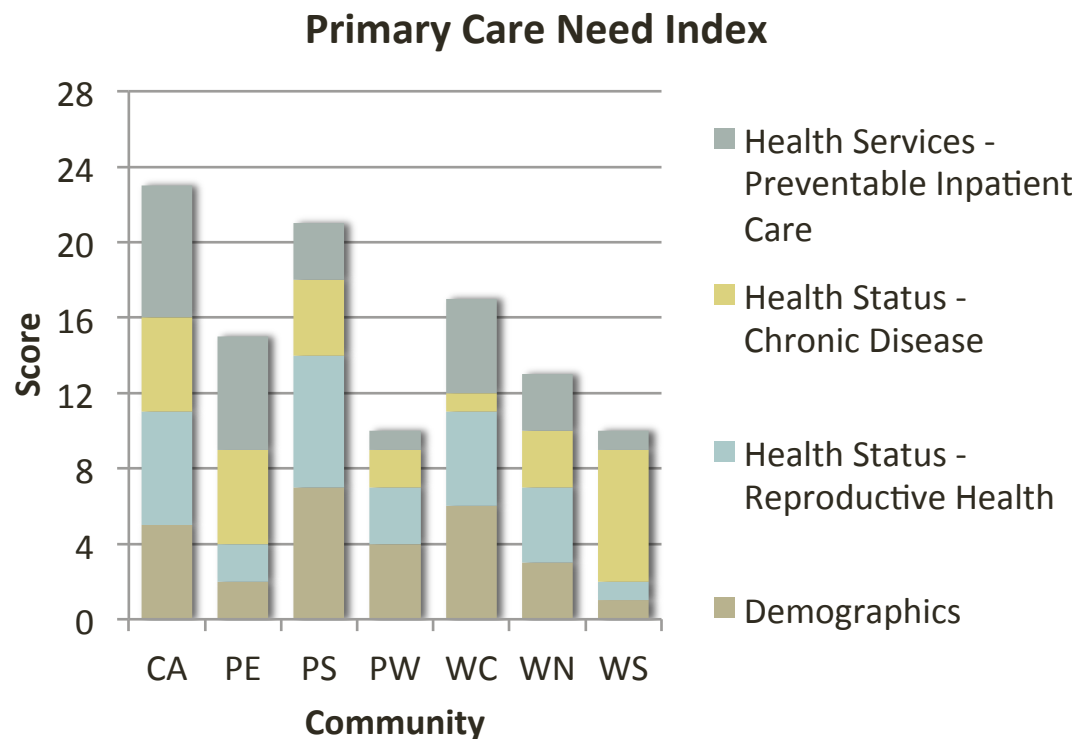
- Based upon adjacency, population size, natural fit, and hospital preference. Service area is ~100 miles in length from northwest to southeast corner.
- Region 6 Counties – Bradford, Lackawanna, Luzerne, Monroe, Pike, Sullivan, Susquehanna, Wayne, Wyoming.
- Population density for the Carbondale area is significantly higher than other communities.
- 2021 population forecast is for a decline of 1.6%.



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# Communities

- From the community need perspective, once again, the Carbondale (CA) area showed the highest need for improved Primary Care Services (23). The area demonstrated high comparative need at the highest (poorest) levels for several Primary Care Need Index components. As in the previous assessment, Pike South had the next highest (poorest) score. Pike West and Wayne South had the best (lowest) scores.



