

# Community Health Needs Assessment 2013



Cannon Memorial Hospital  
123 WG Acker Drive  
Pickens, SC 29671  
(864) 878-4791

[www.CannonHospital.org](http://www.CannonHospital.org)

## Table of Contents

Purpose.....	3
Methodology/Assessment Partners.....	3
Description of Community .....	5

### Data Collection

A. Secondary/Quantitative Statistical Data.....	4
B. Primary/Qualitative Data	
1. Surveys	
2. Focus Group	
3. Forums	
4. Partners	
Summary.....	6
Existing Healthcare Resources.....	11
Recommendation.....	17
Reference.....	18
Appendix	
A. Survey Tool.....	19
B. Community Leaders providing input/expertise.....	20
C. Implementation Matrix.....	22

Baptist Easley & Cannon Memorial Hospitals  
Community Health Needs Assessment (CHNA)

**Purpose**

In compliance with the provisions of the Health Care Bill, Cannon Memorial Hospital (CMH) and Baptist Easley (BE) partnered to conduct a Community Health Needs Assessment (CHNA) during FY 2012. The results of the assessment will be filed on the 2013 IRS form 990.

The one survey meets the requirement for both BE and CMH and is conducted every three years. The results of the survey are made available on both hospital websites.

Cannon Memorial Hospital [www.cannonhospital.org](http://www.cannonhospital.org)

Baptist Easley [www.baptisteasley.org](http://www.baptisteasley.org)

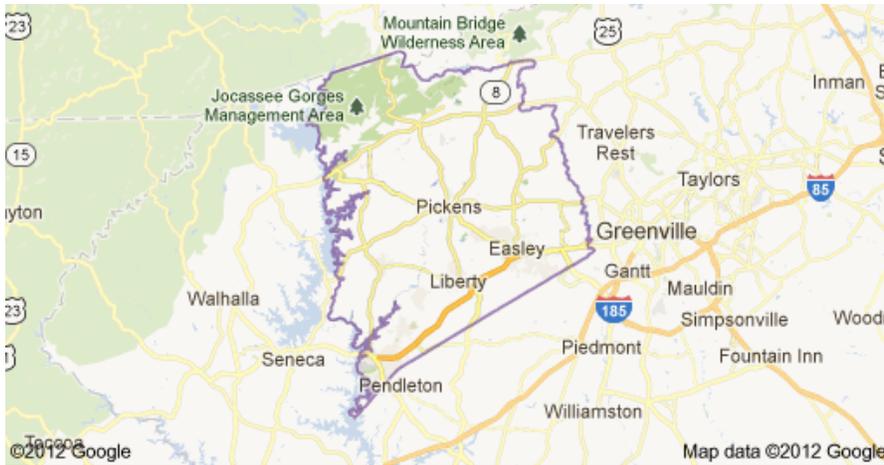
The assessment has three main objectives:

1. Assess/Identify top health related needs/issues in the community.
2. Assess the underlying factors of these identified top related health needs/issues in the community.
3. Assess resources available in the community to address these issues with possible solutions.

The resulting CHNA will be used to document community need, link those needs to community benefit efforts, and assist the two hospitals in planning and prioritizing community benefit investments.

**Community Served-Pickens County**

The population identified as Pickens County encompasses the following zip codes: 29671, 29640, 29641, 29642, 29687, 29657, 29630, 29631, 29632, 29633, 29634, 29667, 29682, and 29685. These zip codes represent the primary market for both hospitals. The following map (fig. 1) identifies the targeted areas in the county for this assessment



(Fig. 1)

As of 2010, the total Pickens county population is 119,224, which has grown 7.64% since 2000. The population growth rate is much lower than the state average rate of 15.29% and is lower than the national average rate of 9.71%. Pickens county median household income was \$41,898 in 2006-2010 and has grown by 15.70% since 2000. The income growth rate is higher than the state average rate of 13.31% and is lower than the national average rate of 19.17%. Pickens county median house value is \$123,500 in 2006-2010 and has grown by 28.51% since 2000. The house value growth rate is much lower than the state average rate of 45.52% and is much lower than the national average rate of 50.42%. As a reference, the national Consumer Price Index (CPI) inflation rate for the same period is 26.63% (U.S. Census, 2012).

