

Community Health Needs Assessment 2020 - 2022



**CHI Saint Joseph
Health**

Saint Joseph Berea

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Executive Summary

Saint Joseph Berea is pleased to present its 2020-2022 Community Health Needs Assessment (CHNA). Catholic Health Initiatives (CHI) Saint Joseph Health 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 Saint Joseph Berea. 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 Saint Joseph Berea 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 Madison County as: access to mental health services; eliminating smoking, alcohol and drug abuse; education for a heart healthy lifestyle; YMCA; safe outdoor activities for youth and adults; affordable housing; homeless shelter; internet for telehealth/telemedicine; jobs with living wages; and a career center.

Focus Groups – Unmet Needs

CEDIK conducted focus groups with identified populations in Madison 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: drug use and overdose – youth and adults; mental health/suicide; obesity; vaping; cancer; lack of affordable public transportation; vehicular related deaths; prescription costs; lack of caregivers for youth and elderly; overwhelmed foster care system (drug epidemic); teen pregnancy; and STDs.

Key Informant - Community Themes and Strengths

Saint Joseph Berea and CEDIK obtained additional primary data through two supplemental interviews with individuals knowledgeable about health and quality of life needs in Madison County. CEDIK organized the data into strengths, barriers and opportunities for change for Madison County.

Strengths included: robust set of resources – two hospitals and a health department; scope of services offered in county including primary care and specialty services; urgent care clinics available; collaboration between hospitals; health department started the needle exchange program; and Extension office and school system have good information and programs concerning nutrition education.

Challenges faced by residents include: not enough low-income housing; transitional housing for those in recovery or coming out of incarceration; access to good produce on the south end of the county; oral health; lack of dentists that take Medicaid; walkable community – need to increase opportunities for people to be physically active; and more behavioral health services.

A number of opportunities were highlighted: community center on the south end of the county for recreation; social events and Extension type services (educational programs) in the evenings or weekends, this would make these more accessible in both place and time; and people need small wins with regard to their health to become more engaged in their own health.

Prioritized Areas

The Saint Joseph Berea 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 Saint Joseph Health network, as implementation plans are developed to address the prioritized health needs.

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

- **Mental Health**
- **Obesity**
- **Substance Abuse**

A plan for addressing these priority areas will be described in the Saint Joseph Berea 2020-2022 Implementation Strategy.

Acknowledgements

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

Two key informants shared their time and expertise to provide additional insights on strengths and needs in Madison 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 or (859) 218-5949.

Saint Joseph Berea would like to thank CEDIK, all community partners 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 Berea 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 Berea in the development of an implementation strategy and to help direct overall efforts to impact priority health needs.

1.2 Saint Joseph Berea

Saint Joseph Berea, formerly Berea Hospital, began in 1898, as an eight-bed cottage on the Berea College campus in Berea, Kentucky. Now a 25-bed facility, Saint Joseph Berea provides health care to residents in Madison, Jackson, Rockcastle and Garrard Counties.

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, Saint Joseph Berea has defined Madison County as its primary service area. Madison County will serve as the unit of analysis for this CHNA, and health needs discussed will pertain to residents of Madison County.



Dear Community Resident,

CHI Saint Joseph Health and Saint Joseph Berea are 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 blue ink that reads "Bruce Tassin".

Bruce Tassin
CEO, Saint Joseph Health

2. Evaluation of Progress Since Prior CHNA

The following section describes the evaluation of impact of the previous community health needs assessment conducted by Saint Joseph Berea in 2017 to cover FY2017-2019.

Needs Identified in 2017-2019 CHNA and Impact of Actions

The health needs addressed in the Saint Joseph Berea FY2017-2019CHNA 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.