## Significant Needs

- Carbondale Area
  - Major Cause of Death/Chronic Disease Need: Disease of Heart: Total and Ischemia
  - Demographic Need: Families Below Poverty
  - Reproductive Health: Mother: Total Unmarried and Unmarried Age of Mother 19 and under Reproductive Health: Birth Weight: 1500-2499 Grams
  - Preventable Inpatient Care: All ages or specific age group(s)
- Pike East
  - Major Cause of Death/Chronic Disease Need: Disease of Heart: Acute Myocardial Infarction (AMI)
  - Reproductive Health: First Trimester Prenatal Visit: No
  - Preventable Inpatient Care: All ages or specific age group(s)
- Pike South
  - Major Cause of Death/Chronic Disease Need: Malignant Neoplasms: All
  - Reproductive Health: Birth Weight: <1500 Grams and 1500-2400 Grams
  - Reproductive Health: First Trimester Prenatal Visit: No
  - Preventable Inpatient Care: All ages or specific age group(s)
- Pike West
  - Demographic Need: Age 65+
  - Reproductive Health: Smoking Status During Pregnancy: Yes



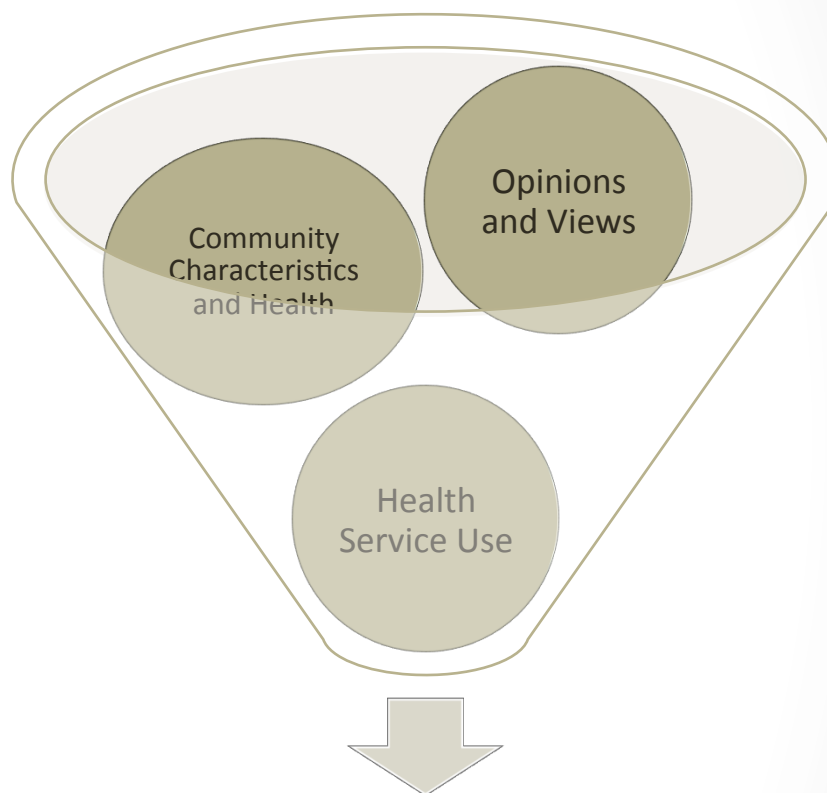
- Wayne Central
  - Major Cause of Death/Chronic Disease Need: Disease of Heart: Ischemic Excluding AMI
  - Major Cause of Death/Chronic Disease Need: Diabetes Mellitus
  - Major Cause of Death/Chronic Disease Need: Alzheimer's Disease
- Wayne North
  - Demographic Need: Families Below Poverty
  - Major Cause of Death/Chronic Disease Need: Disease of Heart: Other Heart Disease
  - Major Cause of Death/Chronic Disease Need: Malignant Neoplasms: All
- Wayne South
  - Major Cause of Death/Chronic Disease Need: Disease of Heart: All
  - Reproductive Health: Mother: Unmarried: Age of Mother: 19 & Under

## 2016 Assessment Process Features

- Community benefit related strategic planning and program implementation is facilitated by the overall methodology, which targets individual communities and programs
- Enhancements
  - Expanded internet survey addressing quality related issues
    - Hospital physical environment
    - Perceived changes in quality of services
  - Additional input from schools on needs of youth
  - Supplemental claims based information Medicare enrollees' ER use
    - Inpatient Use
    - Prevalence of Major Illnesses

## Process

- A multi-faceted methodology was applied to inform the needs assessment process.
- Quantitative data was acquired from multiple major sources and analyzed through the Primary Care Need Index to provide benchmark based inputs into need determination.
- Qualitative data on community opinions and views, indicative in part of a community's readiness for program development or expansion, were gathered from an internet based survey with 1,110 respondents, and from open-ended conversations with 40 individuals at 10 locations in the region.



