



KentuckyOne Health[®]

Community Health Needs Assessment FY 2017-19



Continuing Care Hospital

Contents

Introduction	3
Forward	3
Executive Summary	3
Organization Description	3
Community Served by the Hospital	5
Defined Community	5
Identification and Description of Geographical Community	7
Fayette County Population Demographics	7
Health Data for Fayette County Residents.....	8
Health Outcomes	8
Health Factors	11
Community Input, Data Sources and Collaborators	15
Data Sources	15
Primary Data: Community and Organizational Input.....	15
Third Party Collaboration.....	16
Information Gaps	16
Community Health Needs Assessment Process.....	17
County Health Rankings Population Health Model	17
Purpose-Focused Prioritization of Health Needs.....	18
Process for Collecting and Analyzing Data.....	18
Prioritized Significant Community Health Needs.....	27
Prioritization of Community Health Needs According to Data	27
Final Priorities Identified by Hospital Leadership	28
Needs Not Addressed	28
Potentially Available Resources in Community	29
Hospitals and Ambulatory Care Clinics	29
Other Licensed Facilities	29
Health Care Provider Ratios	30
Health Departments.....	30
Evaluation of Impact	31
Needs Identified in 2013-2016 CHNA and Impact of Actions.....	31



Evaluation of Written Comments	31
Learning from Previous CHNA.....	32
Next Steps	32
Adoption/Approval	33
References	34

Introduction

Forward

During 2015-2016, Continuing Care Hospital conducted a community health needs assessment (CHNA) to support its mission to enhance the health of people in the communities it serves by identifying health needs in these communities and prioritizing the allocation of hospital resources to meet those needs. Additionally, the completion of this report and subsequent approval and adoption by the KentuckyOne Health Board of Directors complies with CHNA requirements mandated by the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements. Special CHNA requirements from Catholic Health Initiatives (CHI) are also reflected in this report.

Executive Summary

The community health needs assessment process involved the following steps:

- The “community served” was defined utilizing inpatient data on patient county of residence.
- Secondary data in the form of population demographics and socioeconomic characteristics of the community was gathered and reported using various sources.
- Primary data was solicited from the following groups:
 - Lexington-Fayette County Health Department (LFCHD)
 - Residents of the community served by Continuing Care Hospital, including individuals representing the senior population and the medically-underserved
 - KentuckyOne Health Strategy and Business Development representatives
 - Comments on Continuing Care Hospital’s previous CHNA
- Health needs were prioritized according to a weighted ranking system using the aforementioned data sources.
- Continuing Care Hospital convened its leadership team to formally identify the priority health needs based on the data and hospital resources. These needs have been identified as:
 - Tobacco Use
 - Diet and Exercise
 - Alcohol and Drug Use
 - Community Safety
- An inventory of health care facilities and resources was prepared.
- These findings were presented to the KentuckyOne Health Board of Directors for approval and adoption for July 1, 2016-June 30, 2019 (FY 2017-19).
- This final report will be made public and widely-available on or before June 30, 2016.

Organization Description

Continuing Care Hospital is a 57-bed long-term acute care hospital with 32 beds located within Saint Joseph East and 25 beds located within Saint Joseph Hospital, so it acts as a “hospital within a hospital.” Long-term acute care hospitals are a special classification of hospitals recognized by the federal government for facilities that meet the required specifications, including maintenance of an average length of stay of at least 25 days. Continuing Care Hospital provides a highly focused environment of care to meet the needs of its patients. Continuing Care Hospital has multiple resources available to assist in the management of complex medical needs.



Continuing Care Hospital is part of KentuckyOne Health, one of the largest health systems in Kentucky with more than 200 locations including hospitals, outpatient facilities and physician offices, and more than 3,100 licensed beds. An 18-member volunteer board of directors governs KentuckyOne Health, its facilities and operations, including Continuing Care Hospital, with this purpose:

- **Our Purpose:** To bring wellness, healing and hope to all, including the underserved.
- **Our Future:** To transform the health of communities, care delivery and health care professions so that individuals and families can enjoy the best of health and wellbeing.
- **Our Values:**
 - **Reverence:** Respecting those we serve and those who serve.
 - **Integrity:** Doing the right things in the right way for the right reason.
 - **Compassion:** Sharing in others' joys and sorrows.
 - **Excellence:** Living up to the highest standards.



Community Served by the Hospital

Defined Community

For the purposes of our community health needs assessment, the community served by Continuing Care Hospital is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. Inpatient discharge data for Continuing Care Hospital from July 1, 2014-June 30, 2015 (the latest fiscal year available as of data collection for this writing) shows that Fayette County was the county of residence for the largest concentration of patients, with 30.7% of patients living in Fayette County. Therefore, the service area for this community health needs assessment is defined as Fayette County. The chart below shows residence information by county and zip code:

FY15 Inpatient Discharges County of Residence—Continuing Care Hospital				
<i>Zip Code</i>	<i>City</i>	<i>County, State</i>	<i>Discharges</i>	<i>Percent of Total</i>
40356	Nicholasville	Jessamine - KY	28	6.4%
40391	Winchester	Clark - KY	23	5.2%
40505	Lexington	Fayette - KY	21	4.8%
40517	Lexington	Fayette - KY	20	4.5%
40475	Richmond	Madison - KY	19	4.3%
40403	Berea	Madison - KY	17	3.9%
40503	Lexington	Fayette - KY	17	3.9%
40504	Lexington	Fayette - KY	15	3.4%
40324	Georgetown	Scott - KY	14	3.2%
40509	Lexington	Fayette - KY	14	3.2%
40511	Lexington	Fayette - KY	13	3.0%
40361	Paris	Bourbon - KY	11	2.5%
40383	Versailles	Woodford - KY	10	2.3%
40502	Lexington	Fayette - KY	10	2.3%
40601	Frankfort	Franklin - KY	10	2.3%
40515	Lexington	Fayette - KY	9	2.0%
40353	Mount Sterling	Montgomery - KY	8	1.8%
40508	Lexington	Fayette - KY	8	1.8%
40330	Harrodsburg	Mercer - KY	6	1.4%
40360	Owingsville	Bath - KY	6	1.4%
40456	Mount Vernon	Rockcastle - KY	6	1.4%
41041	Flemingsburg	Fleming - KY	6	1.4%
40422	Danville	Boyle - KY	5	1.1%
40444	Lancaster	Garrard - KY	5	1.1%
41465	Salyersville	Magoffin - KY	5	1.1%
40336	Irvine	Estill - KY	4	0.9%
40390	Wilmore	Jessamine - KY	4	0.9%
40513	Lexington	Fayette - KY	4	0.9%
40514	Lexington	Fayette - KY	4	0.9%



FY15 Inpatient Discharges County of Residence—Continuing Care Hospital				
<i>Zip Code</i>	<i>City</i>	<i>County, State</i>	<i>Discharges</i>	<i>Percent of Total</i>
40962	Manchester	Clay - KY	4	0.9%
41164	Olive Hill	Carter - KY	4	0.9%
Other			110	25.0%
FY15 Total Discharges			440	100.0%
Source: KentuckyOne Health strategy				



Identification and Description of Geographical Community

Lexington (officially Lexington-Fayette Urban County) is a major city—the second largest in the state of Kentucky. The 2014 population estimate of Fayette County was 310,797. The Lexington-Fayette metro area is home to six counties: Clark, Fayette, Jessamine, Bourbon, Woodford and Scott. Lexington-Fayette metro is located in central Kentucky.