- **Cardiovascular Disease Reduction Through Access to Care**
 - Improved health awareness by promoting available resources for nutrition, healthy weight control and fitness, and provide education at community events.
 - Continued outreach program to local schools to provide education about heart health to include exercise and nutritional guidelines during “Back to School” events and for American Heart Month.
 - Advocated for expanded Medicaid program for incomes up to 138% of the federal poverty level.
 - Annually, all KentuckyOne Health employees completed a Cultural Competency LEARN module.
 - KentuckyOne Health’s Diversity & Inclusion Department was eliminated in FY2017 and the training for KentuckyOne Health employees at the manager level and above was not implemented.
 - Contract was not renewed with Eastern Kentucky University for managing diabetes care.
 - Walk With a Doc was discontinued in 2017.
- **Community Safety**
 - Continued the Green Dot program for two high schools in Berea.
 - CHI Saint Joseph Health (formerly KentuckyOne 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 disaster preparedness activities.
 - Provided education materials at events and screenings.
 - Campaign Awareness about Balance and Fall Prevention – television.
 - Physical therapy – Facebook/social media – education about sports & non-sports injuries.
 - Annually, all KentuckyOne Health employees completed a LEARN Security Awareness module that included an active shooter.
 - Evaluated the feasibility of a telehealth initiative for a safe aging in place and falls prevention pilot project, but grant funding was not received.

Evaluation of Written Comments

A link was provided on the [former] KentuckyOne Health website: <http://www.kentuckyonehealth.org/health-community-contact-us> 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. Saint Joseph Berea has solicited feedback with a convenient tool, but has not received any written comments to evaluate.

Learning from Previous CHNA

Saint Joseph Berea 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

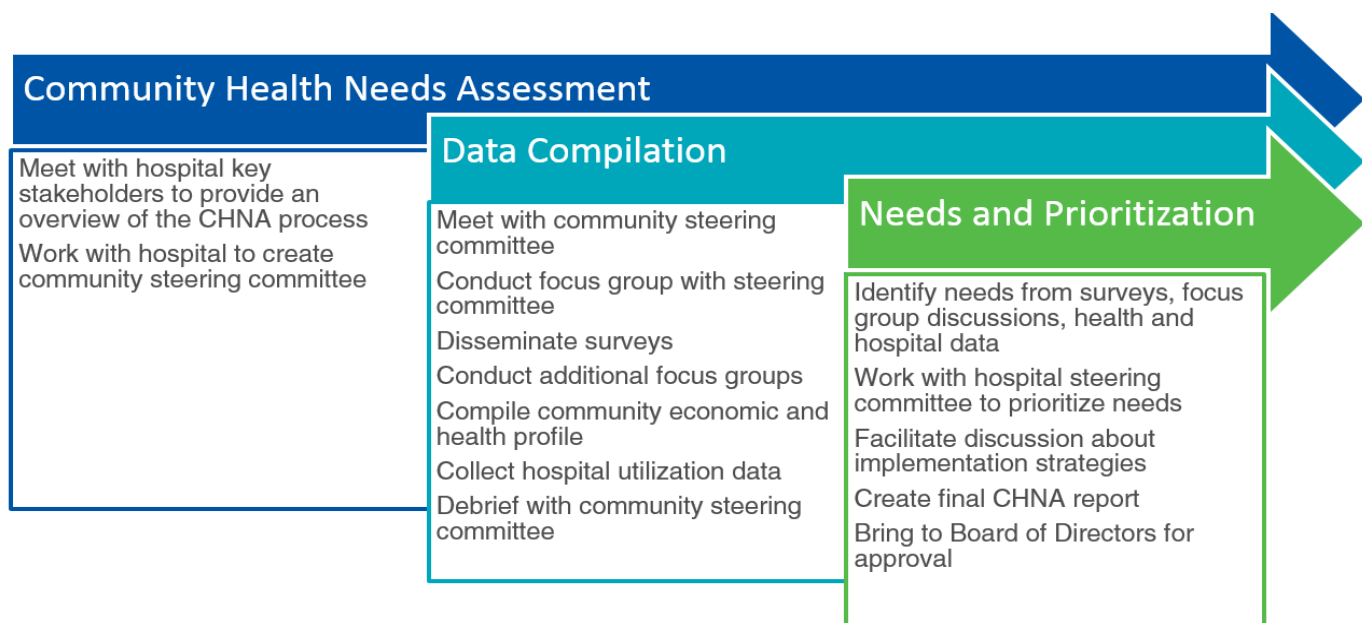
Saint Joseph Berea will use the findings in the community health needs assessment to guide the coordinated efforts in addressing the identified health priorities. This community health needs assessment will be made public and widely available no later than June 30, 2019. The efforts to address these identified health priorities will be described in an accompaniment to this document known as the Saint Joseph Berea 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 Madison 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
Lloyd Jordison	Madison County Health Department
Stephanie Moore	White House Clinic
Anita Harmon	Berea Parks and Recreation
Jennifer Allen	Madison County Schools
Sandra Rose	Saint Joseph Berea
Sara Smith	Saint Joseph Berea
Leslie Adams	Saint Joseph Berea
Sharon Blair	Saint Joseph Berea
Rhonda Carl	Saint Joseph Berea
Beth Clark	Saint Joseph Berea

