CHI Saint Joseph Health
Saint Joseph Mount Sterling

Community Health Needs Assessment

FY 2023-2025

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COMMUNITY HEALTH NEEDS ASSESSMENT
At a Glance

Montgomery County

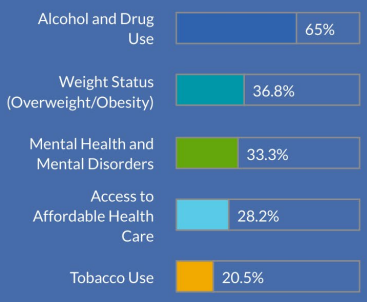
Secondary Data

- Cancer
- Oral Health
- Children's Health
- Prevention & Safety
- Diabetes
- Respiratory Diseases
- Education
- Sexually Transmitted Diseases

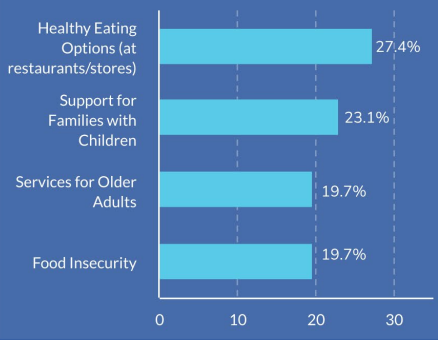
Primary Data/Community Input

Community Survey, Key Informant Interviews, Focus Group Discussions

Pressing Health Issues:



Quality of Life Factors:



Health Equity

Health equity focuses on the fair and just distribution of health determinants, outcomes, and resources across communities.

Systemic racism
Poverty
Gender discrimination

Poorer health outcomes for groups such as Black persons, Hispanic or Latino persons, indigenous communities, people experiencing poverty and LGBTQ+ communities.

PRIORITY HEALTH NEEDS

Montgomery County

Alcohol, Tobacco & Drug Use

Themes from Community Input:

- Ranked by survey respondents as the most pressing health problem (65.0%)
- High rates of vaping, especially among youth
- Education, family dynamics, cultural issues, and childhood trauma cited as major factors for substance use

Warning Indicators:

- Death Rate due to Drug Poisoning
- Liquor Store Density
- Drug Arrest Rate

Mental Health & Mental Disorders

Themes from Community Input:

- Ranked by survey respondents as the third most pressing health problem (33.3%)
- Stress, anxiety, and childhood trauma cited as contributing factors

Warning Indicators:

- Depression: Medicare Population
- Poor Mental Health: 14+ Days
- Alzheimer's Disease or Dementia: Medicare Population

Weight Status, Physical Activity & Nutrition

Themes from Community Input:

- Ranked by survey respondents as the second most pressing health problem (36.8%)
- Healthy eating options at restaurants, stores, and markets a top quality of life issue among survey respondents (27.4%)
- Lack of exercise, busy lifestyles, lack of nutritional foods and learned behaviors through multiple generations cited as key contributors to obesity

Warning Indicators:

- Adult Fruit and Vegetable Consumption
- Food Environment Index
- Adults who are Sedentary

Executive Summary

Introduction & Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Saint Joseph Mount Sterling (SJMS). The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission: "As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all."

CHNA Collaborators

CHI Saint Joseph Health commissioned Conduent Healthy Communities Institute (HCI) to conduct the 2023-2025 Community Health Needs Assessment for Saint Joseph Mount Sterling.

Community Definition

The community served by Saint Joseph Mount Sterling, also known as the hospital's primary service area (PSA), was defined based on zip codes representing 75% of all inpatient discharges. The primary service area consists of eight zip codes (40312, 40322, 40337, 40353, 40360, 40374, 40380, 40391), and includes Montgomery County as well as the neighboring counties of Bath, Powell, Menifee, and Clark.

Methods for Identifying Community Needs

Secondary data used in this assessment consisted of community health indicators, while primary data consisted of key informant interviews, a focus group discussion, and an online community survey. Findings from all these data sources were analyzed to identify the significant health needs for the community served by Saint Joseph Mount Sterling.

Secondary Data

The secondary data used in this assessment were obtained and analyzed from a community indicator database developed by Conduent Healthy Communities Institute. The database includes over 150 community health and quality of life indicators, spanning at least 24 topics, that are primarily derived from state and national public data sources. Indicator values for Montgomery County were compared

to other counties in Kentucky and the U.S., trends over time and Healthy People 2030 targets to assess relative areas of need. HCI's Data Scoring Tool systematically summarizes these comparisons, ranking indicators based on highest need. Each indicator is assigned a score from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Indicators are grouped into broader topic areas for a higher-level ranking of community health needs. Topic scores also range from 0 to 3, with 0 indicating the best outcome and 3 indicating the worst outcome. Topics receiving a secondary data score of 1.70 or higher were identified as a significant health need.

Primary Data

The primary data used in this assessment included an online community survey and qualitative data in the form of key informant interviews and a focus group discussion. Key informants invited to participate in these interviews were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations.

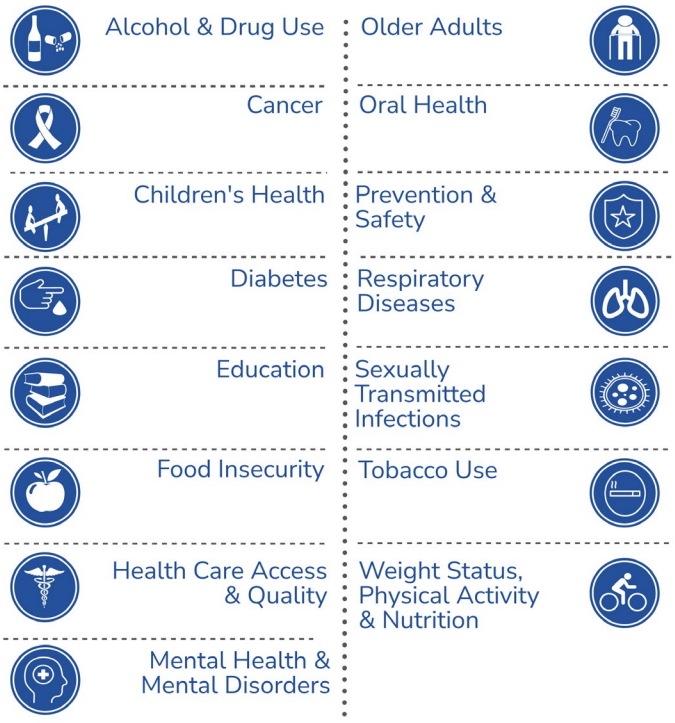
Summary of Findings

Health needs were determined to be significant if they met the following criteria:

- Secondary data analysis: topic score of 1.70 or higher
- Survey analysis: identified by 20% or more of respondents as a priority issue
- Qualitative analysis: frequency topic was discussed within/across interviews and the focus group

Through this criteria, fifteen needs emerged as significant. Figure 1 illustrates the final 15 significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for the Saint Joseph Mount Sterling 2023-2025 CHNA.

FIGURE 1. SIGNIFICANT HEALTH NEEDS



Prioritization

Saint Joseph Mount Sterling convened a group of community leaders to participate in a presentation of data on the 15 significant health needs. Following the presentation, participants engaged in a discussion and were asked to complete an online prioritization activity.

Process and Criteria

The online prioritization activity included two criteria for prioritization:

- Magnitude of the Issue
- Ability to Impact

Participants assigned a score of 1-3 to each health topic and criterion, with a higher score indicating a greater likelihood for that topic to be prioritized. Numerical scores for the two criteria were then combined and averaged to produce an aggregate score and ranking for each health topic.

FIGURE 2. RANKED ORDER OF HEALTH NEEDS

1. **Alcohol & Drug Use** (2.56)
2. **Mental Health & Mental Disorders** (2.56)
3. **Children's Health** (2.50)
4. **Health Care Access & Quality** (2.50)
5. **Cancer** (2.17)
6. **Diabetes** (2.17)
7. **Food Insecurity** (2.17)
8. **Older Adults** (2.17)
9. **Respiratory Diseases** (2.11)
10. **Weight Status, Physical Activity & Nutrition** (2.11)
11. **Prevention & Safety** (2.06)
12. **Tobacco Use** (2.00)
13. **Education** (1.94)
14. **Oral Health** (1.94)
15. **Sexually Transmitted Infections** (1.94)

Prioritization Results

The list of significant health needs in Figure 2 is provided in the rank order that resulted from the prioritization process, alongside the average score assigned to each topic. The needs are listed in order of highest priority to lowest priority. For those topics with identical scores, the health needs are listed in alphabetical order.

Prioritized Areas

The prioritized list of significant health needs was presented to hospital leadership. The hospital's Healthy Communities / Community Benefit Committee reviewed the scoring results of the online prioritization activity in conjunction with the full list of health needs that were identified as significant across all seven hospitals in the CHI Saint Joseph Health system. A decision was made to combine the prioritized health areas of Alcohol & Drug Use and Tobacco Use and move forward with the significant health needs that were trending across all seven hospitals. This process resulted in a final selection of three priority health areas that will be considered for subsequent implementation planning. The three priority health needs are shown in Table 1.

TABLE 1. PRIORITIZED HEALTH NEEDS

Alcohol, Tobacco & Drug Use
Mental Health & Mental Disorders
Weight Status, Physical Activity & Nutrition

Report Adoption, Availability and Comments

This CHNA report was adopted by the CHI Saint Joseph Health Board of Directors in May 2022. The report is widely available to the public on the hospital's website: https://www.chisaintjosephhealth.org/healthycommunities. Paper copies are also available for inspection upon request at Saint Joseph Mount Sterling. Written comments on this report can be submitted through the online Assessment Feedback form: https://www.chisaintjosephhealth.org/healthy-community-chna-feedback.

Conclusion

This report describes the process and findings of a comprehensive Community Health Needs Assessment (CHNA) for the community served by Saint Joseph Mount Sterling. The prioritization of the identified significant health needs will guide the community health improvement efforts of the hospital. Following this process, Saint Joseph Mount Sterling will outline how it plans to address the prioritized health needs.

Introduction & Purpose

Saint Joseph Mount Sterling is pleased to present its fiscal year 2023-2025 Community Health Needs Assessment (CHNA).

CHNA Purpose

The purpose of this CHNA report is to identify and prioritize significant health needs of the community served by Saint Joseph Mount Sterling (SJMS). The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a community health needs assessment at least once every three years.

