

# Community Health Needs Assessment 2020 - 2022



**CHI Saint Joseph  
Health**

**Continuing Care Hospital**

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# Executive Summary

Continuing Care Hospital is pleased to present its 2020-2022 Community Health Needs Assessment (CHNA). CHI contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) to conduct a CHNA in accordance with the Affordable Care Act (ACA) and section 501(r) of the Internal Revenue Code for nonprofit tax-exempt hospitals. This CHNA is the first report prepared by CEDIK for Continuing Care Hospital. This report will be used to create an implementation plan with wide community input to address the identified health needs for the community served by Continuing Care Hospital over the next three years.

## Summary of Findings

### *Methodology*

CEDIK facilitated the process of primary data collection through community surveys, focus groups and key informant interviews to create an implementation plan to address identified health needs. In addition, county specific secondary data was gathered to help examine the social determinants of health. Throughout the process, CEDIK and the community steering committee made it a priority to get input from populations that are often not engaged in conversations about their health needs or gaps in service. CEDIK conducted key informant interviews to probe more deeply into health and quality of life themes within the county. Current community resources and potential barriers to accessing resources were also identified in these interviews.

This CHNA report synthesizes community health needs survey data, focus groups with vulnerable populations, and key informant interview data with social and economic data as well as health outcomes data collected from secondary sources to help provide context for the community. Below are identified themes collected from the primary data collection:

### *Focus Group Visioning*

Residents describe their vision of a vibrant, healthy Fayette County as: safe community (no guns, no gangs); youth feel safe and not scared; access to healthy, affordable food; access to safe, affordable housing; access to health care (urgent care, affordable, community health workers, affordable medications); no substance abuse (drugs, alcohol, tobacco); parks/recreation for youth/walkable community; access to education/training/jobs; and community awareness of available resources in Lexington and better communication about resources.

### *Focus Groups – Unmet Needs*

CEDIK conducted focus groups with identified populations in Fayette County that often are not asked to discuss their health needs to deepen the understanding of the health challenges they face. Focus group discussions revealed unmet needs: access to affordable health care – lack of knowing available resources; lack of collaboration; safety – gun violence; unsafe housing; lack of safe spaces to walk/physical activity; mental health – lack of resources for schools and community; substance use (meth, heroin, opioids and alcohol) and resulting problems – grandparents raising grandkids; obesity and obesity-related diseases; food access (lack of affordable, healthy foods); hunger; and transportation – people unsure how to use Lextran, report not feeling safe.

### *Key Informant - Community Themes and Strengths*

As a mechanism to examine needs that surfaced in focus group discussions, the hospital leadership and the steering committee provided contact information for potential key informant interviews to be conducted. Below is a summary of their responses highlighting the strengths of the community, challenges/barriers in the broader health care system and opportunities for improving the community's health.

**Strengths included:** partnerships and collaborations across city programs; Lexington office for homelessness prevention and its wraparound issues; health access and the quality of care; connecting people to the right services is the issue; cutting edge health resources available; University of Kentucky is involved in medical studies and research that benefit the residents of the community; urgent care facilities available for people to get care after hours; good access to emergency care in trauma situations; city promotes a positive health message with its emphasis on cycling, parks, and healthy outdoor activities; and diverse community.

**Challenges faced by residents include:** hard to coordinate across groups – and the resources available; lack of knowledge about programs available – need for community website or resource directory; people unaware of programs like “Double Dollars” for SNAP participants; translation services; transportation issues; connectivity – lack of phone, internet, not able to find out about resources; money; lack of knowledge on how to access health care; health care should have more community advocates/people to help with wading through this information; in some neighborhoods, there is no access to providers within a reasonable distance; fear in immigrant population – will not go to referrals for additional health care; food deserts in some areas of Lexington; affordable housing; mental health biggest health issue in schools; family friendly hours at physician offices and clinics; public service messages around preventive care and importance of lifetime of wellness; and need all organizations and providers at the table to address health needs and how to work collaboratively.

**A number of opportunities were highlighted:** silos – hospitals and systems need to collaborate and coordinate; health care does not practice community-based practices; need for more communication between health care organizations; and high copays – EMS and ambulance service costs are too high.

### *Prioritized Areas*

The Fayette County CHNA Steering Committee reviewed survey results, focus group and key informant interview results as well as key secondary health data. The committee considered existing local, state and national priorities, conducted an open discussion and voted on specific strategic initiatives for the county. Members identified current resources and possible barriers to resources that residents may experience. This information can assist the hospital and the larger CHI network, as implementation plans are developed to address the prioritized health needs.

*Fayette County CHNA Steering Committee selected the following priority areas for action:*

- Substance abuse, including tobacco and vaping
- Obesity and diabetes, including wellness and exercise
- Mental health support
- Lack of resource knowledge

A plan for addressing these priority areas will be described in Continuing Care Hospital 2020-2022 Implementation Strategy.

## Acknowledgements

This Community Health Needs Assessment is a joint effort by CHI Saint Joseph Health, Continuing Care Hospital and the Community and Economic Development Initiative of Kentucky (CEDIK).

Key informants shared their time and expertise to provide additional insights on strengths and needs in Fayette County.

CEDIK at the University of Kentucky provided assistance with the collection and analysis of primary key informant data and compilation of this analysis. CEDIK works with stakeholders to build engaged communities and vibrant economies. If you have questions about CEDIK's assessment process, contact Melody Nall, CEDIK Extension Specialist: [melody.nall@uky.edu](mailto:melody.nall@uky.edu) or (859) 218-5949.

Continuing Care Hospital would like to thank CEDIK, all community partners, including Lexington-Fayette County Health Department, and key informants for their contributions to the information compiled in this document.



# 1. Introduction

## 1.1 CHNA Report Objective

The purpose of a Community Health Needs Assessment (CHNA) is to understand health needs and priorities in a given community, with the goal of addressing those needs through the development of an implementation strategy. Saint Joseph Hospital has produced this CHNA in accordance with the Affordable Care Act (ACA) and section 501(r) of the Internal Revenue Service tax code for nonprofit, tax exempt hospitals. The results are meant to guide Saint Joseph Hospital in the development of an implementation strategy and to help direct overall efforts to impact priority health needs.

## 1.2 CHI Saint Joseph Health - Continuing Care Hospital

In February 2019, CHI Saint Joseph Health replaced the KentuckyOne Health name as part of a new vision and strategic plan to focus operations in central and eastern Kentucky. The new name also renews the health system's commitment to the caring and innovative legacy of the Sisters of Charity of Nazareth.

Facilities that make up CHI Saint Joseph Health include Saint Joseph Hospital, Saint Joseph East, Saint Joseph Berea, Saint Joseph Jessamine RJ Corman Ambulatory Care Center, Saint Joseph London, Saint Joseph Mount Sterling, Flaget Memorial Hospital in Bardstown, Women's Hospital at Saint Joseph East, Continuing Care Hospital, as well as CHI Saint Joseph Health Partners Clinically Integrated Network and CHI Saint Joseph Medical Group provider practices in central and eastern Kentucky. While these facilities are part of CHI Saint Joseph Health, they will retain their individual names.

In 2017, KentuckyOne Health announced that it would transition ownership of its Louisville operations, to focus on operations in central and eastern Kentucky. In doing so, the organization will be better positioned to continue focusing on quality patient care, continue to invest in opportunities for growth and improve the overall health and wellness of individuals across Kentucky.

KentuckyOne Health facilities in the Louisville region remain in negotiations for purchase, and at this time retain the KentuckyOne Health name. These facilities include Jewish Hospital, Frazier Rehab Institute, Sts. Mary & Elizabeth Hospital, Medical Center Jewish East, Medical Center Jewish South, Medical Center Jewish Southwest, Medical Center Jewish Northeast, Jewish Hospital Shelbyville, and KentuckyOne Health Medical Group provider practices in Louisville.

