

Community Health Needs Assessment 2020 - 2022



Saint Joseph London

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www.chisaintjosephhealth.org/saint-joseph-london

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Executive Summary

Saint Joseph London is pleased to present its 2020-2022 Community Health Needs Assessment (CHNA). This CHNA report includes health assessment data collected in a collaborative process with the Laurel County Health Department. 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 London. 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 London over the next three years.

Summary of Findings

Methodology

CEDIK facilitated the process of primary data collection through focus groups 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.

This CHNA report synthesizes community health needs survey data, focus groups with vulnerable populations, 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 Laurel County as: good mental health; drug free; tobacco free; effective treatment options for substance abuse; public transportation; jobs with a living wage; affordable childcare; safe and affordable housing; assistance and services for caregivers (support groups); recreation – YMCA; bike trails/bike lanes; parks; affordable activities for young people; access to healthy foods; and events for ages 55 and older community.

Focus Groups – Unmet Needs

CEDIK conducted focus groups with identified populations in Laurel 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: substance use; cancer; smoking; hypertension, lack of transportation; lack of knowledge on available community resources; lack of nutrition education; need for affordable and accessible healthy foods; diabetes and obesity in children and adults; lack of physical activity in youth; cardiovascular disease; stroke; mental health – depression, anxiety; lack of dental care; lack of healthy, affordable food; and nutrition knowledge.

Prioritized Areas

The Laurel County CHNA Steering Committee reviewed survey results and focus group 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.

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

- **Mental health services**
- **Substance abuse**
- **Chronic diseases (obesity & cardiovascular diseases)**

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

Acknowledgements

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

CEDIK at the University of Kentucky provided assistance with the collection and analysis of primary focus group 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 London would like to thank CEDIK and all community partners 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 London 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 London in the development of an implementation strategy and to help direct overall efforts to impact priority health needs.

1.2 Saint Joseph London

Saint Joseph London is a 150-bed, regional hospital located in London, Kentucky. Founded in 1926, Saint Joseph London opened a new \$152 million, 340,000-square foot regional facility in 2010. We offer the latest technology along with nationally ranked, award-winning services. Our patient rooms are private with most overlooking a small lake and garden on the 52-acre healing environment. Saint Joseph London treats patients from southeastern Kentucky, including those from Clay, Laurel, Jackson, Knox, Pulaski, Rockcastle, and Whitley 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 London has defined the community as its primary service area as Laurel County, Kentucky. Laurel County will serve as the unit of analysis for this CHNA, and health needs discussed will pertain to residents of Laurel County.



Dear Community Resident,

CHI Saint Joseph Health and Saint Joseph London 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 London in 2017 to cover FY2017-2019.

Needs Identified in 2017-2019 CHNA and Impact of Actions

The health needs addressed in the Saint Joseph London 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.

• Tobacco Use

- Implemented a collaborative effort between the Kentucky Cancer Program, American Cancer Society, Laurel County Health Department and Saint Joseph London.
- Advocated for legislation that would prohibit smoking in indoor workplaces and public places, including restaurants, bars and hotels. Smoking ban in place in Laurel County preventing smoking within 25 feet of businesses and schools.
- Advocated for increase in cigarette tax. The legislature passed a 50 cent tax increase on tobacco.
- Collaborated with the Laurel County Health Department to provide Freedom From Smoking classes.
- Participated in Health in Motion meetings.
- Participated in the Tri-County Cancer Coalition meetings.
- Participated in annual Relay for Life events.
- Worked with collaborative partners to promote/provide cancer screenings in Laurel County annually.
- Provided Quit Now KY hotline number and Healthy Spirit resources to employees and families.
- Worked with Operation UNITE - On the Move! to provide education at Laurel County middle schools and high schools.
- Partnered with Kentucky Cancer Program on Plan to Be Tobacco Free as a tobacco cessation strategy.
- Provided tobacco prevention – effects of tobacco educational materials at health fairs, screenings and other events.

• Diet & Exercise

- Began community garden with community partners to provide fresh vegetables. Community members who were able to work in garden did so in exchange for vegetables; those who were not able, were given vegetables. Also, excess was preserved for winter months.

- 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 area walks/runs.
- Evaluated the feasibility of developing a faith-based wellness program, but was not feasible at this time.
- Due to financial challenges, Walk With a Doc discontinued in 2017.

