

Community Health Needs Assessment FY 2013



Letter to Community

The Commonwealth of Kentucky is blessed with many assets that make it an incredible place to live and raise a family. Unfortunately, good health is not one of them. The state ranks among the 10 worst for such leading health indicators as cancer, obesity and death due to heart disease and stroke. Exacerbating these health challenges, more than half the state is designated as medically underserved with a growing scarcity of physicians, particularly in rural areas.

To meet these daunting challenges, KentuckyOne Health was created in January 2012 through the merger of Jewish Hospital & St. Mary's HealthCare and Saint Joseph Health System—two faith-based organizations that have served this region for more than a century. By coming together, we have leveraged their considerable expertise and resources to achieve a bold goal: improving the health of every Kentuckian. To accomplish this, we are committed to:

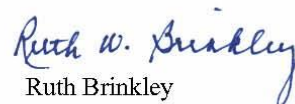
- Providing the highest quality care close to home
- Reducing the incidence of disease
- Promoting health equity
- Advancing care delivery through clinical research and education
- Shaping and leading health policy

KentuckyOne Health spans the state with nearly 200 locations including hospitals, physician groups, clinics, primary care centers, specialty institutes and home health agencies. Our 2,500 staff physicians and more than 13,600 employees share a profound sense of pride in building healthier communities across Kentucky and southern Indiana.

Each acute care hospital within KentuckyOne Health has conducted a Community Health Needs Assessment and created a strategic plan to direct resources to address the needs they have identified. We are pleased to present this report documenting this important work.



Improving the health status of Kentuckians is a big job. If we are successful, all of our citizens will be the winners—as will generations to come.



Ruth Brinkley
President & CEO
KentuckyOne Health

This document includes reports and implementation plans for these KentuckyOne Health acute care facilities:

Flaget Memorial Hospital

Frazier Rehab Institute

Jewish Hospital

Jewish Hospital Shelbyville

Our Lady of Peace

Saint Joseph Berea

Saint Joseph Hospital

Saint Joseph East

Saint Joseph London

Saint Joseph Martin

Sts. Mary & Elizabeth Hospital

University of Louisville Hospital

A report is also included for Southern Indiana Rehab Hospital, a joint venture of KentuckyOne and Floyd Memorial and Clark Memorial Hospitals.

Foreword

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. To comply with the *Affordable Care Act* and federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from people who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment, which is both a document and a description of a process, is intended to document how KentuckyOne Health hospitals are in compliance with IRC Section 501(r). The health needs of each community have been identified and prioritized so that each hospital may adopt an implementation plan to address specific needs of the community it serves. Furthermore, statewide trends and common themes have been identified so that the strength, breadth, and depth of KentuckyOne Health can be leveraged to create measurable health improvement.



Saint Joseph London

KentuckyOne Health™

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Introduction

A community health needs assessment was conducted in May and June of 2012 by Saint Joseph London to support its mission to enhance the health of people of Laurel County, to comply with the Patient Protection and Affordable Care Act of 2010 and federal tax-exemption requirements and to identify health needs of the community to help prioritize the allocation of hospital resources to meet those needs. Following IRC Section 501 (r) Saint Joseph London as a tax exempt hospital facility:

- Conducted a community health needs assessment
- Adopted an implementation strategy to meet the community health needs identified through the assessment and supported through county, state and national statistical data.
- Outlined how it is addressing prioritized needs identified in the community health needs assessment.
- The full report of the community health needs assessment will be made available to the public.

This document will serve to direct our continued work within Laurel County.

Executive Summary

Saint Joseph London in collaboration with the Laurel County Health Department engaged community leadership from local agencies, church groups, retired professionals, minorities and interested citizens to form a health needs coalition that would guide the overall process. The objectives of the coalition were to: 1. Develop a community health needs assessment survey tool; 2. Identify community health needs; 3. Determine the priority health needs; 4. Develop a community health implementation plan based on the identified needs.

Through this partnership a survey was developed with help from members of the coalition and distributed within Laurel County in June and July of 2012. Over 1,800 completed surveys were returned that provided both data and insight into individual's health issues. Two focus groups were held with identified groups; participants in an employer wellness program for diabetics (who comprise 15% of the community) and a young adult group focused on perceived health needs of the community. The questions presented to these groups were focused on healthcare issues and how the hospital might assist the community with identified issues.

This data was reviewed and analyzed to identify and prioritize health needs. County, state and national data also aided in identifying vulnerable populations for consideration in the planning and prioritization process. The populations identified were: 1. The uninsured, 2. Those with Chronic Disease, 3. Children impacted by drug abuse, 4. Those suffering from Mental Illness/addictions.

Health needs were prioritized utilizing a method that weighs: 1) the impact on vulnerable populations; 2) the importance to the community; 3) the size of the problem; 4) the seriousness of the problem; 5) the prevalence of common themes; 6) how closely the need aligns with the strategies and strengths of the hospital and KentuckyOne Health; and 7) an evaluation of existing hospital programs responding to the identified need.

An Implementation Planning Committee comprised of leadership from Saint Joseph London Laurel Co Health Department and agency/community representatives met to discuss the results of the evaluation and select health priorities. Participants broke into groups to discuss and develop plans for the top three identified issues with scores of 22 or more (on a scale of 28). The three identified:

- Cancer
- Stroke/Cardiovascular Disease
- Mental Illness/Addictions (Drug & Alcohol)

The Committee noted that there are related health factors/behaviors, identified as priorities, that influence the top three priorities and that have to be considered in the implementation strategy i.e., the uninsured, obesity and lack of physical activity, high blood pressure, adult smoking, diabetes etc.

The Implementation Committee continues to meet to discuss and further develop action plans that are comprehensive, measureable and will have a long-term impact on the wellbeing of the community.

Organization Description

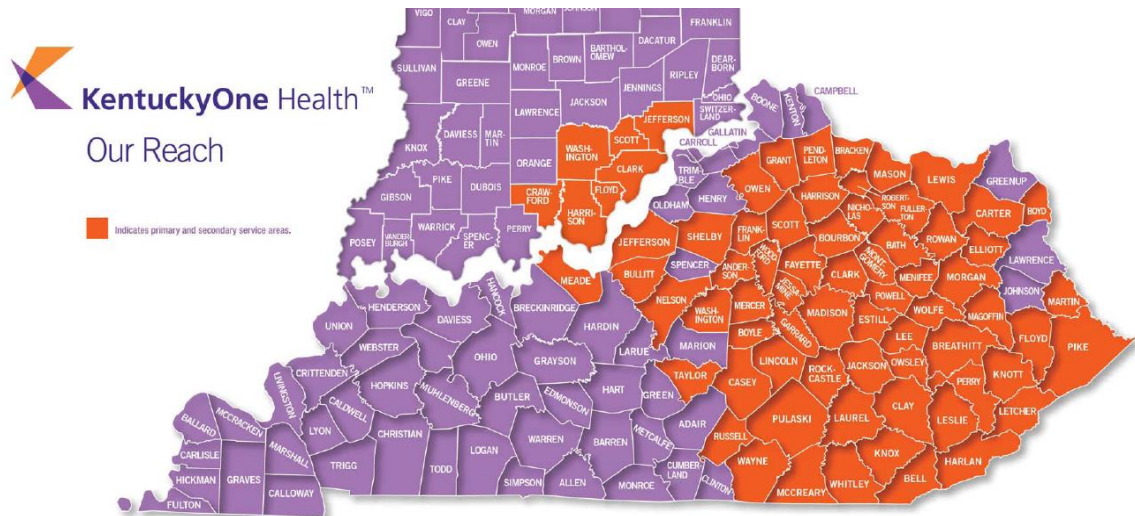
In July of 1946 the Sisters of Charity of Nazareth, Kentucky purchased what was then called Pennington General Hospital in London, Kentucky and assumed its leadership. Renamed Marymount – Our Lady of the Mountain, the mission of the sisters was to extend the healing ministry of Christ bringing quality health care to the poor and underserved of rural Kentucky. In 1997 Marymount along with seven other Kentucky facilities, became part of Catholic Health Initiatives (CHI) and in 2008 those same eight facilities formed Saint Joseph Health System. At that time the hospital name was changed to Saint Joseph – London. In January 2012 Saint Joseph London became part of KentuckyOne Health, the largest health system in Kentucky with more than 200 locations including hospitals, outpatient facilities and physician offices, and more than 3,000 licensed beds. An 18-member volunteer board of directors governs KentuckyOne Health, its facilities and operations, including Saint Joseph London with this mission:



We bring hope, improve health and change lives.

Inspired by our Catholic and Jewish faith heritage, we:

- Serve with a spirit of innovation and collaboration
- Transform health care delivery
- Partner to create healthy communities
- Advocate for a just health system



London is a relatively small rural community in Kentucky and the county seat for Laurel County. As of 2010 the population of Laurel County was 58,849. Laurel County has a total area of 443.74 sq. miles and is located in southeastern Kentucky.

Saint Joseph London defines its service area for this community health assessment based on where the majority of its patients reside. Based on the patient origin of inpatient discharges from July 1, 2011 to June 30, 2012, the majority of discharges (50.42%) originate in Laurel County.

This document provides a summary of Saint Joseph London's plan to develop new and enhance existing community programs and services. This plan is focused on addressing the top community health priorities identified in the community health needs assessment conducted by Saint Joseph London in FY 2012.

How the Assessment was Conducted

Saint Joseph London (SJL) has had a successful working relationship with the Laurel County Health Department (LCHD) since 2005 when we partnered in a collaborative endeavor to stem childhood obesity.

In October of 2011, we had a meeting to begin discussions around a Community Health Needs Assessment (CHNA). Together we worked to engage organizational leadership from community agencies, church groups, retired professionals, minorities and interested citizens to help form a health needs coalition that would guide the overall process. The coalition continues to meet monthly. The objectives of the coalition are to: 1. Develop a community health needs assessment survey tool, 2. Identify community health needs, 2. Prioritize the identified health needs, 3. Develop a community health implementation plan based on the prioritized health needs.