CHI Saint Joseph Health, part of Catholic Health Initiatives, is one of the largest and most comprehensive health systems in the Commonwealth of Kentucky with 135 locations in 20 counties, including hospitals, physician groups, clinics, primary care centers, specialty institutes and home health agencies. In total, the health system serves patients in 35 counties statewide. CHI Saint Joseph Health is dedicated to building healthier communities by elevating patient care through an integrated physical and behavioral health delivery system. CHI Saint Joseph Health embodies a strong mission and faith-based heritage and works through local partnerships to expand access to care in the communities it serves.



## 1.3 CHNA Defined Community

For the purposes of its CHNA, Continuing Care Hospital has defined Fayette County as its primary service area. Fayette County will serve as the unit of analysis for this CHNA, and health needs discussed will pertain to residents of Fayette County.



Dear Community Resident,

Continuing Care Hospital is committed to building a healthier community and we appreciate your input regarding your health care concerns and needs through the Community Health Needs Assessment to help us attain this goal. The information in this report will help to guide us in identifying health needs in our community and prioritizing allocation of resources to meet those needs.

Kentucky and many of the communities we serve face daunting health challenges. Added to the challenge is the fact that many areas are medically underserved. We are committed to providing the highest quality care close to home, reducing the incidence of disease, promoting health equity, advancing care delivery, and shaping and leading health policy. We are grateful for the partnerships we have in this community that aid us in working to improve the lives of people in the communities we serve. This cooperative effort helps us to truly live our mission of a healing ministry and better serve our community.

The information in this report was gathered through surveys and focus groups conducted in our community, as well as from other data, such as discharge information and facts about our communities including population and economics. The report provides a snapshot of the information we have gathered, how we have responded and the progress we have made in addressing the challenges we face.

Our goal is to lead the transformation of health care to achieve optimal health and well-being for the individuals and communities we serve, especially those who are poor and vulnerable. We are committed to serving our community and addressing the health needs here.

Thank you,

A handwritten signature in dark ink, appearing to read "Robert Desotelle", written over a horizontal line.

Robert Desotelle

President and Chief Executive Officer

## 2. Evaluation of Progress Since Prior CHNA

The following section describes the evaluation of impact of the previous community health needs assessment conducted by Continuing Care Hospital in 2017 to cover FY2017-2019.

### Needs Identified in 2017-2019 CHNA and Impact of Actions

The health needs addressed in Continuing Care Hospital's FY2017-2019 CHNA included: alcohol and drug use, tobacco use and community safety. The hospital's actions toward improving these health needs over the previous CHNA coverage period are described below.

#### • Alcohol and Drug Use

- Supported provision of state funding for evidence-based substance abuse initiatives and collaboration between the public and private sectors.
- Continued to support legislation allowing the Kentucky Harm Reduction Coalition to dispense Naloxone.
- Participated in Kentucky Safety and Prevention Alignment Network (KSPAN) to align prevention efforts with statewide efforts.
- Facilitated emergency telepsych assessments by Our Lady of Peace – Louisville, KY.
- Continued as a member of the LexBeWell committee.
- Collaborated with Jessamine County Safe and Healthy Communities.
- Explored the feasibility of establishing a drug rehabilitation program, but discovered it is not feasible at this time.

#### • Tobacco Use

- Advocated for legislation that would prohibit smoking in indoor workplaces and public places, including restaurants, bars, and hotels.
- Advocated for increase in cigarette tax. The state legislature passed a 50 cent tax increase on tobacco.
- Continued as a member of the LexBeWell committee.
- Collaborated with Jessamine County Safe and Healthy Communities.
- Tobacco Free Campus continues and signage is in place. Enforcement continues to be a challenge.
- Worked with collaborative partners to promote/provide cancer screenings.
- Collaborated with Lexington-Fayette County Health Department, which provides Freedom From Smoking classes
- Provided Quit Now KY hotline number and Healthy Spirit resources to employees and families

- Partnered with Kentucky Cancer Program on Plan to Be Tobacco Free as a tobacco cessation strategy
- Partnered with American Heart Association on the Go Red event
- Provided tobacco prevention and effects of tobacco educational materials at health fairs, screenings and other events

## • **Community Safety**

- CHI Saint Joseph Health, American Hospital Association and Massachusetts General Hospital worked collaboratively to secure recognition for diagnostic codes that will allow health care providers to identify victims of human trafficking that seek health care.
- Participated in LexBeSafe committee and ONE Lexington that coordinates all activities (city government, public and private partners) addressing violent crime.
- Continued providing after-school tutoring and mentoring program and summer camp to Winburn and Cardinal Valley youth.
- Leaders participated in tutoring sessions for students at Valley Branch Library.
- Peace for Parents program provided by Our Lady of Peace.
- Participated in the Family University program through the Fayette County Public School System. Sessions included school safety and bullying.
- Participated in Winburn Public Safety Day and Winburn Public Safety Forum.
- Participated in Fatherhood class.
- Partnered with Sisters and Supporters Working Against Gun Violence (SWAG) for youth lock-in.
- Participated in disaster preparedness activities.
- Provided education materials at events and screenings on various aspects of safety.
- Annually, all CHI Saint Joseph Health employees complete a LEARN Security Awareness module that includes an active shooter.

## • **Diet & Exercise**

- Continued expansion of employee and community education about the benefits of healthy eating and active living through Healthy Spirit.
- Each month, shared Harvest of the Month flyer for posting, article and recipes.
- Promoted existing hospital programs that benefit employees and the community (bariatric services, diabetes, wellness, etc.)
- Supported legislation mandating coverage for bariatric surgery in Kentucky
- Offered free community education programs on healthy eating and living
- Posted nutrition information on foods served in the hospital cafeteria and promoted healthier menu options for both children and adults

- Continued to offer diabetes education classes, individual counseling and plan to begin a weight management program within the next month
- Continued representation on LexBeWell committee – began as part of the Fayette County Health Department’s community health improvement plan
- Provided pre-diabetes and diabetes refresher education offerings to enhance disease prevention
- Partnered with CHI Saint Joseph Health – Weight Loss Surgery at Saint Joseph East to provide educational classes
- Participated with American Heart Association in developing and implementing programs to educate females in Central Kentucky about the risk factors, prevention and treatment of heart disease
- Provided health screenings in conjunction with American Heart Association at major community events including the Legends Ballgame, UK basketball games, and Junior League Horse Show
- Walk With a Doc was discontinued in spring 2017

### **Evaluation of Written Comments**

A link was provided on the [former] KentuckyOne Health website to solicit feedback about the community health needs assessment. The site was accessed a total of three times, none of the information shared was related to the implementation strategies. Continuing Care Hospital has solicited feedback with a convenient tool, but has not received any written comments to evaluate.

### **Learning from Previous CHNA**

Continuing Care Hospital appreciates the opportunity to evaluate past community health needs assessments and use the knowledge gleaned from them to improve the next assessment with the goal of making our community a better place to live, work and play. Last assessment, fewer priorities were selected so that resources could be concentrated more effectively and this practice will continue. Also, in the interest of the unification of our statewide health system, consistency with assessments, including processes, were put in place across KentuckyOne Health and this, too, will continue as a best practice.

CHI Saint Joseph Health has not been immune to the many financial challenges facing health care organizations across the country. As a result, the organization was forced to make some very difficult decisions during the 2017-2019 community health needs assessment period. Those decisions included a reduction in staff for population health/healthy communities, who led this effort, making it challenging to address all priorities and strategies.