- **Alcohol and Drug Use**

- Continued to support legislation allowing the Kentucky Harm Reduction Coalition to dispense Naloxone.
- Continued to collaborate with Laurel County Health Department to address issues surrounding alcohol and drug use including:
 - Participated in Laurel County UNITE meetings
 - Assisted with On the Move in local schools
 - Participated in Hooked on Fishing Not on Drugs
 - Drug Take Back hosted by Saint Joseph London
- Collaborated with Laurel County Health Department to support clean needle exchange. Needle exchange program went into effect January 1, 2019.
- Presently working with National Alliance on Mental Illness (NAMI) to host a mental health support group at Saint Joseph London
- Collaborated with existing addiction programs that included:
 - Health in Motion Committee
 - Safe Child Coalition
 - UNITE Coalition
- Continued to focus on fatal/near fatal events for children 0-4 years of age and the impact of drug use by parents, specifically in reference to the identification of the offender, the influence of drugs/alcohol on the fatal/near fatal event, and the offender's age, sex and relationship to the child.
- Nurturing parenting program provided bi-monthly to inmates. School Age Parenting (SAP) program delayed due to change in staff.
- Neonatal Abstinence Program (NAP) to address drug use during pregnancy was attempted at London Women's Care without success.
- Explored the feasibility of partnering with local organizations to support Narcan distribution. Laurel County Health Department plans to provide community Narcan education classes.
- Explored the feasibility of establishing a drug rehabilitation program, but discovered it is not feasible at this time.

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 London has solicited feedback with a convenient tool, but has not received any written comments to evaluate.

Learning from Previous CHNA

Saint Joseph London 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

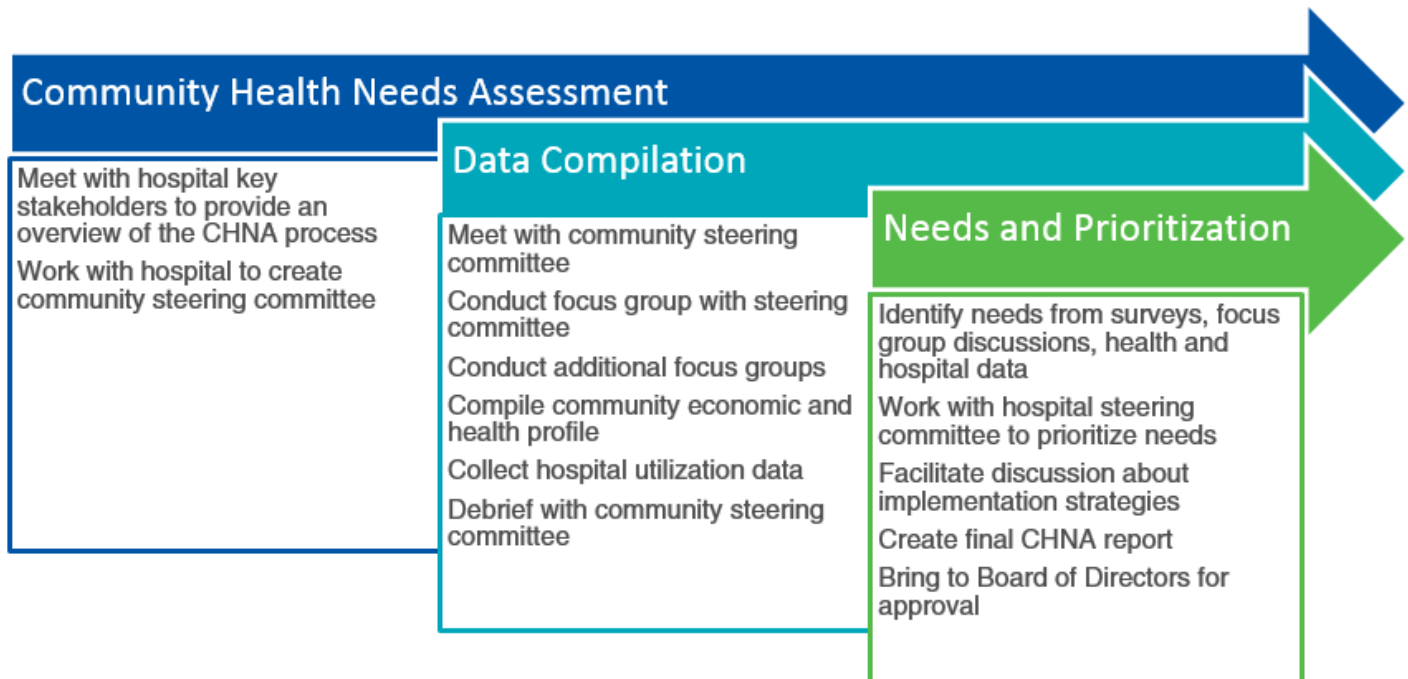
Saint Joseph London will use the findings in the community health needs assessment to guide the coordinated efforts in addressing the identified health priorities. This community health needs assessment will be made public and widely available no later than June 30, 2019. The efforts to address these identified health priorities will be described in an accompaniment to this document known as the Saint Joseph London 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 Laurel 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 identifying locations and contacts for potential focus groups. 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, and focus group 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
Molly Carpenter	Eastern Kentucky University
Brandi Gilley	Laurel County Health Department
Mark Hensley	Laurel County Health Department
James Hacker	Ambulance Inc. Laurel County
Christie Shrader	Laurel County Agency for Substance Abuse Prevention
Penny Barnes	UK Targeted Assessment Program, Department for Community Based Services
Deana Herman	London-Laurel County Chamber of Commerce
Rita Taylor	Saint Joseph London
Dawn Lang	Operation UNITE
Courtney Caudill	WellCare
Tim Cesarro	Cumberland River Behavioral Health
Callie McWhorter	South Laurel Middle School
Tracy House	CHI Saint Joseph Health Partners
Jo Frye	Saint Joseph London
Kelly Helton	Saint Joseph London
Brady Dale	Saint Joseph London
Shannon Adams	Saint Joseph London
Lori Walden	Saint Joseph London
Pam Smith	Saint Joseph London
Tina Jones	Saint Joseph London
Mollie Harris	Saint Joseph London
Jessica Hoskins	Saint Joseph London
Rebecca Maher	Saint Joseph London