While SJL was focused on conducting a CHNA, the LCHD was working toward accreditation utilizing the MAPP process – Mobilizing Action Through Planning and Partnerships. We worked together to design a community survey that would address Community Assessment and Health Needs. The survey was developed with help from members of the community coalition and distributed within Laurel County May through and July of 2012. Members of the general public were asked to complete a survey on their perceptions of the counties health care needs. Over 1,875 surveys were completed in the two month period. (Appendix A) The survey was available on-line with only an 18% response, the remaining were hard copy surveys distributed at faith-based organizations, physician offices, local grocers, Krogers, Wal-Mart, restaurants, large bakery plants i.e. Flowers Bakery and Hearthside Food Solutions as well as at the local assisted living facility. It was also offered to employees of the LCHD and SJL. In addition two focus groups were held with specific groups in Laurel and Whitley counties. The questions presented to these groups were focused on healthcare issues and how the hospital might assist the community with identified issues.

Laurel County Community Health Needs (MAPP) Coalition Members include: Laurel County Health Department: Mark Hensley, Brandi Gilley, Rinda Vanderhoof and Stephanie Martin; **Saint Joseph London:** Lisa Rutherford and June Rawlings; **City of London:** Rick Cochrane; **Cumberland River Regional Prevention Center:** Virginia Asher, Leigh Powell and Brooke Bingham; **Cumberland Valley Area Development District:** Tammy Williams; **Forcht Broadcasting:** Frances Wilhoit; **Laurel County Agency for Substance Abuse Policy (ASAP) Board:** Christie Shrader; **Laurel County Extension Service:** Kim Whitson; **Community Volunteers:** Wilson Rawlings and Billie Ridings; **Laurel County School System:** Duff

Holcomb; **Laurel County Red Cross:** Coy Prichard; **Laurel County Sheriff’s Department:** Gilbert Accardio; **London City Police:** Kenny Jones; **Kentucky State Police Post 11:** Don Trospen; **Laurel County Older Person’s Activities Center (OPAC):** Donna Standifer; **Cumberland Valley Regional Epidemiologist:** Dr. Marion Pennington; **Sentinel Echo Newspaper:** Magen McCraey; **Southeastern Kentucky Area Health Education Center (AHEC):** Woody Dunn; **Laurel County Public Library:** Lori Acton and Gina Irvin.

Diabetes is a growing concern within Laurel County. Current statistics indicate a higher than average percentage (15%) of Laurel County’s population is diabetic compared to 8% in the overall state. Participants in an employee wellness program provided for diabetics shared their thoughts and concerns regarding the “health” of Laurel Co. (source: Kentuckyhealthfacts.org.) The young adult group focused on their future and the perceived health needs of the community.

Community Served by the Hospital

Identification and Description of Geographical Community

London is a relatively small rural community in Kentucky and the county seat for Laurel County. As of 2010 the population of Laurel County was 58,849. Laurel County is bordered by Pulaski County to the west, Rockcastle and Jackson Counties to the north, Clay and Knox to the east and Whitley & McCreary Counties to the south. London is located in southeastern Kentucky, off interstate 75 and is 38 miles north of the Tennessee state line.



Defined Community or Service Area

Saint Joseph London defines its service area for this community health assessment based on where the majority of its patients reside. Based on the patient origin of inpatient discharges from July 1, 2011 to June 30, 2012, management has identified the community by patient origin of the top zip codes in its community.

The majority of Saint Joseph London discharges (50.42%) originate in Laurel County with Whitley County following with 13.45%, Clay County 11.95%, Jackson County 6.52%, and Knox County 4.45%. For the purpose of this assessment the focus was on Laurel County with the leading number of discharges.

Zip	Admits	Percent	County
40741	2118	23.70%	Laurel
40744	1298	14.53%	Laurel
40962	927	10.37%	Clay
40701	714	7.99%	Whitley
40729	588	6.58%	Laurel
40769	260	2.91%	Whitley
40906	239	2.67%	Knox
40740	217	2.43%	Laurel
40486	202	2.26%	Jackson
40402	197	2.20%	Jackson
40447	184	2.06%	Jackson
40743	182	2.04%	Laurel
40734	108	1.21%	Knox
40737	102	1.14%	Laurel
70972	93	1.04%	Clay
Other Whitley	139	2.55%	
Other Knox	51	0.57%	
Other Clay	49	0.54%	
All Other	343	3.83%	

Community Population and Demographics

The Laurel County community covers 443.74 square miles. Laurel County has a population of 58,849. This population represents an 11.6% increase since 2000, which is more than the state increase of 7.3% and the national increase of 9.7%. There is little ethnic diversity within the

county as can be seen from the 2010 Census Bureau report. 24.1% of residents are under the age of 18 and 13.2% of residents are 65 years of age or older. (US Census Bureau, 2010)

Table 1 –Demographics

Demographics (2010)	Laurel County	Kentucky
Population	58,849	4,339,367
Persons under 18 years old (2011)	24.1%	23.4%
Persons 65 and older (2011)	13.2%	13.5%
Females	51.0%	50.8%
Males	49.0%	49.2%
White persons	97.2%	88.9%
Black persons	0.9%	8.0%
American Indian and Alaska Native persons	0.3%	0.3%
Asian persons	0.6%	1.2%
Persons reporting 2 or more races	1.0%	1.6%
Persons of Hispanic or Latino origin	1.3%	3.2%

Socioeconomic Characteristics of the County

Laurel County’s 20.1% of residents living below poverty is more than the state’s 17.7% and the U.S. percent of 13.8% from 2006-2010. The median household income (2006-2010) was \$36,787, lower than the state at \$41,576 and significantly lower than the national median of \$51,914. Also linked to poverty, income and health status are homeownership rates (2006-2010), which are at 74.2% in Laurel County, 69.9% in Kentucky and 66.6% in the nation (US Census Bureau, 2010).

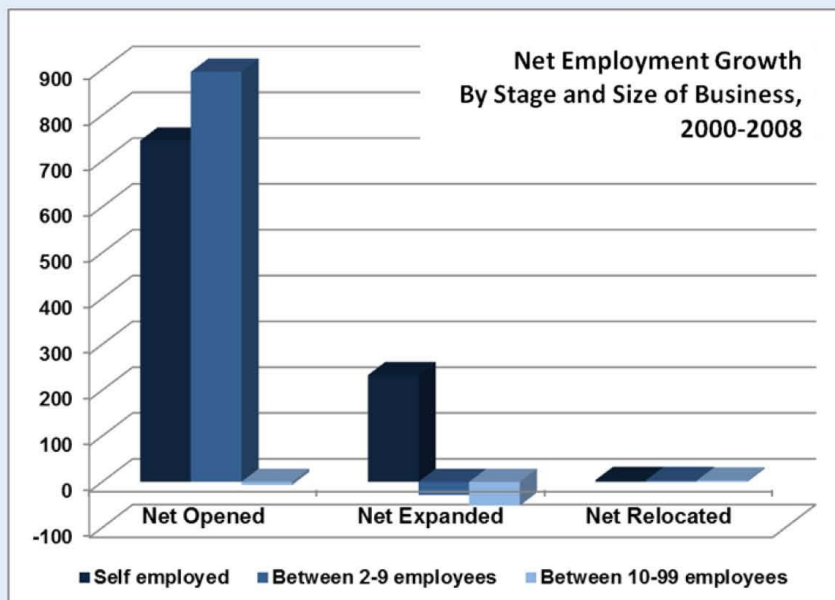
Major employers within the county include, Wal-Mart Distribution Center, Laurel Co. School System, Flowers Bakery (formerly Sara Lee), Cookie Factory, Laurel Grocery, Isom Automotive and Saint Joseph London.

Socioeconomic characteristics have been shown to be important indicators of health status. Social and economic factors affecting health status include, but are not limited to, employment, insurance coverage and education. Unemployment rates have dramatically increased in recent years. The most current United States Department of Labor (2011) data show unemployment rates of 10.8% for Laurel County, 9.5% for Kentucky, and 9.1% for the U.S. Additionally, the most recent health insurance estimates show an uninsured rate of 15% for Laurel County, 18% for Kentucky, and 16.3% for the US in 2010 (US Census Bureau, 2011).

Kentucky County Economic Profiles

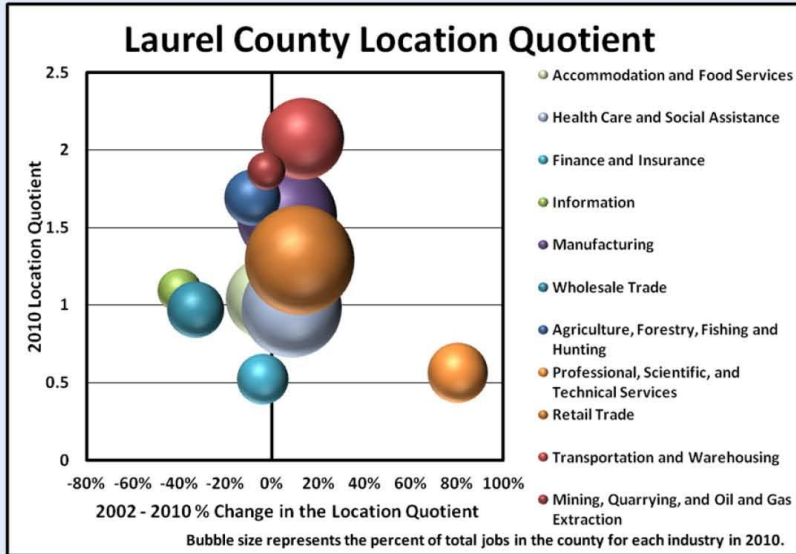
Laurel County

Demographics	Laurel County		Kentucky		United States	
Percent Change in Total Population, 2000-2010 (Census)	11.6%		7.4%		9.7%	
Percent of the Population that is Non-white, 2010 (Census)	2.0%		10.6%		27.6%	
Percent of the Population that is Older than 64 years, 2010 (Census)	11.1%		13.3%		12.9%	
Percent of the Total Population in Poverty, 2009 Estimate (SAIPE)	21.5%		18.4%		14.3%	
Percent of the Total Population under 18 in Poverty, 2009 Estimate (SAIPE)	31.7%		25.3%		20.0%	
Teen births, Rate per 1,000 Women ages 15-19, 2003-2007 (KY Health Facts)	66.67		52.11		41.50	
	Estimate	MOE	Estimate	MOE	Estimate	MOE
Percent of the Population 25 and Older that have a High School Diploma, GED, or more, 2005-2009 Estimate (ACS)	63.7%	2.1%	80.3%	0.2%	84.6%	0.1%
Percent of the Population 25 and Older that have a Bachelor's Degree or more, 2005-2009 Estimate (ACS)	13.4%	1.3%	20.0%	0.2%	27.5%	0.1%
Percent of Workers who Travel 30 minutes or more one way, to work, 2005-2009 Estimate (ACS)	25.7%	2.6%	28.2%	0.3%	35.1%	0.03%
Unemployment Rate, 2010 Annual Average (BLS)	11.1%		10.7%		9.3%	
Median Household Income, 2009 Estimate (SAIPE)	\$36,664		\$40,061		\$50,221	