**Significant Needs:  
County and Community**

# Process

## Inputs

- ADVISORY COMMITTEE
- DEMOGRAPHICS
- REPRODUCTIVE HEALTH
- CHRONIC DISEASES
- HEALTH SERVICE USE
- OPINIONS AND PERCEPTIONS
- PADOH POLICIES



Needs and Significant Needs

## Assessment + Strategic Implementation Continuum



## RESPONSE

- DEMOGRAPHICS
  - CULTURAL SENSITIVITY
  - HEALTH LITERACY
- REPRODUCTIVE HEALTH
  - PRENATAL
  - SUPPORTIVE SERVICES
- CHRONIC DISEASES
  - PRIMARY CARE
  - PREVENTION
  - SPECIALISTS
- HEALTH SERVICE USE
  - MENTAL HEALTH
  - SUBSTANCE ABUSE
  - PRIMARY CARE
  - SPECIALISTS
  - TICK BORNE ILLNESS
- OPINIONS AND PERCEPTIONS
  - BEHAVIORAL HEALTH
  - COMMUNITY AWARENESS
  - ACCESS

## Data and information

Both normative and qualitative data were used in the assessment. Normative data was obtained from 7 major secondary sources and qualitative data was obtained primarily through the Community Health Needs Internet Based Survey and interviews with community and health care leadership throughout the service area. A brief description of these normative sources follows:

- Demographics – US Census 2010 and 2021 Forecasts (Nielsen/Claritas) – County and Community
- Birth Certificate Reports, 2011 through 2013 – Pennsylvania Department of Health\* – County and Community
- Death Certificate Reports, 2011 through 2013 – Pennsylvania Department of Health\* – County and Community
- Acute Care Hospital Discharge Abstract Reports for NJ, NY and PA Hospitals – County and Community
  - New York – 2013 – US Department of Health and Human Services (DHHS), Agency for Healthcare Research and Quality (AHRQ) – Healthcare Cost and Utilization Project (HCUP)
  - New Jersey – 2013 – US Department of Health and Human Services (DHHS), Agency for Healthcare Research and Quality (AHRQ) – Healthcare Cost and Utilization Project (HCUP)
  - Pennsylvania – 2014 – Pennsylvania Health Care Cost Containment Council (PHC4) through Wayne Memorial Hospital – Region 6 Hospitals
  - Aggregated data from the three states was analyzed.
- Medicare Claims Data – US Department of Health and Human Services (DHHS), Health Research and Services Administration (HRSA) - County, Office of Minority Health (OMH) – 2014

- Community Health Assessment Internet Survey (1,110 respondents), May 2016 – County and Community – HMS Associates, Getzville, NY
- Community Leadership and Consumer Conversations (40 individuals; 10 locations), May 2016 – HMS Associates, Getzville, NY

Key policy related documents that were reviewed included the Healthy People 2020 assessment and the State Health Improvement Plan (SHIP) prepared by the Pennsylvania Department of Health.

Data limitations in general pertained to size of some communities, different reporting periods, and reporting incongruities.

\* Pennsylvania Department of Health REQUIRED DISCLAIMER: "These data were provided by the Bureau of Health Statistics and Research, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions."