2020-2022 CHNA Community Steering Committee, continued.

Name	Organization
Shelley Stanko	Saint Joseph London
Terry Deis	Saint Joseph London
Lori Coots	Saint Joseph London
Shawn Patton	Saint Joseph London
Heather Morgan	Saint Joseph London

3.3 Collection of Laurel 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. Laurel County Secondary Data

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

Table 2. Demographics.

Indicator	Laurel County	Kentucky
2017 Population Estimates	60,174	4,454,189
2017 Households	25,910	1,984,150
Percent Population Change 2010-2017	2.3%	2.6%
2017 Population by Race		
White	58,146	3,839,352
Black/African American	423	369,787
American Indian/Alaska Native	305	11,179
Asian	326	68,723
Native Hawaiian/Pacific Islander	0	3,296
Some Other Race	35	67,417
2+ Races	666	96,749
2017 Population by Ethnicity		
Hispanic/Latino	717	165,200
Not Hispanic/Latino	58,132	4,291,303
2017 Population by Age		
Age < 18	14,043	1,005,336
Age 18+	45,858	3,451,167
Age 25+	40,974	3,018,439
Age 65+	9,113	727,138
Median Age		39.1

Table 2. Demographics, continued.

Indicator	Laurel 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	Laurel County	Kentucky
All Physicians	83	10,115
Primary Care Physicians	34	4,241
Physician Specialists	49	5,874
Registered Nurses	573	47,948
Nurse Practitioners	36	2,797
Physician Assistants	20	772
Pharmacists	76	4,524
Dentists	22	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	Laurel 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	13.0%	14.4%	19.0%
Percentage of Workforce Driving Alone to Work	85.0%	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	Laurel 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	47.0%	60.3%	65.0%
Percent of Unemployed Job-Seeking Population 16 Years and Older	6.1%	5.0%	4.9%
Percent of Children in Poverty	32.0%	24.4%	20.0%
Income Inequality Ratio	4.9	5.1	5
Percent of Single-Parent Households	33.0%	34.6%	34.0%
Percent of Children Qualifying for Free or Reduced Lunches	67.0%	59.4%	52.0%
Violent Crime Rate per 100,000 Population	90	215	380
Injury Death Rate per 100,000 Population	89	88	65
Firearm Fatalities Rate per 100,000 Population	18	15	11

Table 6. Clinical Care.

Indicator	Laurel County	Kentucky	National Level
Percent Uninsured Adults	10.0%	8.2%	13.0%
Percent Uninsured Children	4.0%	4.3%	5.0%
Primary Care Provider Ratio	2,230:1	1,507:1	1,320:1
Dentist Ratio	2,510:1	1,561:1	1,480:1
Mental Health Provider Ratio	2,410:1	525:1	470:1
Other Primary Care Provider Ratio	814:1	885:1	1,230:1
Preventable Hospital Stays	59	77	49
Percent of Population Receiving Mammography Screening	55.0%	58.9%	63.0%

Table 7. Health Behaviors.