Data Source: www.YourEconomy.org, 2011

Laurel County	Net Opened	Net Expanded	Net Relocated
Self Employed	745	233	4
Between 2-9 Employees	895	-29	4
Between 10-99 Employees	-7	-52	3



Declining Industries
The industry is declining compared to the nation (change in LQ < -20%)

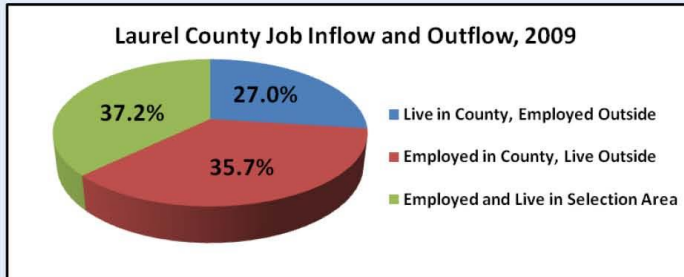
Information
Wholesale Trade

Emerging Industries
The industry is growing compared to the nation (Change in location quotient >20%) but not necessarily largely concentrated in the county (LQ <1)

Professional, Scientific, and Technical Services

Anchor Industries
The industry is relatively concentrated in the county (LQ >1.5) but neither expanding or declining

Agriculture, Forestry, Fishing and Hunting
Manufacturing
Mining, Quarrying, and Oil and Gas Extraction



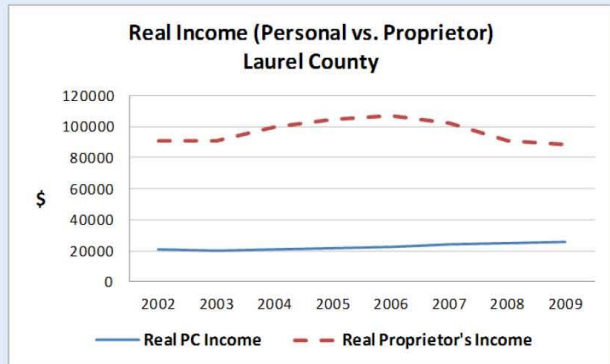
Data Source: EMSI, 2010

Data Source: U.S. Census Bureau, Center for Economic Studies, 2011

Top 10 Industries by Employment 2008

NAICS Code	Description	Laurel County
930	Local government	2,174
561	Administrative and Support Services	2,156
722	Food Services and Drinking Places	2,058
621	Ambulatory Health Care Services	1,544
311	Food Manufacturing	1,336
238	Specialty Trade Contractors	1,056
452	General Merchandise Stores	1,051
493	Warehousing and Storage	953
518	Data Processing, Hosting and Related Services	950
424	Merchant Wholesalers, Nondurable Goods	789
Total Top 10		14,067
Total Jobs in Laurel County		29,507

Source: EMSI Complete Employment - 4th Quarter 2010



Data Source: Bureau of Economic Analysis



The data for this Profile was prepared by the Community and Economic Development Initiative of Kentucky at the University of Kentucky. For questions, contact Sarah Frank Bowker, Program Coordinator, at 859.257.7272x 246, or sarah.frank@uky.edu. CEDIK wishes to thank Foundation for a Healthy Kentucky for providing the funding for this profile.



Community Health Care Resources

Access to healthcare, especially evidenced-based clinical and community preventive services reduces death, disability (National Prevention Council, 2011) and health inequities and improves quality of life (U.S. Department of Health and Human Services, 2011), morbidity and mortality (KDPH, 2005). Saint Joseph London is the only hospital in Laurel County. It is a 120 bed, acute care, private, non-profit hospital. ([Kentucky Board of Medical Licensure](#), [Kentucky Board of Dentistry](#), [Kentucky Board of Nursing](#), [Kentucky Board of Pharmacy](#)) reported 60 primary physicians, and 40 dentists per 100,000 population in Laurel County. It also reported that 29% of adults received an influenza vaccination within the past year, compared to 30% for the state of Kentucky (BRFSS). 78% of adults in Laurel County reported that they have one person they consider their primary doctor, compared to 82% of adults for the state of Kentucky (BRFSS).

Medicaid eligible beneficiaries in Laurel County included 14,638 or 24.9% in 2010. This is compared to 19.6% in Kentucky. Medicare enrollment was 9,846 or 16.7% in 2010, compared to 17% of the state. . In addition, 19.7% are reported to be uninsured in Laurel County. KCHIP enrollment was 7,705 for Laurel County in 2012. (Kentucky Department of Medicaid Services).

Health Status of the Community

Social and Behavioral Indicators

Table 2: Social and Behavior Indicators: Adults, 2011

Table 2 shows the social and behavioral indicators for Laurel County in comparison to the state of Kentucky and the United States. These risk factors adversely impact health outcomes. This information was obtained from both the Foundation for a Healthy Kentucky's Kentuckyhealthfacts.org webpage and CDC's 2011 Adult Behavioral Risk Factor Surveillance System.

Indicator	Laurel	Kentucky	U.S.
Obesity	24%	27%	27.8%
Lack of Physical Activity	38%	31%	26.2%
Prevalence of Smoking	29%	29%	21.1%

Leading Causes of Death

Laurel County's leading causes of death include an adult obesity rate of 24% compared to a Kentucky rate of 27% and a US rate of 27.8%. Youth obesity rates for high school students in Kentucky were 16% compared to 13% for the US. Sedentary behavior is also linked to obesity. It was found that 38% of adults in Laurel County were sedentary, compared to 31% for Kentucky and 26.2% for the United States. Youth sedentary rates were 21% of high school students in Kentucky compared to 14% in the US. These students reported that they did not participate in at least 60 minutes of physical activity on any of the 7 days prior to taking the survey.

Another contributing factor to poor health outcomes is smoking. It was reported that 29% of Kentucky adults were current smokers in 2011, the same percentage as the state of Kentucky, but significantly higher than the US percentage of 21.1%. When looking at youth smoking rates in Kentucky and the United States. The YRBS data from 2011 reports that 24% of Kentucky students reported smoking cigarettes on at least one day during the 30 days prior to taking the survey, in comparison to 18% of students in the United States.

Laurel County ranked 81st for health behaviors from 120 counties on the 2012 County Health Rankings.

Social and Mental Health

Social and mental health factors can directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions can be influenced by such factors as substance abuse and violence. When looking at mental health, Kentucky Health Facts reports that BRFSS data shows that residents of Laurel County reported having an average of 5.0 poor mental health days per month. The average for Kentucky was 4.3 and the United States was 3.5. The indicator included depression, stress, and problems with emotions.

(Kentuckyhealthfacts.org). Among high school students in Kentucky 27% reported feeling sad or hopeless compared to 28.5% in the U.S. (CDC, 2011). When looking at suicide rates, 14.8% of Kentucky high school students reported that they had seriously considered attempting suicide, compared to 15.8% of high schools students in the U.S. (CDC, 2011).

Child welfare plays an important role in the mental and physical health of children as they grow into adults. The Department for Community Based Services reported that 4,558 children were involved in reports received suspecting abuse/neglect in Laurel County during 2010. Some interesting statistics found were 232 of these cases were substantiated abuse and 8% of child victims were repeat victims. Kentucky reports a lower percentage of 5% of child victims were repeat victims. (Kentucky Youth Advocate, Inc. through kidscount.org, 2010)

Data on youth and motor vehicle safety shows that 12.4% of Kentucky high school students reports rarely or never wearing a seat belt, compared to 7.7% for the U.S. Dating violence is also a concern; 14.3% of Kentucky high school students report being involved in dating violence, compared to 9.4% in the U.S. (CDC, 2011).

Mortality

Total mortality for Laurel County from 2003-2007 was reported at 956.1 per 100,000 population, compared to 906.8 for Kentucky. It was also reported that in 2007, there were 13,362.2 years lost per 100,000 population for Laurel compared to 9,111.0 years lost for the state of Kentucky when looking at premature deaths. Motor vehicle deaths in 2007 were reported at 1.5 per 100,000 miles driven for Laurel County, compared to 2.1 per 100,000 miles driven for the state of Kentucky. (Kentucky Health Facts, 2012)

Table 3 – Causes of Death

Causes of Death (per 100,000 population)	KY - 2007	KY - 2009	US - 2009	Laurel 2003-2007
Heart Disease	230	210.2	180.1	274
Cancer	200.3	204.3	173.2	228
Chronic Lower Respiratory Diseases	50.1	61.6	42.3	-----
Stroke	39.4	45.2	38.9	40.3
Accidents	57.6	54.6	37.3	-----
Alzheimer's Disease	31.3	29.9	23.5	-----
Diabetes	33.3	29.1	20.9	-----
Influenza and Pneumonia	20.3	22.2	16.2	-----
Kidney disease	26.9	20.7	14.9	-----
Suicide	15.1	13.4	11.8	-----

Primary Data

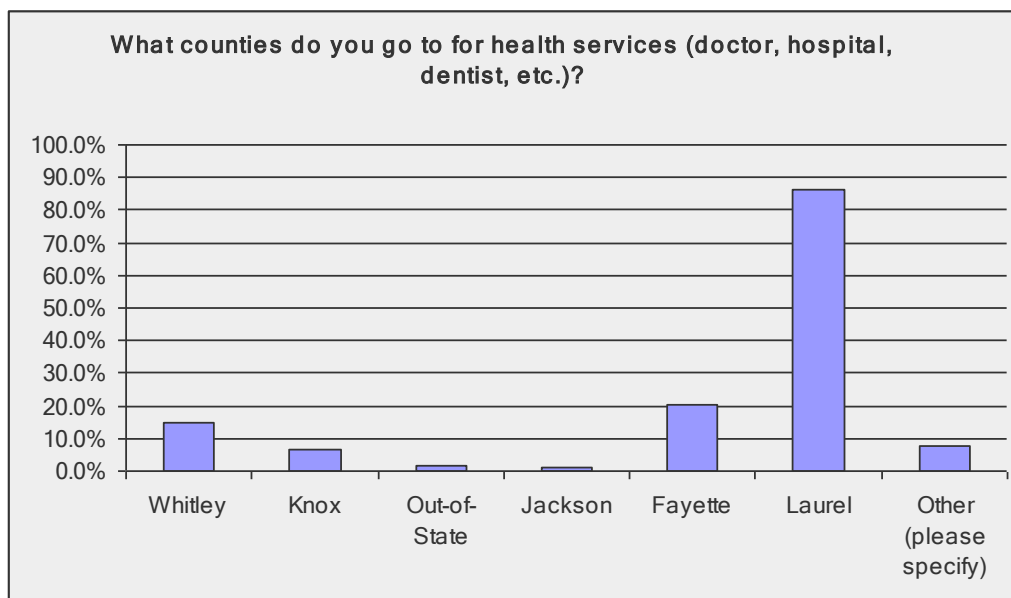
Community Engagement and Input

A Community Health Needs Assessment Survey was conducted with Laurel County residents during May and July of 2012. A total of 1,875 surveys were completed. The thirty-one question survey was available to complete in both electronic and paper format. The purpose of the survey was to gather perspectives from citizens of the county and to identify health-related problems that could be addressed through community action.