### **Next Steps**

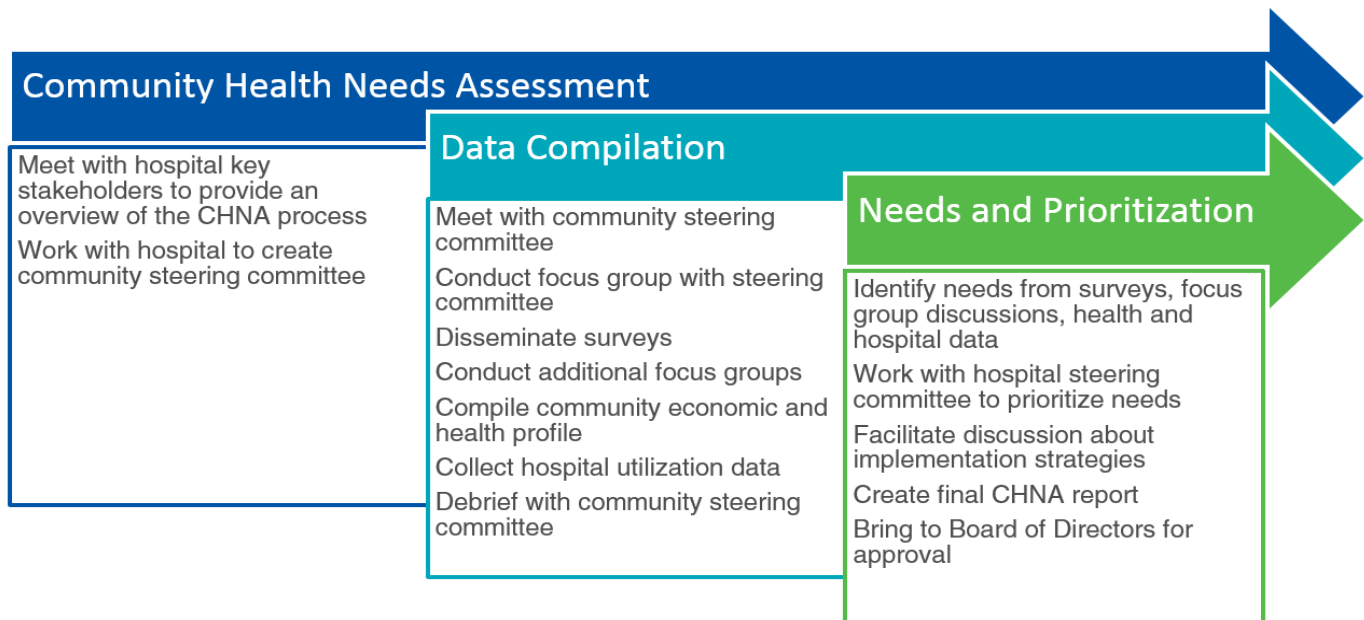
Continuing Care Hospital will use the findings in the community health needs assessment to guide the coordinated efforts in addressing the identified health priorities. This community health needs assessment will be made public and widely available no later than June 30, 2019. The efforts to address these identified health priorities will be described in an accompaniment to this document known as the Continuing Care Hospital Implementation Strategies. This will be made public and widely available no later than November 15, 2019.

## 3. CHNA Process

### 3.1 CHNA Process Overview

Here is an overview of the CHNA process that CEDIK uses based on the IRS guidelines:

*Figure 1. CHNA Process Overview.*



### 3.2 The Community Steering Committee

The Community Steering Committee plays a vital role in the CHNA process. Individuals that represent agencies and organizations in Fayette County agreed to assist with the collection of community input from a broad representation of the county and in particular, populations that are not often engaged in conversations about their health needs. CEDIK provided a list of potential agencies and organizations that the hospital and health department could utilize to recruit members to the committee. (See next page for the list of community members who served on the committee.)

The Community Steering Committee met twice as a group and each time a hospital and health department representative opened the meetings with appreciation of the members' service, the purpose of the CHNA and the importance of the members' active involvement and input. CEDIK presented the CHNA process at the first meeting and the important role of the steering committee in the distribution and collection of the community surveys (including a shareable mobile survey link and paper surveys), identifying locations and contacts for potential focus groups and key informant interviews. To conclude the meeting, the CEDIK facilitator conducted the first formal focus group discussion with the committee.

After five weeks of survey distribution and collection, the Steering Committee met for the second time to review survey results, focus group and key informant interview results as well as key secondary health data. Members identified current resources and barriers to the resources that community members may experience that can assist both the hospital and the health department, as implementation plans are developed to address the prioritized health needs.



*Table 1. 2020-2022 CHNA Community Steering Committee.*

Name	Organization
Christy Nentwick	Lexington-Fayette County Health Department
Madalyn Wells	Fayette County Extension
Colleen Hall	Lexington Public Library
Chris Wood	CHI Saint Joseph Medical Group
Kent Savage	CHI Saint Joseph Health - Cancer Care
Brianna Persley	Partners for Youth
Laura Hatfield	ONE Lexington
Dana Stefianiak	Lexington Habitat for Humanity
Bob Desotelle	Continuing Care Hospital
Diane Prewitt	Women's Hospital at Saint Joseph East
Cary Plummer	Jubilee Jobs of Lexington
Natalie Littlefield	American Heart Association
Sherri Craig	CHI Saint Joseph Health
Laura Babbage	CHI Saint Joseph Health
Marlene White	CHI Saint Joseph Health
Kathy Mattone	CHI Saint Joseph Health
Hannah Woggon	CHI Saint Joseph Health
Deb Bryant	CHI Saint Joseph Health
Julie Case Steffey	CHI Saint Joseph Health
Amanda Goldman	CHI Saint Joseph Health
Anna Bennett	CHI Saint Joseph Health

### 3.3 Collection of Fayette County Data

The assessment process included collecting secondary data related to the health of the community. Social and economic data as well as health outcomes data were collected from secondary sources to help provide context for the community. Data sources are listed next to the tables and further information (when available) is in the Appendix.



## 4. Fayette County Secondary Data

Below is the demographic, social, economic and health data that were compiled for Fayette County. Demographic data were retrieved from the Census Bureau's American FactFinder website.

*Table 2. Demographics.*

Indicator	Fayette County	Kentucky
2017 Population Estimates	321,959	4,454,189
2017 Households	141,635	1,984,150
Percent Population Change 2010-2017	8.8%	2.6%
<b>2017 Population by Race</b>		
White	238,248	3,839,352
Black/African American	45,680	369,787
American Indian/Alaska Native	1,031	11,179
Asian	11,224	68,723
Native Hawaiian/Pacific Islander	163	3,296
Some Other Race	8,630	67,417
2+ Races	10,133	96,749
<b>2017 Population by Ethnicity</b>		
Hispanic/Latino	20,474	165,200
Not Hispanic/Latino	275,329	4,291,303
<b>2017 Population by Age</b>		
Age < 18	66,471	1,005,336
Age 18+	248,638	3,451,167
Age 25+	203,859	3,018,439
Age 65+	38,443	727,138
Median Age		39.1

Table 2. Demographics, continued.

Indicator	Fayette County	Kentucky
<b>2017 Population by Language Spoken at Home</b>		
English	258,818	3,962,001
Spanish	18,069	108,146
Asian/Pacific Island	7,186	33,650
Indo-European	4,125	56,705
Other	4,282	20,211
Average Household Size	2.37	2.44
Median Household Income	\$53,013	\$48,515
<b>2017 Households By Race and Household Income</b>		
Median HH Income, White	\$59,964	\$49,987
Median HH Income, Black/African American	\$29,634	\$33,715
Median HH Income, Am Ind/AK Native	\$31,484	\$40,630
Median HH Income, Asian	\$61,362	\$69,456
Median HH Income, Native HI/PI	\$69,938	\$44,666
Median HH Income, Some Other Race	\$35,882	\$39,924
Median HH Income, 2+ Races	\$32,243	\$41,864
<b>2017 Household by Ethnicity and Household Income</b>		
Median HH Income, Hispanic/Latino	\$39,104	\$40,951
Median HH Income, Not Hispanic/Latino	\$60,650	\$48,744
Families Below Poverty	73,105	168,059
Families Below Poverty with Children	35,547	123,698
Population 25+ with Less than High School Graduation	19,345	457,101
Percent Civ. Labor Force Unemployed	4.1%	6.99%

The following health care providers available data were retrieved from Kentucky Health Facts accessed at <http://www.kentuckyhealthfacts.org/>. For specific data sources see appendix.

*Table 3. Health care Providers Available.*

Indicator	Fayette County	Kentucky
<b>All Physicians</b>	2,043	10,115
Primary Care Physicians	604	4,241
Physician Specialists	1,439	5,874
Registered Nurses	4,200	47,948
Nurse Practitioners	382	2,797
Physician Assistants	218	772
Pharmacists	649	4,524
Dentists	365	2,461

The following community health status data were retrieved from County Health Rankings & Roadmaps accessed February 2019 at <http://www.countyhealthrankings.org/>. For specific data sources see appendix.