Pickens County, South Carolina - Overview	2010 Census Counts	
Total Population	119,224	100.00%
Population by Race		
American Indian and Alaska native alone	230	0.19%
Asian alone	1,913	1.60%
Black or African American alone	7,854	6.59%
Native Hawaiian and Other Pacific native alone	14	0.01%
Some other race alone	1,690	1.42%
Two or more races	1,776	1.49%
White alone	105,747	88.70%
Population by Hispanic or Latino Origin (of any race)		
Persons of Hispanic or Latino Origin	3,743	3.14%
Persons Not of Hispanic or Latino Origin	115,481	96.86%

(Fig. 9)

## **Methodology**

BE conducted the assessment in conjunction with CMH. Both systems serve the same population and are in close geographic proximity of approximately 7 miles. Because of this factor, and a long history of partnerships between both hospitals as well as all Health and Human Service (HHS) agencies in the county, the decision was made to partner in the CHNA. Input from the various HHS agencies provided vital information for the assessment. Historically all of the stakeholders mentioned above have worked closely to develop and implement previous CHNA's and other community initiatives. This partnership will conserve resources, increase efficiency, and promote optimal outcomes in community benefit. Both hospital's administration and Board of Directors (BOD) were in agreement with the partnership.

A community-based approach was taken to complete the community health needs assessment. A collaborative partnership already in existence as described above, and with much input, from local and regional Public Health professionals, community leaders, and community boards facilitated the process (see appendix B for list).

Efforts were made to ensure that research was conducted in a manner representative of the communities within the primary service area of both hospitals. National, state, regional, and county-specific data was collected from a broad set of data sources. Primary and secondary research was gathered from various sources including statistical data collected by the State of South Carolina.

Research methods were conducted in an approach that incorporated both quantifiable and qualitative data to obtain a well-rounded view of the state of the community's health. The two methods of research were combined and compared in order to clarify the community's top health concerns.

1) Collection of **statistical (secondary, quantitative) data** at national, state, regional and local levels – key data sources included Pickens County Health Partners, Vision 2025, Pickens County Access Health, County Health Rankings, National Health Indicators Warehouse, CDC and South Carolina DHEC biostatistics, and hospital discharge data. Dates of data collected ranged from 2000 – 2011. For each indicator, data was obtained for the most recent year available. In addition, data was obtained, when available, from previous years to assess progress and identify trends.

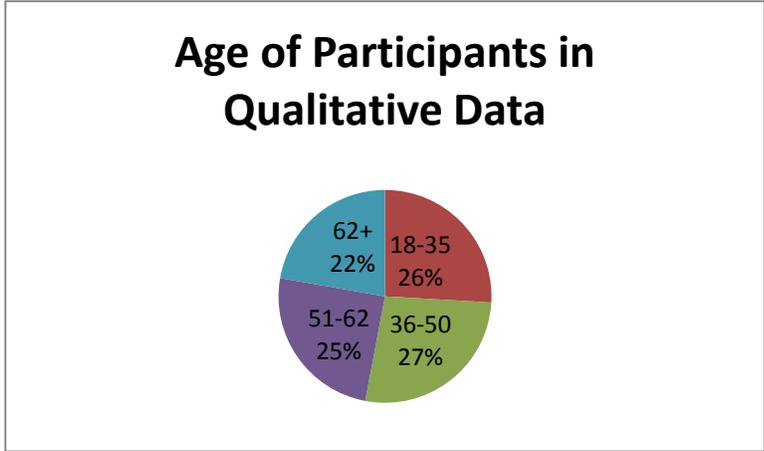
2) Collection of **qualitative data** through a variety of community and stakeholder focus groups.

The assessment was completed in partnership, and with much input, from the local Public Health professionals, other HHS agencies, community leaders, and boards.

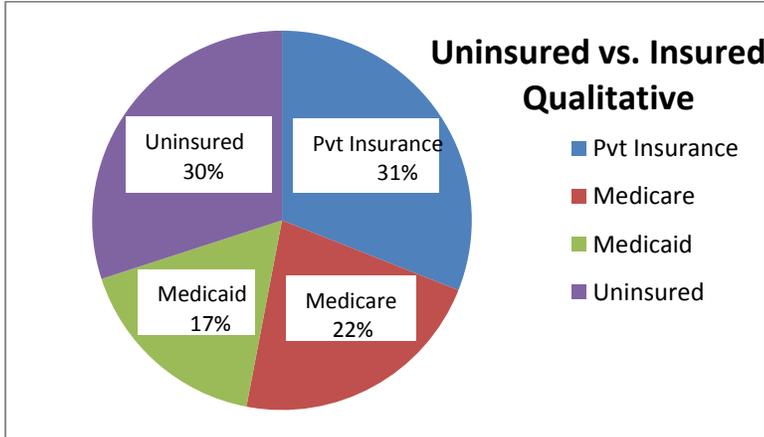
Primary and secondary research was gathered from various sources including statistical data collected by the State of South Carolina.