This report includes a description of:

- **The community demographics and population served;**
- **The process and methods used to obtain, analyze and synthesize primary and secondary data;**
- **The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;**
- **The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.**

CHI Saint Joseph Health

CHI Saint Joseph Health is one of the largest and most comprehensive health systems in the Commonwealth of Kentucky. We consist of 100 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 Kentucky counties.

At CHI Saint Joseph Health, we are dedicated to building healthier communities by elevating patient care. We are guided by our strong mission and faith-based heritage and work through local partnerships to expand access to care in the communities we serve.

CHI Saint Joseph Health is part of CommonSpirit Health, a nonprofit, Catholic health system dedicated to advancing health for all people. It was created in February 2019 through the alignment of Catholic Health Initiatives and Dignity Health. CommonSpirit Health is committed to creating healthier communities, delivering exceptional patient care, and ensuring every person has access to quality health care. With its national office in Chicago and a team of approximately 150,000 employees and 25,000 physicians and advanced practice clinicians, CommonSpirit Health operates 142 hospitals and more than 700 care sites across 21 states.

Saint Joseph Mount Sterling

Saint Joseph Mount Sterling (SJMS), part of CHI Saint Joseph Health, is a 42-bed hospital located just off Interstate 64 in Mount Sterling, Kentucky. We have the latest technology, including MRI services and digital mammography, all-private rooms, 14 private emergency treatment rooms, four operating rooms, an Intensive Care Unit, a Birthing Center, Infusion Center, cardiovascular services, and a faith-based healing environment. From its founding in 1921, the hospital has been committed to its goal of serving the people of Montgomery, Bath, Menifee, and Powell counties.

Community Benefit Leadership and Team

The Healthy Communities / Community Benefit Committee at CHI Saint Joseph Health plays a vital role in the CHNA process. The committee includes representation from community health, mission services, nursing services, violence prevention, and other hospital leadership. Committee members were invited to participate in several meetings throughout the CHNA process, including multiple presentations of data findings, virtual discussions, and an online prioritization activity. The members participating in this committee, including names, titles, and associated facilities, are provided in Appendix H.

Resources Potentially Available to Address Needs

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. Appendix I provides a list and description of potentially available resources to address the health needs of Saint Joseph Mount Sterling's community. The Kentucky Cabinet for Health and Family Services updates the list of these resources monthly in their report "Inventory of Health Facilities and Services" at this link: https://chfs.ky.gov/agencies/os/oig/dcn/Pages/inventory.aspx.

Acknowledgements

CHI Saint Joseph Health commissioned Conduent Healthy Communities Institute (HCI) to support report development for Saint Joseph Mount Sterling's 2023-2025 Community Health Needs Assessment. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. Report authors from HCI include Cassandra Miller, MPH, Public Health Consultant; Era Chaudhry, MBA, MPH, Public Health Senior Analyst; and George Nguyen, Research Assistant. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-health/.

Saint Joseph Mount Sterling gratefully acknowledges the participation of a dedicated group of external stakeholders that gave generously of their time and expertise to help guide this CHNA report (Table 2).

TABLE 2. EXTERNAL STAKEHOLDERS

Bath County Emergency Management
City of Mount Sterling
Kentucky Opioid Community Healing Project
Kentucky Regional Health Information Organization (RHIO)
Montgomery County Health Department
Montgomery County Schools
Montgomery County / UK Healthcare
Mount Sterling Police Department
New Song Counseling Center
Post Clinic
Sterling Community Food Coalition
Sterling Health Care

Look Back: Evaluation of Progress Since Prior CHNA

Saint Joseph Mount Sterling completes its CHNA every three years. An important piece of this three-year cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHNA and Implementation Strategy (Figure 3). By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.

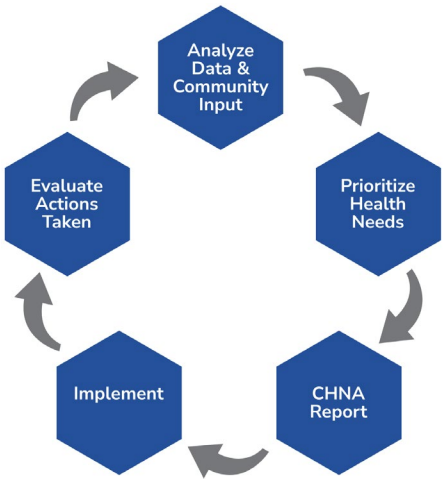
Priority Health Needs from Preceding CHNA

Saint Joseph Mount Sterling's priority health areas for fiscal year 2020-2022 were:

- Substance Abuse (including Tobacco)
- Mental Health
- Provider of Additional Information and Services / Navigating the Health Care System

A detailed impact report outlining the goals, objectives and status of each strategy is provided in Appendix G.

FIGURE 3. THE CHNA CYCLE



Community Feedback

The 2020-2022 Community Health Needs Assessment and Implementation Strategy were made available to the public via the website https://www.chisaintjosephhealth.org/healthycommunities. Saint Joseph Mount Sterling invited written comments on the most recent CHNA and Implementation Strategy on the website where they are widely available to the public: https://www.chisaintjosephhealth.org/healthy-community-chna-feedback. No written comments had been received on the preceding CHNA at the time this report was written.

Defining the Community

Defining the community is a key component of the CHNA process as it determines the scope of the assessment and implementation strategy.

Process for Identifying the Community

For the 2023-2025 Community Health Needs Assessment, the community served by Saint Joseph Mount Sterling, also known as the hospital's primary service area (PSA), was defined based on zip codes representing 75% of all inpatient discharges. To identify those zip codes, inpatient discharge data from July 2020 – June 2021 (fiscal year 2021) were obtained and analyzed by the patient's zip code of residence. This process identified eight zip codes that define Saint Joseph Mount Sterling's Primary Service Area.

Saint Joseph Mount Sterling Primary Service Area

The community served by Saint Joseph Mount Sterling is located 35 miles east of Lexington, Kentucky. The geographical boundary of the hospital's primary service area is defined by eight zip codes and includes Montgomery County as well as the neighboring counties of Bath, Powell, Menifee, and Clark. The service area is home to an estimated 88,782 residents. The eight zip codes that define the Saint Joseph Mount Sterling Primary Service Area (PSA) are colored in blue in the map below (Figure 4). The zip codes and corresponding city/county names that comprise the hospital's PSA are listed in Table 3.

FIGURE 4. SAINT JOSEPH MOUNT STERLING PRIMARY SERVICE AREA

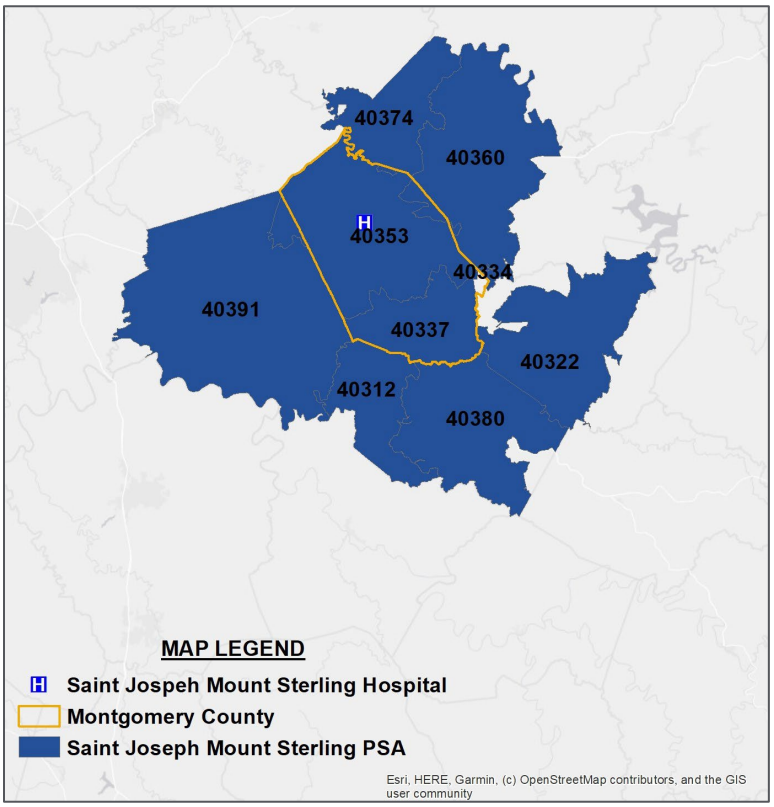


TABLE 3. ZIP CODES COMPRISING SJMS PRIMARY SERVICE AREA, BY INPATIENT DISCHARGES

Zip Code	City	County	State	Inpatient Discharges	Percent of Total
40353	Mount Sterling	Montgomery	KY	743	39.7%
40360	Owingsville	Bath	KY	193	10.3%
40337	Jeffersonville	Montgomery	KY	192	10.3%
40312	Clay City	Powell	KY	77	4.1%
40374	Sharpsburg	Bath	KY	67	3.6%
40322	Frenchburg	Menifee	KY	65	3.5%
40380	Stanton	Powell	KY	48	2.6%
40391	Winchester	Clark	KY	45	2.4%
Other				442	23.6%
Fiscal Year 2021 Total Discharges				**1872**	**100%**

Health Professional Shortage Areas & Medically Underserved Areas

Four medically underserved communities have been designated within the hospital's primary service area by the Health Resources and Services Administration (HRSA), including Bath County (MUA/P: 1219678135), Menifee County (MUA/P: 1216589307), Montgomery Service Area (MUA/P: 01277) and Powell County (MUA/P: 1212442088). HRSA has also designated Sterling Health Solutions, Inc. and Family Care Clinic Mt Sterling as health professional shortage areas for primary care, dental health, and mental health discipline professionals.

Geographic Levels of Data

Due to variability in the geographic level in which public health data sets are available, data within this report may be presented at various geographic levels:

- Saint Joseph Mount Sterling Primary Service Area (SJMS PSA) – an aggregate of the eight zip codes defined in Table 3, spanning Montgomery, Bath, Powell, Menifee, and Clark counties
- Montgomery County – the county representing the greatest proportion of inpatient discharges at Saint Joseph Mount Sterling

Demographic Profile

The demographics of a community significantly impact its health profile. Different racial, ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the community served by Saint Joseph Mount Sterling.