*Table 4. Physical Environment.*

Indicator	Fayette County	Kentucky	National Level
Average Daily Density of Air Pollution - PM 2.5	10.5	10.3	8.7
Presence of Drinking Water Violations	No	Yes	Yes
Percentage of Severe Housing Problems with at least one of the following: Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities	18.0%	14.4%	19.0%
Percentage of Workforce Driving Alone to Work	79.0%	82.2%	76.0%
Percentage of Workforce Commuting Alone for More than 30 Minutes	20.0%	29.0%	35.0%

*Table 5. Social and Economic Environment.*

Indicator	Fayette County	Kentucky	National Level
Graduation Rate of 9th Grade Cohort in 4 Years	85.0%	89.2%	83.0%
Percentages of Ages 25-44 with Some Post-Secondary College	75.0%	60.3%	65.0%
Percent of Unemployed Job-Seeking Population 16 Years and Older	3.5%	5.0%	4.9%
Percent of Children in Poverty	22.0%	24.4%	20.0%
Income Inequality Ratio	5.2	5.1	5
Percent of Single-Parent Households	38.0%	34.6%	34.0%
Percent of Children Qualifying for Free or Reduced Lunches	53.0%	59.4%	52.0%
Violent Crime Rate per 100,000 Population	360	215	380
Injury Death Rate per 100,000 Population	73	88	65
Firearm Fatalities Rate per 100,000 Population	13	15	11

*Table 6. Clinical Care.*

Indicator	Fayette County	Kentucky	National Level
Percent Uninsured Adults	9.0%	8.2%	13.0%
Percent Uninsured Children	5.0%	4.3%	5.0%
Primary Care Provider Ratio	800:1	1507:1	1320:1
Dentist Ratio	710:1	1561:1	1480:1
Mental Health Provider Ratio	320:1	525:1	470:1
Other Primary Care Provider Ratio	453:1	885:1	1230:1
Preventable Hospital Stays	453:74	77	49
Percent of Population Receiving Mammography Screening	63.0%	58.9%	63.0%

*Table 7. Health Behaviors.*

Indicator	Fayette County	Kentucky	National Level
Percent Adult Smokers	19.0%	24.5%	17.0%
Percent Obese Adults with BMI $\geq 30$	28.0%	33.7%	28.0%
Food Environment Index	7.3	7.0	7.7
Percent Physically Inactive Adults	20.0%	28.1%	23.0%
Percent of Population with Access to Exercise Opportunities	99.0%	72.4%	83.0%
Percent of Adult Excessive Drinking	20.0%	15.8%	18.0%
Percent Alcohol-Impaired Driving Deaths	30.0%	27.6%	29.0%
Chlamydia Rate Newly Diagnosed per 100,000 Population	550.5	395	478.8
Teen Birth Rate Ages 15-19 per 1,000 Population	23	38	27
Percent of Population Food Insecure	16.0%	15.8%	13.0%
Percent of Population Limited Access to Healthy Foods	7.0%	5.6%	6.0%
Drug Overdose Mortality Rate	33	28	17
Motor Vehicle Mortality Rate	9	17	11

*Table 8. Health Outcomes.*

Indicator	Fayette County	Kentucky	National Level
Years of Potential Life Lost Rate	7,100	9,047	6,700
Child Mortality Rate	50	58.5	50
Percent of Live Births with Low Birth Weight	9.0%	8.9%	8.0%
Percent of Population in Fair/Poor Health	18.0%	21.3%	16.0%
Physically Unhealthy Days	4.3	4.8	3.7
Percent of Population in Frequent Physical Distress	13.0%	15.6%	11.0%
Mentally Unhealthy Days	4.0	4.8	3.8
Percent of Population in Frequent Mental Distress	12.0%	15.4%	12.0%
Percent of Population who are Diabetic	9.0%	12.8%	10.0%
HIV Prevalence Rate	327	180	362

## 4.1 Hospital Utilization Data

The tables below provide an overview of Saint Joseph Hospital patients and in particular where they come from, how they pay, and why they visited. These data were obtained from the Kentucky Hospital Association.

*Table 9. Hospital Outpatient Visits, 1/1/17 - 12/31/17.*

County of Origin	Visits	Total Charges	Average Charges
Fayette - KY	40,283	\$133,305,274.22	\$3,309.22
Jessamine - KY	6,009	\$28,378,809.53	\$4,722.72
Madison - KY	3,208	\$17,859,949.12	\$5,567.32
Woodford - KY	3,068	\$12,933,519.71	\$4,215.62
Scott - KY	2,678	\$12,168,867.79	\$4,544.01
Clark - KY	2,173	\$10,905,503.67	\$5,018.64
Franklin - KY	1,523	\$7,288,139.98	\$4,785.38
Bourbon - KY	1,456	\$9,178,950.56	\$6,304.22
Anderson - KY	1,298	\$6,017,165.36	\$4,635.72
Montgomery - KY	1,182	\$9,224,573.16	\$7,804.21
Mercer - KY	1,006	\$6,431,251.20	\$6,392.89



*Table 10. Hospital Outpatient Payer Mix, 1/1/17 - 12/31/17.*

<b>Payer</b>	<b>Visits</b>	<b>Total Charges</b>	<b>Average Charges</b>
Medicare	21,544	\$113,052,926.94	\$5,247.54
Commercial - Other	19,601	\$92,279,512.15	\$4,707.90
Blue Cross Blue Shield	15,956	\$68,512,678.17	\$4,293.85
WellCare of Kentucky Medicaid Managed Care	5,434	\$19,014,080.63	\$3,499.09
Humana Medicaid Managed Care	3,100	\$11,534,377.53	\$3,720.77
Anthem Medicaid Managed Care	2,634	\$8,995,498.77	\$3,415.15
Aetna Better Health of KY Medicaid Managed Care	2,366	\$7,826,560.75	\$3,307.93
Passport Medicaid Managed Care	2,116	\$6,472,728.36	\$3,058.95
Self Pay	1,832	\$4,654,760.19	\$2,540.81

*Table 11. Hospital Inpatient Discharges, 1/1/17 - 12/31/17.*

<b>Payer</b>	<b>Discharges</b>	<b>Total Charges</b>	<b>Average Charges</b>
Fayette - KY	4,606	\$171,104,764.94	\$37,148.23
Jessamine - KY	1,418	\$51,113,600.45	\$36,046.26
Madison - KY	535	\$22,646,007.01	\$42,328.99
Woodford - KY	403	\$15,431,768.22	\$38,292.23
Scott - KY	353	\$14,037,549.98	\$39,766.43
Montgomery - KY	349	\$16,103,065.28	\$46,140.59
Clark - KY	309	\$13,151,482.70	\$42,561.43
Laurel - KY	269	\$12,314,409.00	\$45,778.47
Bourbon - KY	246	\$10,664,049.53	\$43,349.79

*Table 12. Hospital Inpatient Payer Mix, 1/1/17 - 12/31/17.*

Payer	Discharges	Total Charges	Average Charges
Medicare	5,317	\$214,712,824.76	\$40,382.33
Commercial - Other	3,079	\$129,737,302.10	\$42,136.18
Blue Cross Blue Shield	1,307	\$51,264,364.31	\$39,222.93
Passport Medicaid Managed Care	811	\$30,845,606.39	\$38,034.04
Humana Medicaid Managed Care	401	\$13,854,557.36	\$34,550.02
Anthem Medicaid Managed Care	275	\$10,591,232.79	\$38,513.57
Aetna Better Health of KY Medicaid Managed Care	196	\$6,802,438.61	\$34,706.32

*Table 13. Hospital Inpatient Diagnosis Related Group, 1/1/17 - 12/31/17.*

Payer	Discharges	Total Charges	Average Charges
Septicemia w Major Complications	1,299	\$49,011,264.12	\$37,730.00
Heart Failure w Major Complications	521	\$14,623,475.06	\$28,068.09
Joint Replacement	457	\$15,361,512.41	\$33,613.81
Pulmonary Edema	338	\$7,751,763.67	\$22,934.21
Spinal Surgery	294	\$18,955,449.03	\$64,474.32
Infectious Diseases	289	\$28,541,742.48	\$98,760.35
Seizures	242	\$3,745,116.69	\$15,475.69
Septicemia	220	\$4,948,994.79	\$22,495.43
Kidney Disease	176	\$5,201,416.93	\$29,553.51
Pneumonia	174	\$4,192,905.45	\$24,097.16

## 5. Community Feedback

To gather Fayette County resident feedback, CEDIK facilitated the process of primary data collection through community surveys, focus groups and key informant interviews. Throughout the process, CEDIK and the community steering committee made it a priority to get input from populations that are often not engaged in conversations about their health needs or gaps in service. This CHNA report synthesizes community health needs survey data with focus group feedback, and key informant interview commentary that focuses on vulnerable populations.