Indicator	Laurel County	Kentucky	National Level
Percent Adult Smokers	22.0%	24.5%	17.0%
Percent Obese Adults with BMI ≥ 30	40.0%	33.7%	28.0%
Food Environment Index	7.5	7.0	7.7
Percent Physically Inactive Adults	32.0%	28.1%	23.0%
Percent of Population with Access to Exercise Opportunities	60.0%	72.4%	83.0%
Percent of Adult Excessive Drinking	14.0%	15.8%	18.0%
Percent Alcohol-Impaired Driving Deaths	22.0%	27.6%	29.0%
Chlamydia Rate Newly Diagnosed per 100,000 Population	165	395	478.8
Teen Birth Rate Ages 15-19 per 1,000 Population	51	38	27
Percent of Population Food Insecure	16.0%	15.8%	13.0%
Percent of Population Limited Access to Healthy Foods	4.0%	5.6%	6.0%
Drug Overdose Mortality Rate	21	28	17
Motor Vehicle Mortality Rate	19	17	11

Table 8. Health Outcomes.

Indicator	Laurel County	Kentucky	National Level
Years of Potential Life Lost Rate	9,500	9,047	6,700
Child Mortality Rate	80	58.5	50
Percent of Live Births with Low Birth Weight	9.0%	8.9%	8.0%
Percent of Population in Fair/Poor Health	22.0%	21.3%	16.0%
Physically Unhealthy Days	4.8	4.8	3.7
Percent of Population in Frequent Physical Distress	15.0%	15.6%	11.0%
Mentally Unhealthy Days	4.6	4.8	3.8
Percent of Population in Frequent Mental Distress	15.0%	15.4%	12.0%
Percent of Population who are Diabetic	15.0%	12.8%	10.0%
HIV Prevalence Rate	72	180	362

4.1 Hospital Utilization Data

The tables below provide an overview of Saint Joseph London 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
Laurel - KY	49,808	\$172,165,426.85	\$3,456.58
Whitley - KY	10,684	\$46,778,918.51	\$4,378.41
Clay - KY	5,449	\$25,330,044.10	\$4,648.57
Jackson - KY	4,876	\$19,639,287.24	\$4,027.75
Knox - KY	4,505	\$22,414,722.78	\$4,975.52
Pulaski - KY	1,461	\$8,294,411.48	\$5,677.22
Bell - KY	1,257	\$7,719,282.59	\$6,141.04

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

Indicator	Visits	Total Charges	Average Charges
Medicare	23,417	\$102,132,300.04	\$4,361.46
WellCare of Kentucky Medicaid Managed Care	15,547	\$56,976,524.04	\$3,664.79
Blue Cross Blue Shield	12,259	\$44,272,570.20	\$3,611.43
Medicare Managed Care	6,279	\$26,682,211.06	\$4,249.44
Aetna Better Health of KY Medicaid Managed Care	4,660	\$16,349,331.62	\$3,508.44
Commercial - PPO	3,579	\$14,012,701.26	\$3,915.26
Anthem Medicaid Managed Care	3,183	\$12,526,296.68	\$3,935.37
Passport Medicaid Managed Care	3,028	\$11,237,443.28	\$3,711.18
Humana Medicaid Managed Care	2,758	\$10,837,428.25	\$3,929.45
Commercial - Other	2,028	\$7,917,390.33	\$3,904.04
Self Pay	1,825	\$5,832,852.13	\$3,196.08

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

Payer	Discharges	Total Charges	Average Charges
Laurel - KY	3,475	\$82,525,141.55	\$23,748.24
Whitley - KY	978	\$19,643,929.19	\$20,085.82
Clay - KY	617	\$13,556,931.70	\$21,972.34
Knox - KY	536	\$11,584,968.89	\$21,613.75
Jackson - KY	480	\$12,276,168.14	\$25,575.35
Bell - KY	244	\$7,169,583.91	\$29,383.54
Pulaski - KY	205	\$3,239,636.86	\$15,803.11
Rockcastle - KY	108	\$1,753,343.60	\$16,234.66

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

Payer	Discharges	Total Charges	Average Charges
Medicare (Excluding Medicare Managed Care)	2,282	\$75,235,584.26	\$32,969.14
WellCare of Kentucky Medicaid Managed Care	1,301	\$19,512,461.25	\$14,998.05
Blue Cross Blue Shield	755	\$11,851,501.84	\$15,697.35
Medicare Managed Care	568	\$20,532,046.47	\$36,147.97
Aetna Better Health of KY Medicaid Managed Care	431	\$4,997,235.93	\$11,594.51