Fayette County Population Demographics

Understanding the population demographics of the community served by Continuing Care Hospital helped the hospital team understand characteristics unique to their community and can impact the identification of health needs. Notable for Fayette County in comparison to the Kentucky overall is more diversity in race and ethnicity among residents.

2014 Community Demographics: Fayette County, KY			
	<i>Community Metric</i>	<i>Fayette County</i>	<i>Kentucky</i>
Population	Population, 2014 Estimate	310,797	4,413,457
	Population, Percent Change: April 1, 2010 to July 1, 2014	5.1%	1.7%
Age	Persons Under 5 Years	6.2%	6.3%
	Persons Under 18 Years	21.1%	22.9%
	Persons 65 Years and Over	11.7%	14.8%
Gender	Female Persons	50.9%	50.8%
Race	White (alone)	78.3%	88.3%
	Black or African American (alone)	15.0%	8.2%
	American Indian and Alaska Native (alone)	0.3%	0.3%
	Asian (alone)	3.8%	1.4%
	Native Hawaiian and Other Pacific Islander (alone)	0.1%	0.1%
	Two or More Races	2.4%	1.8%
	Hispanic or Latino	6.9%	3.4%
Source: U.S. Census Bureau: State and County QuickFacts (2015)			

Health Data for Fayette County Residents

Health Outcomes

Health outcomes detail how healthy a community is and are measured by the Robert Wood Johnson Foundation *County Health Rankings* population health model as length of life (mortality) and quality of life (morbidity).

Mortality

Mortality is described in this county by two data sets: 1) the leading causes of death and 2) premature death.

1. Leading Causes of Death

The 2014 leading causes of death data for this community (the most recent year available as of this writing) shows that cancer and heart disease are the major causes of death in this community and outweigh the third leading cause of mortality by three times as many deaths.

Health Outcomes: Mortality			
Fayette County, KY Leading Causes of Death 2014			
#	Leading Causes of Death	Deaths	Crude Rate Per 100,000 Residents
1	Cancer	505	162.5
2	Diseases of the Heart	447	143.8
3	Accidents	157	50.5
4	Chronic Lower Respiratory Disease	117	37.6
5	Cerebrovascular Disease	103	33.1
6	Alzheimer's Disease	102	32.8
7	Diabetes	77	24.8
8	Kidney Disease	52	16.7
9	Septicemia	50	16.1
10	Essential Hypertension/ Hypertensive Renal Failure	50	16.1
11	Chronic Lower Respiratory Disease	41	13.2
12	Suicide	36	11.6
13	Liver Disease and Cirrhosis	25	8
14	Certain Conditions Originating in the Perinatal Period	17	Unreliable
15	Parkinson's Disease	17	Unreliable

Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2015)

2. Premature Death

Premature death is another mortality measure, but more heavily reflects attention on preventable deaths by reviewing the years of potential life lost before age 75 (YPLL-75). For example, a death at age 50 contributes 25 years of life lost. The most recent data available for this measure is from 2010-2012 and is expressed as a rate per 100,000 Fayette County residents. The Fayette County rate shows that Fayette County residents have fewer years of life lost compared to Kentucky residents overall but experience more years of life lost as compared to top U.S. counties in this performance area.

Health Outcomes: Mortality			
Premature Death			
	<i>Fayette County</i>	<i>Kentucky Average</i>	<i>Top U.S. Performer</i>
<i>Years of Life Lost Before Age 75 Per 100,00 Residents (Data from 2010-2012)</i>	6,667	8,900	5,200
Source: County Health Rankings and Roadmaps (2015)			

Morbidity

Morbidity is described in this county by two data sets: 1) the top ten diagnosis groups responsible for inpatient hospital discharges in Fayette County and 2) self-reported quality of health metrics.

1. Top Ten Diagnosis Groups Responsible for Inpatient Hospital Discharges

The 2014 Fayette County inpatient hospital discharges (the most recent year available as of this writing) show diagnoses related to the circulatory and musculoskeletal systems are the most common diagnosis groups responsible for making patients sick enough to be admitted to the hospital.

Health Outcomes: Morbidity			
Fayette County, KY Top Ten Diagnosis Groups Responsible for Inpatient Hospital Discharges			
#	Top Diagnosis Groups for Hospital Discharges	CY 2014 Discharges	Percent of Total
1	Circulatory System	3225	10.76%
2	Musculoskeletal System/ Connective Tissue	2742	9.15%
3	Respiratory Disease	2739	9.14%
4	Digestive System	2579	8.60%
5	Nervous System	1882	6.28%
6	Infectious and Parasitic Disease	1715	5.72%
7	Mental Diseases/Disorders	1585	5.29%
8	Kidney and Urinary Tract	1401	4.67%
9	Metabolic Diseases/Disorders	1006	3.36%
10	Hepatobiliary System and Pancreas	936	3.12%
Source: Kentucky Hospital Association InfoSuite CY2014 Discharges (excluding Normal Newborn)			

2. Self-Reported Quality of Health Metrics

The self-reported health metrics show the perception that Fayette County residents have about their own health. Fayette County residents perceive their own health to be better than the general population perceives their health to be in Kentucky overall, but Fayette County residents still reported poorer health than national benchmarks.

Health Outcomes: Morbidity			
Fayette County, KY Quality of Life Metrics			
Self-Reported Health Metric	Fayette County	Kentucky	Top U.S. Performers
% Reporting Poor or Fair Health	13%	21%	10%
# of Poor Physical Health Days in 30 Days	3.5	4.8	2.5
# of Poor Mental Days in 30 Days	3.3	4.3	2.3
Source: County Health Rankings and Roadmaps (2015)			

Health Factors

Health factors influence the health of a community and are measured by four different factors: health behaviors, clinical care, social and economic factors, and the physical environment. Each of these factors encompasses several measures, all adding up to what is known as the social determinants of health. The World Health Organization defines social determinants of health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”

Health Behaviors

Health behaviors describe the individual choices community members make that impact their overall health. Behaviors related to tobacco use, diet and exercise, alcohol and drug use, and sexual activity are measured against Kentucky and national rates. Notable for Fayette County is a high rate of sexually-transmitted infections compared to both state and national averages, which indicates a gap in healthy behaviors related to sexual activity. Fayette County shows improved behavior over the state averages in the areas of adult smoking, excessive drinking, physical inactivity and obesity. *Health behaviors are responsible for 30% of overall health outcomes.*