The qualitative portion of the CHNA consisted of surveys and focus groups to obtain input from community leaders and stakeholders, as well as general community populations. The collection of surveys began July 2012 and continued through October 2012 (see appendix A for survey questionnaire).

A total of 1328 surveys were administered to the general population. Surveys were collected at: church congregations, physician offices, YMCA programs, random community surveys, Samaritan’s Health Clinic, United Christian Ministries, two community church food pantries, Centering Pregnancy programs, chronic disease management classes, and community health education programs. Seven of the survey sites provide programs for uninsured/underinsured persons. Survey results were broken down into age categories and payment source for Healthcare Services (fig. 2 & 3).



(Fig. 2)



(Fig. 3)

Forums were also conducted simultaneously with general population groups to confirm the information gathered from written surveys. The groups identified to participate in the forums included: Two Centering Pregnancy groups, SHINE soup kitchen, and chronic disease management classes.

Community leaders were encouraged to participate in the survey. One hundred and sixty-five surveys were collected from key leaders representing the following: Behavioral Health Services, United Way Staff and Board, Samaritan Health Clinic, United Christian Ministries, School District of Pickens County School Nurses, Pickens County Health Department, First Steps Board and Staff, Rape Crisis, BEH Community Services Staff, BEH Voice of the Customer Board, BEH BOD, Abundant Living pastors, parish nurses and lay health leaders, Joseph Sullivan Center, City Council Members. The Pickens County School District school nurses were surveyed in a forum setting.

## **Results**

The purpose of the surveys and forums was to determine the general perception of Pickens County and leaders of community organizations' perception of the top health concerns for the area. These perceptions found through the surveys and forums mirrored the statistical data provided through various state and local entities. The top 5 health concerns chosen have co-morbidity and common risk factors. We chose to work on all 5, not only because of statistical information but because of the probability of having an impact on these health concerns.

### **Top Health Concerns Concluded from Surveys and Focus Groups (fig. 4)**

1. Cardiovascular Diseases (includes stroke)
2. Diabetes
3. Obesity
4. Cancer (all types)
5. Hypertension

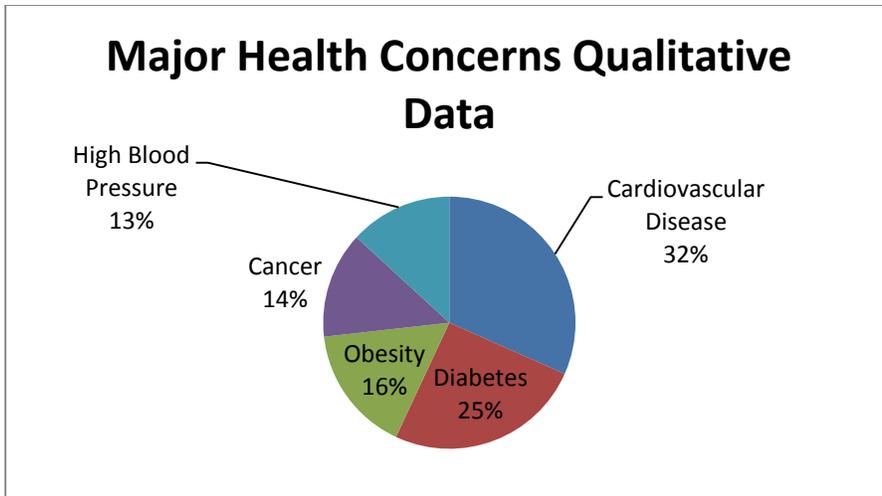


Fig. 4

Participants were also queried on barriers to accessing healthcare services and suggestions for meeting both the health and system needs which they identified.

#### **Top System Concerns Concluded from Surveys and Focus Groups**

1. Transportation
2. Affordable Health care/gaps for under and uninsured
3. Education and Awareness

The top five health concerns identified in the survey and focus group process mirrors the statistical data described below. While there is no statistical data available to support the top three system issues concluded from the survey and focus groups, the identified issues are common knowledge among all health and human service agencies in the county. In the collaborative partnership described earlier, the decision was made to address the top five identified health needs and the health education and awareness system needs identified by the community. The collaborative partnership has the capacity to directly impact these issues individually and collectively.