3.3 Collection of Madison 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. Madison County Secondary Data

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

Table 2. Demographics.

Indicator	Madison County	Kentucky
2017 Population Estimates	91,226	4,454,189
2017 Households	36,808	1,984,150
Percent Population Change 2010-2017	10.0%	2.6%
2017 Population by Race		
White	80,999	3,839,352
Black/African American	3,843	369,787
American Indian/Alaska Native	232	11,179
Asian	783	68,723
Native Hawaiian/Pacific Islander	41	3,296
Some Other Race	469	67,417
2+ Races	2,009	96,749
2017 Population by Ethnicity		
Hispanic/Latino	1,813	165,200
Not Hispanic/Latino	81,103	4,291,303
2017 Population by Age		
Age < 18	18,666	1,005,336
Age 18+	69,710	3,451,167
Age 25+	53,820	3,018,439
Age 65+	11,390	727,138
Median Age		39.1

Table 2. Demographics, continued.

Indicator	Madison County	Kentucky
2017 Population by Language Spoken at Home		
English	79,775	3,962,001
Spanish	1,713	108,146
Asian/Pacific Island	641	33,650
Indo-European	750	56,705
Other	370	20,211
Average Household Size	2.48	2.49
Median Household Income	\$46,674	\$46,535
2017 Households By Race and Household Income		
Median HH Income, White	\$47,494	\$49,987.00
Median HH Income, Black/African American	\$21,155	\$33,715.00
Median HH Income, Am Ind/AK Native	-	\$40,630.00
Median HH Income, Asian	\$90,133	\$69,456.00
Median HH Income, Native HI/PI	-	\$44,666.00
Median HH Income, Some Other Race	-	\$39,924.00
Median HH Income, 2+ Races	\$45,714	\$41,864.00
2017 Household by Ethnicity and Household Income		
Median HH Income, Hispanic/Latino	\$30,290	\$40,951.00
Median HH Income, Not Hispanic/Latino	\$47,790	\$48,744.00
Families Below Poverty	20,737	168,059
Families Below Poverty with Children	9,755	123,698
Population 25+ with Less than High School Graduation	7,089	
Percent Civ. Labor Force Unemployed	4.3%	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	Madison County	Kentucky
All Physicians	108	10,115
Primary Care Physicians	67	4,241
Physician Specialists	41	5,874
Registered Nurses	1,072	47,948
Nurse Practitioners	56	2,797
Physician Assistants	15	772
Pharmacists	86	4,524
Dentists	31	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	Madison County	Kentucky	National Level
Average Daily Density of Air Pollution - PM 2.5	9.8	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	17.0%	14.4%	19%
Percentage of Workforce Driving Alone to Work	80.0%	82.2%	76%
Percentage of Workforce Commuting Alone for More than 30 Minutes	33.0%	29.0%	35%

Table 5. Social and Economic Environment.

Indicator	Madison County	Kentucky	National Level
Graduation Rate of 9th Grade Cohort in 4 Years	93.0%	89.2%	83%
Percentages of Ages 25-44 with Some Post-Secondary College	68.0%	60.3%	65%
Percent of Unemployed Job-Seeking Population 16 Years and Older	4.1%	5.0%	4.9%
Percent of Children in Poverty	23.0%	24.4%	20%
Income Inequality Ratio	5.3	5.1	5
Percent of Single-Parent Households	30.0%	34.6%	34%
Percent of Children Qualifying for Free or Reduced Lunches	52.0%	59.4%	52%
Violent Crime Rate per 100,000 Population	168	215	380
Injury Death Rate per 100,000 Population	75	88	65
Firearm Fatalities Rate per 100,000 Population	11	15	11

Table 6. Clinical Care.