### 5.1 Community Survey

377 respondents completed the “Fayette County Community Health Needs Assessment Survey” in fall 2018. The survey was implemented in paper and electronic format. The respondents were asked questions about their health care habits and challenges, and also about the health care needs of the community. The survey ended with a section on demographics. The survey is included in the Appendix. A summary of the survey results can be found on the next page.

As the results illustrate, the highest percentage of respondents were satisfied with their ability to access health care services in their county, drive less than 20 to 50 miles to see a specialist and have commercial/private insurance or are covered under Medicare.

Low crime rate/safe neighborhoods, good jobs/healthy economy and good school systems were identified as the top three most important factors for a “Healthy Community” and most respondents consider that the community meets those needs.

Overall, the respondents identified more substance abuse prevention and treatment services as the one most important thing that the community can do to have a positive effect on health.

The results of our survey, summarized on the next page, are somewhat consistent with the health needs assessment findings of the Lexington-Fayette County Health Department (LFCHD). For example, the LFCHD survey finds low crime/safe neighborhoods, affordable housing and good jobs/healthy economy as the top 3 community health problems. Alcohol or drug abuse was identified as the main issue for a healthy Lexington, as well as top risky behavior. Though implemented at different points in time, the results of the LFCHD survey corroborate our key findings.



# CHI Saint Joseph Health

## Lexington Area Facilities

Saint Joseph Hospital, Saint Joseph East,  
Continuing Care Hospital

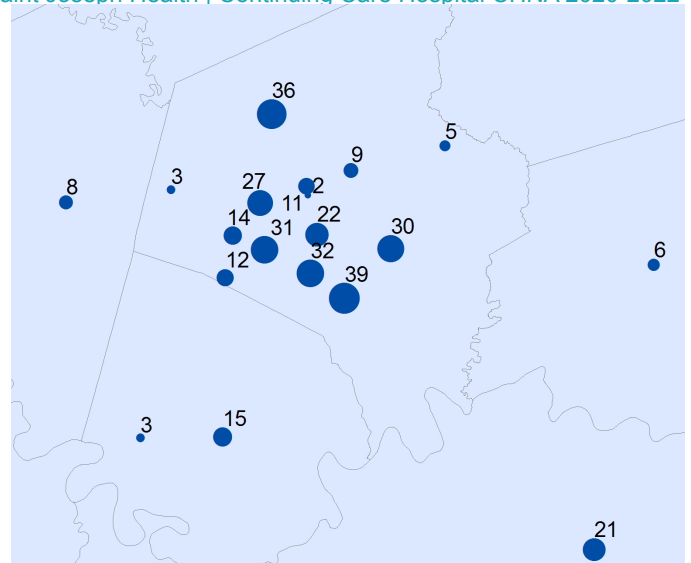
## Fall 2018 Survey Results

377 Surveys\*



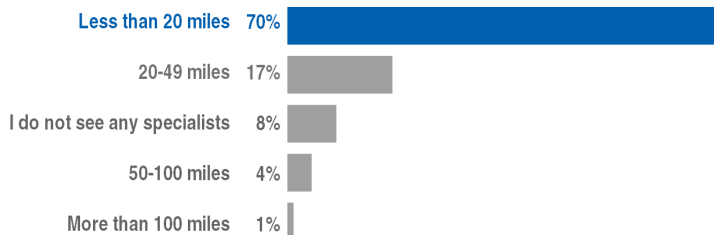
Respondents who are satisfied with their ability to access health care services in their county.

CHI Saint Joseph Health | Continuing Care Hospital CHNA 2020-2022



Where most respondents live.

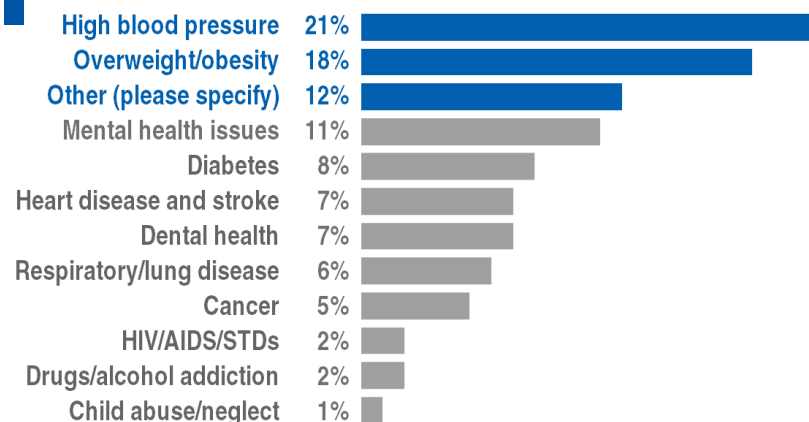
### How far respondents have to travel to see a specialist:



### Respondent's transportation access:



### Top three health challenges respondents face:



\* Other responses include: not sick, allergies, autoimmune disease, arthritis, chronic pain, migraines.

### Routine health care accessed by respondents:

Physician's office	61%
Emergency room	4%
Clinic in a grocery or drug store	12%
Health department	2%
Urgent care center	16%
Other	3%
I do not receive routine health care	2%

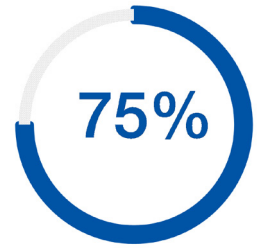
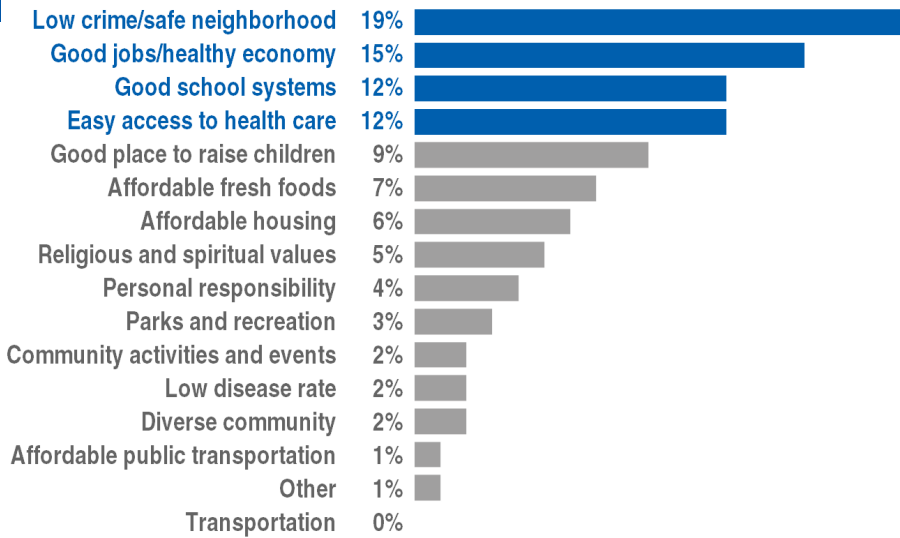
No appointment available (40%), Other (25%), Cannot afford it (19%), No insurance (8%), Cannot take off from work (6%), No transportation (2%)