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

Payer	Discharges	Total Charges	Average Charges
Newborn Care	673	\$1,241,163.84	\$1,844.23
Normal Delivery	550	\$2,917,509.06	\$5,304.56
Septicemia w Major Complications	331	\$11,546,811.13	\$34,884.63
Heart Failure w Major Complications	280	\$7,425,569.84	\$26,519.89
Pulmonary Edema	276	\$6,391,117.66	\$23,156.22
Newborn w Problems	249	\$490,724.08	\$1,970.78
Delivery C- Section	218	\$3,098,400.04	\$14,212.84
Delivery C-Section w Major Complications	215	\$3,295,830.80	\$15,329.45

5. Community Feedback

To gather Laurel County resident feedback, CEDIK facilitated the process of primary data collection through focus groups. 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 focus groups with vulnerable populations.

5.1 Community Survey

1,002 respondents completed “2018 Laurel County Community Health Needs Survey” in summer 2018. The survey was implemented by Laurel County Health in Motion Coalition which includes members from various local organizations such as Laurel County Health Department and Saint Joseph London. Survey link: <https://www.laurelcohealthdept.org/documents/SurveyResults.pdf>

The survey asks respondents to identify top health concerns for the community, most important factors that can impact positively or negatively the health of the community, as well as major roadblocks to accessing health care. The survey is included in the Appendix. A summary of the survey results can be found on the next page.

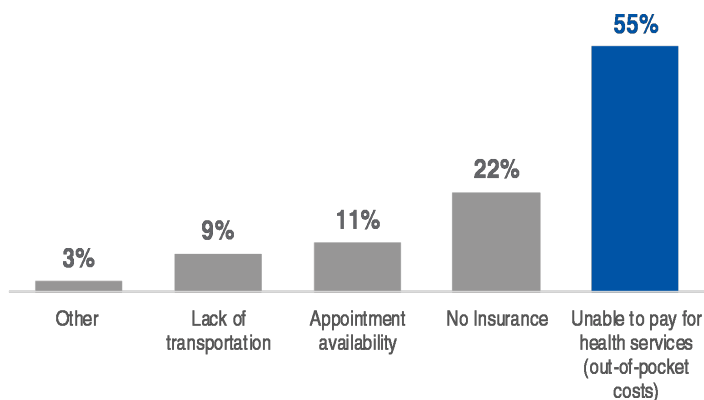
As the results illustrate, the top two health concerns for the community are chronic disease and substance abuse. The respondents identified community infrastructure, access to medical care and health care services and the economy as the main factors for a healthy community. Lack of knowledge on the health services and not being able to pay for health care were the main roadblocks in accessing health care services or going to a doctor.

Overall, more access to healthy choices and more substance abuse prevention and treatment services were identified as the main things that the community can do to have a positive effect on health.

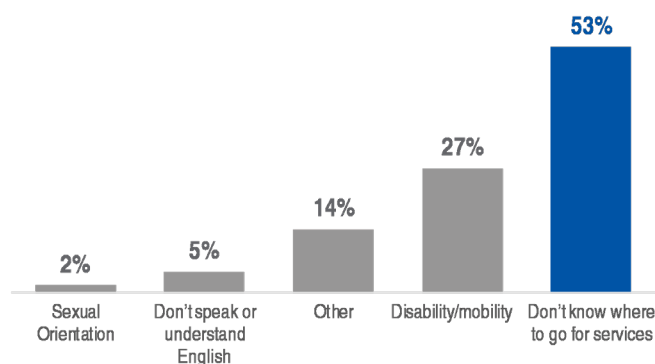
Summer 2018 Survey Results

1,002 Surveys*

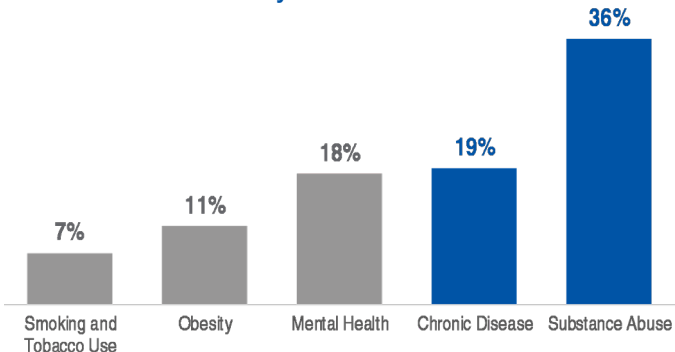
What is the ONE major roadblock to going to the doctor in our community?