Indicator	Madison County	Kentucky	National Level
Percent Uninsured Adults	7.0%	8.2%	13%
Percent Uninsured Children	4.0%	4.3%	5%
Primary Care Provider Ratio	1,540:1	1507:1	1320:1
Dentist Ratio	2,240:1	1561:1	1480:1
Mental Health Provider Ratio	860:1	525:1	470:1
Other Primary Care Provider Ratio	1,444:1	885:1	1230:1
Preventable Hospital Stays	58	77	49
Percent of Population Receiving Mammography Screening	58.0%	58.9%	63%

Table 7. Health Behaviors.

Indicator	Madison County	Kentucky	National Level
Percent Adult Smokers	20.0%	24.5%	17.0%
Percent Obese Adults with BMI >= 30	35.0%	33.7%	28.0%
Food Environment Index	6.9	7.0	7.7
Percent Physically Inactive Adults	27.0%	28.1%	23.0%
Percent of Population with Access to Exercise Opportunities	74.0%	72.4%	83.0%
Percent of Adult Excessive Drinking	16.0%	15.8%	18.0%
Percent Alcohol-Impaired Driving Deaths	23.0%	27.6%	29.0%
Chlamydia Rate Newly Diagnosed per 100,000 Population	385.8	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	11.0%	5.6%	6.0%
Drug Overdose Mortality Rate	20-21.9	28	17
Motor Vehicle Mortality Rate	15	17	11

Table 8. Health Outcomes.

Indicator	Madison County	Kentucky	National Level
Years of Potential Life Lost Rate	8,300	9,047	6,700
Child Mortality Rate	40	58.5	50
Percent of Live Births with Low Birth Weight	9.0%	8.9%	8.0%
Percent of Population in Fair/Poor Health	19.0%	21.3%	16.0%
Physically Unhealthy Days	4.7	4.8	3.7
Percent of Population in Frequent Physical Distress	14.0%	15.6%	11.0%
Mentally Unhealthy Days	4.4	4.8	3.8
Percent of Population in Frequent Mental Distress	13.0%	15.4%	12.0%
Percent of Population who are Diabetic	12.0%	12.8%	10.0%
HIV Prevalence Rate	88	180	362

4.1 Hospital Utilization Data

The tables below provide an overview of Saint Joseph Berea 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
Madison - KY	33,962	\$45,409,426.29	\$1,337.07
Jackson - KY	5,936	\$10,258,967.77	\$1,728.26
Rockcastle - KY	3,128	\$5,752,050.21	\$1,838.89
Garrard - KY	2,077	\$2,932,649.66	\$1,411.96
Lincoln - KY	616	\$1,098,333.53	\$1,783.01
Estill - KY	355	\$851,354.68	\$2,398.18
Laurel - KY	250	\$595,368.14	\$2,381.47
Pulaski - KY	240	\$723,123.80	\$3,013.02
Fayette - KY	180	\$282,649.40	\$1,570.27

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

Payer	Visits	Total Charges	Average Charges
Medicare	14,456	\$22,939,547.50	\$1,586.85
Blue Cross Blue Shield	8,122	\$11,095,823.08	\$1,366.14
WellCare of Kentucky Medicaid Managed Care	7,488	\$11,045,705.04	\$1,475.12
Medicare Managed Care	3,024	\$4,942,696.82	\$1,634.49
Aetna Better Health of KY Medicaid Managed Care	2,645	\$3,665,759.88	\$1,385.92
Anthem Medicaid Managed Care	1,994	\$2,761,938.26	\$1,385.12
Humana Medicaid Managed Care	1,809	\$2,696,014.76	\$1,490.33
Passport Medicaid Managed Care	1,805	\$2,533,672.16	\$1,403.70
Commercial - PPO	1,679	\$2,330,286.05	\$1,387.90
Commercial - Other	1,391	\$1,684,170.59	\$1,210.76
Self Pay	1,047	\$1,313,555.10	\$1,254.59