### Respondent eligibility:

Medicare	23%
Medicaid	8%
Public Housing Assistance	0%
SNAP (food stamp program)	1%
VA	4%
Commercial/private insurance	64%

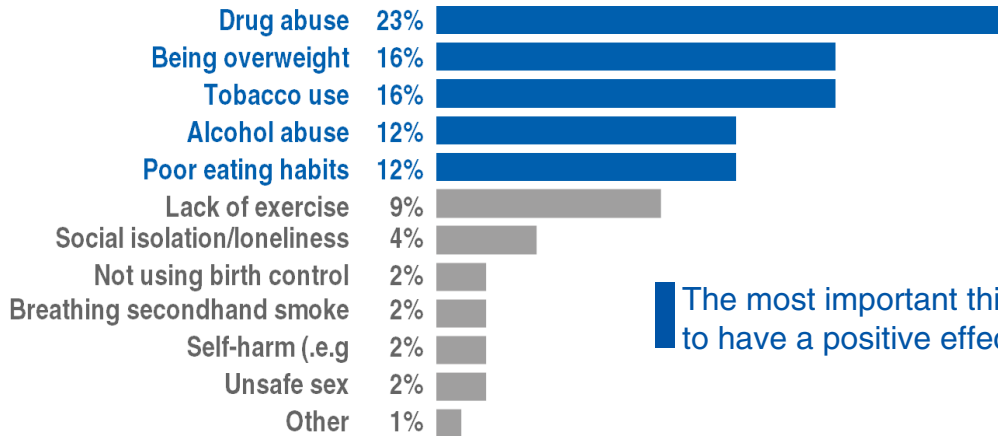
\* Not all survey respondents answered every question. Respondents = total number of responses for each question.

## Top three most important factors for a healthy community:

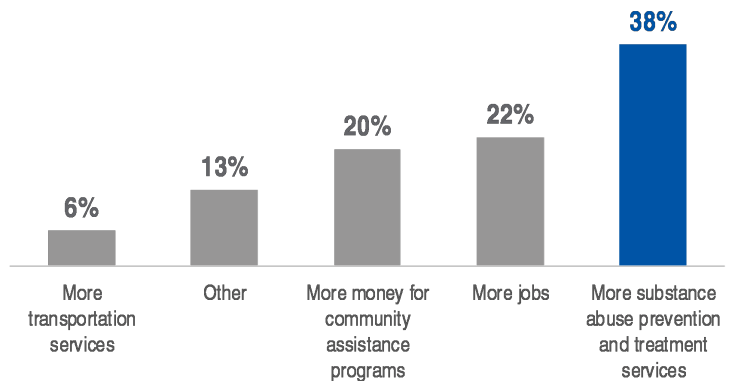


Respondents feel that the community meets those needs they identified as most important.

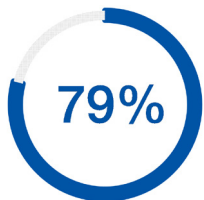
## Top three risky behaviors:



The most important thing your community can do to have a positive effect on health:



## Respondent Demographics



Of Respondents are female.



Of Respondents work at least part time.  
5% of respondents are retired.



Of Respondents are parents to at least one child under 18 years old.  
91% live in respondents' home.



Of Respondents provide unpaid care to a family member or friend who is unable to take care of themselves due to a medical condition.

## 5.2 Focus Groups

In order to collect primary data from community residents, focus groups were conducted in Fayette County and in the area that Saint Joseph Hospital patients reside. These groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the community. Forty-one individuals participated in four focus groups. Representation from Lexington Fayette County Health Department, Fayette County Extension Service, Lexington Public Library, Partners for Youth, Youth Neighborhood Councils, One Lexington, Lexington Habitat for Humanity, Common Good and Domestic Violence in the service area were invited to share their thoughts, opinions and health care needs. Below is an aggregated list of ideas generated from all focus groups.

### **Resident's vision for a healthy community**

- Safe community (no guns, no gangs)
- Youth feel safe and not scared
- Access to healthy, affordable food
- Access to safe, affordable housing
- Access to health care (urgent care, affordable, community health workers, affordable medications)
- No substance abuse (drugs, alcohol, tobacco)
- Parks/recreation for youth/walkable community
- Access to education/training/jobs
- Community aware of available resources in Lexington and better communication about resources

### **What are the most significant health needs in Fayette County?**

- Access to affordable health care – lack of knowing available resources, lack of collaboration
- Safety – gun violence, unsafe housing, lack of safe spaces to walk/physical activity
- Mental health – lack of resources for schools and community
- Substance use (meth, heroin, opioids and alcohol) and resulting problems – grandparents raising grandkids
- Obesity and obesity-related diseases
- Food access (lack of affordable, healthy foods), hunger
- Transportation – people unsure how to use Lextran, report not feeling safe
- Diabetes
- Teen pregnancy
- Housing – lack of adequate and affordable
- Poverty
- Cancer mortality (late stage diagnosis)

**What is your perception of the current health care system including hospital, health department, clinics, physicians, EMS and other essential services\* in Fayette County?**

(\*Essential services include public utilities, access to healthy food, access to housing, etc.)

Responses sorted into strengths and opportunities for improvement in the health care system.

**Strengths of the health care system in Fayette County**

- Mission/value-based care at CHI Saint Joseph hospitals in Lexington
- Quality health care services, numerous hospitals
- Innovative
- “Don’t have to travel for health care”
- After hours and urgent care clinics available
- “I trust the doctors I go to”
- “I like the change that I can be observed and not admitted in ER”
- Health department keeps records for long term and continuing care public utilities, access to healthy food, access to housing, etc.)
- Health care industry as a whole is a major part of Lexington’s economy and major employer
- There are many options for people to access health care, and having the university obviously helps, related to direct patient care
- Health department has good relationship with other health care entities

**Opportunities for improving the health care system in Fayette County**

- Silos – hospitals and systems need to collaborate and coordinate services in the community
- Health care does not practice community-based practices “tell us what we need, instead of asking what community needs”
- Need for more communication between health care organizations and from health care organizations to the community; this will ultimately increase awareness of available services to better serve the whole community
- “High copays – EMS and Ambulance service costs are way too high”



### **What can be done to better meet health needs of residents in Fayette County?**

- Health education – nutrition, wellness, sex education, vaping, tobacco
- Navigators in hospital – assist with translation, locations in hospital, follow-up appointments, medications
- Mental Health – decrease stigma, open communication, follow-up by school counselors
- Drugs – more rehab/treatment, better drug policies
- Tobacco and Vaping policies – strengthened
- Community resources – website, directory, apps
- Better communication of existing resources – ex. Partners for Youth Resource guide
- Recreation – more things for youth and physical activity (e.g. affordable youth gym, intramural sports)
- Gun safety – stricter gun laws, better regulation on gun sales, education

## 5.3 Key Informant Interviews

As a mechanism to examine needs that surfaced in focus group discussions, the hospital leadership and the steering committee provided contact information for potential key informant interviews to be conducted. Four key informant interviews were conducted for Saint Joseph Hospital. A summary of their responses highlighting the strengths of the community, challenges/barriers in the broader health care system and opportunities for improving the community's health are below.