#### **Statistical Data**

In 2007 a community health needs assessment identified a need to preserve healthy lifestyles, grow healthcare resources, work to guarantee affordable health care, and increase affordable dental care (Pickens County Vision 20/25, 2007). Again, five years later and now 10 years after the initial CHNA (PCHP, 2003) we see a common thread in Pickens County that mirrors state and national statistics in access to care and increasing healthy lifestyles.

Statistics in the original assessment and the recent assessment reveal cardiovascular disease (CVD) as the number one cause of death and morbidity in Pickens County for individuals over 65 years of age. It is the 2<sup>nd</sup> leading cause of death in residents 45-65 years of age (fig. 5).

Heart disease diagnoses also make up the top inpatient chronic conditions for both CMH and BE. Of those individuals surveyed, 32% of responded they thought cardiovascular disease was the top health problem in our community (SCDHEC, 2012).

Heart Disease	County					State
	Total	Blacks	Whites	Males	Females	Total
Prevalence (%)	3.5					4.6
Number of hospitalizations	1,860	113	1719	1,112	748	55,893
Crude rate of hospitalizations (per 100,000)	1,574	1,040	1,601	1,875	1,217	1,225
Median age of hospitalized patients	68	60	68	66	70	67
Total cost of hospitalization (\$)	93,632,500	4,268,100	87,861,60	60,872,200	32,760,300	2,767,780,900
Average length of hospital stay (days)	4	4	4	4	4	5
Number of ER visits	670	59	598	362	308	16,905
Crude rate of ER visits (per 100,000)	567	543	557	610	524	371
Median age of ER patients	63	61	63	62	65	63
Total cost of ER visits (\$)	3,507,700	258,600	3,195,700	1,855,500	1,652,200	91,625,400
Number of deaths	236	15	220	113	123	9253
Age-adjusted Death rate (per 100,000)	189.7	209.6	188.4	218.0	165.3	188.9

Stroke	County					State
	Total	Blacks	Whites	Males	Females	Total
Prevalence (%)	1.9					3.7
Number of hospitalizations	369	33	332	181	188	14,471
Crude rate of hospitalizations (per 100,000)	312	304	309	305	320	317
Median age of hospitalized patients	70	61	71	68	73	69
Total cost of hospitalization (\$)	12,050,100	1,278,100	10,427,100	6,241,800	5,808,300	539,875,300
Average length of hospital stay (days)	4	5	4	4	4	5
Number of ER visits	137	3	134	67	70	4,283
Crude rate of ER visits (per 100,000)	116	28	125	113	119	94
Median age of ER patients	66	65	66	63	73	67
Total cost of ER visits (\$)	1,244,400	28,400	1,216,000	584,700	659,700	31,243,700
Number of deaths	56	5	50	27	29	2,285
Age-adjusted Death rate (per 100,000)	45.7	67.3	43.5	52.4	38.7	47.7

(Fig. 5)

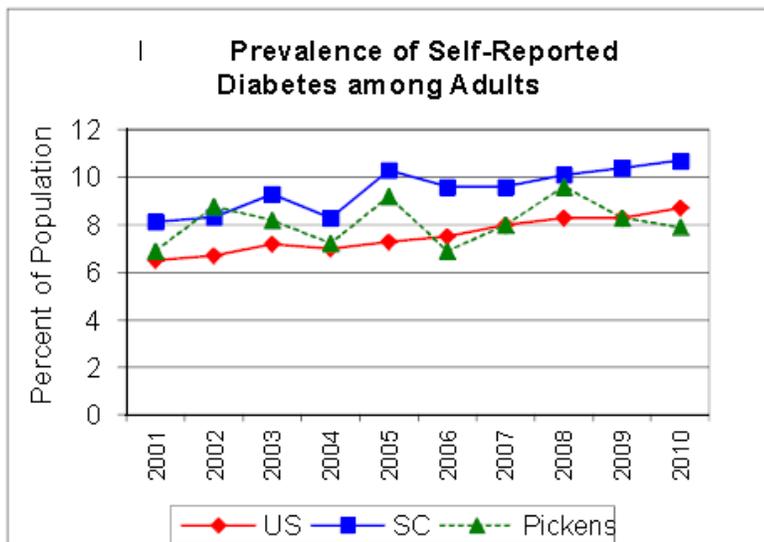
### Obesity

When adults in Pickens County were asked to rate their overall health as part of the 2010 South Carolina Behavioral Risk Factor Surveillance System (BRFSS), 86% reported having excellent, very good, or good health compared to the SC total of 82%. However, 57% of Pickens County residents are considered overweight or obese compared to South Carolina’s 67%. When surveyed, 16% of our response group felt that obesity was one of the major health concerns for our community. Obesity is one of the leading risk factors related to morbidity and mortality in South Carolina. Contributing factors to the obesity rate in our county is the

percentage of adults not meeting the recommended physical activity and fruits and vegetable intake (SCDHEC/BRFFS, 2012).