Demographic data from the respondents showed that 67.1% were female. The primary age groups that were surveyed were: 31.9% ages 40-54, 26.3% ages 26-39. Those surveyed age 55 and over were 25%. The majority of respondents were married (53%), and had an educational level of at least a high school degree or equivalent (30.5%). Respondents were primarily white (96.8%), which coincides with the population data for Laurel County.

The employment status of the respondents was as follows: Full-time (48.9%), Unemployed (21.1%), Retired (12.0%), and Part-time (8.8%). Most of the respondents had a household income of less than \$25,000 (29.8%). The next largest percent for household income was \$50,000-\$74,999 (14.3%).

When asked where they primarily sought medical care, 86.2% of the respondents said they stay within Laurel County. When rating their own personal health, 40.7% said they were “somewhat healthy” and 36.2% said they were “healthy”.



When asked how safe Laurel County is, 50.8% responded “somewhat safe” and 35.2% responded “safe”. 54.5% of respondents rated Laurel County as a “somewhat healthy” county, and 26.9% said “unhealthy”.

A portion of the survey asked questions regarding health insurance. Insurance coverage for the individual and/or their spouse was reported by 77.4% of respondents, leaving 22.6% reporting that there was no insurance coverage for themselves or their spouse. 53.4% reported that the coverage was private insurance (through employer or self), 14.0% reported Medicare, with 8.7% reporting Medicaid. When looking at health insurance coverage of children under the age of 18, the top three responses of having at least one child covered by insurance were: Private/Commercial (45.9%), Medicaid (42.6%), and KCHIP (40.5%). An alarming statistic that was revealed by the survey was that 39.5% of respondents said they have a least one child in the home with no insurance.

Identified Issues

A summary of questions and corresponding responses is contained in Appendix D. The following is an overview of prioritized health needs from the assessment.

Needs the most improvement:

- Jobs with health insurance (45.1%)
- Healthy behaviors and lifestyles (42.1%)

Most important for healthy county:

- Good jobs and healthy economy (22.9%)
- Good place to raise children (16.2%)
- Access to health care (10.8%)

Greatest health problem in county:

- Alcohol/Drug Abuse (37.6%)
- Obesity/Physical Activity (16.4%)
- Heart Disease and Stroke 8.6%

Most successful ways to support health of residents:

- Religious or Spiritual Values 28.9%
- Feeling Safe in your Neighborhood 23.5%
- Family Support of Each Other 20.3%

Most risky behavior in the county:

- Drug Abuse (Street – 34%, Prescription 25.7%, Alcohol 9.7%) = (69.4%)
- Obesity (Being overweight 8.1%, Lack of Exercise 2.9%, Poor Eating Habits 2.8 %) = 13.8%

Substances that are a Major Problem in county:

- Meth: (1465), (264 respondents knew a user of meth)
- Prescription Drugs: (1254), (429 respondents knew a user of prescription drugs)
- Cigarettes/Cigars: (878), (691 respondents knew a user of cigarettes/cigars)

Most serious safety problem in county:

- Drunk and Drugged Driving 45.8%

- Drug Related Violence 27.5%
- Unsafe Driving (speed, distractions) 13.8%

County needs more of these services:

- Low-cost healthcare services 61.8%
- After hours clinic for children with working parents 46.2%
- “Sick child” daycare (day or evening) 41.8%
- Weight loss programs or services 41.8%

Not covered by health insurance

- Dental Services 20%
- Eye Care Services 17%
- Smoking Cessation Services 13.1%

*For smoking cessation, 31.6% of respondents did not know if this service was covered by their insurance, and 24.9% did not know if hearing care was covered by health insurance.

Chose to not receive service due to out-of- pocket cost

- Dental Care 34.4%
- Eye Exam 29.7%
- Yearly check-up 22.1%
- Prescriptions 22.1%

Hindrances to obtaining healthcare

- Co-pay or out-of-pocket expenses 35.4%
- Service not covered by insurance 29.6%
- Deductibles too high 23.4%

Reasons for hospital admittance at Saint Joseph London

- Other 14.6%
- Heart attack/heart cath/stents 11.7%
- High blood pressure 9.3%

*17.0% reported being hospitalized at Saint Joseph London within the past 12 months, following at 4.8% was hospitalization in Lexington, and 4.0% at Baptist Regional Medical Center.

Community Focus Groups

In addition to the written survey, members of Saint Joseph London’s Health Community Department conducted community focus groups at two locations; University of Cumberland’s and Laurel Grocery. During the community groups, a series of four questions were asked and responses from the participants were recorded. Following are the results of the two group sessions:

Community Group #1: Laurel Grocery- 22 respondents

1. What is healthy about your community and what is unhealthy?

Healthy:

- Many family doctors

- Places to receive health information
- A lot of physical activity available
- Gyms
- Access to health care -2
- Clean air in community
- Good farmers market locally

Unhealthy:

- Smoking/tobacco
- Drugs
- Obesity
- A lot of people are not insured
- A high number of people probably don't go to the doctor when needed
- Poor eating habits
- Not enough exercise
- Not enough routine medical visits
- Uneducated
- High cost of medication/ Co- payments
- Having to go OOT for Doctors
- Need more free education programs
- No dental care
- Can't afford eye exam & glasses

2. What is your perception of the current health needs of the community?

- More Exercise
- Less prescription abuse
- Not taken seriously like it should be, people think if they don't go to the doctor they are healthy
- More Education on importance of health care and prevention – lifestyle choices
- Better food choices - 2
- More mental health counseling
- I think we need to cut out meth
- The poor
- Longer doctor office hours
- Can't afford vision/dental care (big problem)
- Need more free clinics
- Need more preventative care

3. What can the hospital do to better address the health needs of the community?

- Preventive education in community – what can an individual do to prevent the chronic health problems that are prevalent in our community?
- Free health screenings & cheaper health care
- More outreach to local businesses
- Need community health forums (keep in touch)

Community Group #2: University of Cumberland's – 20

1. What is healthy about your community and what is unhealthy?

Healthy:

- Making good food choices
- Physical activities in several place, parks & gyms
- People wanting to change life styles
- More places for exercise - 2
- Education available - 2

Unhealthy:

- Fast foods every where
- Bad Health
- Uneducated
- Lack of exercise
- Drugs
- Lack of dental care
- Most of our food unhealthy
- Poverty
- Unhealthily lifestyles
- Lack of Insurance
- Unemployment high
- Mental health disorders/ anxiety/bipolar
- Need more drug rehab
- Domestic abuse/Violence
- Smoking
- High teen pregnancy rates
- Crime

2. **What is your perception of the current health needs of the community?**
 - Becoming aware and knowing about health problems
 - Not enough family doctors
 - To many people on welfare
 - Need more drug rehabilitation
 - We need to improve health/be role model
 - More low cost fitness facilities
 - More opportunities to get involved – drug rehab/ social services etc
 - Use College students to provide preventative education
 - Good Health Dept. locally but limited resources (budget cuts)

3. **What can the hospital do to better address the health needs of the community?**
 - Assist with off-site clinics
 - Assist with Insurance Education
 - Free clinic
 - Offer preventive care education
 - Out patients facilities
 - Assist rural areas in knowing what is available- education/support groups etc.
 - Town Hall meeting with Community members and also Leaders.

Priority Community Health Needs Identified

Primary and secondary data from this assessment process are a valuable resource to future planning. The community input findings obtained through the collaborative survey

process with the Laurel County Health Department are especially useful in understanding residents' needs about community health and in planning for future strategic initiatives.

Vulnerable Populations

State and County statistics were used to identify four vulnerable populations within the county: Uninsured and underinsured, those with Chronic Diseases, Children Impacted by Drug Abuse and those suffering with Mental Illness. These populations were considered in the ranking prioritization of health needs.

An analysis of community health information and community input was conducted. Based on the analysis of information, the following needs were identified.

- Cancer
- Heart Disease
- Stroke
- Adult Obesity
- Drug/Alcohol Abuse
- Physical Inactivity
- Uninsured
- Lack of Primary Care Physicians
- Diabetic screening
- Chronic Respiratory Disease
- High Blood Pressure
- Child Abuse/Neglect
- Adult Smoking
- Children in Poverty
- Domestic Violence
- Mammography Screening
- Dental Problems
- Mental Health

Identifying Health Needs

Saint Joseph London and Laurel County Health Department worked together to engage organizational leadership from community agencies, church groups, retired professionals, minorities and interested citizens to help form a health needs coalition that would guide the community health needs assessment process.

A survey was designed that would address a community assessment and identify health needs. The survey was developed with help from members of the community coalition and distributed within Laurel county May through and July of 2012. Over 1,800 surveys were completed in the two month period. In addition, two focus groups were held with specific populations in Laurel Co.

Participants in an employee wellness program provided for diabetics shared their thoughts and concerns regarding the "health" of Laurel Co. Current statistics indicate a higher than average

percentage (15%) of the county's population is diabetic compared to 8 % in the overall state. A young adult group focused on their future and the perceived health needs of the community. In addition, secondary data was compiled from demographic and socioeconomic sources as well as national, state and local sources of information on disease prevalence, health indicators and mortality. (Appendices F and G.)