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

Payer	Discharges	Total Charges	Average Charges
Madison - KY	502	\$7,376,323.54	\$14,693.87
Jackson - KY	160	\$2,496,341.83	\$15,602.14
Rockcastle - KY	60	\$935,110.49	\$15,585.17
Garrard - KY	34	\$454,332.99	\$13,362.74
Lincoln - KY	11	\$247,822.26	\$22,529.30
Estill - KY	6	\$103,480.42	\$17,246.74
Pulaski - KY	5	\$40,617.39	\$8,123.48
Laurel - KY	3	\$43,470.46	\$14,490.15
Lee - KY	2	\$90,352.34	\$45,176.17
Clay - KY	2	\$25,774.89	\$12,887.45
Harlan - KY	2	\$73,798.92	\$36,899.46
Whitley - KY	2	\$19,316.45	\$9,658.23
Jessamine - KY	2	\$17,094.42	\$8,547.21

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

Payer	Discharges	Total Charges	Average Charges
Medicare	490	\$7,315,270.60	\$14,929.12
Medicare Managed Care	78	\$1,267,685.42	\$16,252.38
WellCare of Kentucky Medicaid Managed Care	67	\$1,026,304.26	\$15,317.97
Blue Cross Blue Shield	55	\$864,370.23	\$15,715.82
Passport Medicaid Managed Care	22	\$316,287.31	\$14,376.70
Commercial - PPO	15	\$164,722.88	\$10,981.53
Anthem Medicaid Managed Care	15	\$306,456.92	\$20,430.46

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

Payer	Discharges	Total Charges	Average Charges
Pulmonary Edema	83	\$1,032,854.92	\$12,444.04
Septicemia w Major Complication	69	\$1,188,402.84	\$17,223.23
Heart Failure w Major Complication	48	\$725,960.31	\$15,124.17
Pulmonary Disease w Major Complication	40	\$468,414.56	\$11,710.36
Septicemia	32	\$358,761.31	\$11,211.29
Kidney Disease	27	\$255,025.49	\$9,445.39
Cellulitis	26	\$189,087.77	\$7,272.61
Other	24	\$329,998.36	\$13,749.93
Pulmonary Disease	20	\$235,192.36	\$11,759.62
Pneumonia	17	\$179,754.03	\$10,573.77

5. Community Feedback

To gather Madison 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, and information from focus groups with vulnerable populations.

5.1 Community Survey

439 respondents completed the “Saint Joseph Berea 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 neighborhood, 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.

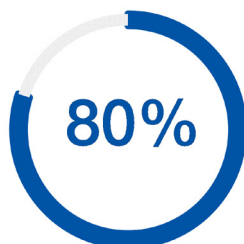


CHI Saint Joseph Health

Saint Joseph Berea

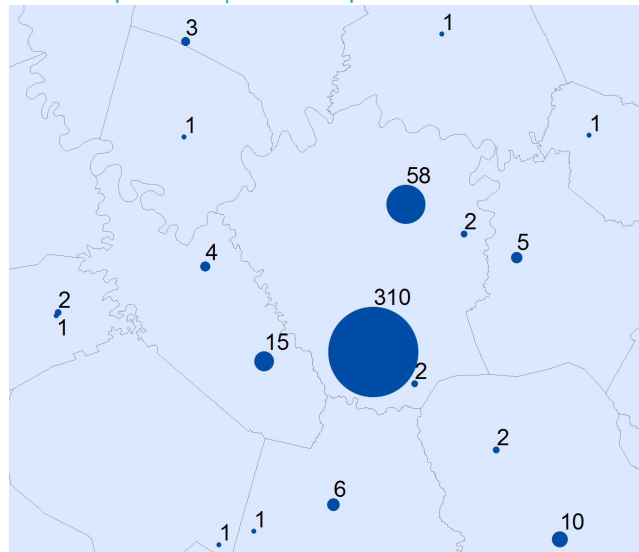
Fall 2018 Survey Results

439 Surveys*



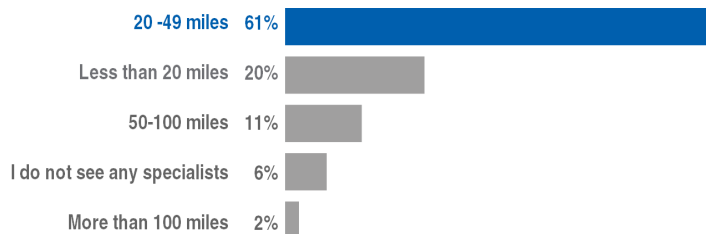
Respondents who are satisfied with their ability to access health care services in their county.