## Primary Care Need Index – Components and Indicators

- **DEMOGRAPHIC NEED (Projections 2021)\***
  - Age 65+
  - Female: Age 15 – 44
  - Less than 25+, High School Graduate and above
  - Families Below Poverty
  - Below Poverty, Single HHldr, Kids < 5 and 5 – 17
  - Pop, Not White
- **HEALTH STATUS – REPRODUCTIVE (2011-2013)**
  - Age of Mother: 15-19
  - Birth Weight: <1500 Grams
  - Birth Weight: 1500-2499 Grams
  - MOM's Weight Status: Underweight
  - MOM's Weight Status: Overweight
- MOM's Weight Status: Obese
- Highest Grade Completed by Mother: Grade 9-12, No Diploma
- Mother: Unmarried: Total Unmarried
- Mother: Unmarried: Age of Mother: 19 & Under
- First Trimester Prenatal Visit: No
- Smoking Status During Pregnancy: Yes
- **HEALTH STATUS - CHRONIC DISEASE (2011-2013)**
  - Disease of Heart: Total
  - Disease of Heart: Ischemic Excluding AMI
  - Disease of Heart: Acute Myocardial Infarction (AMI)
  - Disease of Heart: Other Heart Disease
- Malignant Neoplasms: Total Malignant Neoplasms
- Malignant Neoplasms: Lung and Bronchus
- Malignant Neoplasms: All Other Sites
- Cerebrovascular
- Disease Chronic Lower Respiratory Disease
- Alzheimer's Disease
- Diabetes Mellitus
- All Other Causes
- Accidents – All
- **PREVENTABLE INPATIENT USE (2013 and 2014)**
  - All ages
  - Under 17 years
  - 18 to 64 years of age

\*See note on Slide 5.

# Internet Survey

- 1,110 responses to the internet survey conducted in May 2016 identified potential service priorities addressing target populations, needs and characteristics
  - Age:
    - 18 to 44 years of age – 27%
    - 45 to 64 years of age – 44%;
    - 65 and over – 29%
  - Place of residence:
    - Carbondale Area – 5%
    - Pike County – 43%
    - Wayne County – 43%
  - Type of residence
    - Full time – 76%
    - At least five years – 85%
  - Employment status:
    - Retired – 27%; Employed – 73%
    - Health Related – 45%; Education – 21%



- Primary Care Provider
  - Percent Respondents – 71.9%
    - Yes – 94%
    - No – 6%
- Learned about the survey
  - Other – 26%
  - Community or civic organization – 23%
  - Health or behavioral care provider – 17%
  - School – 14%
  - Local government – 9%
  - Friend or associate – 6%
  - Media – 5%

- **Key Findings**
- **People in Need of Primary Care**
  - Grandparents raising grandchildren
  - Low/no income related groups
- **Need for Additional Capacity**
  - Substance abuse services
  - Tick borne illnesses
  - Psychiatrists, dermatologists, endocrinologists, neurologists, oncologists, pain management specialists, gerontologists, cardiologists
- **Need for Additional Supportive Services**
  - Counseling or Assessment
  - Transportation
- **Primary Care Characteristics**
  - Urgent care; no appointments
- **Local System Improved Performance**
  - Collaboration with other hospitals to provide specialty care
- **Inpatient Environment**
  - Privacy
- **Children and Youth**
  - Driving while texting
  - Substance abuse

- Internet Survey - General Comments – 294
- Most anecdotal about general perceptions on needs or individualized experiences
  - Health – 70%
  - Behavioral Health – 16%
  - Social Conditions – 3%
  - Other – 10%
  - High response
    - Specialists, MH, SA
    - Quality – @50% more negative
    - Primary Care, ER

Category	Number of Comments	Percent Comments
Specialists	53	18%
Mental Health	27	9%
Quality - Negative	25	9%
Substance Abuse	22	7%
Primary Care	17	6%
ER	13	4%
Access	12	4%
General	12	4%
Quality - Positive	12	4%
Access - Insurance	10	3%
Elderly	8	3%
Quality	8	3%
Culture	7	2%
Hospital	7	2%
Tick	6	2%
Alternative Medicine	5	2%
Transportation	5	2%
EMS	4	1%
Information	4	1%
Prevention	4	1%
Total Categorized Comments	294	