Health Factors: Health Behaviors			
Health Behaviors Related to Alcohol and Drug Use			
Health Behaviors	Fayette County	Kentucky	Top U.S. Performers
Adult Smoking Rate ¹	16%	26%	14%
Excessive Drinking Rate ¹	11%	12%	10%
Drug Overdose Deaths Per 100,000 Residents ²	36	24.63	NA
Health Behaviors Related to Sexual Activity			
Chlamydia Incidence Per 100,000 Residents ¹	511	394	138
Teen Births Per 1,000 Female Residents Ages 15-19 ¹	34	48	20
Health Behaviors Related to Diet and Exercise			
Physical Inactivity Rate ¹	23%	29%	20%
Adult Obesity Rate ¹	27%	32%	25%
Sources: County Health Rankings and Road (2015) ¹ and 2014 Overdose and Fatality Report ²			

Clinical Care

Clinical care refers to access to care (measured by the uninsured rate and the ratio of community residents to providers) and quality of care (measured by preventable hospital stays). Notable for Fayette County is the rate of preventable hospital stays, which is lower than the Kentucky average, potentially indicating that in Fayette County there is increased accessibility to primary care services and more effective hospital services than in other parts of Kentucky. This is further illustrated by reviewing the rate of residents to one primary care physician, which is better than both the state and national averages. Additionally Fayette County has a ratio of residents to mental health providers that is on par with national benchmarks, which is much better than the state average for this metric. *Clinical care factors are responsible for 20% of overall health outcomes.*

Health Factors: Clinical Care			
Clinical Care Measures	Fayette County	Kentucky	Top U.S. Performers
Uninsured Rate	16%	16%	11%
Preventable Hospital Stays Per 1,000 Medicare Enrollees	53	94	41
Ratio of Residents to One Primary Care Physician	868: 1	1,551: 1	1,045: 1
Ratio of Residents to One Mental Health Providers	370: 1	621: 1	386: 1
Source: County Health Rankings and Roadmaps (2015)			

Social and Economic Factors

Social and economic factors encompass education, employment, income, family and social support, and community safety. Notable for Fayette County is high rate of income inequality, indicating the potential for greater health disparities in this community. Fayette County also experiences higher rates of violent crime than the Kentucky average and much higher rates than national benchmarks. There are also relatively low numbers of social associations in both Fayette County and in the state overall as compared to national benchmarks. This indicates the potential for low levels of social support among Fayette County residents. *Social and economic factors are responsible for 40% of overall health outcomes.*

Health Factors: Social and Economic Factors			
<i>Social and Economic Measures</i>	<i>Fayette County</i>	<i>Kentucky</i>	<i>Top U.S. Performers</i>
High School Graduation	83%	86%	NA
Some College	72.7%	58.1%	71%
Unemployment	6.5%	8.3%	4%
Income Inequality (the ratio of household income at the 80th percentile to that at the 20th percentile)	5.5	5.1	3.7
Social Associations (the number of associations per 10,000 residents)	11.3	10.8	22.0
Violent Crimes Per 100,000 Residents	490	235	59
Source: County Health Rankings and Roadmaps (2015)			

Physical Environment

Physical environment factors include air and water quality, as well as housing and transit. Transportation is often not considered when measuring housing affordability, so it is included here to better understand the overall affordability of life in Fayette County. Notable for Fayette County is the relative affordability of housing and transportation as compared to national benchmarks. However, transit access in Fayette County still indicates it is a car-dependent community. As far as environmental conditions, particulate matter in Fayette County is high, and over half of the population has experienced drinking water violations. *Physical environment factors account for 10% of overall health outcomes.*

Health Factors: Physical Environment			
<i>Physical Environment Measures</i>	<i>Fayette County</i>	<i>Kentucky</i>	<i>Top U.S. Performers</i>
Air Pollution—Particulate Matter ¹	13.1	13.5	9.5
% of Residents Affected by Drinking Water Violations ¹	52%	9%	0%
% of Residents with Severe Housing Problems ¹	17%	14%	9%
% of Household Income Spent on Housing and Transportation ²	51%	NA	≤45%
Transit Ridership % of Workers ²	2%	NA	NA
Transit Access ²	2.5	NA	10
Source: County Health Rankings and Roadmaps (2015) ¹ , Housing and Transportation Affordability Index (2015) ²			

Community Input, Data Sources and Collaborators

Data Sources

Data sources used in this report include:

- Center for Neighborhood Technology
 - The *Housing and Affordability Transportation Index* was used to determine the potential impact of housing and transportation costs on the health outcomes in the community.
- Centers for Disease Control and Prevention
 - *Community Health Status Indicators (CHSI 2015)* report was used to provide comparative health data between this community and other like communities.
 - The *Underlying Causes of Death (2014)* were used to determine mortality in the community served.
- Kentucky Cabinet for Health and Family Services
 - The *March 2016 Inventory of Health Facilities and Services* report was used to identify other community resources potentially-available to address health needs.
- Kentucky Hospital Association
 - The *Top Ten Diagnostic Categories Responsible for Inpatient Hospitalizations (2014)* report was used to determine the morbidity in the community served.
- Kentucky Office of Drug Control Policy (Commonwealth of Kentucky Justice & Public Safety Cabinet)
 - The *2014 Overdose Fatality Report* was used to determine the effect of substance abuse on the community.
- Robert Wood Johnson Foundation
 - The *2015 County Health Rankings and Roadmaps* were used to determine the varying measures of health in the community served.
- United States Census Bureau
 - The *2014 Fayette County Quick Facts* report was used to illustrate community demographics.

Primary Data: Community and Organizational Input

- Community Input
 - Primary data from the community served by the hospital was solicited by Continuing Care Hospital and the Lexington-Fayette County Health Department through March 2016. Both organizations conducted focus groups with community members and health care providers to provide feedback about their perception of health and safety in the community.
 - The focus groups asked members to prioritize their health needs, identify barriers to good health and rate risky health behaviors in the community. The survey asked about perceptions of community safety and where community members access health information. The survey also asked basic demographic questions to cross-walk specific needs to certain populations. The provider focus groups also had additional questions about the patient populations served and perceptions of patient access.
 - Soliciting input from these groups satisfies the IRS requirement to take into account input from leaders, representatives, or members of medically-underserved populations in the community served by the hospital. Additionally, input from those representing the broad interests of the community was used to prioritize health needs, which complies with IRS requirements.



- Soliciting this input regarding community safety and soliciting input from those representing the senior population satisfies the CHI requirement to include this input.
- Lexington-Fayette County Health Department (LFCHD)
 - Primary data collection was completed in conjunction with the LFCHD. Community needs were discussed with the LFCHD.
 - Soliciting the LFCHD's input satisfies the IRS requirement to take into account feedback from local health departments with expertise relevant to the needs of the community served by the hospital. Additionally, feedback from the LFCHD further represents feedback from the underserved, including the senior population, in Fayette County due to special knowledge that LFCHD has.
- Regional Strategy Representative
 - Michael Spine, Senior Vice President, Strategy and Business Development for KentuckyOne Health, provided feedback for this report in the form of prioritizing 13 health needs for each KentuckyOne Health hospital, including Continuing Care Hospital in January 2016. Mr. Spine considered county-level data in conjunction with each measure's potential link to KentuckyOne Health's strategic alignment and the likelihood of building sustainable strategies to address those efforts related to each health need.
 - Soliciting Mr. Spine's input satisfies the CHI requirement for a representative from KentuckyOne Health's regional strategy and business development department to be engaged in the CHNA process.

