Community Health Needs Assessment
2020 - 2022

CHI Saint Joseph Health

Flaget Memorial Hospital
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Executive Summary

Flaget Memorial Hospital 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 Nelson 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 Flaget Memorial Hospital. This report will be used to create an implementation plan with wide community input to address the identified health needs for the community served by Flaget Memorial Hospital over the next three years.

Summary of Findings

Methodology

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

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

Focus Group Visioning

Residents describe their vision of a vibrant, healthy Nelson County as: access to affordable health care; mental health services; after hours clinic; EMS; no drugs/alcohol/tobacco/vaping use; safe community – walkable; YMCA – indoor pool; healthy activities for all ages; no obesity; transportation – to services, evening service; jobs; dental services; food security; access to healthy and affordable foods; affordable housing and homeless shelter.

Focus Groups – Unmet Needs

CEDIK conducted focus groups with identified populations in Nelson 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: lack of specialists (urology, pulmonology); extended hours/after-hours care; affordable health care; knowledge and professionals regarding mental health/stigma related to mental health; and no residential treatment center in county.

Key Informant - Community Themes and Strengths

Flaget Memorial Hospital and CEDIK obtained additional primary data through a supplemental interview with an individual knowledgeable about health and quality of life needs in Nelson County. CEDIK organized the data into strengths, barriers and opportunities for change for Nelson County.

Strengths included the hospital and the many skilled health care providers, new business locations in the community (more jobs), school systems were characterized as strong and have high graduation rates.

Challenges faced by residents include poverty, lack of transportation, access to care and lack of awareness of self-care behaviors.

A number of opportunities were highlighted: collaborate to collect/share data and determine needs based on the data; develop policies that will help improve the health of the community, to include Smoke Free Nelson County.

Prioritized Areas

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

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

- **Behavioral health (mental health & substance abuse)**
- **Obesity & diabetes**
- **Education about resources**

A plan for addressing these priority areas will be described in a separate document called Flaget Memorial Hospital 2020-2022 Implementation Strategy.

Acknowledgements

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

One key informant shared their time and expertise to provide additional insights on strengths and needs in Nelson County.

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

Flaget Memorial Hospital would like to thank CEDIK, all community partners and key informants for their contributions to the information compiled in this document.

1. Introduction

1.1 CHNA Report Objective

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

1.2 Flaget Memorial Hospital

Flaget Memorial Hospital is a 52-bed facility located in Bardstown, Kentucky. We provide care for patients from Nelson, Hardin, Marion, Washington, Spencer, Bullitt and LaRue counties.

Founded in 1951 by the Sisters of Charity of Nazareth, Flaget Memorial Hospital is nationally recognized for orthopedic care, surgical care and inpatient satisfaction. We offer a complete array of services, including cancer care, heart care, outpatient rehabilitation, skilled nursing, weight loss surgery, pain management, general surgery, obstetrics and gynecology, maternity care, and sports medicine. The cancer center is proud to be able to provide full support and cancer care to patients through its medical and radiation oncology programs.

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, Flaget Memorial Hospital has defined the community of Nelson County as its primary service area. Nelson County will serve as the unit of analysis for this CHNA, and health needs discussed will pertain to residents of Nelson County.

CHI Saint Joseph Health

Dear Community Resident,

CHI Saint Joseph Health and Flaget Memorial Hospital 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,

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 Flaget Memorial Hospital in 2016 to cover FY2017-19.

Needs Identified in 2017-2019 CHNA and Impact of Actions

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

- **Alcohol and Drug Use**
    - Supported provision of state funding for evidence-based substance abuse initiatives and collaboration between the public and private sectors.
    - Continued to support legislation allowing the Kentucky Harm Reduction Coalition to dispense Naloxone.
    - Participated in Kentucky Safety and Prevention Alignment Network (KSPAN) to align prevention efforts with statewide efforts.
    - Facilitated emergency telepsych assessments by Our Lady of Peace – Louisville, Kentucky.
    - Provided meeting space for Mothers Against Drunk Driving (MADD).
    - Supported St. Vincent de Paul through in-kind donations of food drive.