Ranking and Prioritization Process

This data was analyzed and reviewed to identify health issues of uninsured persons, and the community as a whole. Health needs were prioritized utilizing a method that weighs: 1) the impact on vulnerable populations; 2) the importance to the community; 3) the number of people impacted by the problem; 4) the consequences of not addressing the problem; 5) the number of sources that identified the need; 6) how closely the need aligns with the strategies and strengths of the hospital and KentuckyOne Health; and 7) an evaluation of existing hospital programs responding to the identified need.

Health needs were then prioritized and charted taking into account their overall ranking, the degree to which Saint Joseph London can influence long-term change and the impact of the identified health needs to overall health.

Saint Joseph London formed an Implementation Planning Committee that included key representatives from the hospital as well as representatives from the Laurel County Health Department and agency leaders to discuss the results of the evaluation and select health priorities. Participants were given the opportunity to revise rankings and discuss issues until a consensus was reached on the ranking of health issues. Three priority health issues were identified that would be the focus of the implementation plan. They are:

- Cancer
- Stroke/Cardiovascular Disease
- Mental Illness/Addictions (Drug & Alcohol)

The Committee noted that there are related health factors/behaviors, identified as priorities, that influence the top three priorities and that have to be considered in the implementation strategy i.e., the uninsured, obesity and lack of physical activity, high blood pressure, adult smoking, diabetes etc.

The Implementation Committee continues to meet to discuss and further develop action plans that are comprehensive, measureable and will have a long-term impact on the wellbeing of the community.

Violence in the Community

In 2008, Catholic Health Initiatives launched United Against Violence, a national violence-prevention initiative that represents an integral part of the organization's commitment to building healthy communities. This multidimensional strategic initiative promotes community-based programs designed to address violence, as identified by the specific community, and develops a strategic plan that would lead to a reduction in violence by the year 2020.

Saint Joseph London received funding in 2009 to begin work on a Planning Grant that would provide a framework for developing an identified area of violence in the London community.

Between 2010 – 2012 a Project Grant has aided the development of a local initiative. A Violence Prevention Coalition was formed, priority need established, goals & objectives developed and a plan of action undertaken to achieve our first goal by 2016. Based on the high number of child abuse cases identified the community-identified focus area of violence is: Infant & child abuse (age 0-4). The destination goal and metric is: By 2016 achieve a 15% reduction in the reported and substantiated number of abuse cases for infants and children (age 0-4); by 2020 achieve a 25% reduction in this category.

Referral Information: Laurel County - Children 4 and under	Reporting Year		
	2010	2011	2012
Number of Calls that Met Criteria (Reports)	410	346	305
Children in Reports (Investigation/FINSA)	514	423	456
Substantiations	87	73	64
Children in Substantiations	114	89	92
Reports with Finding of Services Needed (Low Risk)	8	7	5
Children in Reports with Finding of Services Needed (Low Risk)	10	8	6
Source(s): TWS-272 CY2010, CY2011, CY2012			
<i>**children in multiple reports are counted multiple times</i>			

SI London
Prioritization of Health Needs

Ratings

<u>Report Reference</u>	<u>Health Need</u>	What is the Impact on vulnerable populations?	How Important is it to the community?	How many people are affected by the issue?	What are the consequences of not addressing this problem?	How many sources identified the need?	How closely does the need align with KentuckyOne Health strategies?	Does the hospital have existing programs which respond to the identified need?	Total Score
		1. Uninsured/Underinsured.							
		2.Chronic Disease		>20% = 4, >10% and <20%=3, >5% and <10%=2, <5%=1	Death Rates Analyzed				
		3.Teen Pregnancy							
		4.Children impacted by family drug abuse			Impact on Chronic Disease				
		5. Mental illness		Rankings: 4=top quartile in state, 3=50-75 Quartile, etc.					
Leading Causes of Death, primary data	1 Cancer	4	3	4	4	2	4	4	25
Leading Causes of Death, Primary data	2 Heart Disease	4	3	4	4	2	4	4	25
Health Outcomes and Factors	3 Stroke	4	3	3	4	2	4	2	22
Health Outcomes and Factors, Primary data	4 Adult Obesity	4	4	4	3	2	3	1	21
Health Outcomes and Factors, Primary data	5 Drug/alcohol abuse	4	4	4	3	2	3	1	21
Health Outcomes and Factors, Primary data	6 Physical Inactivity	4	3	4	3	2	3	1	20
Health Outcomes and Factors, Primary data	7 Uninsured	4	3	3	3	2	3	2	20
Health Outcomes and Factors, Primary data	8 Lack of Primary Care Physicians	2	2	4	3	1	4	3	19
Health Outcomes and Factors	9 Diabetic screening	4	3	2	3	1	3	3	19
Health Outcomes and Factors	10 Chronic respiratory disease	4	2	3	3	1	3	3	19
Health Outcomes and Factors	11 High Blood Pressure	4	2	3	3	1	2	4	19
Health Outcomes and Factors	12 Child Abuse/neglect	4	2	2	3	1	3	4	19
Health Outcomes and Factors, Primary data	13 Adult Smoking	4	2	4	2	2	3	1	18
Health Outcomes and Factors	14 Children in Poverty	4	2	4	3	2	1	1	17
Leading Causes of Death	15 Domestic Violence	4	2	2	2	1	3	3	17
Primary Data	16 Mammography Screening	3	1	3	3	1	4	1	16
Primary Data	17 Dental Problems	4	2	2	2	1	3	1	15
Primary Data	18 Mental Health	4	1	2	3	1	3	1	15



Community Health Needs Assessment

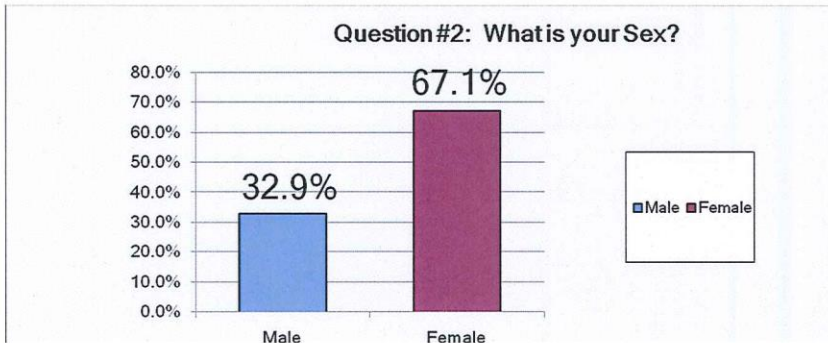
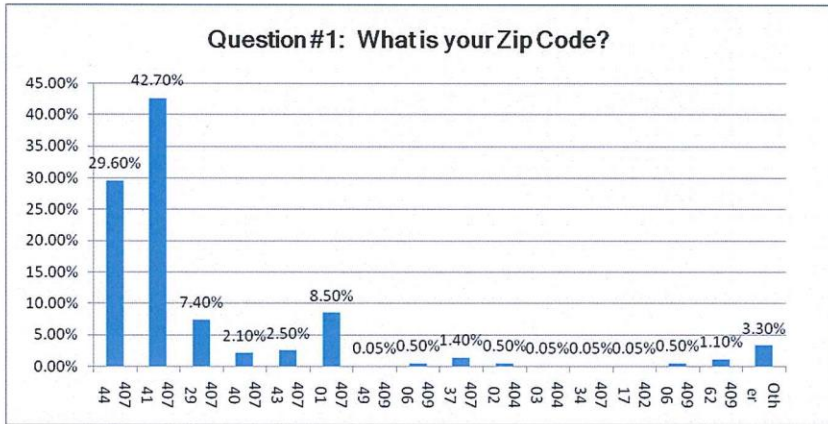
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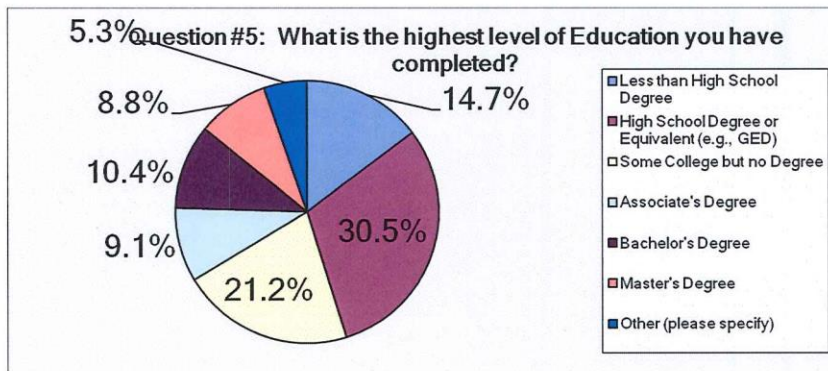
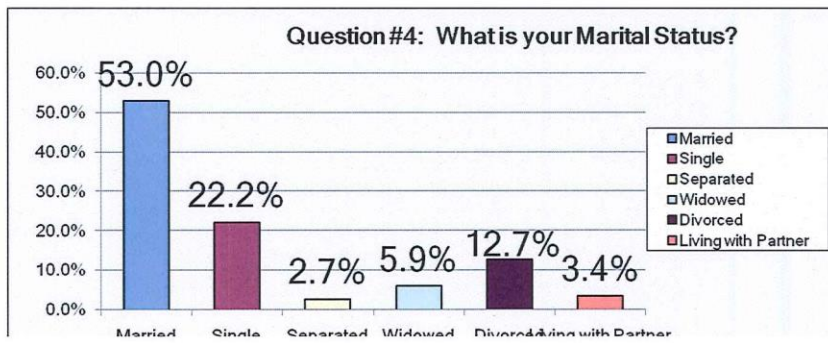
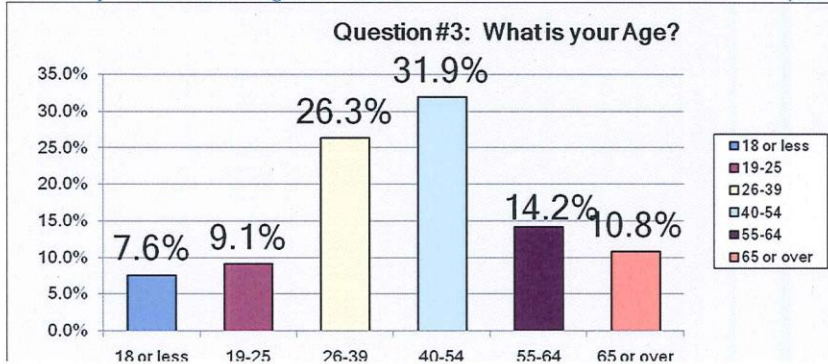
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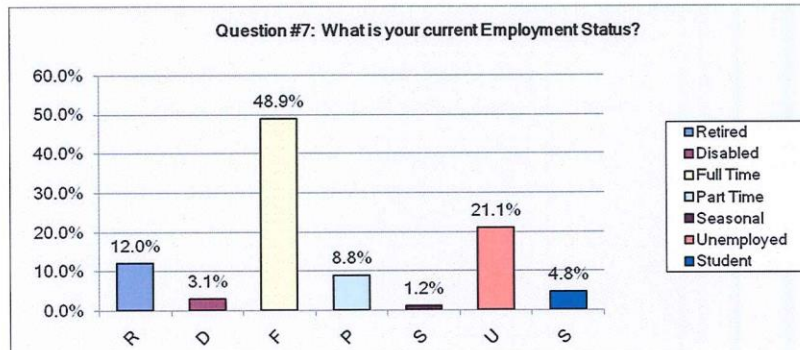
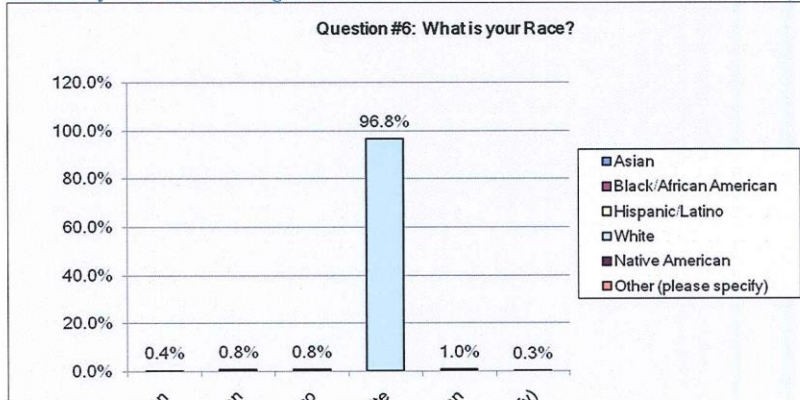
Surveys Collected: May-June 2012