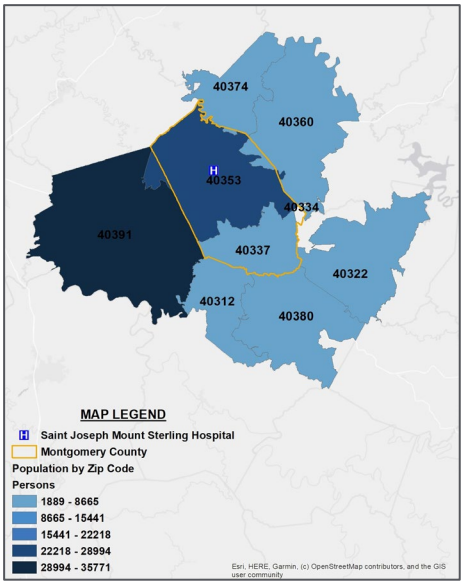
Geography and Data Sources

Data are presented in this section at the geographic level of the hospital's primary service area, an aggregate of the eight zip codes defined in Table 3. Comparisons to the county, state, and national value are also provided when available. All demographic estimates are sourced from Claritas Pop-Facts® (2021 population estimates) and American Community Survey one-year (2019) or five-year (2015-2019) estimates unless otherwise indicated.

Population

According to the 2021 Claritas Pop-Facts® population estimates, Saint Joseph Mount Sterling's Primary Service Area has an estimated population of 88,782 persons. Figure 5 shows the population size by each zip code, with the darkest blue representing the zip codes with the largest population. Table 4 provides the actual population estimates for each zip code. The most populated area within the hospital's primary service area is zip code 40391 (Winchester) with a population of 35,771 (Table 4); however, this zip code represents only 2.4% of inpatient discharges (SJMS PSA, Table 3). The second most populated area is zip code 40353 (Mount Sterling), with a population of 22,721 (Table 4). This zip code represents 39.7% of all inpatient discharges (SJMS PSA, Table 3). Together these two zip codes comprise more than 65% of the total population in the SJMS PSA. All eight zip codes in the hospital's primary service area have been designated rural, according to the Federal Office of Rural Health Policy. This designation is important for government functions related to policymaking, regulation, and program administration.[1]

FIGURE 5. POPULATION BY ZIP CODE*



*Map shows all zip codes in the hospital's primary service area and Montgomery County

TABLE 4. POPULATION BY ZIP CODE

Zip Code	City	Population
40391	Winchester	35,771
40353	Mount Sterling	22,721
40360	Owingsville	7,277
40380	Stanton	6,688
40337	Jeffersonville	5,635
40312	Clay City	5,482
40322	Frenchburg	3,319
40374	Sharpsburg	1,889

[1] Rural Health Information Hub https://www.ruralhealthinfo.org/

Age

Figure 6 shows the population of the hospital's primary service area by age group.

Compared to Kentucky and the U.S. (Figure 7), the 65+ age group in the SJMS PSA represents a slightly higher proportion of the population.

FIGURE 6. POPULATION BY AGE, SJMS PRIMARY SERVICE AREA

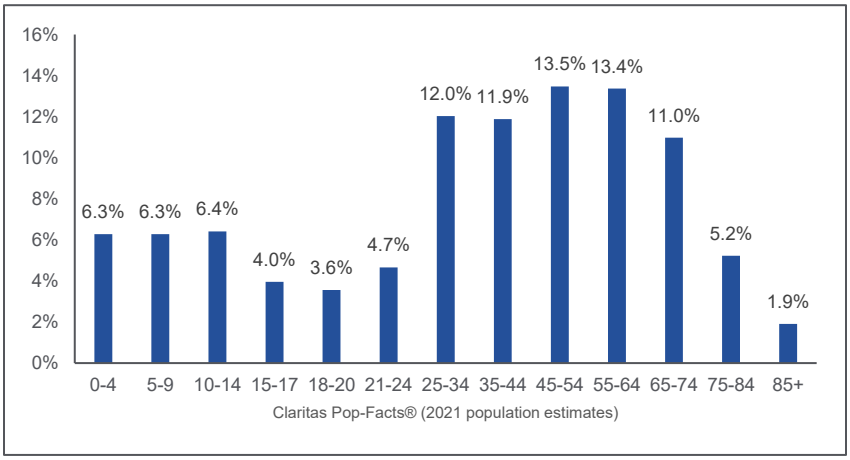


FIGURE 7. POPULATION BY AGE: COUNTY, STATE AND U.S. COMPARISONS

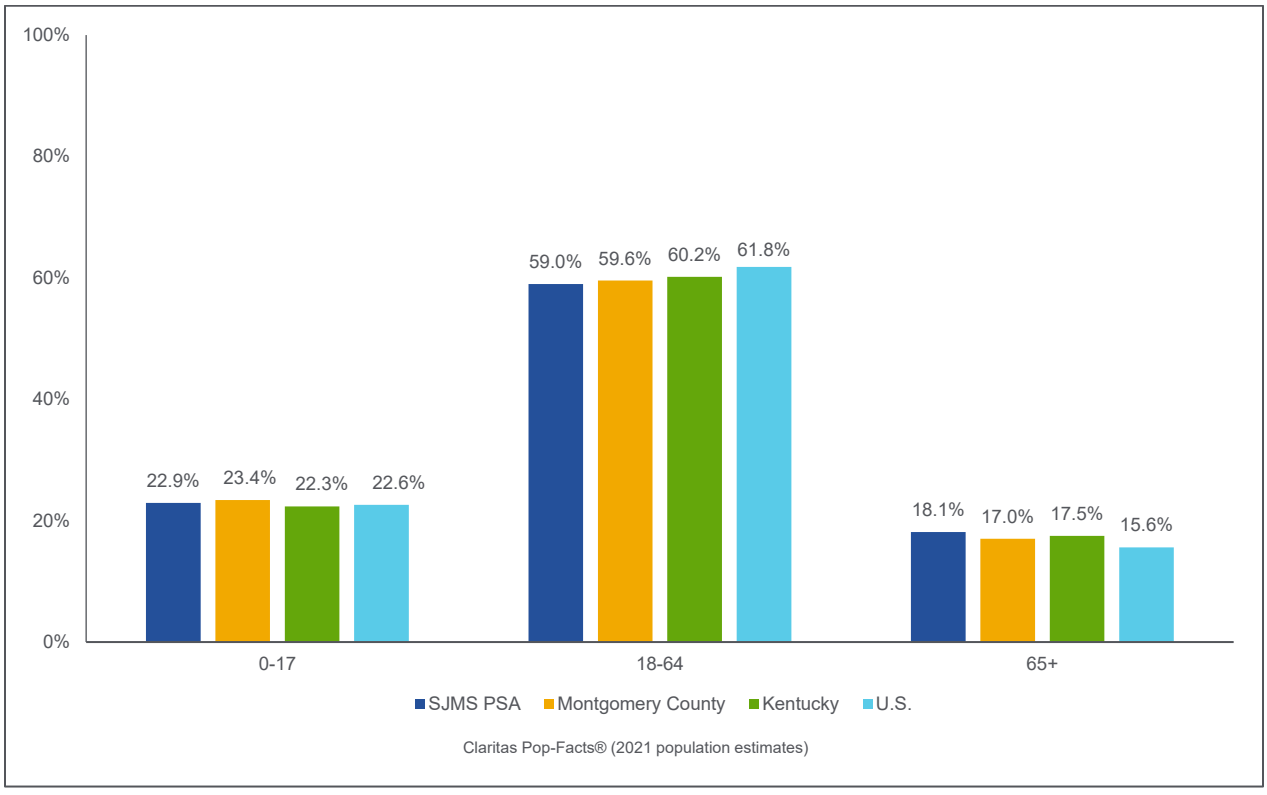
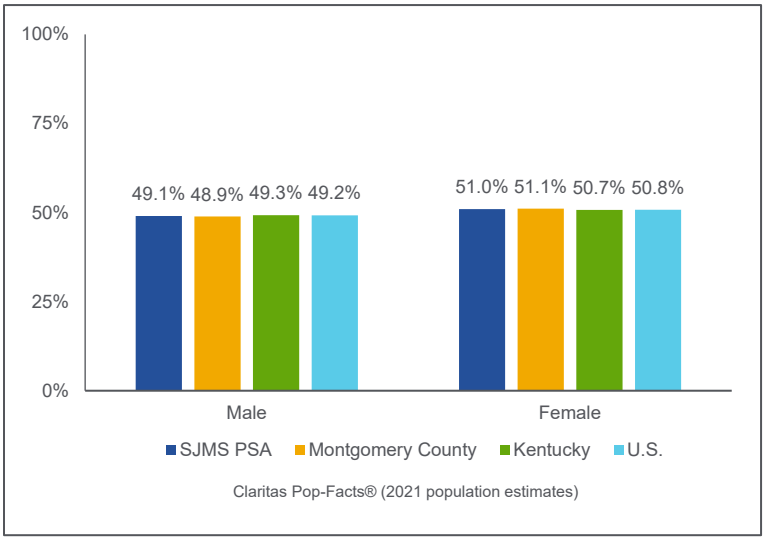


FIGURE 8. POPULATION BY SEX: COUNTY, STATE AND U.S. COMPARISONS



Sex

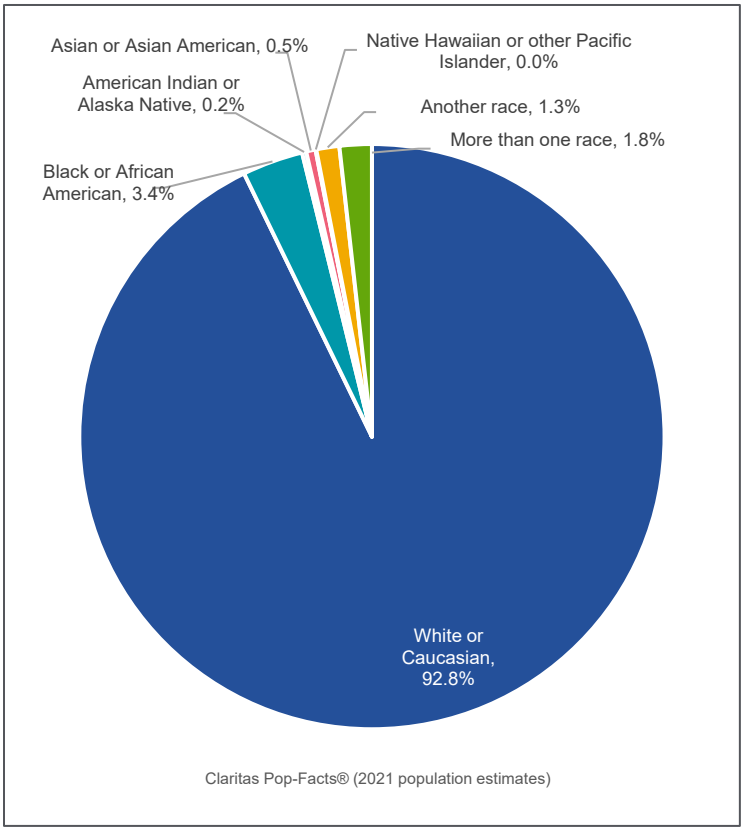
Figure 8 shows the population of the hospital's primary service area by sex. Males comprise just over 49% of the population, whereas females comprise 51.0% of the population in the SJMS PSA.