- **Tobacco Use**
    - Advocated for legislation that would prohibit smoking in indoor workplaces and public places, including restaurants, bars and hotels.
    - Advocated for increase in cigarette tax. The state legislature passed a 50 cent tax increase on tobacco.
    - Offered and promoted low-cost CT lung scans.
    - Offered cancer screenings (lung, breast, colorectal, prostate and skin) at CHI Saint Joseph Health - Cancer Care at Flaget Memorial Hospital.
    - Provided staff time to fundraise for American Cancer Center.
    - Partnered with Susan G. Komen Foundation to support breast cancer research and treatment.
    - Disseminated educational literature on the dangers of smoking via hospital waiting rooms.
    - Campus continues to be tobacco free, signs are posted and enforcement continues to be difficult.
    - Engaged and educated the community about cancer through literature and events.

- **Community Safety**
    - CHI Saint Joseph Health (formerly KentuckyOne Health), American Hospital Association and Massachusetts General Hospital worked collaboratively to secure recognition for diagnostic codes that will allow health care providers to identify victims of human trafficking that seek health care.
    - Supported local groups that have a mission to promote community safety was limited due to financial difficulties.
    - Provided hands-only CPR education for by-standers at community and hospital events to improve outcomes.
    - Continued the Green Dot program for to address bullying in schools.
    - Provided education materials at events and screenings on various aspects of safety.
    - Annually, all CHI Saint Joseph Health employees complete a LEARN Security Awareness module that includes an active shooter.
    - Walk With a Doc was discontinued in spring of 2017.

Evaluation of Written Comments

A link was provided on [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. Flaget Memorial Hospital has solicited feedback with a convenient tool, but has not received any written comments to evaluate.

Learning from Previous CHNA

Flaget Memorial Hospital appreciates the opportunity to evaluate past community health needs assessments and use the knowledge gleaned from them to improve the next assessment with the goal of making our community a better place to live, work and play.

Last assessment, fewer priorities were selected so that resources could be concentrated more effectively and this practice will continue. Also, in the interest of the unification of our statewide health system, consistency with assessments, including processes, were put in place across KentuckyOne Health and this, too, will continue as a best practice.

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

Next Steps

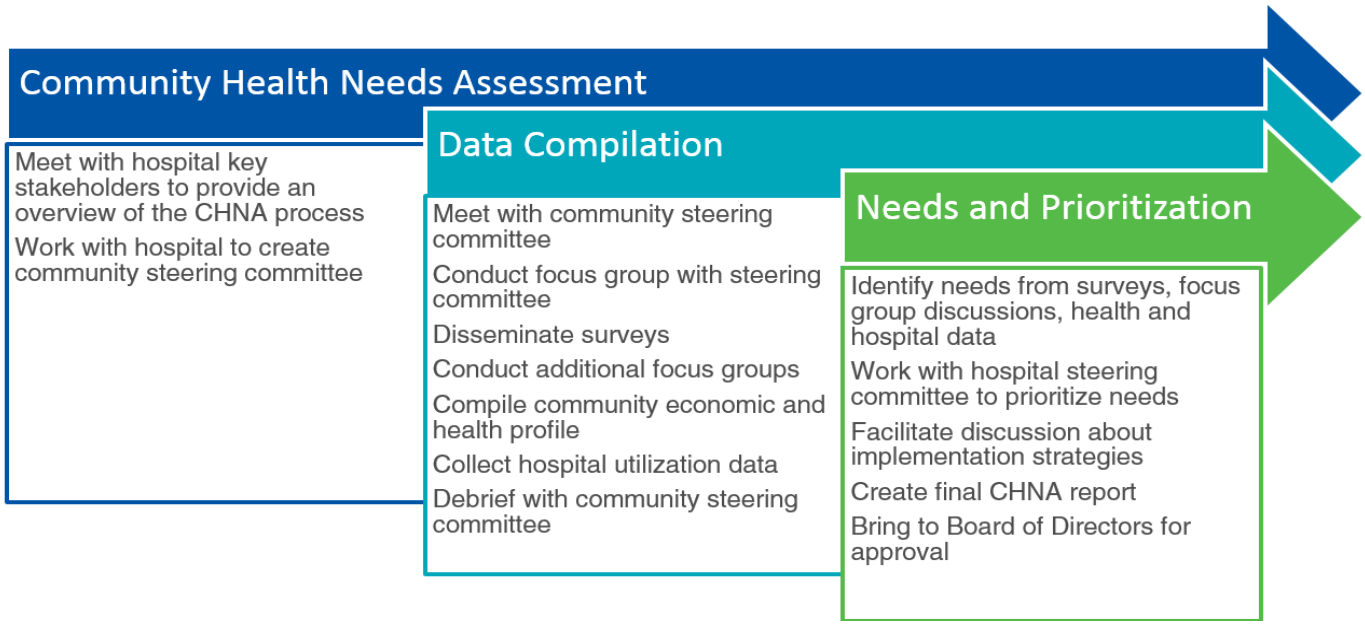
Flaget Memorial Hospital will use the findings in the community health needs assessment to guide the coordinated efforts in addressing the identified health priorities. This community health needs assessment will be made public and widely available no later than June 30, 2019. The efforts to address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