### Impact of Diabetes in the South Carolina and the United States

Diabetes affects 25.8 million Americans and contributes to approximately 231,000 deaths each year. Approximately 371,476 adults in South Carolina are diagnosed with diabetes (fig. 6). Diabetes is the seventh leading cause of death in South Carolina, claiming 1,114 lives in 2009. African Americans have nearly twice the prevalence as Whites. The direct and indirect costs of diabetes in the U.S. were nearly \$174 billion in 2007. The following graph compares national, state, and local data (SCDHEC, 2010).

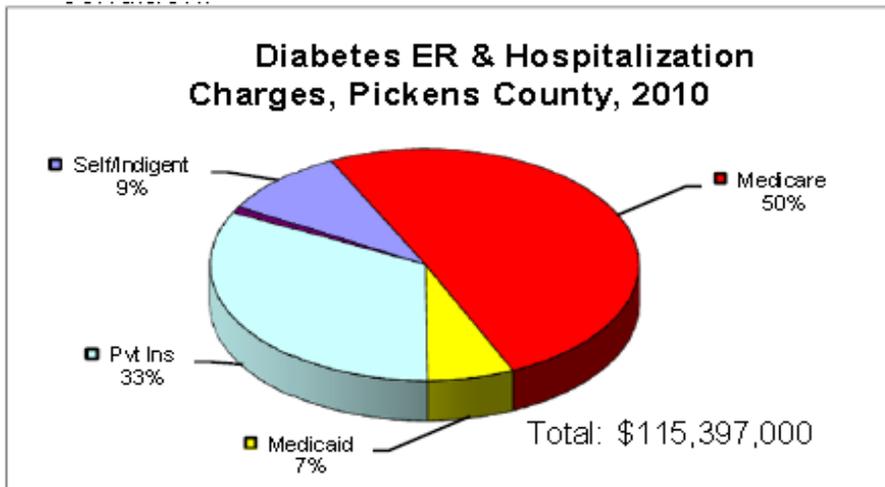


(Fig.6)

### Diabetes in Pickens County

Twenty-five percent of our survey group felt that diabetes was one of the top health concerns for our community. The following points verify this perception:

- An estimated 7,180 adults (7.9% of adults) in Pickens County suffer annually from Diabetes.
- In 2010, there were 153 hospitalizations for Diabetes in Pickens County for all ages.
- There were an additional 2,522 hospital discharges with diabetes-related conditions in Pickens County.
- The total direct costs of hospitalizations and emergency room visits were over \$4.1 billion in 2010.
- In 2010, there were 296 emergency room (ER) visits for diabetes as the primary diagnosis, among which 53 (18%) were by African-American patients.
- Diabetes is the seventh leading cause of death in Pickens County.
- A total of 31 people in Pickens County died of diabetes in 2009 (SCDHEC, 2012).



(Fig. 7)

## Cancer in Pickens County

Lung cancer is the most prevalent type of cancer in Pickens County and caused one third of all cancer deaths in 2011. In 2011 the percentage of Pickens County residents admittedly smoking cigarettes was slightly higher than the state average (SCDHEC, 2012). The American Lung Association and other national health authorities have identified tobacco use and as the number one risk factor for lung cancer. Second hand smoke also poses a major health risk.

### Limitations

The primary research for the community at large was based on surveys and group forums. We realize this limits participation from those community members who were not part of the targeted groups; however, surveys were made available to any public member who utilized Cannon Hospital, any of its practices, and by community random sampling. The assessment did not conduct town hall meetings in the community. The expectation was each community was well represented by the community leaders identified.

The appending table (fig. 10) is a list of organizations and existing health care facilities available in Pickens County with assets for meeting collaborative CHNA implementation strategies. There may be others inadvertently omitted who provide some form of health care service to our community.