Third Party Collaboration

No third-party organizations were involved in the writing of this report outside of the collaborating parties, and their specific involvement efforts detailed on the lists above. KentuckyOne Health is wholly responsible for the data gathering and needs analysis in this report.

Information Gaps

As is often the case with data collection, the data collected for this report contained some data that was two-four years old. In the interest of maintaining consistent reporting sources across all KentuckyOne Health hospitals for this CHNA process, some data, for example the uninsured rate reported by the *County Health Rankings* data, had multiple options for source material that may have reflected differently than the data we chose due to differences in those sources' reporting methods.

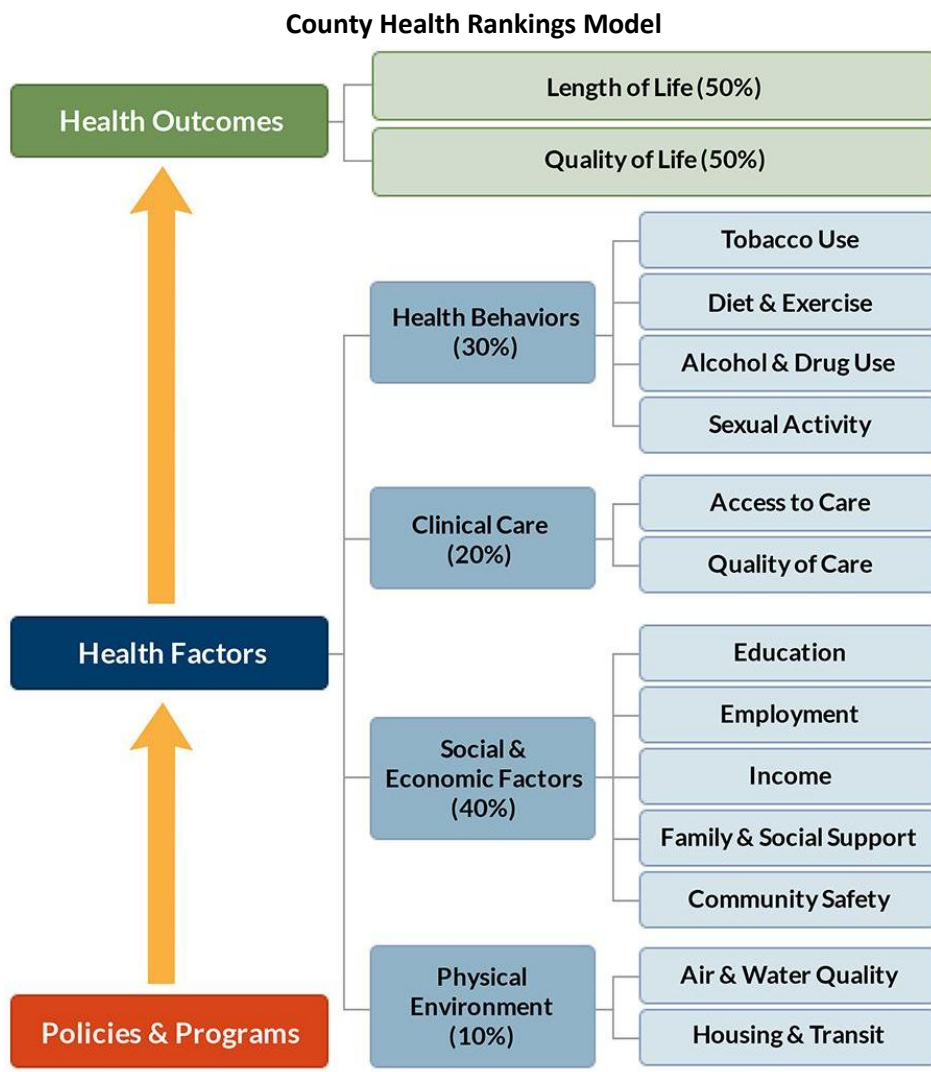


Community Health Needs Assessment Process

County Health Rankings Population Health Model

As described earlier in this report, the main data source, the *County Health Rankings*, is based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places. This model tells us that the vast majority of health outcomes—measured by both length of life and quality of life—are determined by the health factors in these categories: social and economic factors, health behaviors, clinical care and the physical environment.

These health factors represent what is commonly referred to as social determinants of health. The model shows that 40% of our health outcomes are determined by social and economic factors, 30% are determined by health behaviors, 20% are determined by clinical care, and 10% are determined by our physical environment. Each factor has multiple measures associated with it. A fifth set of health factors, genetics, is not included in these rankings because these variables cannot be impacted by community-level intervention.



County Health Rankings model © 2014 UWPHI

Purpose-Focused Prioritization of Health Needs

An analysis of various health outcomes and factors can illustrate opportunities for hospitals to address the community's health needs. By prioritizing which opportunities to address health needs are the most effective and applicable for the hospital's resources, hospitals best understand how to be a community leader who can actively participate in improving the community's habits, culture and environment. In our effort to address the very most influential health factors that can be impacted by community-level intervention, we have included a weighted measure of the health needs to give additional emphasis to health needs that more heavily influence health outcomes. Using a ranking system to acknowledge this impact on health illustrates KentuckyOne Health's commitment to bringing wellness, healing and hope to all as we recognize the disproportionately negative impact of these social determinants on the health of the poor, vulnerable and underserved in our communities.

Process for Collecting and Analyzing Data

Data was collected between December 2015-March 2016 according to the descriptions in the "Data Sources" section, and website links to these resources can be found in the "References" section of this report.

In order to prioritize the health needs of our community, we developed a ranking system. Health needs were assessed on eight prioritization factors: magnitude, impact on mortality, impact on morbidity, trends, community input, strategic alignment, comparison to peer communities and common identification. Each factor received a score of zero to four, with a four indicating the greatest need possible for that particular factor. The total score is the sum of all prioritization factors for that particular measure, and the possible total score is 32.

Additionally, we included a weighted scale to account for the measure of influence of each set of health factors. The measure of influence is the percentage of effect that this category of health factors has on health outcomes. The weighted score was created by multiplying the total score for each health measure by the percentage of their influence on overall health. For example, tobacco use is a health behavior. If all eight prioritization factors added up to a total score of 21, we then multiplied this total score by 30%—the measure of influence for a health behavior according the *County Health Rankings* model. This weighted score was compared against the other categories. The factors with the highest weighted scores were identified as community health needs for the community served.

The descriptions on the following pages provide the methods used to score each health need according to the eight prioritization factors.



1. Magnitude: How many people are personally affected by this health need?

Rankings for this factor were based on the magnitude of the health need, or how many residents in the community served were personally affected by this health need. Each health need was correlated with a measurable health behavior or factor. The percentage of the population whose personal health was impacted by that behavior or factor was ranked according to the percent of the community personally affected.