3. CHNA Process

3.1 CHNA Process Overview

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

Figure 1. CHNA Process Overview.



3.2 The Community Steering Committee

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

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

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

Table 1. 2020-2022 Flaget Memorial Hospital CHNA Community Steering Committee.

Name	Organization
Rachel Briney	Nelson County Health Department
Suzanne Reasbeck	Bardstown at Home
Cindy Hutchins	Guthrie Opportunity Center
Margaret Neel	Nelson County Community Clinic
Mike Walton, DMD	Blackmon & Walton Dentistry
Eva & Joe Prewitt	Nelson County EMS
Tim Hockensmith	Nelson County School District
Ryan Clark	Bardstown City School
Samantha Brady	Nelson County Chamber of Commerce
Marchell Hill	Local NAMI Chapter

3.3 Collection of Nelson 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. Nelson County Secondary Data

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

Table 2. Demographics.

Indicator	Nelson County	Kentucky
2017 Population Estimates	45,640	4,454,189
2017 Households	19,025	1,984,150
Percent Population Change 2010-2017	5.1%	2.6%
2017 Population by Race		
White	41,383	3,839,352
Black/African American	2,386	369,787
American Indian/Alaska Native	50	11,179
Asian	165	68,723
Native Hawaiian/Pacific Islander	0	3,296
Some Other Race	367	67,417
2+ Races	780	96,749
2017 Population by Ethnicity		
Hispanic/Latino	888	165,200
Not Hispanic/Latino	42,549	4,291,303
2017 Population by Age		
Age < 18	11,074	1,005,336
Age 18+	34,057	3,451,167
Age 25+	30,234	3,018,439
Age 65+	6,358	727,138
Median Age		39.1

Table 2. Demographics, continued.

Indicator	Nelson County	Kentucky
2017 Population by Language Spoken at Home		
English	41,167	3,962,001
Spanish	621	108,146
Asian/Pacific Island	94	33,650
Indo-European	197	56,705
Other	16	20,211
Average Household Size	2.57	2.49
Median Household Income	$55,182	$46,535
2017 Households By Race and Household Income		
Median HH Income, White	$55,769	$49,987.00
Median HH Income, Black/African American	$44,797	$33,715.00
Median HH Income, Am Ind/AK Native	-	$40,630.00
Median HH Income, Asian	-	$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	$66,800	$41,864.00
2017 Household by Ethnicity and Household Income		
Median HH Income, Hispanic/Latino	$12,197	$40,951.00
Median HH Income, Not Hispanic/Latino	$56,183	$48,744.00
Families Below Poverty	12,218	168,059
Families Below Poverty with Children	5,917	123,698
Population 25+ with Less than High School Graduation	3,219	
Percent Civilian Labor Force Unemployed	3.8%	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	Nelson County	Kentucky
All Physicians	49	10,115
Primary Care Physicians	30	4,241
Physician Specialists	19	5,874
Registered Nurses	530	47,948
Nurse Practitioners	23	2,797
Physician Assistants	1	772
Pharmacists	42	4,524
Dentists	18	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	Nelson County	Kentucky	National Level
Average Daily Density of Air Pollution - PM 2.5	10.2	10.3	8.7
Presence of Drinking Water Violations	Yes	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	14.0%	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	40.0%	29.0%	35.0%

Table 5. Social and Economic Environment.