Existing Health Care Facilities & Other Resources	Description & assets toward implementation strategies for top five identified needs: Legend: CVD=Cardiovascular Disease DM= Diabetes Mellitus OB= Obesity CA= Cancer HTN= Hypertension
Behavioral Health Services	BHS of Pickens County is a non-profit organization that focuses on prevention, intervention, and treatment of drug, alcohol, and other addictive substances. CVD/DM/CA/OB/HTN
Clemson Community Care	Provides assistance for food, heat, and rent. This agency also provides referral and support services.
Clemson Free Medical Clinic	Provides healthcare and prescriptions, at no cost, to residents who have no insurance and who cannot pay for services. CVD/DM/CA/OB/HTN
Foothills Community Health Center	Federal grant funding received, but not currently operational at this time. Once the clinic is operational efforts will be made to collaborate with this community partner. The clinic will provide healthcare, on a sliding scale fee, to residents who meet specified criteria based on income. CVD/DM/CA/OB/HTN
Clemson University Joseph Sullivan Center	Provides comprehensive healthcare for faculty members and community residents. Also seeks to bring healthcare to underserved populations thru partnerships and grant funded initiatives. CVD/DM/CA/OB/HTN
Mountain View OB/GYN/Centering Pregnancy Program	Provides comprehensive obstetrical care for residents regardless of payer source. This program includes a nationally recognized Centering Pregnancy program which improves immediate and long term outcomes for women and infants. CVD/DM/CA/OB/HTN
Parish Nurse Program	Baptist Easley and area churches partner to provide health education and wellness programs to congregants and surrounding neighborhoods. CVD/DM/CA/OB/HTN
Pickens County Health Department	Provides both Adult and Child Health services. The health department also seeks to improve safety, quality of life, and empower residents to improve health/wellbeing. CVD/DM/CA/OB/HTN
Pickens County Mental Health Center	Provides Mental Health services to the residents of Pickens County based on identified needs and state mandates. Referral
Pickens County School Nurse Programs	Each school in Pickens County has a minimum of one nurse on staff. Nurses dispense medications to children while at school, become a referral source for parents/children, provide support services, and have the ability to bill Medicaid for specific services. CVD/DM/CA/OB/HTN
Samaritan Health Clinic	Provides healthcare and prescriptions, at no cost, to residents who have no insurance and who cannot pay for services. CVD/DM/CA/OB/HTN

United Christian Ministries	Provides assistance for food, heat, and rent. This agency also provides referral and support services. <b>Referral</b>
United Way of Pickens County	The United Way partners with every agency in Pickens County to provide grant funding and/or support services. The United Way currently has grant funding to assist individuals with prescription assistance, hunger, and homeless issues. One of the largest initiatives in 2012 is the Hunger/Homeless Coalition. This coalition is well underway to establishing a comprehensive and structured system to ensure family units are empowered and assisted in life sustaining needs, education, and gainful employment. <b>Referral</b>
Wellness Programs -Baptist Easley Hospital(BE) -Cannon Memorial Hospital(CMH)	Baptist Easley provides free/ low cost wellness screenings and education targeting cardiovascular disease, diabetes, and other identified health concerns. Evidence-Based chronic disease management classes are also offered free of charge. CVD /DM/CA/OB/HTN Cannon Memorial provides free/ low cost wellness screenings and education targeting cardiovascular disease, diabetes, and other identified health concerns. CVD /DM/CA/OB/HTN
YMCA	Provides physical fitness and healthy lifestyle programs in a holistic approach of mind, body, and soul for all age groups. CVD/DM/CA/OB/HTN

(Fig, 10)

# Recommendations

## Recommendation:

Cannon Hospital and its leaders have reviewed the findings of the Community Health Needs Assessment and recognize that the top five health concerns are all related and having an impact on one will affect the others.

Cannon will implement a strategy for the top five health concerns in Pickens County, and in the process will also impact one of the system concerns. All of these initiatives will be targeted during the FY2013 with a forecast into the subsequent reporting years of FY2014 and FY2015 for increased programs and initiatives.

The main avenue of impacting the top five health concerns in Pickens County will be addressed by using education and awareness in an effort to change behavior and lifestyle choices. The system concerns of education and awareness will be addresses through these programs that are offered to community.

Cannon Hospital's leaders understand the impact of chronic disease to our hospital and to the community. By increasing awareness and education, with an end goal of reducing the number of chronic conditions in our county will benefit both the individuals and the healthcare system as a whole.