Race and Ethnicity

The racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The racial makeup of the hospital's primary service area shows 92.8% of the population identifying as White, as indicated in Figure 9. The proportion of Black/African American community members is the second largest of all races in the SJMS PSA at 3.4% and is the only other race that makes up more than 3% of the population.

FIGURE 9. POPULATION BY RACE, SJMS PRIMARY SERVICE AREA



White community members represent a higher proportion of the population in the SJMS PSA when compared to Kentucky and the U.S. (Figure 10).

FIGURE 10. POPULATION BY RACE: COUNTY, STATE AND U.S. COMPARISONS

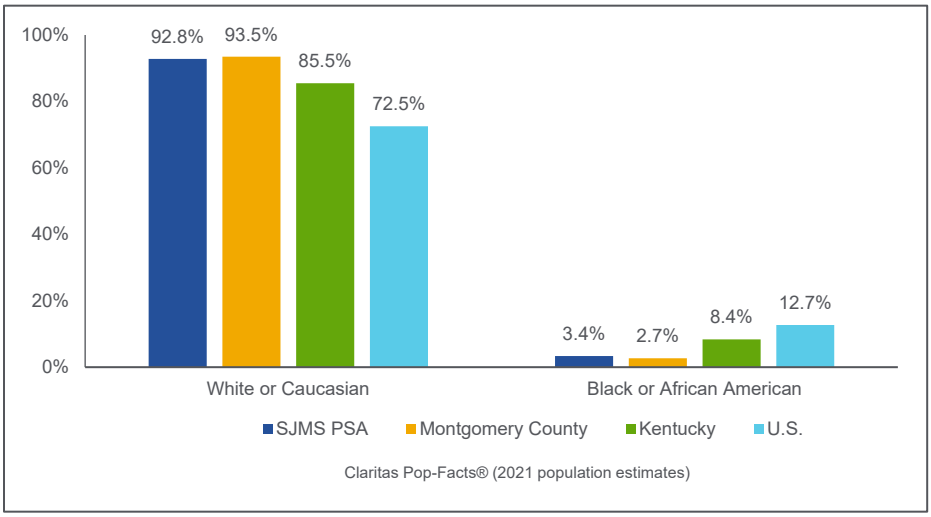
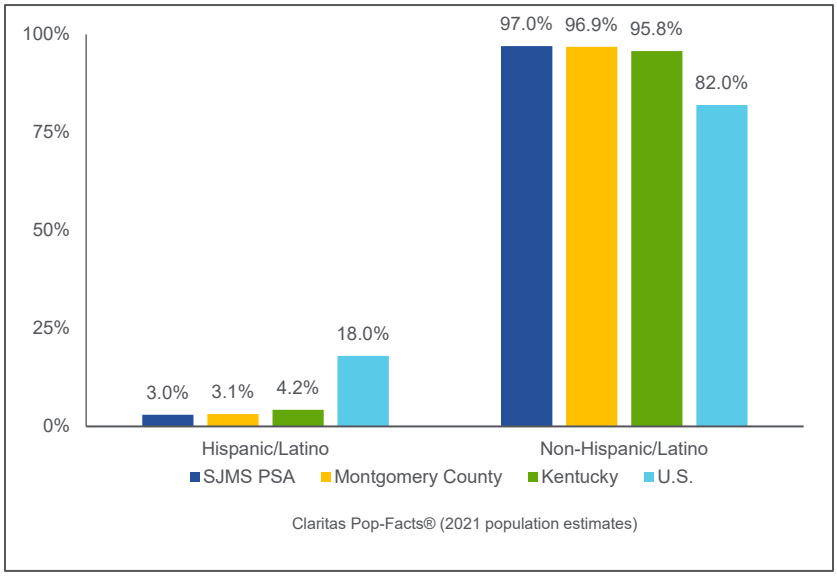


FIGURE 11. POPULATION BY ETHNICITY: COUNTY, STATE AND U.S. COMPARISONS



As shown in Figure 11, 3.0% of the population in the SJMS PSA identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Kentucky and the U.S.

Language and Immigration

Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system. According to the American Community Survey, 1.1% of residents in Montgomery County are born outside the U.S., which is lower than the state value of 3.9% and the national value of 13.6%.[2]

More than 94% of the population age five and older in the hospital's primary service area speak only English at home, which is higher than both the state value of 91.9% and the national value of 78.4% (Figure 12). This data indicates that nearly 6% of the population in the hospital's primary service area speak a language other than English at home.

FIGURE 12. POPULATION 5+ BY LANGUAGE SPOKEN AT HOME: COUNTY, STATE AND U.S. COMPARISONS

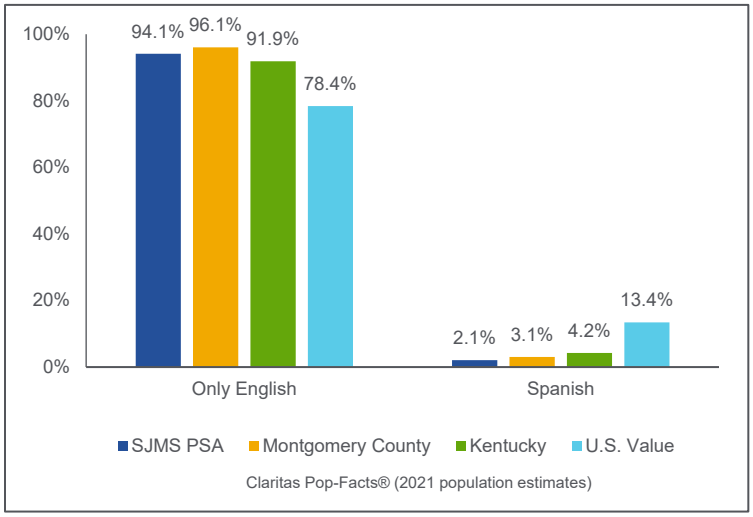
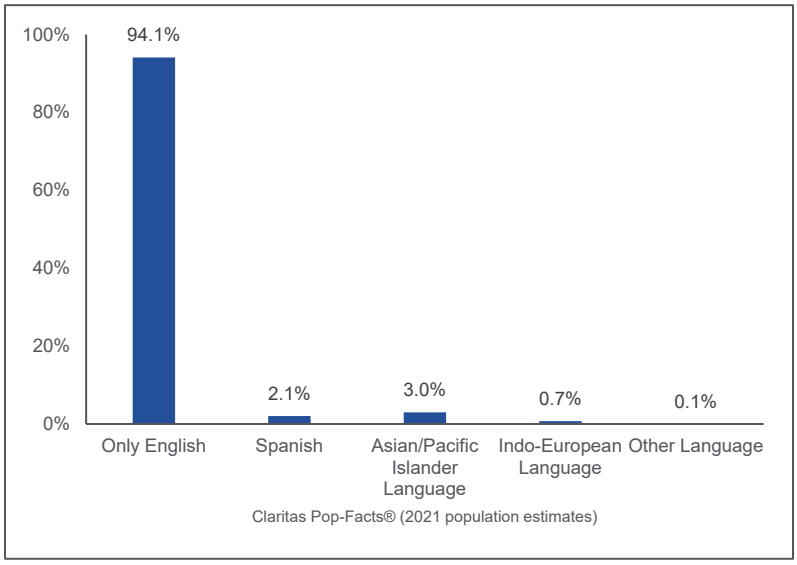


FIGURE 13. POPULATION AGE 5+ BY LANGUAGE SPOKEN AT HOME, SJMS PRIMARY SERVICE AREA



The most common languages spoken at home are English (94.1%), Asian/Pacific Islander language (3.0%) and Spanish (2.1%) (Figure 13).

[2] American Community Survey, 2015-2019

Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the community served by Saint Joseph Mount Sterling. Social determinants are 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.

Geography and Data Sources

Data in this section are presented at various geographic levels (zip code, primary service area, and/or county) depending on data availability. When available, comparisons to county, state and/or national values are provided. It should be noted that hospital service area or county level data can sometimes mask what could be going on at the zip code level in many communities. While indicators may be strong when examined at a higher level, zip code level analysis can reveal disparities.

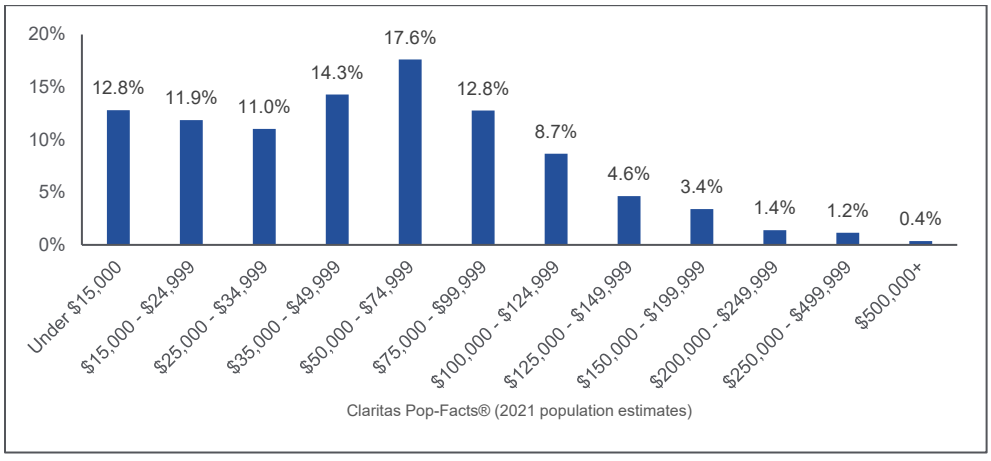
All demographic estimates are sourced from Claritas Pop-Facts® (2021 population estimates) and American Community Survey one-year (2019) or five-year (2015-2019) estimates unless otherwise indicated.

Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.[3]

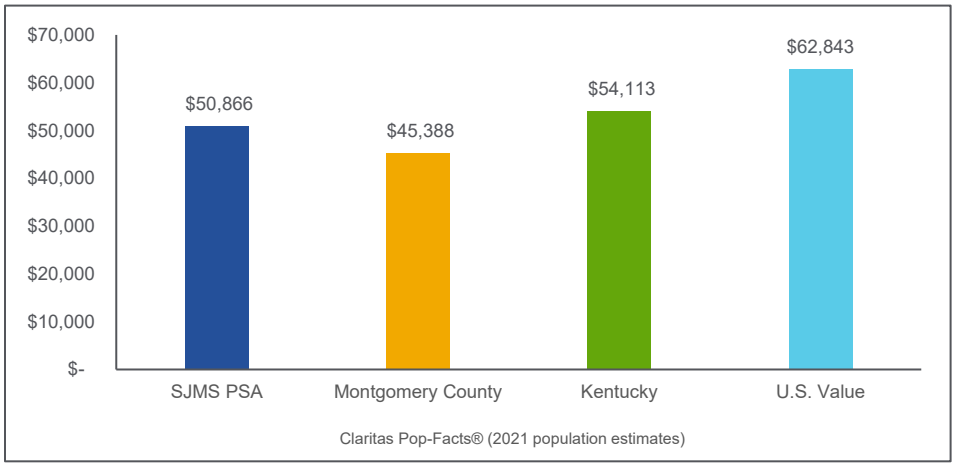
Figure 14 provides a breakdown of households by income in the hospital's primary service area. A household income of $50,000 - $74,999 is shared by the largest proportion of households in the SJMS PSA (17.6%), followed by a household income of $35,000 - $49,999 (14.3% of households). Households with an income of less than $15,000 make up 12.8% of households in the SJMS PSA.

FIGURE 14. HOUSEHOLDS BY INCOME, SJMS PRIMARY SERVICE AREA



[3] Robert Wood Johnson Foundation. Health, Income, and Poverty. https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html

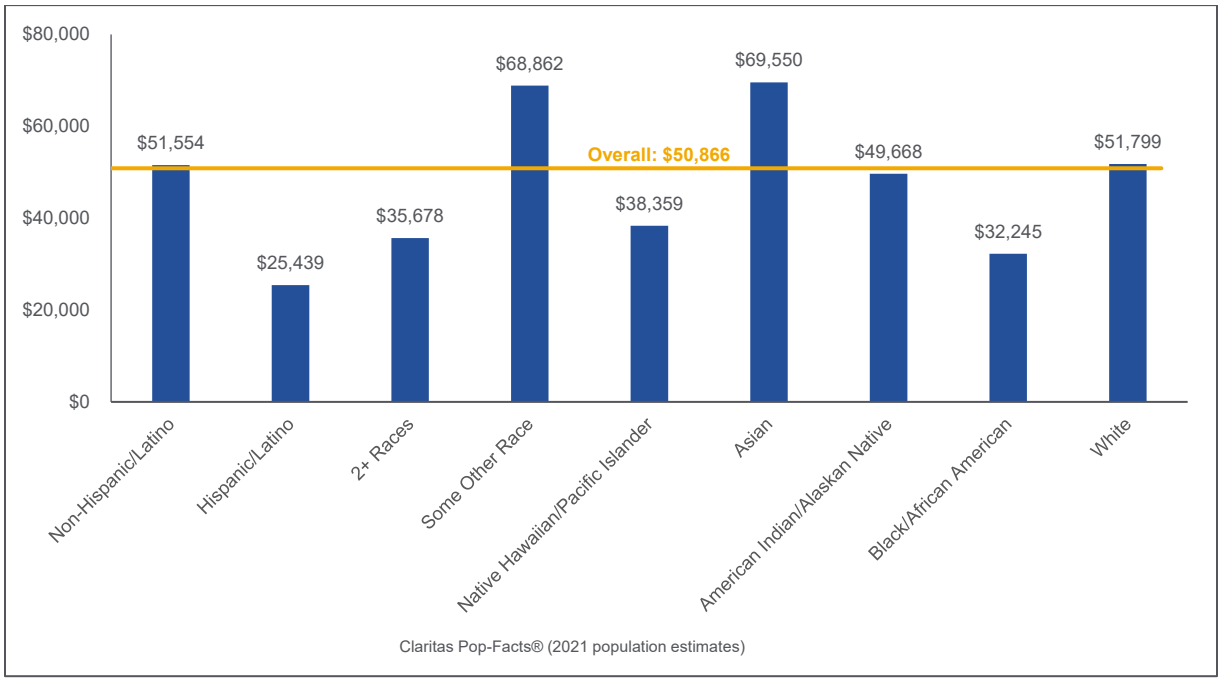
FIGURE 15. MEDIAN HOUSEHOLD INCOME: COUNTY, STATE AND U.S. COMPARISONS



The median household income for the SJMS PSA is $50,866, which is lower than both the Kentucky value ($54,113) and national value ($62,843) but higher than the Montgomery County value ($45,388) (Figure 15).

Figure 16 shows the median household income by race and ethnicity. Four racial/ethnic groups – Asian, White, Some Other Race, and Non-Hispanic/Latino – have median household incomes above the overall median value. All other races have incomes below the overall value, with the Hispanic/Latino and Black/African American populations having the lowest median household incomes at $25,439 and $32,245, respectively.

FIGURE 16. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY, SJMS PRIMARY SERVICE AREA

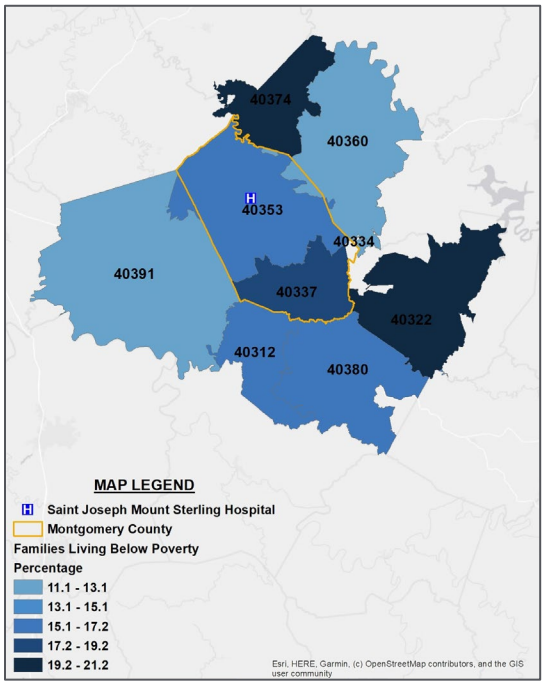


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[4]

Figure 17 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level, with zip codes 40322 (Frenchburg), 40374 (Sharpsburg), and 40337 (Jeffersonville) having the highest percentages at 21.2%, 19.8%, and 17.7%, respectively. Overall, 14.2% of families in the SJMS PSA live below the poverty level, which is higher than both the state value of 12.9% and the national value of 9.5%, but lower than the Montgomery County value of 16.7%. The percentage of families living below poverty for each zip code in the SJMS PSA is provided in Table 5.

FIGURE 17. FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE*



*Map shows all zip codes in the hospital's primary service area and Montgomery County

TABLE 5. FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE

Zip Code	City	Families Below Poverty Level (%)
40322	Frenchburg	21.2%
40374	Sharpsburg	19.8%
40337	Jeffersonville	17.7%
40380	Stanton	16.3%
40353	Mount Sterling	16.3%
40312	Clay City	15.3%
40360	Owingsville	12.8%
40391	Winchester	11.1%
--	**SJMS PSA**	**14.2%**
--	**Montgomery County**	**16.7%**
--	**Kentucky**	**12.9%**
--	**U.S.**	**9.5%**

[4] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

Employment

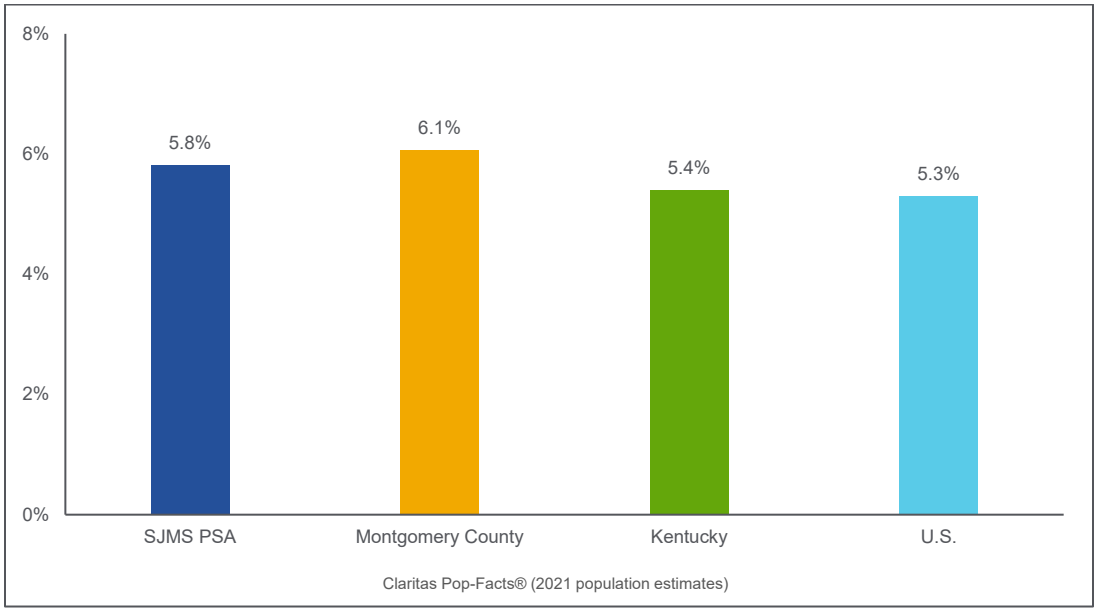
A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes. [5]

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.[5]

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.[5]

Figure 18 shows the population aged 16 and over who are unemployed. The unemployment rate for the hospital's primary service area is 5.8%, which is slightly higher than both the state value of 5.4% and the national value of 5.3%, but lower than the Montgomery County value of 6.1%.

FIGURE 18. POPULATION 16+ UNEMPLOYED



[5] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

Education

Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.[6]

Figure 19 shows the percentage of the population 25 years or older by educational attainment.