### *What are the most significant or common needs related to health in Fayette County?*

- Homelessness and issues around homelessness
- Access to affordable housing
- Lack of access to healthy local food
- Addiction – treatment and prevention
- Opioid crisis
- Obesity
- Diabetes
- Tobacco
- School-age safety concerns and mental health concerns (including suicidal ideations and bullying, hereditary mental illness and knowledge of it for that age)
- Need for prevention education for elementary and middle schoolchildren about substance use (alcohol, tobacco and other drugs)
- Nutrition and health management, not weight management, fluctuating weights based on what you weigh, not how healthy you are.
- Senior population – deserve a vibrant life
- Young health care providers don't connect with senior patients, and seniors don't advocate for themselves
- Vaping within youth population – resulting in nicotine addiction, need prevention and treatment resources for youth
- Difficult for people without resources to get into treatment for addiction
- Mental health resources need to be expanded
- Training for health providers to recognize addiction with an underlying mental health issue
- Silos exist in health services – behavioral health for mental health and medical for addiction
- Need for more mental health professionals integrated into family practices
- Access to healthy foods during the entire year, not just during summer season
- Struggle with homelessness in children, housing prices are rising
- Migrant families don't want to draw attention to their issues – housing and health issues

*Strengths of health care system in Fayette County*

- Partnerships and collaborations across city programs
- One Lexington office for homelessness prevention and its wraparound issues
- Health access and the quality of care is phenomenal in Lexington Fayette County – whatever people need they can get in this county; connecting people to the right services is the issue, and helping them feel empowered and in control of their health
- Cutting edge health resources available in Lexington Fayette County
- University of Kentucky is involved in medical studies and research that benefits the residents of the community
- Urgent care facilities available for people to get care after hours
- Between the Lexington-Fayette County Fire Department and Hospital Emergency Departments, we have good access to emergency care in trauma situations
- City promotes a positive health message with its emphasis on cycling, parks, and healthy outdoor activities (Need to increase the number of people who utilize)
- Diverse community – builds acceptance and understanding of other cultures

*Barriers to health care or living healthy in Fayette County*

- Hard to coordinate across groups – and the resources available
- “If we could pick just one thing, like tobacco, and every hospital to come together and have a discussion about tobacco use, that would have huge impacts on the city”
- Lack of knowledge about programs available – community website or resource directory
- Double dollars program for SNAP participants – people unaware of program, not capturing all that are eligible
- Translation services
- Transportation issues
- Connectivity – lack of phone, internet, not able to find out about resources
- Money
- Lack of knowledge on how to access health care and that there are resources that are easy to access
- People feel like they do not have options for health care, or do not know how to look for what is available to them
- Health care should have more community advocates. People to help with wading through this information
- In some neighborhoods there is no access to providers within a reasonable distance
- Fear in immigrant population – will not go to referrals for additional health care
- Food deserts in some areas of Lexington
- “We struggle in middle school to get kids compliant in immunizations. That tells me that kids are not getting physicals, not being seen annually.”

- Affordable housing an issue in some areas and this problem will increase in the next few years
- Mental health biggest health issue in schools
- “Lack of connection between vulnerable populations and the resources. Getting them the resources has to be a community wide action.”
- “I think that vulnerable populations’ overall wellness could be better if they were more aware of resources and there was more funding for the resources. We have to remember that some of them don’t have computers or internet, the internet is the library, and if they are not in walking distance they can’t access that.”
- Family friendly hours at physician offices and clinics – later in the evening, weekend appointments, closing during week but open on the weekends
- Public service messages around preventive care and importance of lifetime of wellness
- Need all organizations and providers at the table to address health needs and how to work collaboratively

*What could be done to better meet Fayette County residents health needs?*

- “More engagement, particularly around double dollars, with the health care system; such as VeggieRX (where doctors prescribe healthy foods), more interaction between hospitals and programs that are successful in other communities.”
- Currently working with a couple of hospitals to source local healthy foods
- “Collaboration between health care providers in Lexington can fill the gaps. We have to put the puzzle together.”
- Centralized resource database or website – a central point where someone new or someone who has been here for a long time – that outlines all of these programs around food, housing and health care
- Expanded opportunities for residents without internet to learn how to use library for research in regards to available health care in the area
- Linkage navigators – patient advocates – community member advocates, community health advocates linking people with resources
- Senior citizens need advocates for health care and other life advice
- “Empower children to know that whatever is happening at home is not their fault, they can have a better life. You are not defined by your area.”
- Public schools to become more knowledgeable about the health system in regard to their students; health needs, wellness needs, mental and physical needs
- Educate students on drug treatment, like NARCAN; more funding so they can address more needs
- “It’s hard to serve all demographics in the best way for them, but we can’t be complacent. We need to focus on high risk populations without forgetting those who do have resources.”
- Partnerships/assistance from hospitals – “Family resource centers are always looking for connections to health care. Assistance with health fairs and sports physicals are high needs. If health providers/hospitals could help in providing evening sports physical clinics that would be a big win.”

## 6. Selected Priority Areas

Continuing Care Hospital hosted the second CHNA steering committee meeting for members of the community steering committee to review findings from the community surveys, focus groups, key informant interviews and county specific secondary health data.

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

- The magnitude of the problem (i.e., the number of people or the percentage of a population impacted).
- The severity of the problem (i.e., the degree to which health status is worse than the national norm).
- A high need among vulnerable populations.
- The community's capacity/willingness to act on the issue.
- The ability to have a measurable impact on the issue.
- Community resources already focused on the issue.
- Whether the issue is a root cause of other problems.

Members of the committee discussed the findings and based on all of the information identified the following as areas of needs to address in the next three years:

- Substance abuse, including tobacco and vaping
- Obesity and diabetes, including wellness and exercise
- Mental health support
- Lack of resource knowledge

## 7. Conclusion

Fayette County is a community with many assets, with a caring community spirit being an important driver in the approach to community health improvements through collaborative efforts. While there are many areas of need in the county, this report identifies priority areas that CHI Saint Joseph Health and Continuing Care Hospital will use for guidance in planning its community benefit efforts and strategic direction for addressing health needs related to: alcohol, tobacco and drug use; community safety; and diet and exercise. Further investigation may be necessary for determining and implementing the most effective interventions.

An implementation strategy will be developed and rolled out over the next three years; periodic evaluation of goals/objectives for each identified priority will be conducted to assure that progress is on track per the implementation plan.

Community feedback to the report is an important step in the process of improving community health. Please send your comments to Neva H. Francis, MA, RN, Vice President of Healthy Communities. Email: [NevaFrancis@catholichealth.net](mailto:NevaFrancis@catholichealth.net)

# Appendix

Source listing for secondary data used in this report.

## Health Care Providers Available

Indicator	Original Source
All Physicians	Kentucky Board of Medical Licensure
Primary Care Physicians	Kentucky Board of Medical Licensure
Physician Specialists	Kentucky Board of Medical Licensure
Registered Nurses	Kentucky Board of Nursing
Nurse Practitioners	Kentucky Board of Nursing
Physician Assistants	Kentucky Board of Medical Licensure
Pharmacists	Kentucky Board of Pharmacy
Dentists	Kentucky Board of Dentistry

## Physical Environment

Indicator	Original Source	Year
Average Daily Density of Air Pollution - PM 2.5	Environmental Public Health Tracking Network	2014
Presence of Drinking Water Violations	Safe Drinking Water Information System	2017
Percentage of Severe Housing Problems with at least one of the Following; Overcrowding, High Housing Costs, or Lack of Kitchen or Plumbing Facilities	Comprehensive Housing Affordability Strategy (CHAS) data	2011-2015
Percentage of Workforce Driving Alone to Work	American Community Survey, 5-year estimates	2013-2017
Percentage of Workforce Commuting Alone for More than 30 Minutes	American Community Survey, 5-year estimates	2013-2017



## Social and Economic Environment

Indicator	Original Source	Year
Graduation Rate of 9th Grade Cohort in 4 Years	State Sources and EDFacts	Varies
Percentage of Ages 25-44 with Some Post-Secondary College	American Community Survey, 5-year estimates	2013-2017
Percent of Unemployed Job-Seeking Population 16 Years and Older	Bureau of Labor Statistics	2017
Percent of Children in Poverty	Small Area Income and Poverty Estimates	2017
Income Inequality Ratio	American Community Survey, 5-year estimates	2013-2017
Percent of Single-Parent Households	American Community Survey, 5-year estimates	2013-2017
Percent of Children Qualifying for Free or Reduced Lunch	National Center for Education Statistics	2016-2017
Violent Crime Rate per 100,000 Population	Uniform Crime Reporting - FBI	2014 & 2016
Injury Death Rate per 100,000 Population	CDC WONDER mortality data	2013-2017
Firearm Fatalities Rate per 100,000 Population	CDC WONDER mortality data	2013-2017