A score of 0-4 was given to each of the 16 health measures as follows:

- 0= none of the residents in the community served are affected by health need
- 1= Health measure ranked thirteen-sixteen by number of residents affected
- 2= Health measure ranked nine-twelve by number of residents affected
- 3= Health measure ranked five-eight by number of residents affected
- 4= Health measure ranked one-four by number of residents affected

Percentage of Fayette County Residents Impacted by Health Needs				
Ranking	Health Behavior/Factor	% of Population	Correlating Health Measure	Score
1	Drinking Water Violations ¹	52%	Air & Water Quality	4
2	Physical Inactivity ¹	23%	Diet and Exercise	4
3	Living in Poverty ⁴	18%	Income	4
4	Inadequate Social Support ⁴	17.1%	Family and Social Support	4
5	Did Not Graduate High School ¹	17%	Education	3
6	Severe Housing Problems ¹	17%	Housing and Transit	3
7	Adult Smokers ¹	16%	Tobacco Use	3
8	Uninsured ¹	16%	Access to Care	3
9	Excessive Drinking ¹	11%	Alcohol and Drug Use	2
10	Unemployment Rate ¹	7%	Employment	2
11	% of Deaths Due to Drug Use ²	6%	Alcohol and Drug Use	2
12	Do Not Live Close to Grocery Store ⁴	6%	Diet and Exercise	2
13	Preventable Hospital Stays ⁴	5.9%	Quality of Care	1
14	Transit Ridership % Workers ³	2%	Housing and Transit	1
15	Violent Crime ¹	0.49%	Community Safety	1
16	Chlamydia Rate ¹	0.16%	Sexual Activity	1
Sources: County Health Rankings and Roadmaps (2015) ¹ , 2014 Overdose Fatality Report ² , Housing and Transportation Affordability Index ³ , Centers for Disease Control and Prevention ⁴				

2. Impact on Mortality (Length of Life): How is this health need related to the leading causes of death in this community?

Rankings for this factor were based on risk of mortality associated with this health need by reviewing the Centers for Disease Control and Prevention's *15 Underlying Causes of Death* in the community for the most recent year available as of this writing (2014). The leading causes of death were ranked in order at the top of the chart and given an "X" as they related to the health measures listed on the side of the chart. For our purposes, a health measure was defined as being related to a leading cause of death if there is an established causal and/or correlating relationship between the two. The number of linkages to the leading causes of death (indicated by the number of "X's") was totaled for each health measure.

A score of 0-4 was given to each of the 13 health measures as follows:

- 0= health measure does not correlate to any leading causes of death
- 1= health measure correlates to one leading cause of death
- 2= health measure correlates to two leading causes of death
- 3= health measure correlates to three leading causes of death
- 4= health measure correlates to four or more leading causes of death

2014 Leading Causes of Death—Fayette County, KY																	
Measures	#1: Cancer	#2: Diseases of the Heart	#3: Accidents	#4: Chronic Lower Respiratory Disease	#5: Cerebrovascular Disease	#6: Alzheimer's Disease	#7: Diabetes	#8: Kidney Disease	#9: Septicemia	#10: Essential Hypertension and Hypertensive Renal Disease	#11: Flu and Pneumonia	#12: Suicide	#13: Liver Disease and Cirrhosis	#14: Certain Conditions Originating in the Perinatal Period	#15: Parkinson's Disease	Total	Score
Tobacco Use	X	X	X	X				X		X	X		X	X		9	4
Diet and Exercise	X	X		X				X		X			X	X		7	4
Alcohol and Drug Use	X	X	X	X	X			X		X	X	X	X	X		11	4
Sexual Activity	X													X		2	2
Access to Care	X	X	X	X				X	X	X	X	X	X	X		11	4
Quality of Care		X	X	X				X	X		X		X	X		9	4
Education		X														1	1
Employment												X				1	1
Income	X	X	X					X	X		X			X		7	4
Family & Social Support		X										X		X		3	3
Community Safety					X							X				2	2
Air & Water Quality	X		X								X					3	3
Housing & Transit	X	X	X	X	X			X			X	X		X		9	4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2015)

3. Impact on Morbidity (Quality of Life): How does this need relate to this hospital community's discharge data and indicate what makes this community sick?

Rankings for this factor were determined by the impact that this health need can have on quality of life by assessing underlying reasons for inpatient hospitalization in the community served. The Kentucky Hospital Association provided the top ten diagnosis groups responsible for all of Fayette County hospital discharges. The diagnosis groups are listed on the chart in the order of the greatest to least number of discharges. Each health measure was assessed for its relation to the diagnosis group. For our purposes, a health measure was defined as being related to a diagnosis group if there was an established causal and/or correlating relationship between the measure and the affected system of the body.

A score of 0-4 was given to each of the 13 health measures as follows:

- 0= this health measure does not correlate with any diagnosis groups
- 1= this health measure directly correlates with the diagnosis group responsible for inpatient hospitalizations in the top four-ten diagnosis groups (#4-#10)
- 2= this health measure directly correlates with the diagnosis group responsible for the third-highest (#3) inpatient hospitalizations
- 3= this health measure directly correlates with the diagnosis group responsible for the second-highest (#2) inpatient hospitalizations
- 4= this health measure directly correlates with the diagnosis group responsible for the highest (#1) inpatient hospitalizations

Fayette County, KY Top Ten Diagnosis Groups Responsible for Inpatient Hospital Discharges (2014)											
Measures	#1: Circulatory System	#2: Musculoskeletal System/Connective Tissue	#3: Respiratory System	#4: Digestive System	#5: Nervous System	#6: Infectious and Parasitic Disease	#7: Mental Disease/Disorders	#8: Kidney and Urinary Tract	#9: Metabolic Diseases/Disorders	#10: Hepatobiliary System and Pancreas	Score
Tobacco Use	X		X						X		4
Diet and Exercise	X	X	X	X			X	X	X		4
Alcohol and Drug Use	X						X	X	X	X	4
Sexual Activity								X		X	1
Access to Care	X	X	X	X	X	X	X	X	X	X	4
Quality of Care	X	X	X	X	X	X	X	X	X	X	4
Education											0
Employment											0
Income	X	X	X	X	X	X	X	X	X	X	4
Family & Social Support							X				1
Community Safety		X									3
Air & Water Quality			X								2
Housing & Transit			X								2

Source: Kentucky Hospital Association InfoSuite CY2014 Discharges (excluding Normal Newborn)

4. Trends: How does the measure of this need compare to previous years?

Rankings for this factor reflected the need to assess progress made toward improved community health since the previous CHNA. Data was collected from the Robert Wood Johnson Foundation *County Health Rankings* to compare the community's 2015 health rankings to its 2012 health rankings (when this community data was last gathered for the previous CHNA). Areas that are worsening, or are improving but are still comparatively unhealthy outcomes as compared to other communities (considered an "Area to Explore"), were recognized in the ranking of these measures.