Indicator	Nelson County	Kentucky	National Level
Graduation Rate of 9th Grade Cohort in 4 Years	92.0%	89.2%	83.0%
Percentage Rate of Ages 25-44 with Some Post-Secondary College	56.0%	60.3%	65.0%
Percent of Unemployed Job-Seeking Population 16 Years and Older	4.5%	5.0%	4.9%
Percent of Children in Poverty	16.0%	24.4%	20.0%
Income Inequality Ratio	4.1	5.1	5
Percent of Single-Parent Households	29.0%	34.6%	34.0%
Percent of Children Qualifying for Free or Reduced Lunches	56.0%	59.4%	52.0%
Violent Crime Rate per 100,000 Population	98	215	380
Injury Death Rate per 100,000 Population	79	88	65
Firearm Fatalities Rate per 100,000 Population	15	15	11

Table 6. Clinical Care.

Indicator	Nelson County	Kentucky	National Level
Percent Uninsured Adults	7.0%	8.2%	13.0%
Percent Uninsured Children	4.0%	4.3%	5.0%
Primary Care Provider Ratio	1960:1	1507:1	1320:1
Dentist Ratio	1690:1	1561:1	1480:1
Mental Health Provider Ratio	730:1	525:1	470:1
Other Primary Care Provider Ratio	1302:1	885:1	1230:1
Preventable Hospital Stays	47	77	49
Percent of Population Receiving Mammography Screening	54.0%	58.9%	63.0%

Table 7. Health Behaviors.

Indicator	Nelson County	Kentucky	National Level
Percent Adult Smokers	20.0%	24.5%	17.0%
Percent Obese Adults with BMI >= 30	32.0%	33.7%	28.0%
Food Environment Index	8	7.0	7.7
Percent Physically Inactive Adults	29.0%	28.1%	23.0%
Percent of Population with Access to Exercise Opportunities	68.0%	72.4%	83.0%
Percent of Adult Excessive Drinking	16.0%	15.8%	18.0%
Percent Alcohol-Impaired Driving Deaths	35.0%	27.6%	29.0%
Chlamydia Rate Newly Diagnosed per 100,000 Population	343.7	395	478.8
Teen Birth Rate Ages 15-19 per 1,000 Population	35	38	27
Percent of Population Food Insecure	13.0%	15.8%	13.0%
Percent of Population Limited Access to Healthy Foods	4.0%	5.6%	6.0%
Drug Overdose Mortality Rate	18	28	17
Motor Vehicle Mortality Rate	21	17	11

Table 8. Health Outcomes.

Indicator	Nelson County	Kentucky	National Level
Years of Potential Life Lost Rate	7,300	9,047	6,700
Child Mortality Rate	19	58.5	50
Percent of Live Births with Low Birth Weight	9.0%	8.9%	8.0%
Percent of Population in Fair/Poor Health	19.0%	21.3%	16.0%
Physically Unhealthy Days	4.3	4.8	3.7
Percent of Population in Frequent Physical Distress	13.0%	15.6%	11.0%
Mentally Unhealthy Days	4.4	4.8	3.8
Percent of Population in Frequent Mental Distress	13.0%	15.4%	12.0%
Percent of Population who are Diabetic	13.0%	12.8%	10.0%
HIV Prevalence Rate	46	180	362

4.1 Hospital Utilization Data

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

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

County of Origin	Visits	Total Charges	Average Charges
Nelson - KY	43,880	$137,368,730.15	$3,130.55
Washington - KY	4,996	$18,685,556.40	$3,740.10
Marion - KY	3,419	$15,296,657.67	$4,474.02
Bullitt - KY	2,533	$6,943,832.35	$2,741.35
Hardin - KY	1,297	$4,159,766.41	$3,207.22
Taylor - KY	977	$1,905,722.87	$1,950.59
LaRue - KY	593	$1,771,751.80	$2,987.78
Spencer - KY	585	$1,572,035.83	$2,687.24
Jefferson - KY	506	$2,176,401.48	$4,301.19
Grayson - KY	239	$420,167.44	$1,758.02
Green - KY	231	$625,985.88	$2,709.90
Adair - KY	167	$321,640.09	$1,925.99