CHI Saint Joseph Health | Saint Joseph Berea CHNA 2020-2022

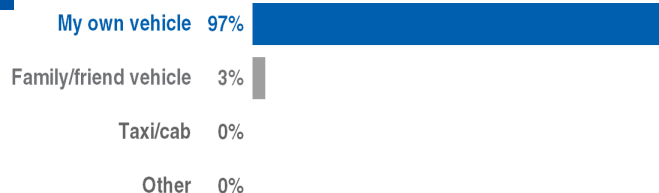


Where most respondents live.

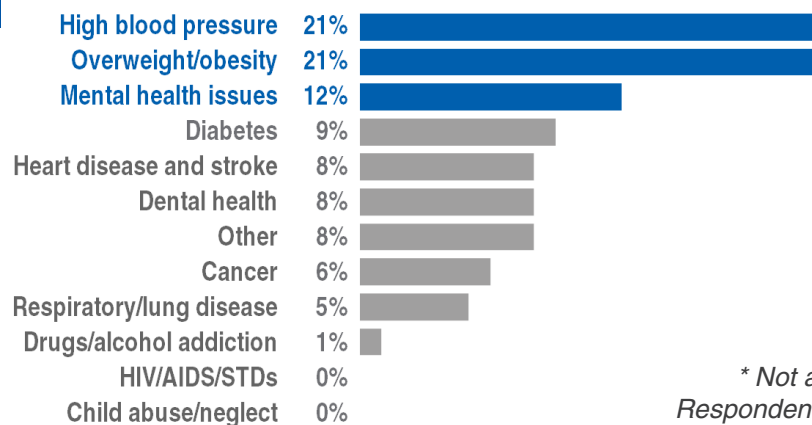
How far respondents have to travel to see a specialist:



Respondent's transportation access:



Top three health challenges respondents face:



Routine health care accessed by respondents:

Physician's office	59%
Emergency room	6%
Clinic in a grocery or drug store	9%
Health department	3%
Urgent care center	18%
Other	3%
I do not receive routine health care	2%

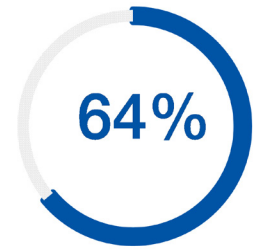
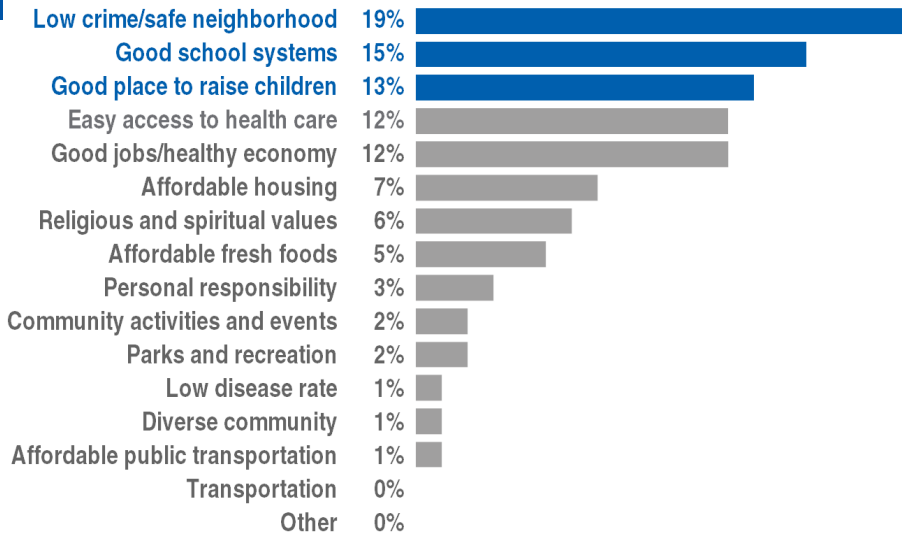
Cannot afford it (25%), Other (22%), Cannot take off work (19%), No specialist in my community (14%), No insurance (12%), No appointment available (8%)