A score of 0-4 was given to each of the 13 health measure as follows:

- 0= health measure is currently trending towards improved health
- 1= health measure is trending the same as in previous years
- 2= health measure is trending the same as or better than in previous years AND is an Area to Explore in the *County Health Rankings* (marked in red)
- 3= health measure is trending towards worse health
- 4= health measure is trending towards worse health AND is an Area to Explore in the *County Health Rankings* (marked in red)

Fayette County, KY County Health Rankings Trends: 2012-2015					
Measures	Data Used	2012 CHR Data	2015 CHR Data	Trend	Score
Tobacco Use	Adult Smoking ¹	18%	16%	Better	2
Diet and Exercise	Physical Inactivity ¹	24%	23%	Better	0
Alcohol and Drug Use	Excessive Drinking ¹	11%	11%	Same	1
Sexual Activity	Sexually-Transmitted Infections ¹	489	511	Worse	4
Access to Care	Uninsured ¹	16%	16%	Same	1
Quality of Care	Preventable Hospital Stays Per 1,000 Medicare Enrollees ¹	54	53	Better	0
Education	High School Graduation ¹	78%	83%	Better	2
Employment	Unemployment ¹	8.1%	6.5%	Better	0
Income	Children in Poverty ¹	24%	22%	Better	0
Family & Social Support	Inadequate Social Support ²	16%	17.1%	Worse	3
Community Safety	Violent Crime Rate Per 100,000 Residents ¹	662	490	Better	2
Air & Water Quality	Air Pollution—Particulate Matter ¹	12.7 (2013 data)	13.1	Worse	3
Housing & Transit	Severe Housing Problems ¹	17% (2014 data)	17%	Same	2

Source: County Health Rankings and Roadmaps (2015)¹,
Centers for Disease Control and Prevention Community Health Status Indicators (2015)²

5. Importance to the Community: Was this need identified as a priority by the community served?

Rankings for this factor were based on the primary data collected for community input. In cases where communities were not asked to rate the specific health measures in this report, their responses were grouped as they related to the established measure. The total number of related responses applicable to that measure was summed and then each health need was ranked according to the number of responses.

A score of 0-4 was given to each of the 13 health measure as follows:

- 0= health need not identified as health need by the community
- 1= health need identified as a health need, but not in top ten community-identified health needs
- 2= health need identified as sixth through tenth most important community-identified health needs
- 3= health need identified as fourth or fifth most important community-identified health needs
- 4= health need identified in top three community-identified health needs

2015 Fayette County Community Input: Primary Data		
<i>Measures</i>	<i>Number of Groups to Identify Need</i>	<i>Score</i>
Tobacco Use	0	0
Diet and Exercise	5	4
Alcohol and Drug Use	5	4
Sexual Activity	0	0
Access to Care	4	3
Quality of Care	0	0
Education	0	0
Employment	3	2
Income	2	1
Family & Social Support	3	2
Community Safety	5	4
Air & Water Quality	3	2
Housing & Transit	4	3
Source: primary data solicited by Lexington-Fayette County Health Department and KentuckyOne Health		

6. Alignment and Sustainability: How closely does this need match with state-wide strategic efforts by KentuckyOne Health?

Rankings for this factor were determined by representatives from KentuckyOne Health's strategy and business development team according to strategic vision. Michael Spine, Senior Vice President for Strategy and Business Development assigned these values to each of the health needs in January 2016.

A score of 0-4 was given to each of the 13 health measure as follows:

- 0= health need not aligned with strategic efforts
- 1= health need aligned with system strategic efforts, but not this hospital's strategic efforts
- 2= health need aligned with this hospital's local strategic efforts, but not system's strategic efforts
- 3= health need aligned with system and this hospital's strategic efforts
- 4= health need aligned with system and this hospital's strategic efforts AND has sustainability plan/option

Health Measures Related to Strategic Alignment	
<i>Measures</i>	<i>Score</i>
Tobacco Use	4
Diet and Exercise	4
Alcohol and Drug Use	4
Sexual Activity	4
Access to Care	4
Quality of Care	4
Education	0
Employment	4
Income	0
Family & Social Support	0
Community Safety	4
Air & Water Quality	0
Housing & Transit	0
Source: KentuckyOne Health Strategy	

7. Comparison to Peer Communities: What are the community's health needs compared to peer communities?

Rankings for this factor were determined by identifying how this community compares to peer communities elsewhere in Kentucky and the United States to provide a broader view of the health outcomes in this community. The Centers for Disease Control and Prevention's county-level Community Health Status Indicators (CHSIs) provided such a comparison. Each health measure has a related data point found in the CHSI and that metric is compared to the data point in other communities. The quartile this health measure fell into was described as better, moderate or worse as compared to other peer communities.

A score of 0-4 was given to each of the 13 health measure as follows:

- 0 = this health need is not identified with peer county values
- 1 = this health need is in the first quartile (the "Better" category as compared to peer communities)
- 2 = this health need is in the second quartile (the "Moderate" category as compared to peer communities)
- 3 = this health need is in the third quartile (the "Moderate" category as compared to peer communities)
- 4 = this health need is in the fourth quartile (the "Worse" category as compared to peer communities)

Fayette County, KY Comparison to Peer United States Communities			
Measures	Data Point from CHSI for Improving Community Health	Comparison to Peer Counties (Quartile)	Score
Tobacco Use	Adult Smoking	Moderate-Q2	2
Diet and Exercise	Limited Access to Healthy Foods	Moderate-Q2	2
Alcohol and Drug Use	Adult Binge Drinking	Better-Q1	1
Sexual Activity	Gonorrhea Rate	Moderate-Q3	3
Access to Care	Uninsured	Better-Q1	1
Quality of Care	Older Adult Preventable Hospitalizations	Moderate-Q3	3
Education	No High School Diploma	Better-Q1	1
Employment	Unemployment	Moderate-Q2	2
Income	Poverty	Moderate-Q2	2
Family & Social Support	Inadequate Social Support	Better-Q1	1
Community Safety	Violent Crime	Moderate-Q2	2
Air & Water Quality	Annual Average PM2.5 Concentration	Worse-Q4	4
Housing & Transit	Housing Stress	Better-Q1	1

Source: Centers for Disease Control and Prevention Community Health Status Indicators (2015)

8. Commonly Identified: How many data sources identified this as a need?

Ratings for this factor are based on the alignment of all major sources of data identifying this as a health need. A common alignment represents opportunities for synergistic efforts to address these needs. The scores for each health measure were listed with their score for each prioritization factor described on the previous pages of this report. These factors were then averaged and rounded, resulting in a final score 0-4.