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

Payer	Visits	Total Charges	Average Charges
Medicare	16,503	$61,137,096.83	$3,704.61
Passport Medicaid Managed Care	12,707	$38,575,556.81	$3,035.77
Blue Cross Blue Shield	12,125	$34,812,300.50	$2,871.12
Medicare Managed Care	5,381	$18,285,303.95	$3,398.12
Humana Medicaid Managed Care	2,993	$9,305,097.17	$3,108.95

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

Payer	Discharges	Total Charges	Average Charges
Medicare (Excluding Medicare Managed Care)	784	$28,735,065.79	$36,651.87
Blue Cross Blue Shield	407	$9,115,910.27	$22,397.81
Passport Medicaid Managed Care	329	$6,933,214.16	$21,073.60
Medicare Managed Care	260	$9,586,262.32	$36,870.24
WellCare of Kentucky Medicaid Managed Care	86	$1,507,738.77	$17,531.85
Humana Medicaid Managed Care	83	$1,775,728.56	$21,394.32
Commercial - Other	55	$1,005,367.84	$18,279.42
Commercial - PPO	38	$807,840.22	$21,258.95

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

Payer	Discharges	Total Charges	Average Charges
Nelson - KY	1,455	$41,882,610.29	$28,785.30
Washington - KY	182	$4,750,858.60	$26,103.62
Marion - KY	141	$4,291,838.73	$30,438.57
Bullitt - KY	110	$2,788,654.76	$25,351.41
Hardin - KY	81	$2,288,692.99	$28,255.47
Taylor - KY	47	$2,299,597.59	$48,927.61
Jefferson - KY	31	$529,588.53	$17,083.50
Spencer - KY	29	$532,812.83	$18,372.86
LaRue - KY	26	$622,303.15	$23,934.74

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

Payer	Discharges	Total Charges	Average Charges
Septicemia w Major Complication	259	$8,938,399.37	$34,511.19
Joint Replacement	246	$12,405,189.65	$50,427.60
Newborn care	198	$625,856.00	$3,160.89
Normal Delivery	135	$1,054,987.30	$7,814.72
Heart Failure w Major Complication	93	$2,608,367.91	$28,046.97
Pulmonary Edema	82	$1,937,978.14	$23,633.88
C-Section Delivery	73	$1,673,551.92	$22,925.37
O.R. Procedures For Obesity	60	$3,014,440.94	$50,240.68
Septicemia	55	$1,022,857.98	$18,597.42

5. Community Feedback

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

5.1 Community Survey

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

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

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

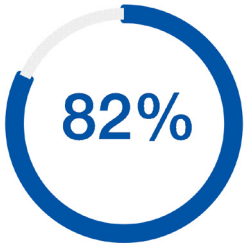
Overall, the respondents identified more substance abuse prevention and treatment services as the single most important thing that the community can do to have a positive effect on health.