Respondent eligibility:

Medicare	24%
Medicaid	18%
Public Housing Assistance	1%
SNAP (food stamp program)	6%
VA	7%
Commercial/private insurance	43%

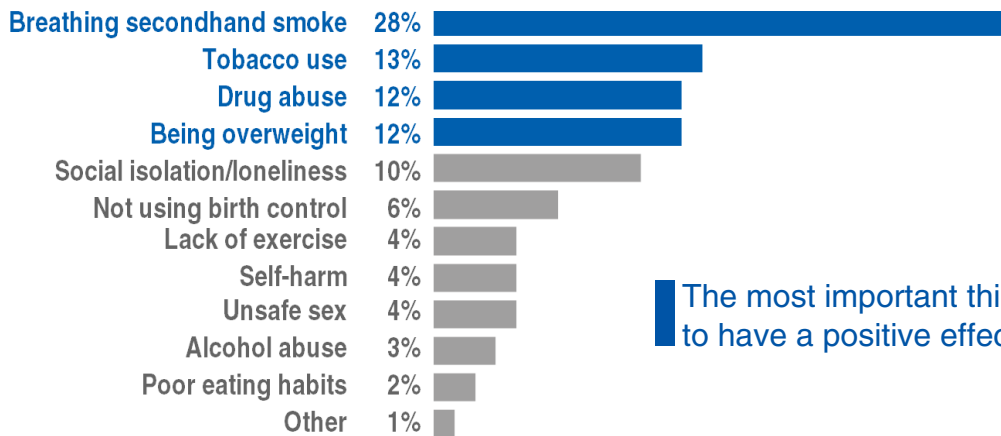
* Not all survey respondents answered every question.
Respondents = total number of responses for each question.

Top three most important factors for a healthy community:

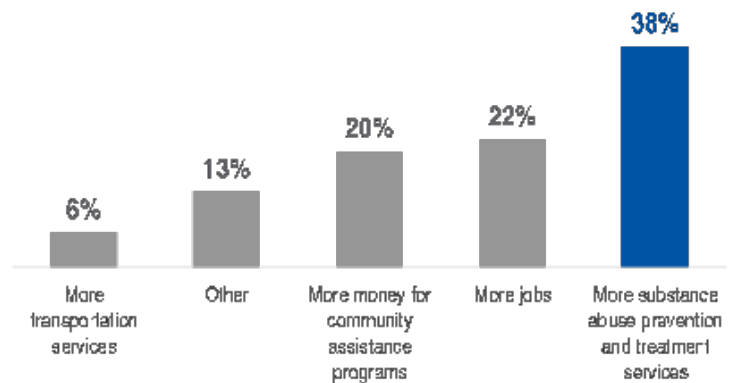


Respondents feel that the community meets those needs they identified as most important.

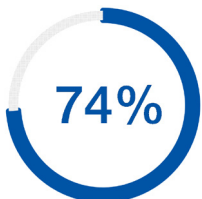
Top three risky behaviors:



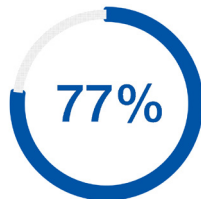
The most important thing your community can do to have a positive effect on health:



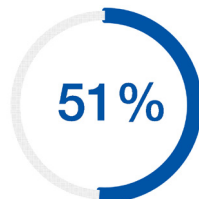
Respondent Demographics



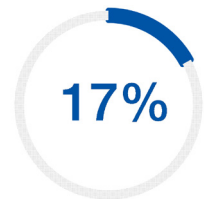
Of Respondents are female.



Of Respondents work at least part time.
13% of respondents are retired.