A score of 0-4 was given to each of the 13 health measure as follows:

- 0= health need not identified in any of the sources of data
- 1= health need identified by few sources of data
- 2= health need identified by some sources of data
- 3= health need identified by most sources of data
- 4= health need identified by all sources of data

Commonly Identified Health Needs in Fayette County									
<i>Measures</i>	Identified in Magnitude	Identified in Mortality	Identified in Morbidity	Identified in Trends	Identified in Community Input	Identified in Alignment	Identified in Comparison	Average	Score
Tobacco Use	3	4	4	2	0	4	2	2.71	3
Diet and Exercise	4	4	4	0	4	4	2	3.14	3
Alcohol and Drug Use	2	4	4	1	4	4	1	2.86	3
Sexual Activity	1	2	1	4	0	4	3	2.14	2
Access to Care	3	4	4	1	3	4	1	2.86	3
Quality of Care	1	4	4	0	0	4	3	2.29	2
Education	3	1	0	2	0	0	1	1.00	1
Employment	2	1	0	0	2	4	2	1.57	2
Income	4	4	4	0	1	0	2	2.14	2
Family & Social Support	4	3	1	3	2	0	1	2.00	2
Community Safety	1	2	3	2	4	4	2	2.57	3
Air & Water Quality	4	3	2	3	2	0	4	2.57	3
Housing & Transit	3	4	2	2	3	0	1	2.14	2
Source: see original tables with data									

Prioritized Significant Community Health Needs

Prioritization of Community Health Needs According to Data

Below is the chart of each health measure's ranking according to each priority. The total score, as indicated on the previous charts, is listed here. The weighted score is the multiplication for the total score by the measure of influence on overall health outcomes, as described by the Robert Wood Johnson *County Health Rankings* model. A total score and a weighted score are both provided. The health needs with the top three highest weighted scores are highlighted in red.

Prioritization of Community Health Needs: Continuing Care Hospital												
Community: Fayette County												
Health Factors	Measures	Prioritization Factors								Total Score	Measure of Influence	Weighted Score
		Magnitude	Mortality	Morbidity	Trend	Importance to the Community	Alignment	Comparison to Peers	Commonly Identified			
Health Behaviors	Tobacco Use	3	4	4	2	0	4	2	3	22	30%	6.6
	Diet and Exercise	4	4	4	0	4	4	2	3	25	30%	7.5
	Alcohol and Drug Use	2	4	4	1	4	4	1	3	23	30%	6.9
	Sexual Activity	1	2	1	4	0	4	3	2	17	30%	5.1
Clinical Care	Access to Care	3	4	4	1	3	4	1	3	23	20%	4.6
	Quality of Care	1	4	4	0	0	4	3	2	18	20%	3.6
Social and Economic Factors	Education	3	1	0	2	0	0	1	1	8	40%	3.2
	Employment	2	1	0	0	2	4	2	2	13	40%	5.2
	Income	4	4	4	0	1	0	2	2	17	40%	6.8
	Family & Social Support	4	3	1	3	2	0	1	2	16	40%	6.4
	Community Safety	1	2	3	2	4	4	2	3	21	40%	8.4
Physical Environment	Air & Water Quality	4	3	2	3	2	0	4	3	21	10%	2.1
	Housing & Transit	3	4	2	2	3	0	1	2	17	10%	1.7

Final Priorities Identified by Hospital Leadership

To achieve consistency across the KentuckyOne Health system and to identify opportunities for cross-hospital collaboration, we have chosen to identify our priorities as named in the Robert Wood Johnson *County Health Rankings* measures.

In March 2016, the leadership team at Continuing Care Hospital gathered to review the Fayette County data and the aforementioned prioritization chart. The team discussed each of the health measures in the chart and where they believed the hospital had the greatest capacity to make the most marked improvement. The below areas were chosen as the FY2017-2019 community health needs assessment priority areas:

- **Tobacco Use**
 - The data in the health needs prioritization chart showed tobacco use to have the fifth highest weighted score of the health needs measured. The leadership team felt strongly about the need to address this issue and the underrepresentation of its impact on overall health as indicated by the community input.
- **Diet and Exercise**
 - The data in the health needs prioritization chart showed diet and exercise to have the highest total score and the second-highest weighted scores of all health measures assessed. The leadership team concluded that this issue continues to present itself as a major concern in the community and that the hospital had the capacity to address this health need.
- **Alcohol and Drug Use**
 - The data in the health needs prioritization chart showed alcohol and drug use to have the second highest total score and the third highest weighted score of all the health measures assessed. The hospital leaders felt the hospital had the capacity to address this issue given the huge impact it has on the community.
- **Community Safety**
 - The data in the health needs prioritization chart showed community safety to have the highest weighted score of all the health measures assessed. The leadership teams discussed this health need in relation to the violence prevention work in which Continuing Care Hospital will be involved with as increasing efforts in KentuckyOne Health overall focus on violence prevention work. The leadership team decided that community safety should be an area of focus due to the current violence prevention initiatives already in place.

Needs Not Addressed

All top three needs highlighted in the data prioritization chart were identified as needs to address, plus an additional health need (community safety). Other, less-pressing measures listed in the chart will not be addressed, but were not identified as needs.



Potentially Available Resources in Community

The availability of health care resources is critical to the health of a county's residents and addressing health needs, including those identified in this assessment. A limited supply of health resources, especially providers, results in poorer health status of the community. The sections below briefly describe potentially available resources to address the health needs of Continuing Care Hospital's community. The Kentucky Cabinet for Health and Family Services updates the list of these resources monthly in their report "Inventory of Kentucky Health Facilities, Health Services and Major Medical Equipment" at this link: <http://chfs.ky.gov/ohp/con/inventory.htm>.

Hospitals and Ambulatory Care Clinics

According to the Kentucky Hospital Association, the facilities below were licensed as hospitals and ambulatory care clinics in Fayette County as of March 2016:

- **Hospitals:** Baptist Health Lexington, Cardinal Hill Rehabilitation Hospital, Ridge Behavioral Health System, Continuing Care Hospital, UK Healthcare Good Samaritan Hospital, Shriners Hospital for Children, Saint Joseph Hospital, Saint Joseph East, University of Kentucky Hospital
- **Ambulatory Care Centers:** none

Other Licensed Facilities

According to the Kentucky Cabinet for Health and Family Services, the facilities below offered services to Fayette County residents as of March 2016:

- **Long-Term Care Beds:** Arbor Park, Cambridge Place, Cardinal Hill Rehabilitation Unit, Eastern State Hospital, Hamburg Healthcare Center, Brookdale Richmond Place, Lexington Country Place, Lexington Health Campus, Mayfair Manor, Mayfair Village Retirement Center, Morning Pointe of Lexington, Morning Pointe of Lexington East, Northpoint/Lexington Health Care, Pimlico Manor, Providence Homestead, Provision Living at Beaumont Centre, Rose Manor Rest Home, Sayre Christian Village Nursing Home, Signature Healthcare at Tanbark Rehab & Wellness Center, The Breckinridge, The Lantern at Morning Pointe Alzheimer's & Memory Care Center of Excellence, The Legacy at The Willows, The Villa at Chevy Chase, The Willows at Citation, The Willows at Hamburg, UK Healthcare Good Samaritan Hospital
- **Home Health Services:** Amedisys Home Health, Baptist Health Home Care, Cardinal Hill Homecare, Caretenders, Deaconess—Lifeline Home Health, Gentiva Health Services, Innovative Senior Care HHA, Maxim Healthcare Services, Lifeline Health Care of Fayette, Commonwealth Home Health, Professional Home Health Care Agency Inc., Saint Joseph—ANC Home Care Services, Walgreens Infusion Services
- **Hospice:** Hospice of the Bluegrass
- **Adult Day Health Programs:** Active Day of Lexington, Cardinal Hill Rehabilitation Hospital Day Health Center, Christian Care Communities Adult Day Center, Grace Place Adult Day Center
- **Rehabilitation Agencies:** Associates in Pediatric Therapy (3 locations), Baptist Health Occupational Medicine Hand and Physical Therapy, Baptist Health Rehabilitation Hamburg, Baptist Health Physical Therapy, Body Structure Clinic, Cardinal Hill Rehabilitation Hospital, Concentra Health Services, Inc., Drayer Physical Therapy Institute (2 locations), Homestead Nursing Center, Horn and Associates in Rehabilitation (2 locations), Innovative Senior Care Therapy Services, Kentucky Hand (2 locations), KORT (5 locations), Lexington County Place, Lexington Hearing and Speech Center, Mayfair Manor, Radical Rehab Solutions, Results Physiotherapy (2