CHI Saint Joseph Health

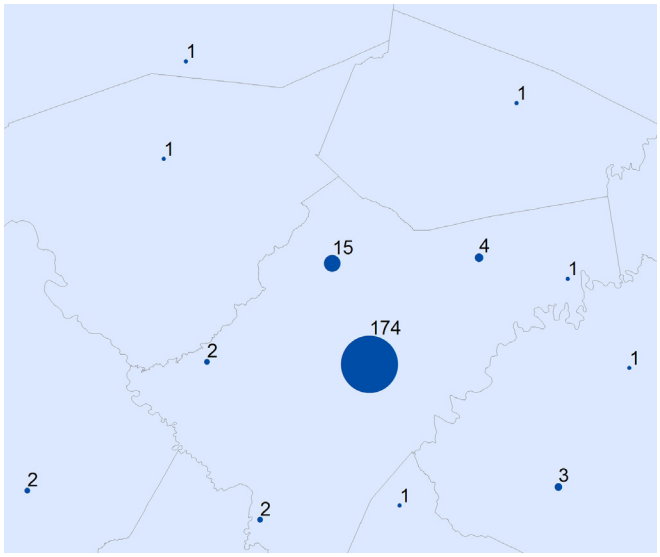
Flaget Memorial Hospital

Fall 2018 Survey Results

214 Surveys*

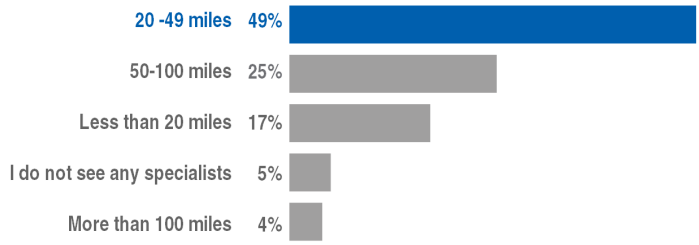


Respondents who are satisfied with their ability to access health care services in their county.



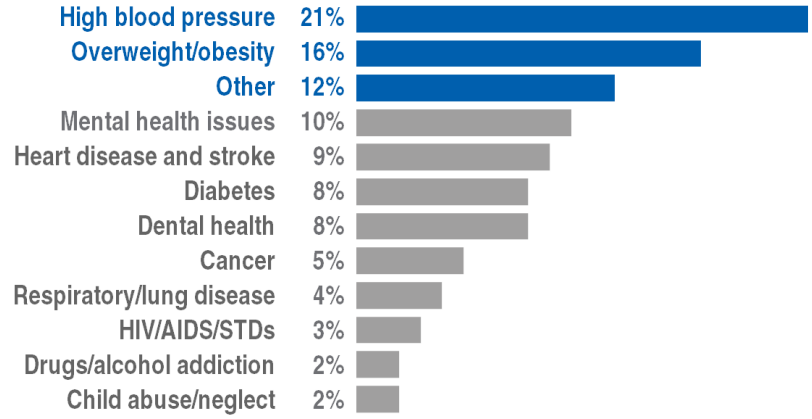
Where most respondents live.

How far respondents have to travel to see a specialist:



Respondent's transportation access:

Top three health challenges respondents face:



** Other responses include: allergies, arthritis, high cholesterol, hypothyroidism.*

Routine health care accessed by respondents:

Physician's office	56%
Emergency room	7%
Clinic in a grocery or drug store	11%
Health department	2%
Urgent care center	20%
Other	2%
I do not receive routine health care	2%

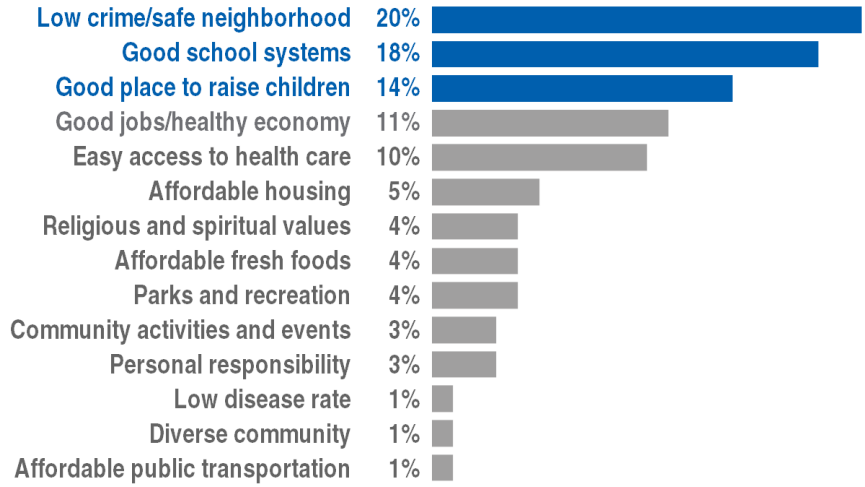
No appointment available (63%), Cannot afford it (14%), No transportation (9%), Other (9%), No specialist in my community (3%), Cannot take off from work (3%)

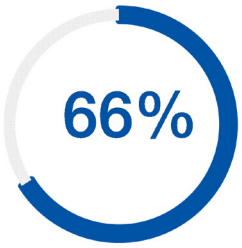
Respondent eligibility:

Medicare	20%
Medicaid	11%
Public Housing Assistance	1%
SNAP (food stamp program)	1%
VA	7%
Commercial/private insurance	61%

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

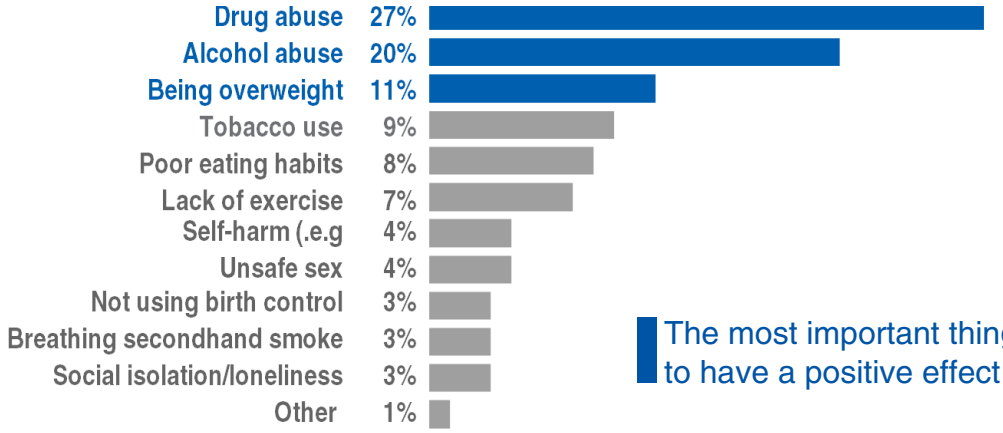
Top three most important factors for a healthy community:



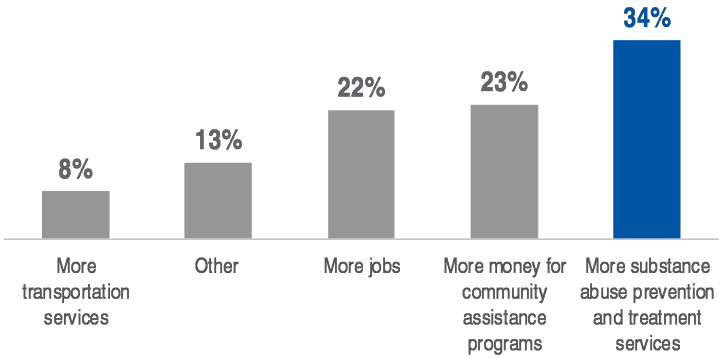


Respondents feel that the community meets those needs they identified as most important.

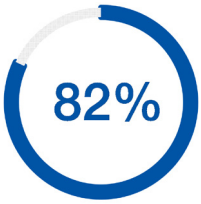
Top three risky behaviors:



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



Respondent Demographics



Of Respondents are female.

Of Respondents work at least part time.

3% of respondents are retired.

Of Respondents are parents to at least one child under 18 years old.

91% live in respondents' home.

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

5.2 Focus Groups

In order to collect primary data from community residents, focus groups were conducted in Nelson County and in the area that Flaget Memorial Hospital patients reside. These groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Thirty-six individuals participated in three focus groups. Representation from seniors, schools, community partners, Nelson County Community Clinic and underserved populations in the service area were invited to share their thoughts, opinions and health care needs. Below is an aggregated list of ideas generated from all focus groups.

Resident's vision for a healthy community

- Access to affordable health care, mental health services, after-hours clinic, EMS
- No drugs/alcohol/tobacco/vaping use
- Safe community – walkable
- YMCA – indoor pool, healthy activities for all ages
- No obesity
- Transportation – to services, evenings
- Jobs
- Dental services
- Food security, access to healthy and affordable foods
- Affordable housing
- Homeless shelter

What are the most significant health needs in Nelson County?