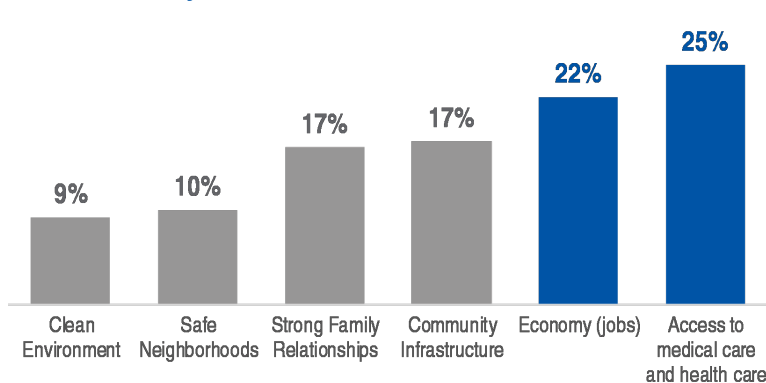
What is the ONE major roadblock to looking for health care services in our community?



What are your top two health concerns for our community?



What are the top two most important things in our community that affect our health?



What is the single most important thing your community can do to have a...

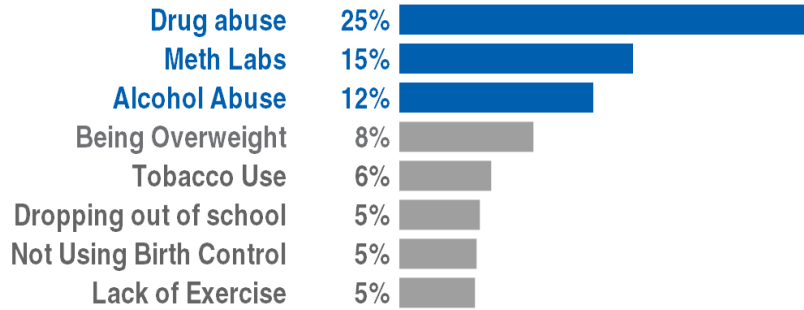
...positive effect on health?

More access to healthy choices (foods, activities, stores)	29%
More substance abuse prevention & treatment services	28%
More jobs	26%

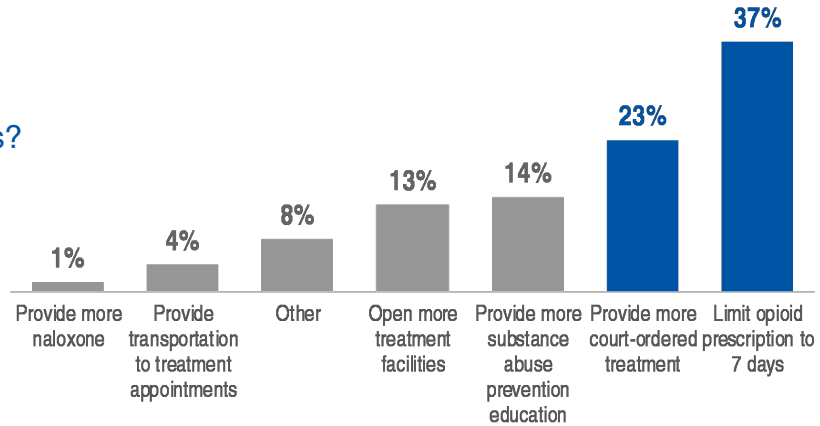
...negative effect on health?

Substance & prescription drug use	52%
Poverty	26%
Unemployment	16%

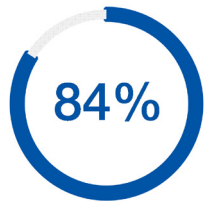
Please select the top three risky behaviors (i.e., behaviors that potentially expose people to harm) in your community.



What is the top action our community can do to have a positive effect on the opioid crisis?



Respondent Demographics

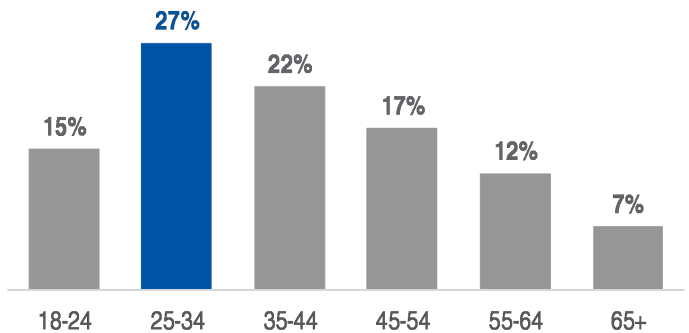


Of Respondents are female.