locations), Saint Joseph Park Physical Therapy, Sayre Christian Village Outpatient Rehabilitation, Shriners Hospitals for Children Ambulatory Surgery, Outpatient Care and Rehabilitation Center, The Willows (2 locations), UK Healthcare at Turfland—UK Sports Rehabilitation

- **Private Duty Nursing:** Extra Care Private Duty Nursing Agency, Maxim Healthcare Services, Inc., NR, Inc., VNA Nazareth Home Care
- **Limited-Service Clinics:** Baptist Express Care Clinic (2 locations), Minute Clinic, The Little Clinic (4 locations)

Health Care Provider Ratios

According to the 2015 Robert Wood Johnson *County Health Rankings*, Fayette County had a lower ratio of residents to health care providers than the Kentucky state average, which indicates increased availability to these providers as compared to the state. Fayette County had 868 residents for every one primary care physician as compared to a state average of 1,551 residents to one primary care physician. Fayette County performed better than national benchmarks for this metric. Additionally, Fayette County had 370 residents for every one mental health provider as compared to a Kentucky state average of 621 residents to one mental health provider. This metric was also on par with national benchmarks.

Health Departments

The Lexington-Fayette County Health Department (LFCHD) is the local health department that serves Fayette County residents to provide health promotion and education. Continuing Care Hospital collaborated with the LFCHD to conduct its community health needs assessment. The LFCHD provides an array of services including communicable disease control, school health, health education and counseling, nutritional education and counseling, restaurant and hotel regulations and inspections, and vector control. More information about the LFCHD can be found here: <http://www.lexingtonhealthdepartment.org/>.



Evaluation of Impact

The following section describes the evaluation of impact of the previous community health needs assessment conducted by Continuing Care Hospital in 2013 to cover FY2014-16.

Needs Identified in 2013-2016 CHNA and Impact of Actions

The health needs addressed in Continuing Care Hospital's 2014-2016 CHNA included: obesity and prevention and management of chronic diseases. The hospital's actions toward improving these health needs over the previous CHNA coverage period are described below.

- Obesity
 - Expanded employee and community education about the benefits of healthy eating and active living.
 - Promoted existing hospital programs that benefit employees and the community (bariatric services, diabetes, wellness, etc.).
 - Maintained professional memberships to assist with programs offered through lunch & learns, churches, wellness programs, school programs, and the YMCA.
 - Offered free community education programs on healthy eating and living.
 - Promoted and participated in the "Partnership for a Healthier America" program, an initiative supported by Catholic Health Initiatives and other large health systems to improve the environment by eliminating waste and fostering more sustainable practices.
 - Posted nutrition information on foods served in the hospital cafeteria and promoted healthier menu options for both children and adults.
 - Collaborated with approved vendors to increase purchasing of local food products and actively promote items branded as "Kentucky Proud."
 - Continued to offer diabetes education classes and individual counseling.
- Prevention and Management of Chronic Diseases
 - Continued to offer diabetes education classes and individual counseling.
 - Provided pre-diabetes and diabetes refresher education offerings to enhance disease prevention.
 - Partnered with Saint Joseph Hospital Bariatric Center to provide educational classes.
 - Expanded educational and health promotion through screening, seminars, presentations and event promotion at non-traditional sites such as community centers, churches, and schools.
 - Collaborated with Saint Joseph Hospital and Saint Joseph East on developing an educational brochure to include a listing of available resources within the community regarding: Physical Activity Facilities and Programs, Nutrition and Healthy Cooking Resources, Chronic Disease Management Programs.
 - Partnered with the hospital's cardiovascular team to provide education in area high schools.
 - Participated with American Heart Association in developing and implementing programs to educate females in Central Kentucky about the risk factors, prevention and treatment of heart disease.
 - Provided health screenings in conjunction with American Heart Association at major community events including the Legends Ballgame, UK basketball games, and Junior League Horse Show.

Evaluation of Written Comments

Feedback on the most recently-conducted CHNA and implementation strategy was solicited via a link on the KentuckyOne Health website: <http://www.kentuckyonehealth.org/healthy-community-contact-us>. Although the link



has been accessed, none of the information shared through this link have been related to the previous CHNA or Implementation Strategies reports. So, Continuing Care Hospital has solicited feedback with a readily-accessible tool, but has not received any written comments and thus has no opportunity to evaluate those comments.

Learning from Previous CHNA

This second cycle of the CHNA process lends itself as a learning opportunity to improve the CHNA process. Across the KentuckyOne Health system, discussions at the executive and hospital leadership levels indicated the need to concentrate resources to most effectively address community health needs, which led to the conclusion that fewer priorities should be of focus in the 2017-2019 CHNAs.

In the interest of further unifying our state-wide health system and leveraging system expertise, KentuckyOne Health decided to use consistent reporting resources across all hospital CHNAs and identify health needs with consistent naming conventions. This will allow for greater synergies among our hospitals and a greater potential to positively impact the health of citizens in our communities across the Commonwealth of Kentucky.

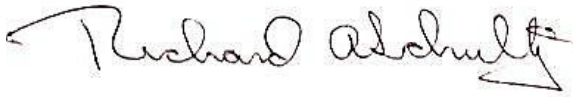
Next Steps

Continuing Care Hospital will use the findings in this 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, 2016. The efforts to address these identified health priorities will be described in an accompaniment to this document known as the Continuing Care Hospital's Implementation Strategies. This will be made public and widely available no later than November 15, 2016.



Adoption/Approval

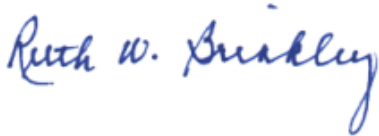
KentuckyOne Health's Board of Directors includes representation across the state and support the work that each facility completes to improve the health of their community. The Board of Directors approves Continuing Care Hospital's community health needs assessment and the methods used to identify priority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



4/27/2016

Chair, KentuckyOne Health Board of Directors

Date



4/27/2016

President & Chief Executive Officer, KentuckyOne Health

Date



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