- Drug use, overdose, lack of treatment – youth and adults
- Mental and behavioral health
- Obesity/obesity-related diseases (diabetes)
- Lack access to affordable, healthy foods and exercise opportunities
- Vaping increasing in youth
- Cancer
- Transportation
- Lack of health and wellness education
- Support for grandparents raising grandchildren
- Have to travel for health care – no specialists, can't get an appointment
- Respiratory diseases
- Cost of health care

- Disengaged families
- Insurance issues
- Medicaid
- Providers that will/will not accept certain insurances

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

- Great EMS
- Hospital employees care about patients and community
- Healthy Kids Clinic
- Proud of maternity wing at hospital
- Caring community

Opportunities for improving the health care system in Nelson County

- Lack of specialists (urology, pulmonology)
- Community needs extended hours/after-hours care
- Health care is expensive
- Lack of knowledge regarding definition of “good mental health,” stigma related to mental health
- Lack of mental health professionals
- No residential treatment center in county
- Negative view of hospital
- Perception that you “have to travel to get good care”
- Not everyone takes advantage of maternity wing

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

- Increase knowledge of community resources – resource guide (online or through health department)
- Transportation – to and from health services
- Community health workers
- Health education – preventive health, nutrition, mental health
- Increase specialists available
- Active community/social space (YMCA, community center)
- Affordable, quality housing
- Walk-in clinic, after hours
- Affordable, quality childcare
- Jobs with a living wage
- Services for elderly – loneliness, food insecurity
- Day/residential treatment center for mental health
- Reduce stigma of mental health issues through education
- Provider education on benefit of mental health support and medication with follow-up care

5.3 Key Informant Interview

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

Strengths of community health in Nelson County

- Hospital and many skilled health care providers
- New business locations in the community (more jobs)
- School systems are strong and have high graduation rates

Most significant or common needs in Nelson County (related to health)?

- Overdose rates in Nelson County are the highest in the region
- Opioid crisis
- Nelson County ranks #1 for stroke deaths, ranks #2 for heart disease deaths and #3 for lung disease deaths in the Lincoln Trail region
- Nelson County is higher than Kentucky and the national average for prevalence of overweight adults
- 40% of Nelson County children live below the federal poverty level

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

- Collaborate to collect/share data and determine needs based on that data
- Develop policies that will help improve the health of the community to include Smoke-Free Nelson County

6. Selected Priority Areas

Flaget Memorial Hospital hosted the second CHNA steering committee meeting on February 8, 2019, for members of the community steering committee to review findings from the community surveys, focus groups, key informant interviews and county specific secondary health data.

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

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

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

- Behavioral health (mental health & substance abuse)
- Obesity & diabetes
- Education about resources

7. Conclusion

Nelson 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 Flaget Memorial Hospital will use for guidance in planning its community benefit efforts and strategic direction for addressing health needs related to behavioral health (mental health & substance abuse); tobacco, alcohol, vaping and drugs; obesity/diabetes; education of resources; and lack of specialty services. 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

Flaget Memorial Hospital
Community Health Needs Assessment Survey

1. Please tell us your zip code:

_____

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

- O Yes
- O No

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

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

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

- O No appointment available
- O No specialist in my community
- O No transportation
- O Cannot take off from work
- O Cannot afford it
- O No insurance
- O Other _____

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

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

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

- O My own vehicle
- O Family/friend vehicle
- O Taxi/cab
- O Other _____

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

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

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

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

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

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

10. Do you think your county meets those factors?

- ○ Yes
- ○ No

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

- ○ More jobs
- ○ More money for community assistance programs
- ○ More transportation services
- ○ More substance abuse prevention and treatment services
- ○ Other _____

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

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

13. What is your age?

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

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

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

17. What is your gender?

- ○ Male
- ○ Female

18. What ethnic group do you identify with?

- ○ African American/Black
- ○ Asian/Pacific Islander
- ○ Hispanic/Latino
- ○ Native American
- ○ White/Caucasian
- ○ Other _____

19. What is your highest level of education?

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

20. What is your annual household income?

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

21. What is your current employment status?

- ○ Unemployed
- ○ Student
- ○ Employed part-time
- ○ Employed full-time
- ○ Retired
- ○ Other _____

Approval

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

Jane J. Childs — 5/7/19

Chair, CHI Saint Joseph Health Board of Directors — *DATE*

Bruce Tassin — 5/7/19

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