FIGURE 19. POPULATION 25+ BY EDUCATIONAL ATTAINMENT, SJMS PRIMARY SERVICE AREA

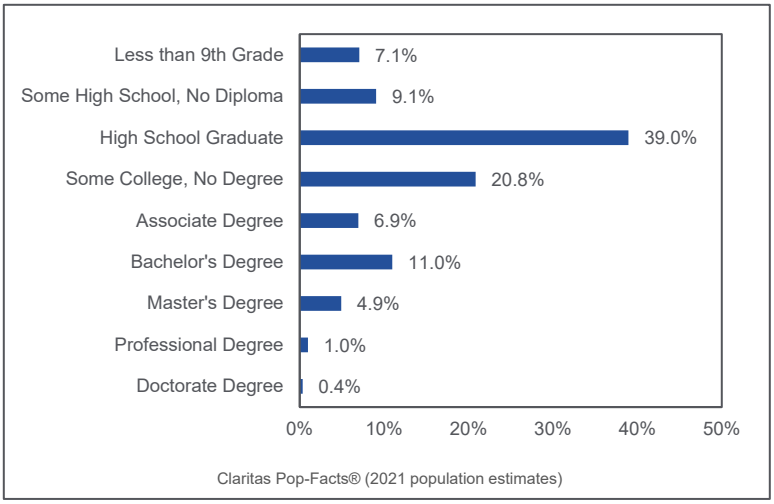
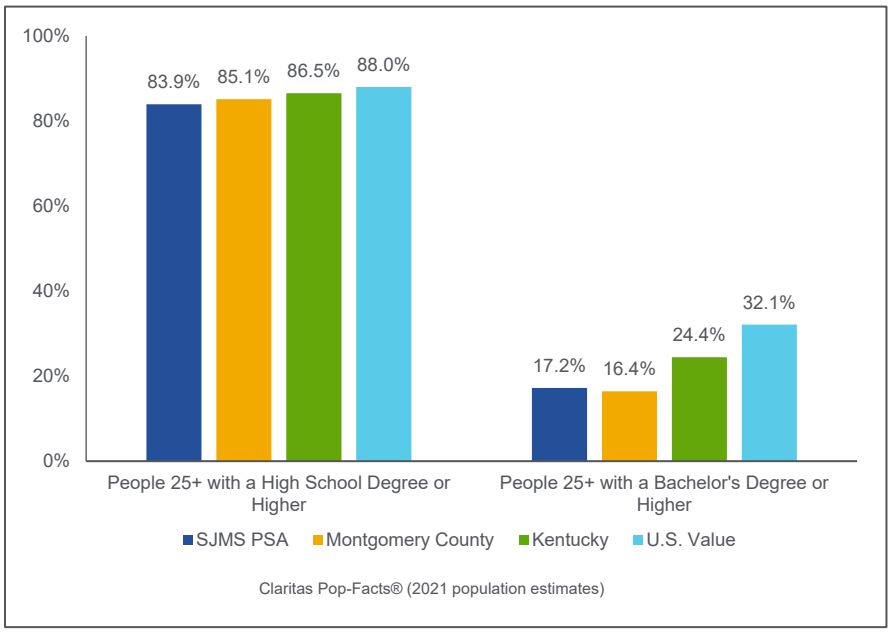


FIGURE 20. POPULATION 25+ BY EDUCATIONAL ATTAINMENT: COUNTY, STATE AND U.S. COMPARISONS



Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.[7]

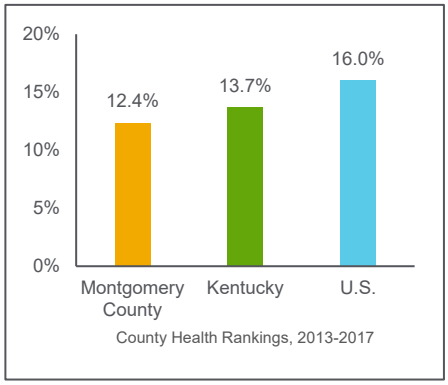
Figure 20 shows that the hospital's primary service area has a lower percentage of residents with a high school degree than in Montgomery County, Kentucky, and the U.S. The percentage of residents with a bachelor's degree is markedly lower in both Montgomery County and the SJMS PSA when compared to Kentucky and the U.S.

[6] Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html

[7] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/high-school-graduation

Housing

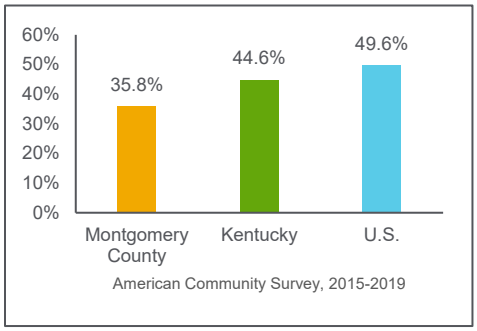
FIGURE 21. HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS



Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.[8]

Figure 21 shows the percentage of houses with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Montgomery County, 12.4% of households were found to have at least one of those problems, however, the county fares better when compared to Kentucky (where 13.7% of households had severe housing problems) and the U.S. (where 16.0% of households had severe housing problems).

FIGURE 22. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT

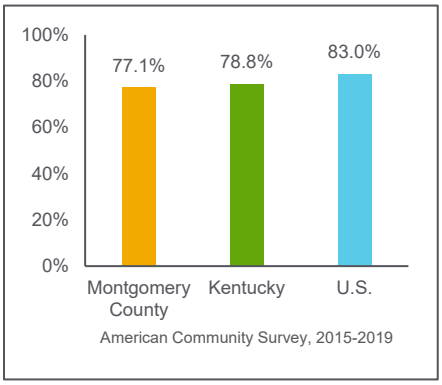


When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[9]

Figure 22 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Montgomery County, 35.8%, is lower than both the Kentucky value (44.6%) and the national value (49.6%).

Neighborhood and Built Environment

FIGURE 23. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION



Access to the internet is an important indicator for health and wellbeing. Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services.[10]

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.[10]

Figure 23 shows the percentage of households that have an internet subscription. The rate in Montgomery County, 77.1%, is lower than both the state value (78.8%) and national value (83.0%).

[8] County Health Rankings, Housing and Transit. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit

[9] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

[10] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

Disparities and Health Equity

Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity.

Health Equity

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.[11] National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American persons, Hispanic/Latino persons, indigenous communities, people with incomes below the federal poverty level, and LGBTQ+ communities.

Race, Ethnicity, Age & Gender Disparities

Primary and secondary data revealed significant community health disparities by race, ethnicity, gender, and age. It is important to note that while much of the data is presented to show differences and disparities of data by population groups, differences within each population group can be as great as differences between different groups. For instance, Asian or Asian and Pacific Islander persons encompasses individuals from over 40 different countries with very different languages, cultures, and histories in the U.S. Information and themes captured through key informant interviews, a focus group discussion, and an online community survey have been shared to provide a more comprehensive and nuanced understanding of each community's experiences.

Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity[12] analysis, which identifies disparities based on how far each subgroup (by race, ethnicity or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix B.

Table 6 below identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Montgomery County, based on the Index of Disparity.

[11] Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

[12] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

TABLE 6. INDICATORS WITH SIGNIFICANT RACE, ETHNICITY OR GENDER DISPARITIES

Health Indicator	Group Negatively Impacted
Children Living Below Poverty Level	Multiple Races, Other Race, Hispanic/Latino
Colorectal Cancer Incidence Rate	Male
Families Living Below Poverty Level	Other Race, Hispanic/Latino
Lung and Bronchus Cancer Incidence Rate	Male
People 65+ Living Below Poverty Level	White, Female
People Living Below Poverty Level	Black/African American, Multiple Races, Other Race, Hispanic/Latino
Workers who Walk to Work	Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Other Race, Female

The Index of Disparity analysis for Montgomery County reveals that different racial and ethnic groups are disproportionately impacted for many poverty-related indicators, which are often associated with poorer health outcomes. Additionally, the Hispanic/Latino population is the most negatively impacted group in the county, experiencing three significant disparities, all related to measures of poverty.

Primary Data

Key informants and focus group participants mentioned that the Hispanic/Latino community often struggles with social determinants of health. They pointed out that this population is more likely to be negatively impacted by poverty, which contributes to poor health outcomes. Distrust and fear were also mentioned as concerns within the Hispanic/Latino community. Several key informants also pointed to the Amish and Mennonites as populations that may have unmet needs. Due to their isolation and minimal interaction with the community, key informants emphasized there are a lot of unknowns with these populations, but also pointed out that they are a significant part of the community served by Saint Joseph Mount Sterling. Additionally, key informants emphasized that older adults experience more barriers to accessing health care and services when compared to younger populations. Concerns regarding the older adult population have also been fueled by the increased number of "grandparents raising grandchildren" due to the drug epidemic. Lower-income families were also cited as struggling more than others when it comes to accessing services. Many of these challenges are documented further in Barriers to Care.

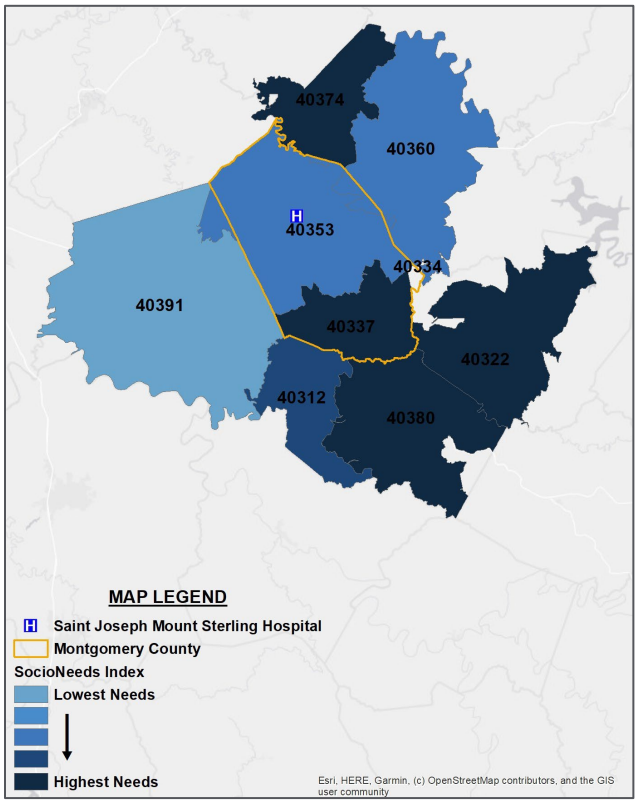
Geographic Disparities

In addition to disparities by race, ethnicity, gender, and age, this assessment also identified specific zip codes/municipalities with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the SocioNeeds Index and Food Insecurity Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need or food insecurity. Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. For both indices, counties, zip codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

SocioNeeds Index

Conduent's SocioNeeds Index (SNI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. Zip codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 24. The following zip codes in the SJMS PSA had the highest level of socioeconomic need (as indicated by the darkest shades of blue): 40374 (Sharpsburg), 40322 (Frenchburg) and 40337 (Jeffersonville) with index values of 90.9, 90.8 and 87.4, respectively. Table 7 provides the index values for each zip code.