# Interviews

- Open-ended interviews explored current and emerging needs and new or expanded programs and characteristics
- Person-to-person interviews were conducted with 40 individuals in 10 locations throughout area
- Similar proportions were from Pike and Wayne Counties and the Carbondale area
- People from several sectors of the community were interviewed

<b>Sector</b>	<b>Interviewees</b>
Business	7.5%
Consumer	5.0%
Education	17.5%
Elected official	15.0%
Health	20.0%
Human Services	7.5%
Mental Health	10.0%
Patient	17.5%
<b>Grand Total</b>	<b>100.0%</b>

- Behavioral health was the dominant need overall and for several sectors, led by educators and elected officials
- Health related concerns were second led by patients and businesses
- The human services sector focused more on social condition related needs

<b>Sector</b>	<b>Behavioral Health</b>	<b>Chronic Disease</b>	<b>Health</b>	<b>Public Health</b>	<b>Social Condition</b>
Business	0%	8%	62%	0%	31%
Consumer	38%	25%	38%	0%	0%
Education	45%	0%	19%	0%	35%
Elected official	45%	5%	9%	18%	23%
Health	35%	16%	40%	5%	5%
Human Services	0%	27%	18%	0%	55%
Mental Health	95%	0%	0%	0%	5%
Patient	0%	14%	71%	0%	14%
Overall	39%	10%	28%	4%	19%

306 topics were noted during the interviews: approximately half or 154 related to needs. Other comments were primarily descriptive.

- Behavioral health concerns addressed both mental health and drug abuse. For mental health principal concerns were varied but need for additional services was overwhelming. This includes psychiatrists (wait time for child psychiatrist is at least three months); need for immediate outpatient service capacity for those in crisis, inpatient programs, and the perceptions that children are more emotionally troubled than in the past and high rates of medication administration in elementary and secondary schools.
- Drug abuse concerns centered around accidental deaths due to opiate abuses, the low cost of heroin. over-prescription and lack of home monitoring of pain medication. The effects of the recent legalization of medical marijuana were apparent when several requests for the prescriptions were noted. Both counties have Task Forces examining the opiate abuse problem and schools have taken several steps to address the problem.
- Behavioral health systems of care are complicated due to the different roles of different behavioral health service providers in the area, restrictions on financial support of a full range of services and need for services outside the area.

- Health needs primarily related to primary and specialty care. For primary care, lack of capacity was seen as a major reason behind ER demand. Aging of local physicians also pointed toward the need for more primary care physicians. Yet, several of the patients interviewed were new patients highly pleased that care was now available in Honesdale (veterans), Forest City and Hamlin. Lack of awareness of primary care services at Carbondale Family Health Centers on 141 Salem Avenue was noted. Six unique specialty care needs were mentioned.
- Chronic disease discussions centered on Diabetes and Obesity.
- Social conditions covered a broad range of program needs from supportive services for “children raising children”, protective services for the elderly from fraud and theft, jobs and job training, and transportation.
- Public health, although low as a category in the percent of responses, had a moderately high count (6) for one type of problem – Tick borne illnesses. Community concern is very high with a significant number of cases being investigated each week, Task Forces in each county and a high level of community awareness. Consensus is needed on related information.