## Clinical Care

Indicator	Original Source	Year
Percent Uninsured Adults	Small Area Health Insurance Estimates	2016
Percent Uninsured Children	Small Area Health Insurance Estimates	2016
Primary Care Provider Ratio	Area Health Resource File/American Medical Association	2016
Dentist Ratio	Area Health Resource File/National Provider Identification file	2017
Mental Health Provider Ratio	CMS, National Provider Identification file	2018
Other Primary Care Provider Ratio	CMS, National Provider Identification file	2017
Preventable Hospital Stays	Mapping Medicare Disparities Tool	2016
Percent of Population Receiving Mammography Screening	Mapping Medicare Disparities Tool	2016

## Health Behaviors

Indicator	Original Source	Year
Percent Adult Smokers	Behavioral Risk Factor Surveillance System	2016
Percent Obese Adults with BMI >30	CDC Diabetes Interactive Atlas	2015
Food Environment Index	USDA Food Environment Atlas, Map the Meal Gap	2015 & 2016
Percent Physically Inactive Adults	CDC Diabetes Interactive Atlas	2015
Percent of Population with Access to Exercise Opportunities	Business Analyst, Delorme map data, ESRI, & U.S. Census Files	2010 & 2018
Percent of Adult Excessive Drinking	Behavioral Risk Factor Surveillance System	2016
Percent Alcohol-Impaired Driving Deaths	Fatality Analysis Reporting System	2013-2017
Chlamydia Rate Newly Diagnosed per 100,000 Population	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2016
Teen Birth Rate Ages 15-19 per 1,000 Population	National Center for Health Statistics - Natality files	2011-2017
Percent of Population Food Insecure	Map the Meal Gap	2016
Percent of Population with Limited Access to Healthy Foods	USDA Food Environment Atlas	2015
Drug Overdose Mortality Rate	CDC WONDER mortality data	2015-2017
Motor Vehicle Mortality Rate	CDC WONDER mortality data	2011-2017

## Health Outcomes

Indicator	Original Source	Year
Years of Potential Life Lost Before Age 75 Lost Rate per 100,000 Population	National Center for Health Statistics - Mortality Files	2015-2017
Child Mortality Rate	CDC WONDER mortality data	2014-2017
Percent of Live Births with Low Birth Weight	National Center for Health Statistics - Natality files	2011-2017
Percent of Population in Fair/Poor Health	Behavioral Risk Factor Surveillance System	2016
Physically Unhealthy Days (Out of Last 30)	Behavioral Risk Factor Surveillance System	2016
Percent of Population in Frequent Physical Distress	Behavioral Risk Factor Surveillance System	2016
Mentally Unhealthy Days (Out of Last 30)	Behavioral Risk Factor Surveillance System	2016
Percent of Population in Frequent Mental Distress	Behavioral Risk Factor Surveillance System	2016
Percent of Population Who are Diabetic	CDC Diabetes Interactive Atlas	2015
HIV Prevalence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2015

**Saint Joseph Hospital**  
**Community Health Needs Assessment Survey**

1. Please tell us your zip code:

\_\_\_\_\_

2. Are you or anyone in your household satisfied with your ability to access health care services in your county?

- ☐ Yes  
☐ No

3. Where do you or anyone in your household go for routine healthcare? Please choose all that apply:

- ☐ Physician's office  
☐ Emergency room  
☐ Clinic in a grocery or drug store  
☐ Health department  
☐ Urgent care center  
☐ Other \_\_\_\_\_  
☐ I do not receive routine healthcare

4. If you answered "I do not receive routine healthcare" to the above question, please select all that apply as to why:

- ☐ No appointment available  
☐ No specialist in my community  
☐ No transportation  
☐ Cannot take off from work  
☐ Cannot afford it  
☐ No insurance  
☐ Other \_\_\_\_\_

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

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

6. What do you or anyone in your household use for transportation?

- ☐ My own vehicle  
☐ Family/friend vehicle  
☐ Taxi/cab  
☐ Other \_\_\_\_\_

7. Please select the top THREE health challenges you or anyone in your household face. Choose only three:

- ☐ Cancer  
☐ Diabetes  
☐ Mental health issues  
☐ Heart disease and stroke  
☐ High blood pressure  
☐ HIV/AIDS/STDs  
☐ Overweight/obesity  
☐ Respiratory/lung disease  
☐ Drugs/alcohol addiction  
☐ Dental health  
☐ Child abuse/neglect  
☐ Other \_\_\_\_\_

**8.** Are you or anyone in your household currently eligible for any of the following?

- ☐ Medicare
- ☐ Medicaid
- ☐ Public Housing Assistance
- ☐ SNAP (food stamp program)
- ☐ VA
- ☐ Commercial/private insurance

**9.** Please select the top THREE most important factors for a Healthy Community. Choose only three:

- ☐ Good place to raise children
- ☐ Low crime/safe neighborhood
- ☐ Good school systems
- ☐ Easy access to healthcare
- ☐ Community activities and events
- ☐ Affordable housing
- ☐ Low disease rate
- ☐ Personal responsibility
- ☐ Diverse community
- ☐ Good jobs/healthy economy
- ☐ Religious or spiritual values
- ☐ Affordable public transportation
- ☐ Transportation, other than public
- ☐ Affordable fresh foods
- ☐ Parks and recreation
- ☐ Other \_\_\_\_\_

**10.** Do you think your county meets those factors?

- ☐ Yes
- ☐ No

**11.** What is the ONE most important thing your community can do to have a positive effect on health?

- ☐ More jobs
- ☐ More money for community assistance programs
- ☐ More transportation services
- ☐ More substance abuse prevention and treatment services
- ☐ Other \_\_\_\_\_

**12.** Please select the top THREE risky behaviors (i.e., behaviors that potentially exposes people to harm) in your community. Choose only three:

- ☐ Alcohol abuse
- ☐ Being overweight
- ☐ Not using birth control
- ☐ Tobacco use
- ☐ Breathing secondhand smoke
- ☐ Social isolation/loneliness
- ☐ Self-harm (e.g., cutting, suicide attempts)
- ☐ Lack of exercise
- ☐ Drug abuse
- ☐ Poor eating habits
- ☐ Unsafe sex
- ☐ Other \_\_\_\_\_

**13.** What is your age?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 or older

**14.** Do you provide unpaid care for a family member or friend who is unable to take care of themselves due to a medical condition?

- ☐ Yes
- ☐ No

**15.** Are you a parent or guardian of a child (or children) under the age of 18?

- ☐ Yes
- ☐ No

**16.** If you answered "Yes" to the question above, is the child (or children) living with you:

- ☐ All the time
- ☐ Most of the time
- ☐ Half of the time
- ☐ Some of the time
- ☐ Not at all

**17.** What is your gender?

- ☐ Male
- ☐ Female

**18.** What ethnic group do you identify with?

- ☐ African American/Black
- ☐ Asian/Pacific Islander
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ White/Caucasian
- ☐ Other \_\_\_\_\_

**19.** What is your highest level of education?

- ☐ Less than High School
- ☐ Vocational School
- ☐ High School degree or GED
- ☐ College Degree (Associate's or Bachelor's)
- ☐ Master's degree or above
- ☐ Other \_\_\_\_\_

**20.** What is your annual household income?

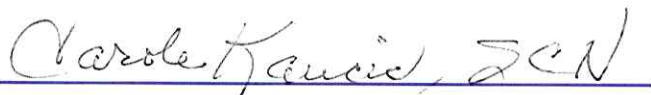
- ☐ \$0-\$24,999
- ☐ \$25,000-\$34,999
- ☐ \$35,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000 or more
- ☐ Don't know
- ☐ Prefer not to answer

**21.** What is your current employment status?

- ☐ Unemployed
- ☐ Student
- ☐ Employed part-time
- ☐ Employed full-time
- ☐ Retired
- ☐ Other \_\_\_\_\_

## Approval

CHI Saint Joseph Health's Board of Directors includes representation across the state and support the work that each facility completes to improve the health of their community. The Board of Directors approves Continuing Care Hospital's community health needs assessment and the methods used to identify priority areas of need in this hospital's community.



*Chair, Saint Joseph Health Continuing Care Hospital  
Board of Directors*



DATE



*President and Chief Executive Officer,  
CHI Saint Joseph Health  
Continuing Care Hospital*



DATE