FIGURE 24. SOCIONEEDS INDEX*



*Map shows all zip codes in the hospital's primary service area and Montgomery County

TABLE 7. SOCIONEEDS INDEX VALUES BY ZIP CODE

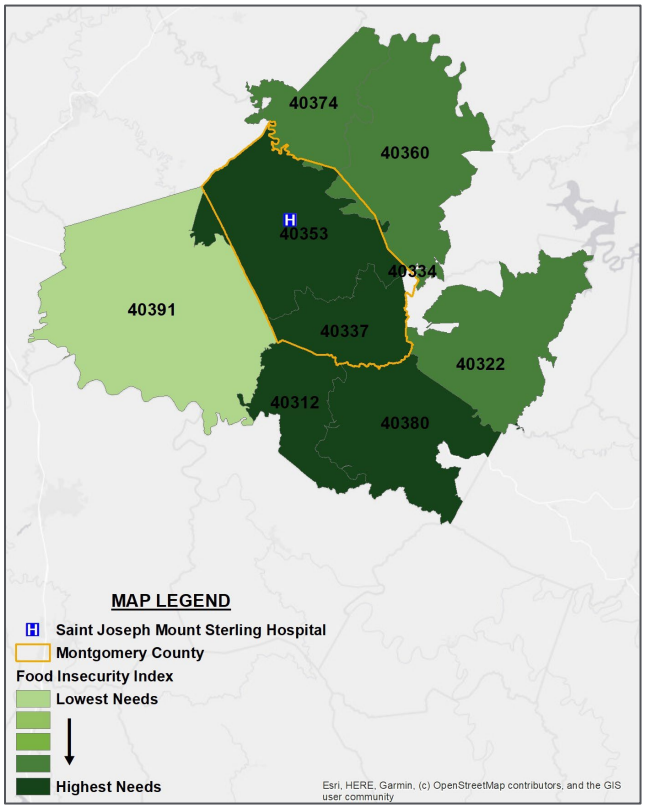
Zip Code	City	Index Value
40374	Sharpsburg	90.9
40322	Frenchburg	90.8
40337	Jeffersonville	87.4
40380	Stanton	85.8
40312	Clay City	82.2
40353	Mount Sterling	77.1
40360	Owingsville	75.8
40391	Winchester	61.9
--	**Montgomery County**	**77.3***

*County index values are calculated separately from zip code index values, and the two should not be compared to each other. While index values range from 0-100 at both the county and zip code level, zip code index values represent the percentile of each zip code among all U.S. zip codes, while county index values represent the percentile of each county among all U.S. counties.

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Zip codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 25. The following zip codes had the highest level of food insecurity (as indicated by the darkest shades of green): 40312 (Clay City), 40380 (Stanton), and 40337 (Jeffersonville) with index values of 90.6, 89.5 and 88.3, respectively. Table 8 provides the index values for each zip code.

FIGURE 25. FOOD INSECURITY INDEX*



*Map shows all zip codes in the hospital's primary service area and Montgomery County

TABLE 8. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	City	Index Value
40312	Clay City	90.6
40380	Stanton	89.5
40337	Jeffersonville	88.3
40353	Mount Sterling	87.4
40322	Frenchburg	87.1
40360	Owingsville	86.2
40374	Sharpsburg	85.5
40391	Winchester	73.3
--	**Montgomery County**	**87.6***

*County index values are calculated separately from zip code index values, and the two should not be compared to each other. While index values range from 0-100 at both the county and zip code level, zip code index values represent the percentile of each zip code among all U.S. zip codes, while county index values represent the percentile of each county among all U.S. counties.

Primary Data

The southern part of Montgomery County was mentioned frequently by key informants as a geographic area of greater need. Key informants noted a higher concentration of poverty, lack of transportation, and less access to resources as ongoing concerns for residents in the southern part of the county. One focus group participant added that residents in the southern part of the county tend to feel dissociated from the rest of the county, and there's a stigma for them to come into the main part of the county to seek resources. Rural communities, including the outskirts of Mount Sterling, were also cited as areas of need due to their isolation. Jeffersonville and Camargo were also highlighted as areas of need, with one key informant stating, "in the Camargo elementary school system, you have a lot of grandparents and relatives raising grandkids." Finally, the DuBois neighborhood was mentioned as an area of need. Located right off downtown Mount Sterling, transportation may be less of a concern for residents in this predominantly Black/African American neighborhood, but key informants pointed to higher crime rates and low-wage earners when describing this as an area of need.

Future Considerations

While disparities in health outcomes by race, ethnicity, gender, age, and geography are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health and mitigate the disparities faced along gender, racial, ethnic, or geographic lines in the community served by Saint Joseph Mount Sterling.

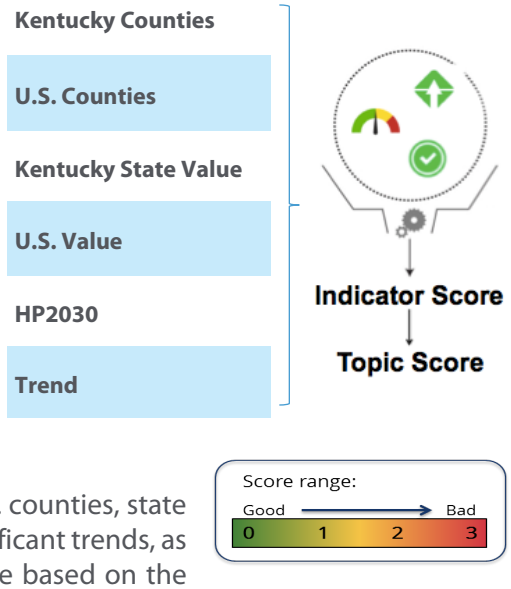
Primary and Secondary Data Methodology and Key Findings

Overview

Multiple types of data were collected and analyzed to inform this Community Health Needs Assessment. Primary data consisted of key informant interviews, a focus group discussion and a community survey, while secondary data included indicators spanning health outcomes, health behaviors and social determinants of health. The methods used to analyze each type of data are outlined below. The findings from each data source were then synthesized and organized by health topic to present a comprehensive overview of the health needs in Montgomery County.

Secondary Data Sources & Analysis

FIGURE 26. SECONDARY DATA SCORING



Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Montgomery County value was compared to a distribution of Kentucky and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 26. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results for Saint Joseph Mount Sterling are therefore presented in the context of Montgomery County.

Table 9 shows the health and quality of life topic scoring results for Montgomery County, with Other Conditions as the poorest performing topic area with a score of 2.07, followed by Respiratory Diseases with a score of 2.05. Topics that received a score of 1.70 or higher were considered a significant health need. Ten topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.

Table 9 shows only those topic areas that met the threshold of 1.70 to be considered a significant health need. Please see Appendix A for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary data analysis for each topic area. Further details on the quantitative data scoring methodology are also available in Appendix A.

TABLE 9. TOPIC SCORING RESULTS

Topic Area	Score
Other Conditions	2.07
Respiratory Diseases	2.05
Wellness & Lifestyle	2.02
Oral Health	1.93
Prevention & Safety	1.91
Children's Health	1.81
Cancer	1.76
Diabetes	1.76
Education	1.71
Sexually Transmitted Infections	1.70

Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from residents of the community served by Saint Joseph Mount Sterling. Primary data used in this assessment consisted of key informant interviews, a focus group discussion, and an online community survey. These findings expanded upon information gathered from the secondary data analysis to inform this Community Health Needs Assessment.

Community Survey

Saint Joseph Mount Sterling gathered community input from an online survey to inform its Community Health Needs Assessment. The survey was promoted across the five primary counties served by the seven CHI Saint Joseph Health hospital facilities: Fayette, Laurel, Madison, Montgomery, and Nelson counties in Kentucky. Responses were collected from September 2, 2021, to October 20, 2021. Both an English and Spanish version of the survey were made available. A paper survey was also developed, but its distribution was limited due to health concerns and the challenge of many distribution sites operating at limited capacity during the COVID-19 pandemic. The survey consisted of 47 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health. The list of survey questions is available in Appendix E.

Survey marketing and outreach efforts included email invitations, social media and other marketing efforts through CHI Saint Joseph Health and its partner organizations. A total of 870 responses were collected for the entire survey target area, which included all seven hospital facilities spanning Fayette, Laurel, Madison, Montgomery and Nelson counties in Kentucky. Out of those survey responses, 134 (15.4%) were from community members residing in Montgomery County. For purposes of this CHNA, the survey data that follows is based on an analysis of responses from community members residing in Montgomery County.

Demographic Profile of Survey Respondents

Montgomery County survey respondents were more likely to be educated, have a higher income, identify as female, identify as Non-Hispanic/Latino, and skew older when compared to the actual

population estimates reflected in the demographic data for Montgomery County. Survey responses also indicate that the percentage of White respondents was lower than the proportion reflected in the actual population estimates, while the percentage of Black/African American respondents was slightly higher when compared to the demographics of the actual population in Montgomery County. See Appendix C for additional details on the demographic profile of survey respondents.

Community Survey Analysis Results

Survey participants were asked about the most important health issues and which quality of life issues they would most like to see addressed in the community. The top responses for these questions are shown in Figures 27 and 28 below.