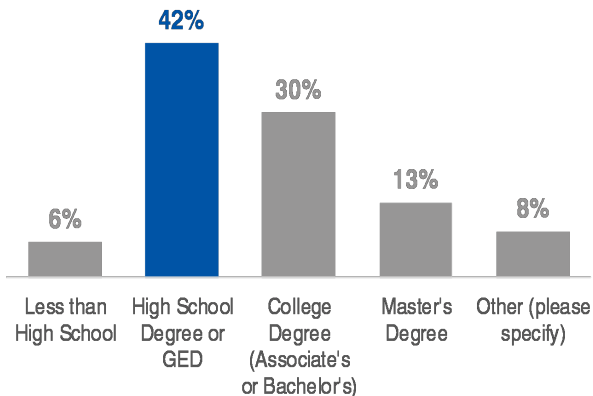


Of Respondents are white.

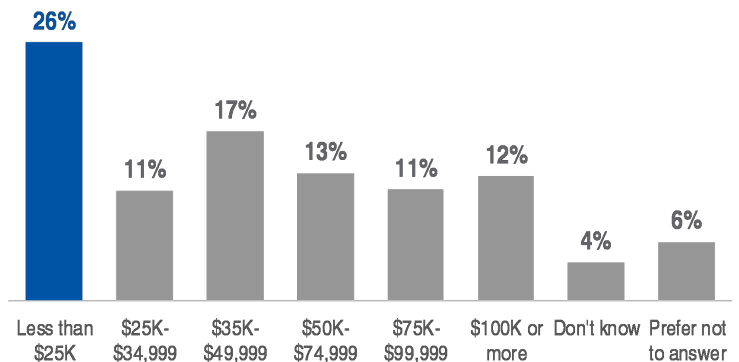
Respondent age:



Respondent educational attainment:



Respondent income:



5.2 Focus Groups

In order to collect primary data from community residents, focus groups were conducted in Laurel County and in the area that Saint Joseph London patients reside. These groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Fifty-three individuals participated in four focus groups. Representation from seniors, schools, public health, community partners 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

- Good mental health
- Drug free
- Tobacco free
- Effective treatment options for substance abuse
- Public transportation
- Jobs with a living wage
- Affordable childcare
- Safe and affordable housing
- Assistance and services for caregivers (support groups)
- Recreation – YMCA, bike trails/bike lanes, parks, affordable activities for young people
- Access to healthy foods
- Events for the 55+ community

What are the most significant health needs in Laurel County?

- Substance use – drugs, alcohol, need more addiction counselors
- Cancer
- Smoking – resulting in tobacco-related illnesses and cancers
- Hypertension
- Lack of transportation
- Lack of knowledge on available community resources
- Lack of nutrition education
- Need for affordable and accessible healthy foods
- Diabetes and obesity in children and adults
- Lack of physical activity in youth
- Cardiovascular disease
- Stroke
- Mental health – depression, anxiety
- Lack of dental care
- Lack of healthy, affordable food and nutrition knowledge

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

- Suboxone clinic for pregnant women
- Urgent care available
- Community health workers
- Support groups
- Grandparent and caregiver support group

Opportunities for improving the health care system in Laurel County

- Need for specialists – Urology, Endocrinology
- Difficult to recruit and retain health care providers to the area
- Higher local health care costs (prescription costs, fees on payments, billing issues, payment issues.)
- More mental health services
- More community health workers
- Knowledge of resources
- Negative view of hospital – long ER wait times, perception that one must “travel to get good health care.”

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

- Increase knowledge of available community resources-
- Better communication between organizations to assist in referrals
- Collaboration between hospital & school system for student health and health data
- Extended service hours and after hours care
- Health education – health literacy, nutrition education
- Community public transportation
- Safe sidewalks, a walkable community
- Mental health counselors
- More services for seniors
- Active community programs to support wellness
- Mobile wellness van for screenings and health education
- Faster EMS response

6. Selected Priority Areas

Saint Joseph London hosted the second CHNA steering committee meeting on February 14, 2019, for members of the community steering committee to review findings from the community surveys, focus groups 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 services
- Substance abuse
- Chronic diseases (obesity & cardiovascular diseases)

7. Conclusion

Laurel 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 London will use for guidance in planning its community benefit efforts and strategic direction for addressing health needs related to mental health, substance abuse and chronic diseases. 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



Are you a resident of Laurel County? If so, please complete our survey. We assure that your responses are completely anonymous. By providing your input, you are helping local public health system organizations determine what programs Laurel County needs in terms of health, safety, and wellness.