## Cardiovascular Disease

With cardiovascular disease ranking number one for the cause of death in individuals over 65 and the 2<sup>nd</sup> leading cause of death in individuals 45-65, Cannon Hospital recognizes the need to screen patients early and educate the community on the contributing factors of cardiovascular disease.

Cannon will partner with AnMed Health and increase the number of screenings in the community. We will target individuals in the age range of 35-55 years of age in an effort to capture any health concerns early and impact lifestyle changes.

Cannon Hospital's Board of Trustees is also working in partnership with AnMed Health to recruit cardiovascular physicians to the Pickens community to insure patients have access to medical personnel who specialize in this area.

We will also continue screenings and education through community events, industry partnerships and our own employee programs.

## Diabetes

Cannon will focus on increasing the number of diabetes education programs offered to the community by exploring partnerships with AHEC and AnMed Health. Cannon employees who are recognized as having prediabetes or uncontrolled diabetes, will be offered a focused program through employee health and wellness to monitor and counsel more closely in order to affect their lifestyle and manage their diabetes.

In our physician practice setting, we will explore implementing a diabetes screening questionnaire in an effort of decreasing the overall A1C scores over a 1 year period of existing patients.

## Obesity

Cannon will focus on impacting its own employee obesity rate through an incentive based employee wellness program. We will also continue to offer discounted exercise programs to the community and monitor the possibility of increasing classes or decreasing pricing to accommodate any level of fitness and socioeconomic factors.

## Hypertension

By partnering with local industries and businesses, Cannon will reach out into the community to try and identify individuals with unknown hypertension or uncontrolled hypertension through blood pressure screenings. Each screening will include educational information on target blood pressure numbers and lifestyle changes that can be made to achieve the target numbers.

## Cancer

Cannon will increase the number of Fresh Start smoking cessation classes offered to the community to once a quarter. These free classes focus on behavior modification with an end goal of quitting smoking.

Cannon's Board of Trustees is working with AnMed Health to actively recruit a Gastroenterologist in an effort to provide the specialist needed to increase the number of colon cancer screenings in our community.

Cannon will work to engage community partners in an effort to meet our goals put forth in this implementation strategy and address the top five health concerns for our community. FY2013 will be the target year of accomplishing most of the initiatives with the potential to expand the programs in FY 2014 and FY2015. Cannon will also in the process of targeting the top five health concerns, address one of the system concerns, education and awareness.

The remaining top non-medical system concerns will not be addressed by Cannon at this time. Those include transportation and gap in coverage for under and uninsured patients. Cannon does not feel that they have the financial resources to have an impact on these system concerns. We will continue to offer charity care and discounted community screenings as a resource for our community. Currently there is government and county officials exploring options to the transportation issues in our area and Cannon will support those efforts through our leadership.

## Reference

Pickens County Vision 20/25. (2007). Retrieved from <http://pickenscountyvision2025.org>

Pickens Health Partners. (2003). Retrieved from <http://pchp.org>

South Carolina Department of Health and Environmental Control. (2012). Retrieved from <http://www.scdhec.gov>

South Carolina Department of Health and Environmental Control. (2012). Retrieved from <http://www.scdhec/BRFFS.gov>

U.S. Department of Health and Human Services. (2012). Retrieved from <http://www.cdc.gov>

U.S. Census Bureau. (2012). Retrieved from <http://www.census.gov>

## Appendix A

### Survey:

#### Community Health Needs Assessment Survey

Please Feel Free to write comments on the back if additional space is needed

Age:\_\_\_\_\_

Payment Source for Health Care Services:

Medicare     Medicaid     Private Insurance     Self Pay     None

1. What are the major health concerns in our county?
2. Are services available in Pickens County to address these concerns?
3. Do you have problems accessing services?
4. Do you have suggestions in addressing these issues?

## Appendix B

### **Broad Interest Interviewees**

Alex Levy, Director, Rape Crisis Council

Amanda Dow, Cannon Memorial Hospital, Manager Community Services

Angela Reid, Baptist Easley Hospital, Manager Community Services

Bob Hiott, Director, Behavioral Health Services

Carol Cinnamon, Director of Health and Counseling Services, Southern Wesleyan University

Cathy Breazeale, Youth Services Director, Behavioral Health Services

George Sutter, MD, Samaritan Health Clinic

Julie Capauldi, Director, United Way

Nikki Dunn, Assistant Director, Samaritan Health Clinic

Parish Nurses –total of 42

Pickens County School District, 26 School Nurses and First Steps Board Members

Regina Reece, Director, Samaritan Health Clinic

Teresa Nash, Director, United Christian Ministries

Local Pastors –total of 23 pastors from all denominations and faith backgrounds representing:  
Congregants from disparate to affluent populations; Caucasian, African American, and Latino races.