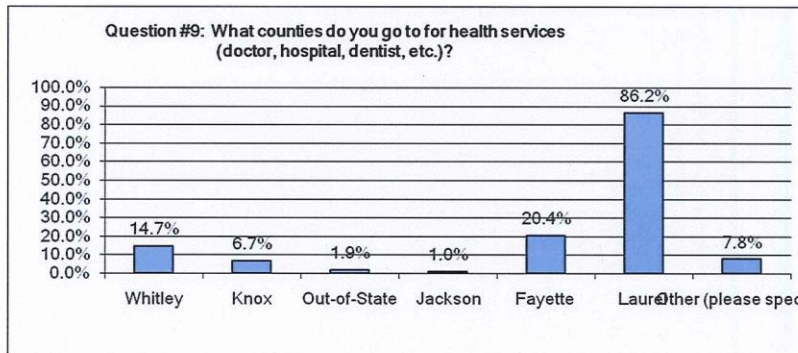
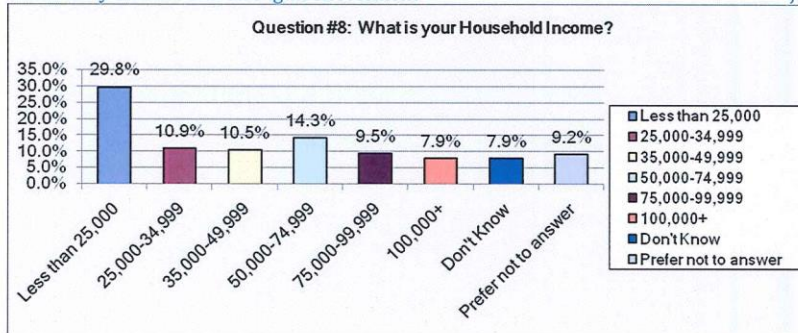
Questions/Responses

Compiled by: Laurel County Community Health Needs Coalition

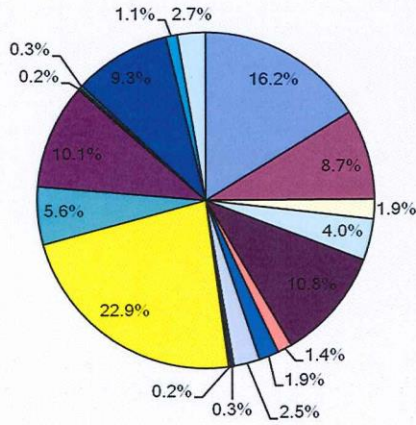






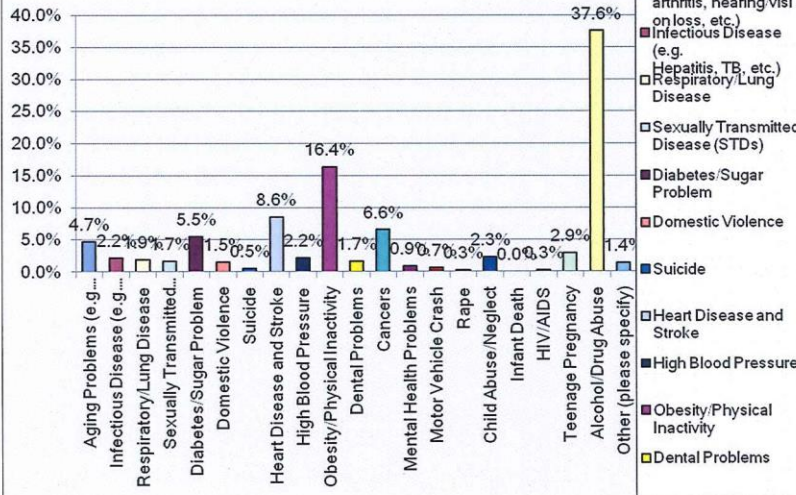


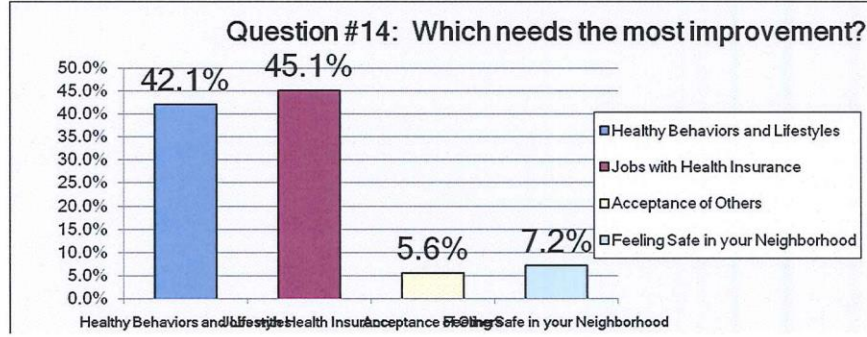
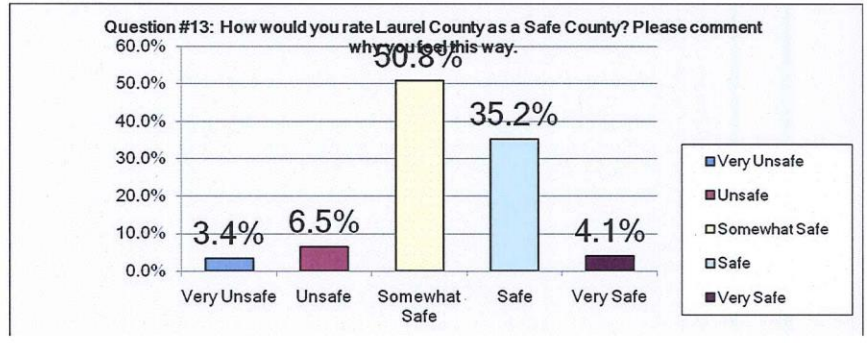
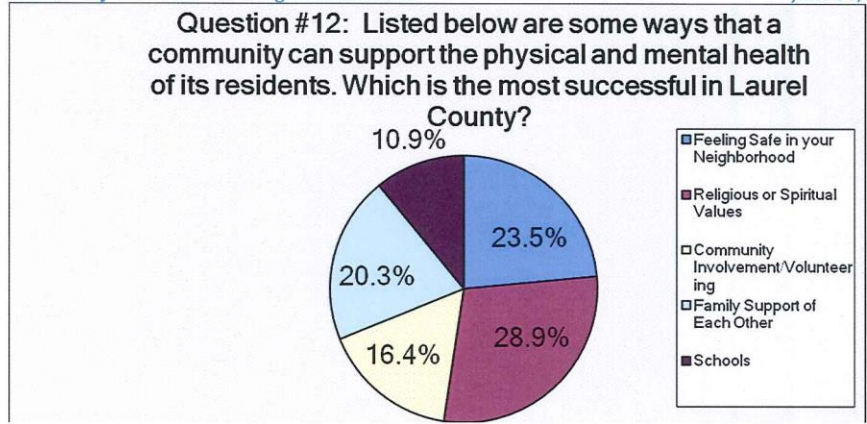
Question #10: In the following list, what do you think is the 1 most important needed for a healthy Laurel County?