## Frequency Count of Needs Topics – 153 Total

Topic	Comments	Topic	Comments
Mental Health	39	Alcohol Abuse	1
Primary Care	17	Alzheimer's	1
Support Services	17	Chronic Disease	1
Drug Abuse	15	Chronic Fatigue	1
Tick	7	COPD	1
Culture	6	Dental	1
Diabetes	6	Eye Care	1
Specialty	6	Heart Disease	1
Cost	5	Housing	1
ER	3	Nutrition	1
Health	3	Pain Management	1
Obesity	3	Pediatrics	1
Access	2	Senior Housing	1
Infrastructure	2	SNF Beds	1
Pt Satisfaction	2	Suicide	1
Substance Abuse	2	Telemedicine	1
Transportation	2		



## Impact of 2013 Community Health Needs Assessment

The 2013 assessment identified several priorities, most of which addressed components of the Primary Care Need Index. Numerous organizations were pivotal partners in completing the implementation strategy related actions and contributing to their associated impacts. Those most attributable to Wayne Memorial Hospital are listed below by the following three types of notable action. Linkages and collaboration to strengthen access to specialty care – a key need. Facility, financial and administrative support provided resources to agencies developing needed programs as well as the assessment for 2016. Third, new programs or services were developed or expanded by the hospital itself. Most actions impacted more than one need area (demographics, chronic disease, newborn health, preventable inpatient care, or behavioral health).

- Linkages and collaboration with other organizations
  - Regional specialty referrals and collaborations improved through joining an Accountable Care Organization (ACO).
  - Telestroke Program implemented.
  - Behavioral Health Unit established at WMH Emergency Room.
- Facility, financial or administrative support
  - WMH expansion planning – expanded services.
  - Development of new primary care or behavioral health capacities by Wayne Memorial Community Health Centers in Hamlin, Honesdale, Lords Valley and Forest City, PA.

- Development of new primary care capacity Veterans Administration clinic (first FQHC in nation) by Wayne Memorial Community Health Centers in Honesdale, PA.
  - WMH designated Primary Stroke Center.
  - Grant approved for mobile mammogram services.
  - Development of expanded outreach and enrollment programs at Wayne Memorial Community Health Centers.
  - Development of primary care physician capacities at Wayne Memorial Community Health Centers.
  - Provision of entry level employment opportunities for disadvantaged populations.
  - HRSA Capital Development grant prepared by WMH received by Wayne Memorial Community Health Centers to develop a new Behavioral Health and Dental Center in Pike County.
- Service development or operation
    - Helipad construction begun as prerequisite for Level IV Trauma Center designation for WMH.
    - Provides town hall meetings and community group meetings to advance the understanding of medical care and access.
    - Provides the “Together for Health” school program for 18 years in collaboration w/area schools, focused on delivering health care education and assessments to students in middle and high schools in Wayne and Pike Counties.
    - Interventional cardiologist hired by WMH to establish new cardiac catheterization program at hospital.

- Heart and Vascular Center opens with 3 Interventional Cardiologists.
- Mobile mammogram services implemented.
- Interpretation services implemented. Bi-lingual physician hired.
- Breast feeding initiative implemented.
- Behavioral Health Unit established at WMH Emergency Room.
- Sponsors several support groups: Diabetes, Alzheimer's, Better Breathers, Compassionate Friends, Grief Support, Cancer, Suicide Awareness, Stroke Support.
- Diabetes education classes have expanded from hospital to Wayne Memorial Community Health Centers Family Health Centers.
- Provides information on medical care and access to care through social media, radio programs and student education.

# CHNA Report and User Guide Contents

## Forward

- A. Community Served
- B. Community Health Needs Assessment and Processes
  - 1. Data and information
  - 2. Data collection and analysis
  - 3. Collaborative capacities
- C. Community Participation
  - 1. Broad based participation
  - 2. Organizational participants
  - 3. Underserved populations
- D. Significant Health Needs and Prioritization Process
- E. Potential Resources
- F. Impact of 2013 Community Health Needs Assessment

## Supportive Data Sets

- A. Region – Survey
- B. County or Community
  - 1. Survey Summary Charts – Community Service Need
  - 2. Potential Resources
    - a. Listings
    - b. Maps

## Contact Information

Summary and Report available at: [www.wmh.org](http://www.wmh.org)

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