BEH Board of Directors

BEH Voice of the Customer Board Members---comprised of 15 community representatives

### **Individuals with special knowledge or expertise in Public Health**

Jane Yates, Region 2 DHEC, County Nurse Manager, Pickens County Health Department,

Lilly Hall, Region 2 DHEC, Public Health/CHNA Liaison

Kathleen Meyer, Clemson University, Professor, Department of Public Health Sciences

Dr. Paula Watt, Clemson University, Director, Joseph Sullivan Center/Community Health Initiatives

### **Representative Interviewees**

Representative David Hiott

Senator Larry Martin

Liza Holder, Pickens Chamber of Commerce Board Member

Tiffany Martin, Easley Chamber of Commerce Board Member



Implementation Matrix

Appendix C

Community Resource /Role	Goal	Implementation Strategies	Evaluation Method	Measurement
<b>Cardiovascular</b>				
<p><b>FY 2013</b> Increase Heartscore Screenings</p> <p><b>FY2014</b> Recruit Cardiovascular physician to the community</p> <p><b>FY2015</b> Continue our education efforts and assess new programs</p>	<p>Increase knowledge and awareness in Cardiovascular Disease in age groups of 35 - 55</p> <p>Improve access to specialist</p>	<p>▶ offer additional Heartscore screenings to the community</p> <p>▶ Market to the targeted age group</p>	<p>Survey the total number of those screened and compare the age groups</p>	<p>▶ Have at least 50% of those screened in the targeted age group.</p>
<b>Diabetes</b>				
<p><b>FY 2013</b> Explore new programs aimed at diabetes risk factors and management</p> <p>Implement a physician diabetes screening questionnaire through the family practice physicians</p>	<p>Decrease diabetes risk by changing lifestyle behavior through education</p>	<p>▶ partner with AHEC and AnMed Health to implement educational programs. Increase the number of nutritional diabetes education programs offered to the community.</p>		<p>Increase the total number of classes offered to the community by 20%</p> <p>Decrease the overall A1C scores over a 1</p>

<p><b>2014</b> Expand the physician questionnaire program to other practices</p> <p><b>FY2015</b> To be assessed and designed in 2014</p>				<p>year period on selected patients</p>
<p><b>Cancer</b></p>				
<p><b>FY2013</b> Increase the number of Fresh Start smoking cessation programs offered in the community</p> <p><b>FY2014</b> Recruit a gastroenterologist</p> <p><b>FY2015</b> Assess expansion of existing programs or additional programs</p>	<p>Increase knowledge and awareness of the harmful effects of tobacco use</p> <p>Increase access to specialist for colon cancer screenings</p>	<p>▶ offer the Fresh Start program on a consistent basis every quarter. Also explore offering the class to industry clients during working hours as an employee incentive</p>		<p>▶ increase the total number of programs offered to the community by 50%</p>

<b>Obesity</b>				
<b>FY2013</b> Target the obesity rate of Cannon Hospital Employees with an expanded wellness program.	Increase the knowledge of the harmful long term effects of obesity. Encourage lifestyle modification through employee educational programs	► Continue to expand employee wellness program aimed at incentives through participation and results.	Survey employees to determine if they have made lifestyle modifications that will affect obesity.	► Of those employees considered obese through Health Risk Assessment, 90% of them have made at least one lifestyle modification.
<b>FY2014</b> Explore adding new community fitness classes and price adjustments				
<b>FY2015</b> To be assessed and designed in 2014				
<b>Hypertension</b>				
<b>FY2013</b> Expand free blood pressure screenings in the community	Educate individuals on target blood pressure and how to	► schedule monthly blood pressure screenings in the community at various times and locations to target individuals with unknown	► set a goal of 4 screenings a month	► evaluate the number of screenings monthly to insure the target goal is being met.

<p>▶ Partner with local universities and health programs to provide student nurses to help with screenings</p> <p><b>FY2014</b> Partner with local industries and businesses to continue to expand blood pressure screenings and education.</p> <p><b>FY2015</b> To be assessed and designed in 2014</p>	<p>decrease their risk of hypertension.</p>	<p>hypertension or uncontrolled hypertension</p>		