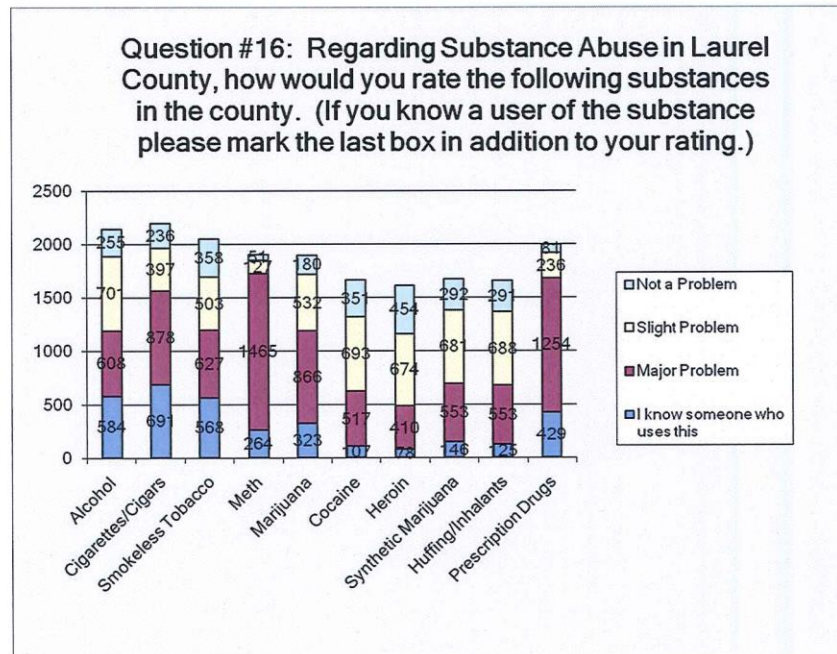
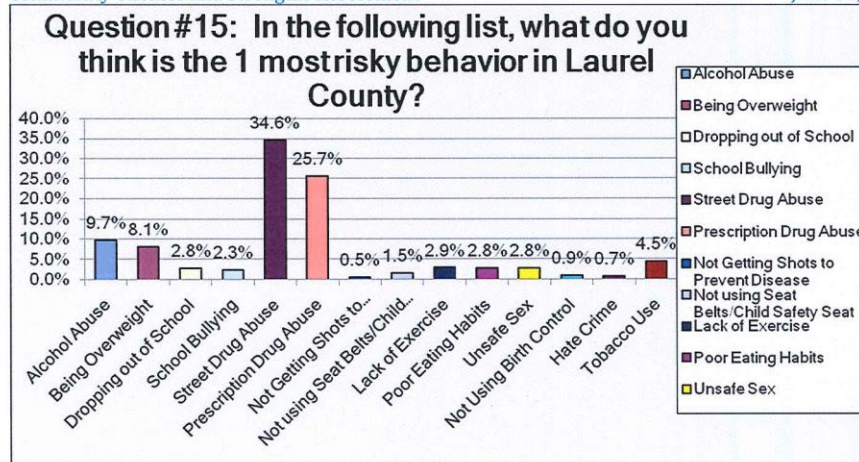


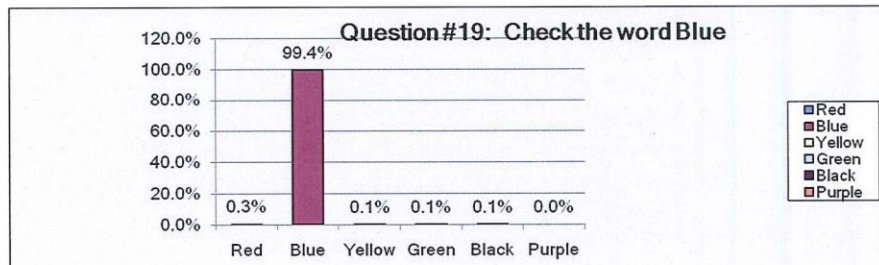
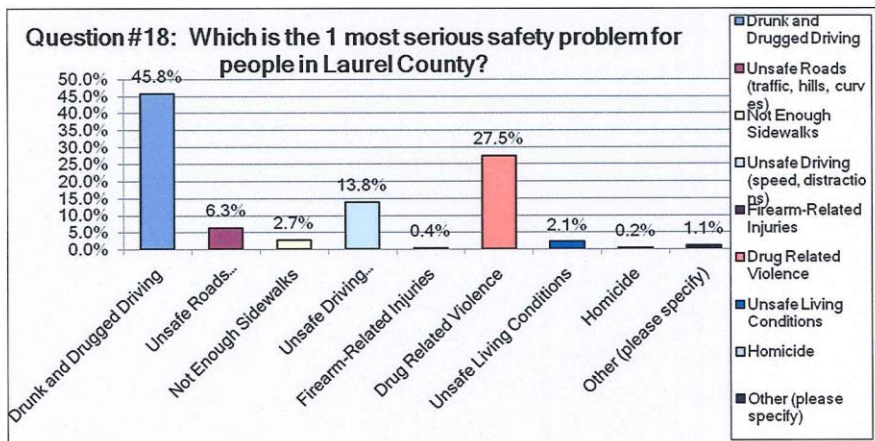
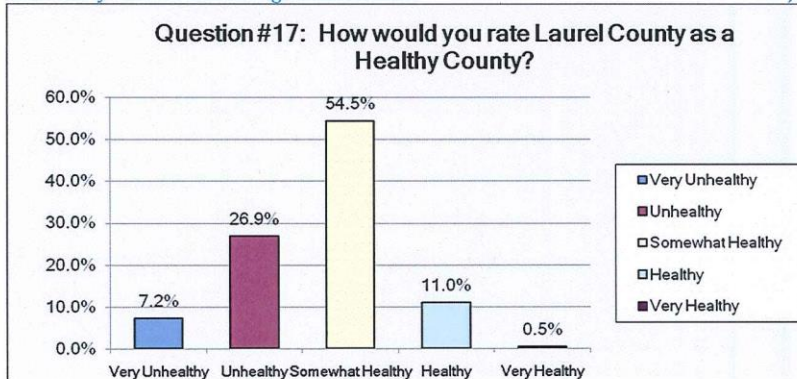
- Good Place to Raise Children
- Low Crime/Safe Neighborhoods
- Low Level of Child Abuse
- Good Schools
- Access to Health Care
- Parks and Recreation
- Clean Environment
- Affordable Housing
- Arts and Cultural Events
- Excellent Race Relations
- Good Jobs and Healthy Economy
- Strong Family Life
- Health Behaviors and Lifestyles
- Low Adult Death and Disease Rates
- Low Infant Deaths
- Religious or Spiritual Values
- Quality Child Care
- Other (please specify)

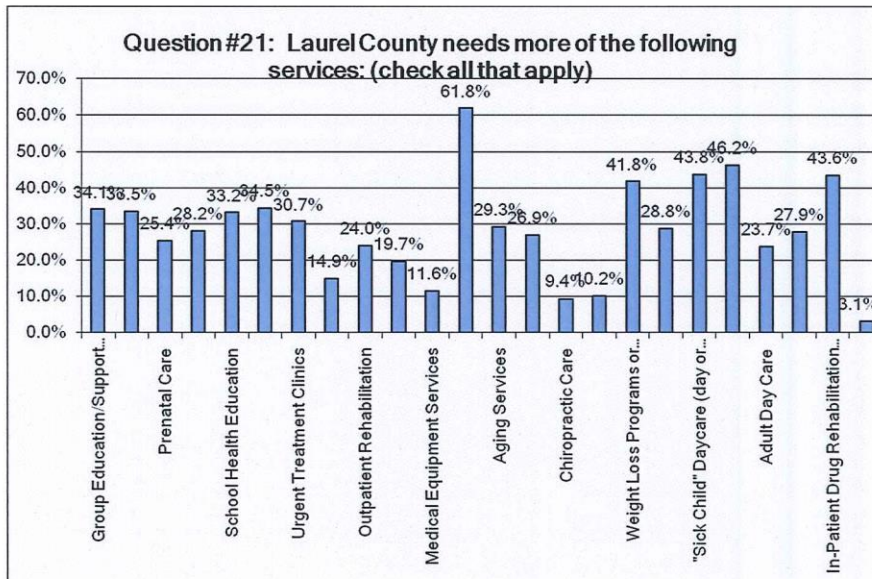
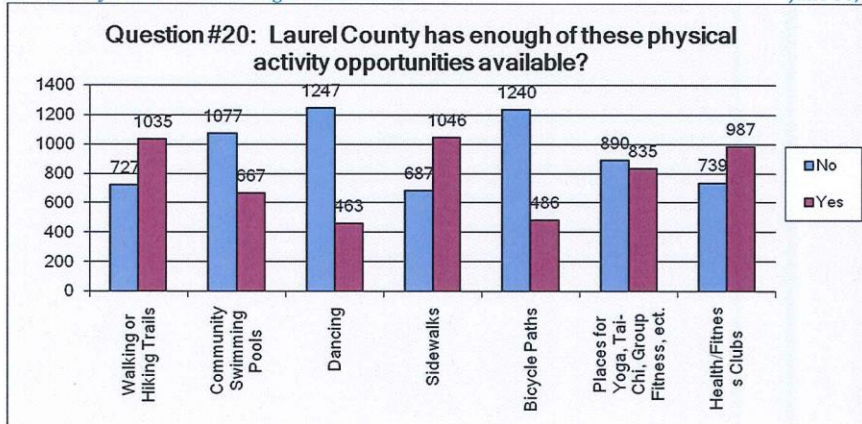
Question #11: In the following list, what do you think is the 1 greatest health problem in Laurel County?

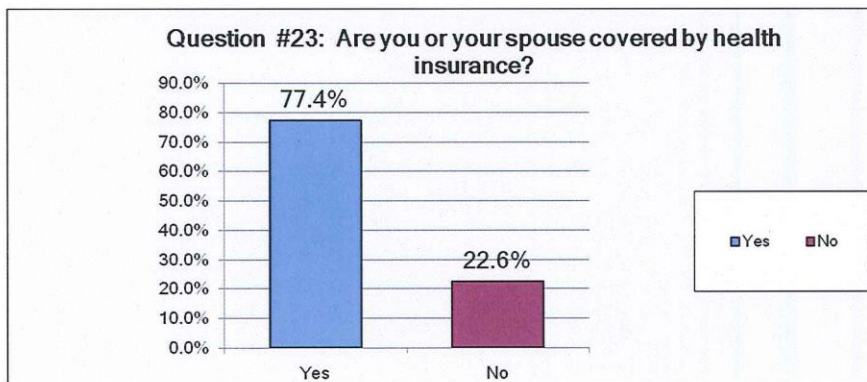
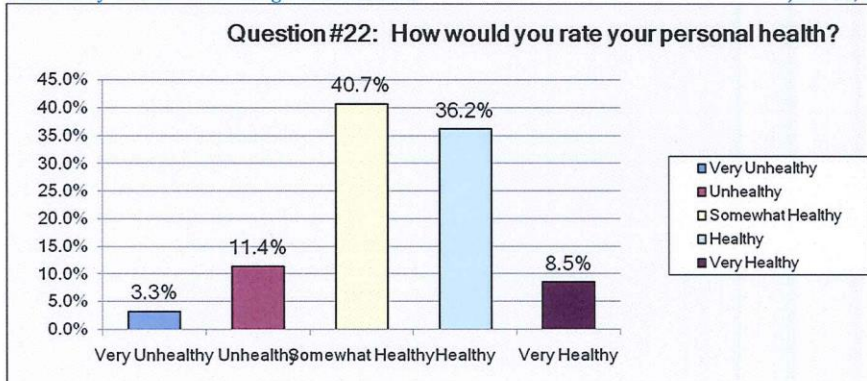