Of Respondents are parents to at least one child under 18 years old.
93% 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 Saint Joseph Berea's service area. These groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Thirty individuals participated in three focus groups. Representation from seniors, schools (both staff and students), parks/recreation and underserved populations 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

- Access to health care, mental health services, EMS
- No drugs/alcohol/tobacco/vaping abuse
- Safe community – walkable
- YMCA, outdoor activities for youth and adults
- Affordable housing
- Homeless shelter
- Transportation
- Internet for telehealth/telemedicine
- Jobs with living wages/career center
- HEARTSafe Communities – AEDs

What are the most significant health needs in Madison County?

- Drug use and overdose – youth and adults
- Mental health/suicide
- Obesity
- Vaping is increasing in youth
- Cancer – specifically lung and breast
- Lack of public transportation (or limited and expensive)
- Safety – not safe to walk after dark
- Motor vehicle and pedestrian deaths
- Prescription costs too high
- Lack of caregivers for youth and elderly
- Overwhelmed foster care system (due to drug epidemic)
- Teen pregnancy
- STDs and STIs increasing

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

- EMS – first responders, fire, safety
- Positive relationships between youth and police
- Saint Joseph Berea – great staff, care for patients
- Available health care – two hospitals in the county and urgent care clinics available

Opportunities for improving the health care system in Madison County

- Lack of primary care physicians (aging out and some do not take Medicaid)
- Lack of drug treatment services
- The cost of health care is expensive
- There is not a 24 hour pharmacy in Berea
- Hard to get an appointment with a physician
- Change the perception that “you must travel to Richmond or Lexington to get good care.”
- Need to identify available resources for seniors/elderly and make available to community

What can be done to better meet health needs of residents in Madison County?

- Drug education, prevention and treatment
- Walk-in clinics – free or low-cost
- Community health workers
- Sustainable health networks
- Health education – all types (drug, nutrition, sex education, mental health)
- Reduce stigma on local hospitals and clinics
- Resource guide – increase awareness of current resources and promote in county
- More collaboration and communication between local providers
- Community center – safe activities for youth and seniors/elderly
- Health care provider at 911 dispatch

5.3 Key Informant Interviews

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

What are the most significant health problems in Madison County (related to health)?

- Mental health
- Substance use
- Lack of psychiatric care – all ages, particularly with low income
- Opportunities for accessible, affordable recreation for youth
- Making health education classes or opportunities more convenient for the patients

Strengths of health care system in Madison County

- Robust set of resources – two hospitals and a health department
- Scope of services offered in county including primary care and specialty services
- “Health care is done well here”
- Urgent care clinics available
- Collaboration between hospitals
- Health department started the needle exchange program
- Extension office and school system have good information and programs concerning nutrition education

Barriers to health care or living healthy in Madison County

- Not enough low-income housing, the community could benefit from transitional housing for those in recovery or coming out of incarceration
- Access to good produce on the south end of the county is challenging
- Oral health – lack of dentists that take Medicaid
- Walkable community – need to increase opportunities for people to be physically active
- More behavioral health services

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

- Community center on the south end of the county for recreation, social events and Extension type services (educational programs) in the evenings or weekends; this would make these more accessible in both place and time
- “People need small wins in regards to their health to become more engaged in their own health”

6. Selected Priority Areas

Saint Joseph Berea hosted the second CHNA steering committee meeting on February 5, 2019, 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:

- Mental health
- Obesity
- Substance abuse

7. Conclusion

Madison 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 Saint Joseph Berea will use for guidance in planning its community benefit efforts and strategic direction for addressing health needs related to mental health, obesity, and substance abuse. 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

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 Berea
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?

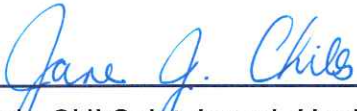
- ☐ \$0-\$24,999
- ☐ \$25,000-\$34,999
- ☐ \$35,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000 or more
- ☐ Don't know
- ☐ Prefer not to answer

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 Saint Joseph Berea's community health needs assessment and the methods used to identify priority areas of need in this hospital's community.



*Chair, CHI Saint Joseph Health
Board of Directors*



DATE



*President and Chief Executive Officer,
CHI Saint Joseph Health*



DATE