Laurel County Community Health Needs Survey 2018

Zip Code: _____ **Age:** ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65 +

Gender: ☐ Male ☐ Female

Race: ☐ White/Non-Hispanic ☐ White/Hispanic
☐ Black/African American ☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ Other: (specify) _____

Education Level: ☐ Less than High School ☐ High School Degree or GED
☐ College Degree (Associate's or Bachelor's)
☐ Master's Degree
☐ Other (specify) _____

Household Income: ☐ Less than 25,000 ☐ 25,000 - 34,999
☐ 35,000 - 49,999 ☐ 50,000 - 74,999
☐ 75,000 - 99,999 ☐ 100,000+
☐ Don't Know ☐ Prefer not to answer

1. What are your top two health concerns for our community?

- ☐ Chronic Disease (diabetes, heart disease, lung disease, etc)
- ☐ Substance Abuse
- ☐ Smoking and Tobacco Use
- ☐ Mental Health (anxiety, depression, paranoia, etc)
- ☐ Obesity
- ☐ Teen Pregnancy
- ☐ Dental Health
- ☐ Environmental Issues (air quality, water quality, etc)

2. What are the top two most important things in our community that affect our health?

- ☐ Community Infrastructure (schools, emergency response, public parks, public transportation)
- ☐ Access to medical care and health care services
- ☐ Economy (jobs)
- ☐ Clean Environmental
- ☐ Strong Family Relationships
- ☐ Safe Neighborhoods

3. What is the ONE most important thing our community can do to have a positive effect on health?

- ☐ More jobs
- ☐ More money for community assistance programs
- ☐ More access to health choices (foods, activities, stores, etc)
- ☐ More transportation services
- ☐ More substance abuse prevention and treatment services
- ☐ Other (please specify) _____

4. What is the ONE most important thing that could happen in our community that can have a negative effect on health?

- ☐ Poverty
- ☐ Unemployment
- ☐ Substance and prescription drug abuse
- ☐ Pollution (air, water, soil, etc)
- ☐ Other (please specify) _____

PLEASE COMPLETE SECOND SIDE →

5. What is the ONE major roadblock to going to the doctor in our community?

- ☐ No Insurance
- ☐ Unable to pay for health services (out-of-pocket costs)
- ☐ Appointment availability
- ☐ Lack of transportation
- ☐ Other (please specify) _____

6. What is the ONE major road block to looking for health care services in our community?

- ☐ Disability/mobility
- ☐ Sexual Orientation
- ☐ Don't speak or understand English
- ☐ Don't know where to go for services
- ☐ Other (please specify) _____

7. What is the top priority our community can do to have a positive effect on the opioid crisis?

(opioids include heroin, fentanyl, oxycodone, hydrocodone, codeine, morphine, and Opana)

- ☐ Limit opioid prescriptions to 7 days
- ☐ Open more treatment facilities
- ☐ Provide transportation to treatment appointments
- ☐ Provide more court-ordered treatment
- ☐ Provide more substance abuse prevention education
- ☐ Provide more naloxone (to treat overdoses)
- ☐ Other (please specify: _____)

8. What are the top three "Risky Behaviors" in our community?

(Please Check only 3)

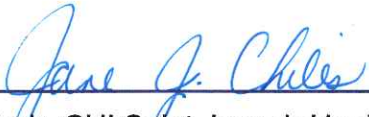
- ☐ Alcohol Abuse
- ☐ Not Using Birth Control
- ☐ Breathing Secondhand Smoke
- ☐ Not using Seat Belts
- ☐ Dropping out of school
- ☐ Not using/Unsafe Use of Car Seats
- ☐ Not getting Well Child Exams
- ☐ Lack of Exercise
- ☐ Drug abuse
- ☐ Meth Labs
- ☐ Not getting "shots"
- ☐ Unsafe Sleep Practices for Infants/Toddlers
- ☐ Unsafe use of guns
- ☐ Other _____
- ☐ Being Overweight
- ☐ Tobacco Use
- ☐ Racism
- ☐ Poor eating habits
- ☐ Unsafe sex

Is there anything else you would like to tell us about our community's health and safety needs?

Thank you!

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 London'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