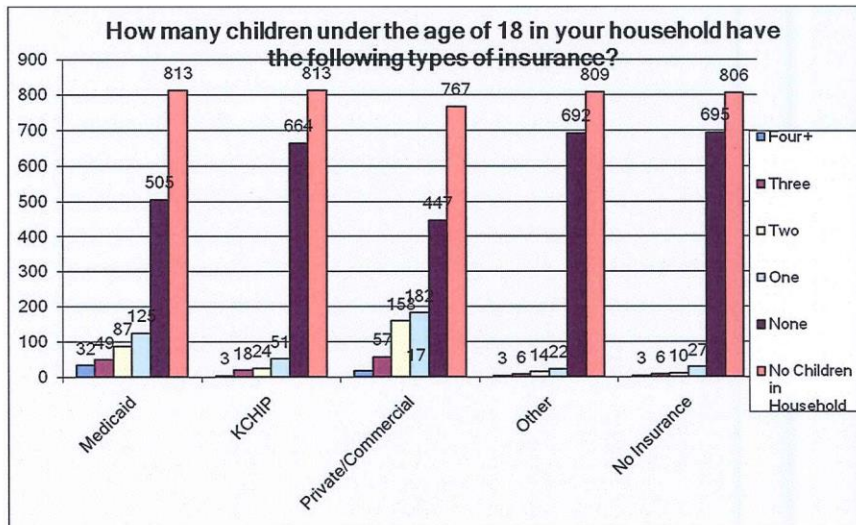
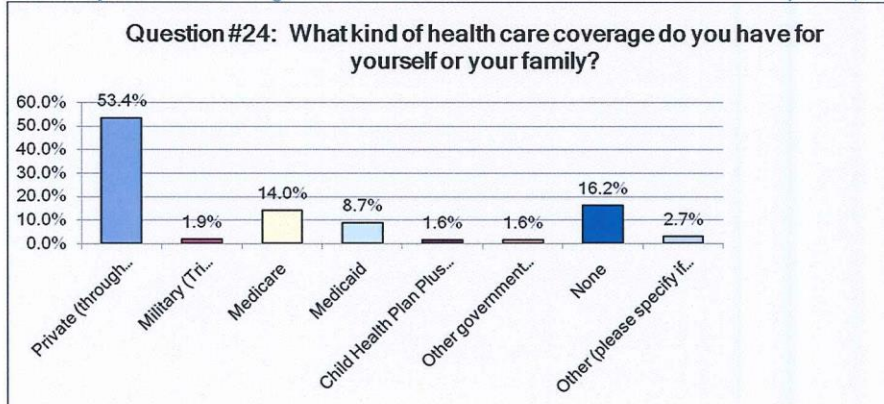


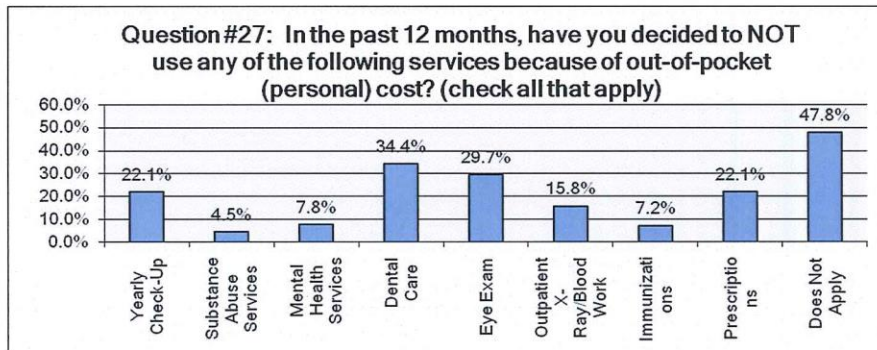
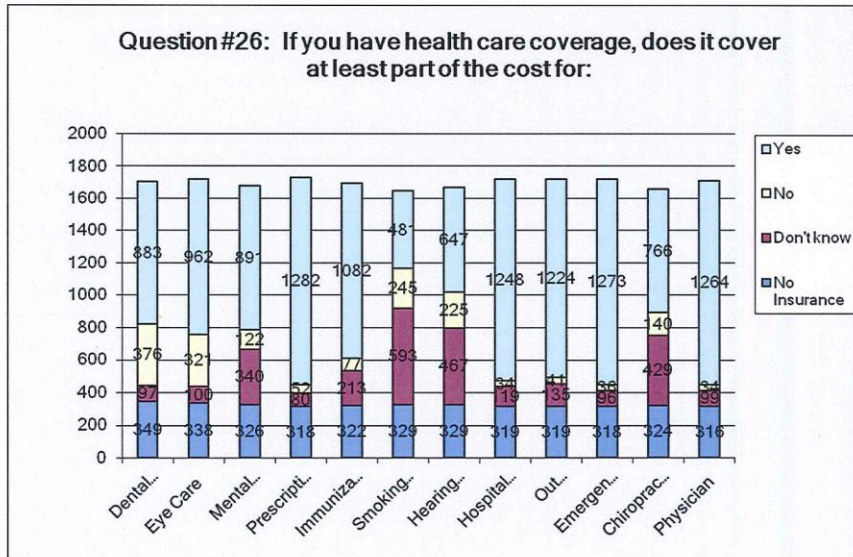


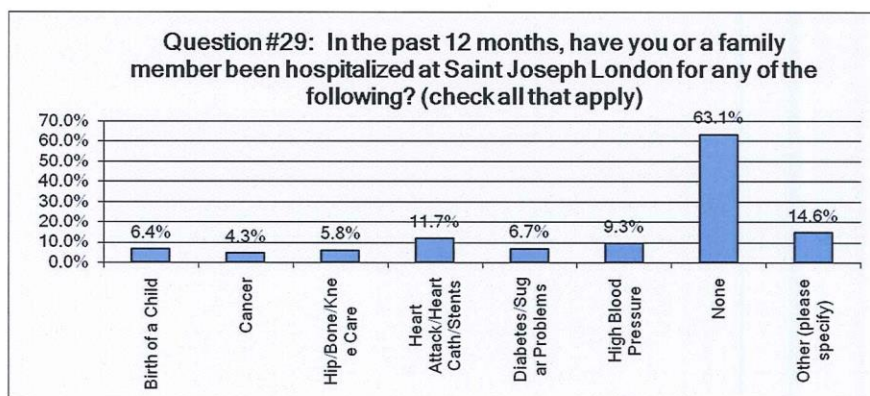
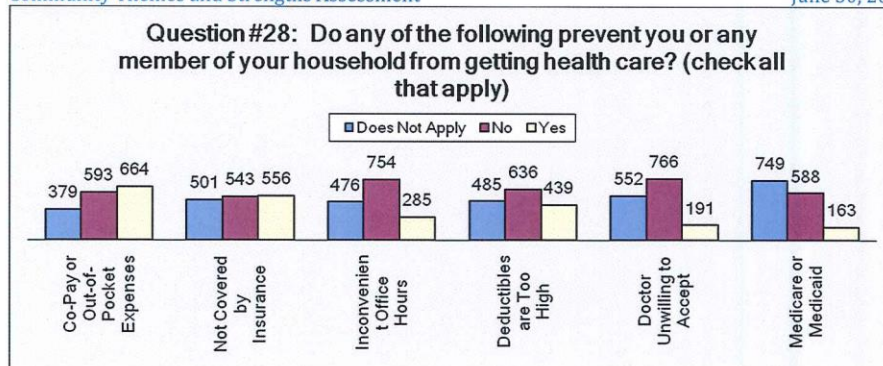


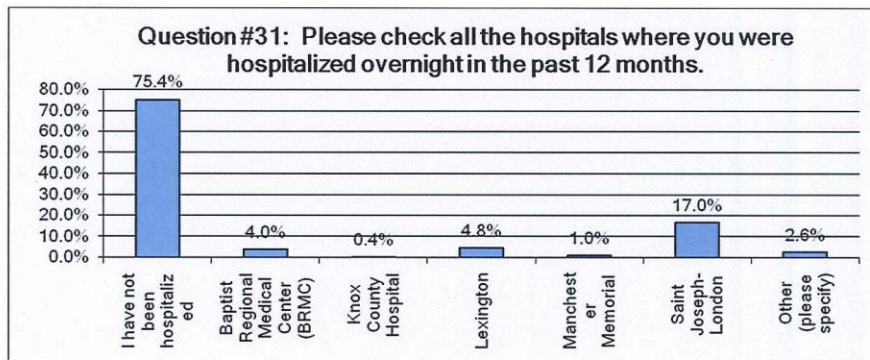
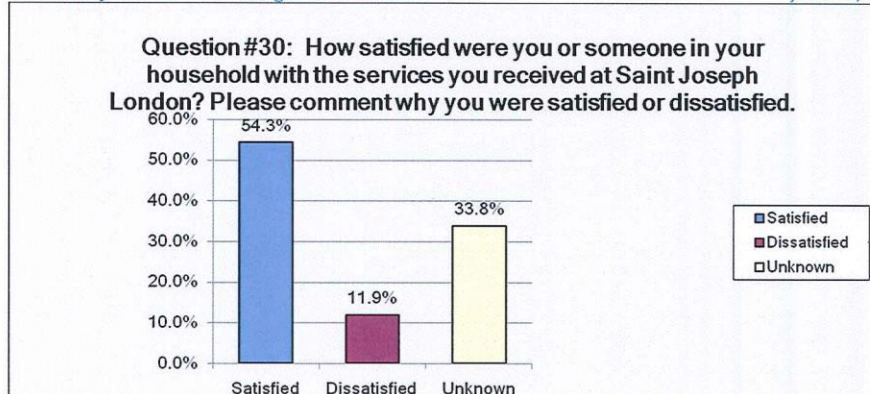












Appendix B

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