FIGURE 27. MOST IMPORTANT COMMUNITY HEALTH ISSUES AMONG SURVEY RESPONDENTS

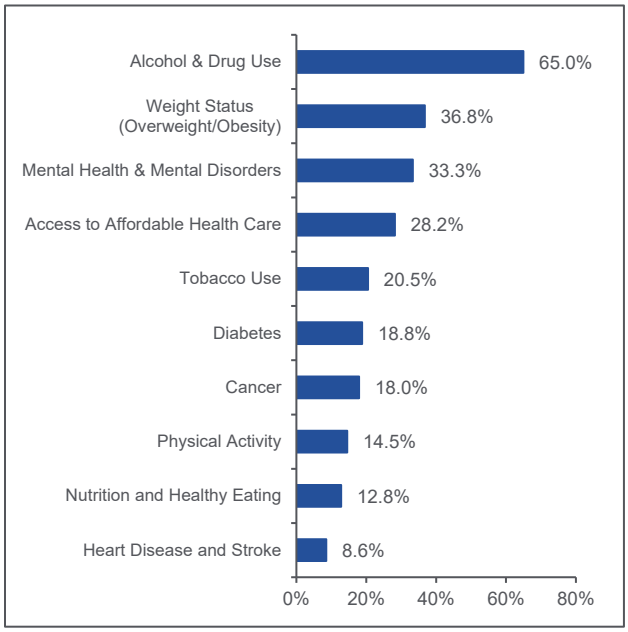
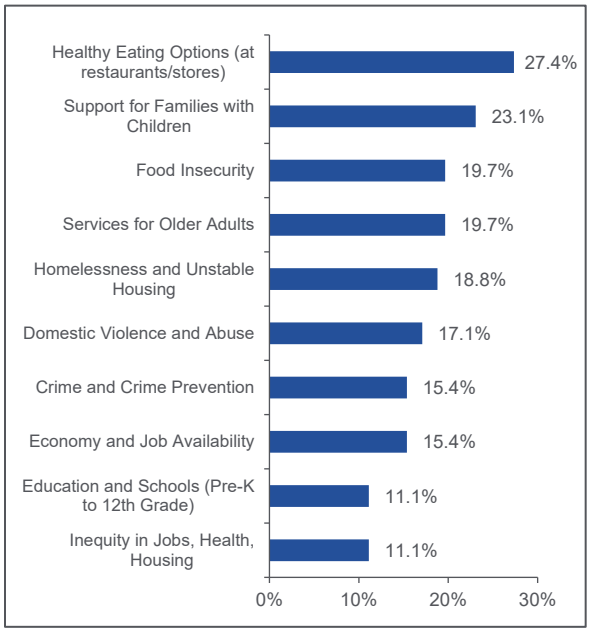


FIGURE 28. MOST IMPORTANT QUALITY OF LIFE ISSUES AMONG SURVEY RESPONDENTS



As shown in Figure 27, the most important community health issues identified by survey respondents were Alcohol & Drug Use (65.0% of respondents), Weight Status (Overweight/Obesity) (36.8% of respondents), Mental Health & Mental Disorders (33.3%), Access to Affordable Health Care (28.2%), and Tobacco Use (20.5%). A health topic was considered to be a significant need if at least 20% of survey respondents identified it as a top health issue.

As shown in Figure 28, Healthy Eating Options (at restaurants, stores and markets) was identified by survey respondents as the most pressing quality of life issue (27.4% of respondents), followed by Support for Families with Children (23.1%), Food Insecurity (19.7%) and Services for Older Adults (19.7%). Similar to the health topics, a quality of life topic was considered to be a significant need if at least 20% of survey respondents identified it as a pressing issue.

Qualitative Data: Key Informant Interviews & Focus Group Discussion

Five key informant interviews and one focus group discussion were conducted to gain deeper understanding of health issues impacting the residents of the community served by Saint Joseph Mount Sterling. Community members invited to participate were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations.

A total of 13 different organizations participated in the process, including the local health department, social service organizations, local businesses, and representatives from the education sector. Table 10 lists the organizations that participated in these discussions:

TABLE 10. ORGANIZATIONS PARTICIPATING IN INTERVIEWS & DISCUSSIONS

Bath County Emergency Management
City of Mount Sterling
Kentucky Opioid Community Healing Project
Kentucky Regional Health Information Organization (RHIO)
Montgomery County Health Department
Montgomery County Schools
Montgomery County / UK Healthcare
Mount Sterling Police Department
New Song Counseling Center
Post Clinic
Saint Joseph Mount Sterling
Sterling Community Food Coalition
Sterling Health Care

These discussions took place between August 2021 and October 2021. Due to the ongoing COVID-19 pandemic, each discussion was conducted virtually by phone and/or webinar. A questionnaire was developed to guide each interview and the focus group discussion. Discussion topics included (1) biggest perceived health needs in the community, (2) barriers of concern, and (3) the impact of health issues on vulnerable populations. Interviewees were also asked about their knowledge around health topics where there were data gaps in the secondary data. Additionally, questions were included to get feedback about the impact of COVID-19 on the community (see COVID-19 Impact Snapshot in Appendix D). The list of questions included in the key informant interviews and focus group discussion can be found in Appendix E.

Key Informant & Focus Group Analysis Results

The project team captured detailed transcripts of the key informant interviews and focus group discussion. The text from these transcripts were analyzed using the qualitative analysis tool Dedoose®[13]. Text was coded using a pre-designed codebook, organized by themes and analyzed for significant observations. Figure 29 summarizes the main themes and topics that emerged from these discussions.

[13] Dedoose Version 8.0.35, web application for managing, analyzing, and presenting qualitative and mixed method research data (2018). Los Angeles, CA: Sociocultural Research Consultants, LLC www.dedoose.com

FIGURE 29. KEY THEMES FROM QUALITATIVE DATA

Top Health Concerns/Issues	Barriers to Care	Most Negatively Impacted Populations
• Alcohol & Drug Use • Diabetes • Health Care Access & Quality • Obesity • Older Adults • Oral Health • Respiratory Diseases • Tobacco Use	• Access to Information / Internet Access • Awareness • Cost / Lack of Insurance / Underinsurance • Fear or stigma • Language barriers • Navigating the health care system • Transportation	• Low Income • Minorities • Youth in Unstable Homes • Older Adults • Geographic: southern part of county and rural areas; Jeffersonville, Camargo, DuBois neighborhood, Spring Street

The findings from the qualitative analysis were combined with findings from the secondary data and survey analysis, and are incorporated throughout this report in more detail (see Prioritized Health Needs, Barriers to Care and Appendix D: COVID-19 Impact Snapshot sections of this report).

Data Considerations

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. Each data source used in this assessment was evaluated based on its strengths and limitations during data synthesis and should be kept in mind when reviewing this report.

For both primary and secondary data, immense efforts were made to include as wide a range of community health indicators, key informant experts, focus group participants and survey respondents as possible. Although the topics by which data are organized cover a wide range of health and quality of life areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Secondary data were limited by the availability of data, with some health topics having a robust set of indicators, while others were more limited. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (hospital service areas, zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. The Index of Disparity[14], used to analyze disparities for the secondary data, is also limited by data availability – some secondary data sources do not include subpopulation data and others only display values for a select number of race/ethnic groups. Finally, persistent gaps in data systems exist for certain community health issues.

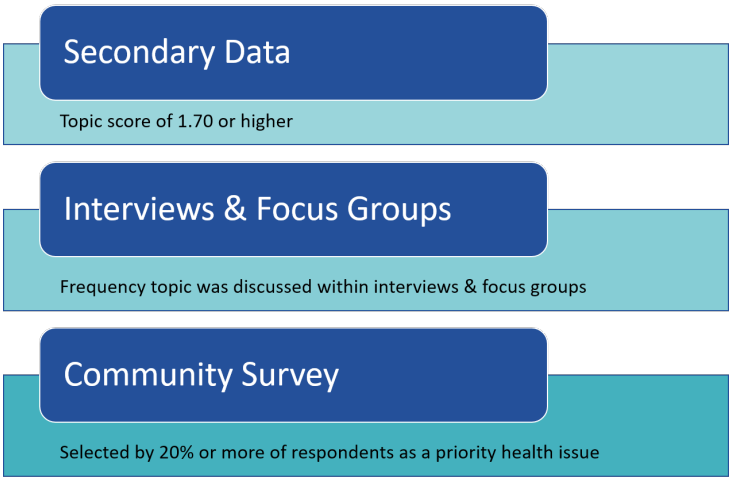
For the primary data, the breadth of findings is dependent upon who was selected to be a key informant or who self-selected to participate in the focus group discussion. Additionally, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable.

[14] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

Identification of Significant Health Needs

Secondary data used in this assessment consisted of community health indicators, while primary data consisted of key informant interviews, a focus group discussion, and an online community survey. Findings from all these data sources were analyzed and combined to identify the significant health needs for the community served by Saint Joseph Mount Sterling.

FIGURE 30. CRITERIA USED TO DETERMINE SIGNIFICANT HEALTH NEEDS



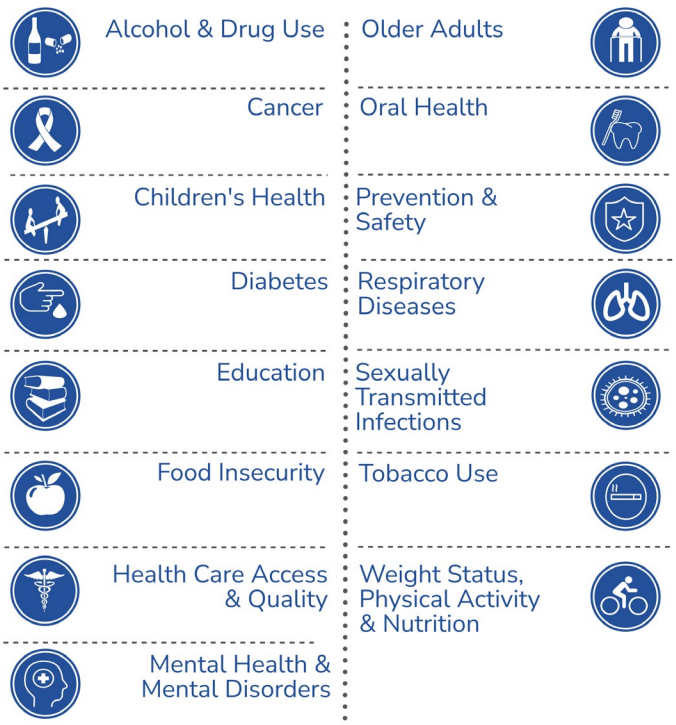
Criteria for Significant Health Needs

Health needs were determined to be significant if they met certain criteria in at least one of the three data sources: a secondary data score of 1.70 or higher, frequency by which the topic was discussed within/across interviews and the focus group, and identification as a priority issue by 20% or more of survey respondents. Figure 30 summarizes these criteria.

Significant Health Needs

Based on the criteria shown in Figure 30, fifteen needs emerged as significant. Figure 31 illustrates the final 15 significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for the Saint Joseph Mount Sterling 2023-2025 CHNA.

FIGURE 31. SIGNIFICANT HEALTH NEEDS



Data Synthesis

To gain a comprehensive understanding of the significant health needs, the findings from all three data sources were analyzed for areas of overlap.

Overlapping Evidence of Need

Table 11 outlines the 15 significant health needs (in alphabetical order) alongside the corresponding data sets that identified the need as significant. Secondary data identified eight needs as significant. Discussions with key informants and focus group participants identified eight topic areas of greater need, and the community survey identified seven needs as significant.

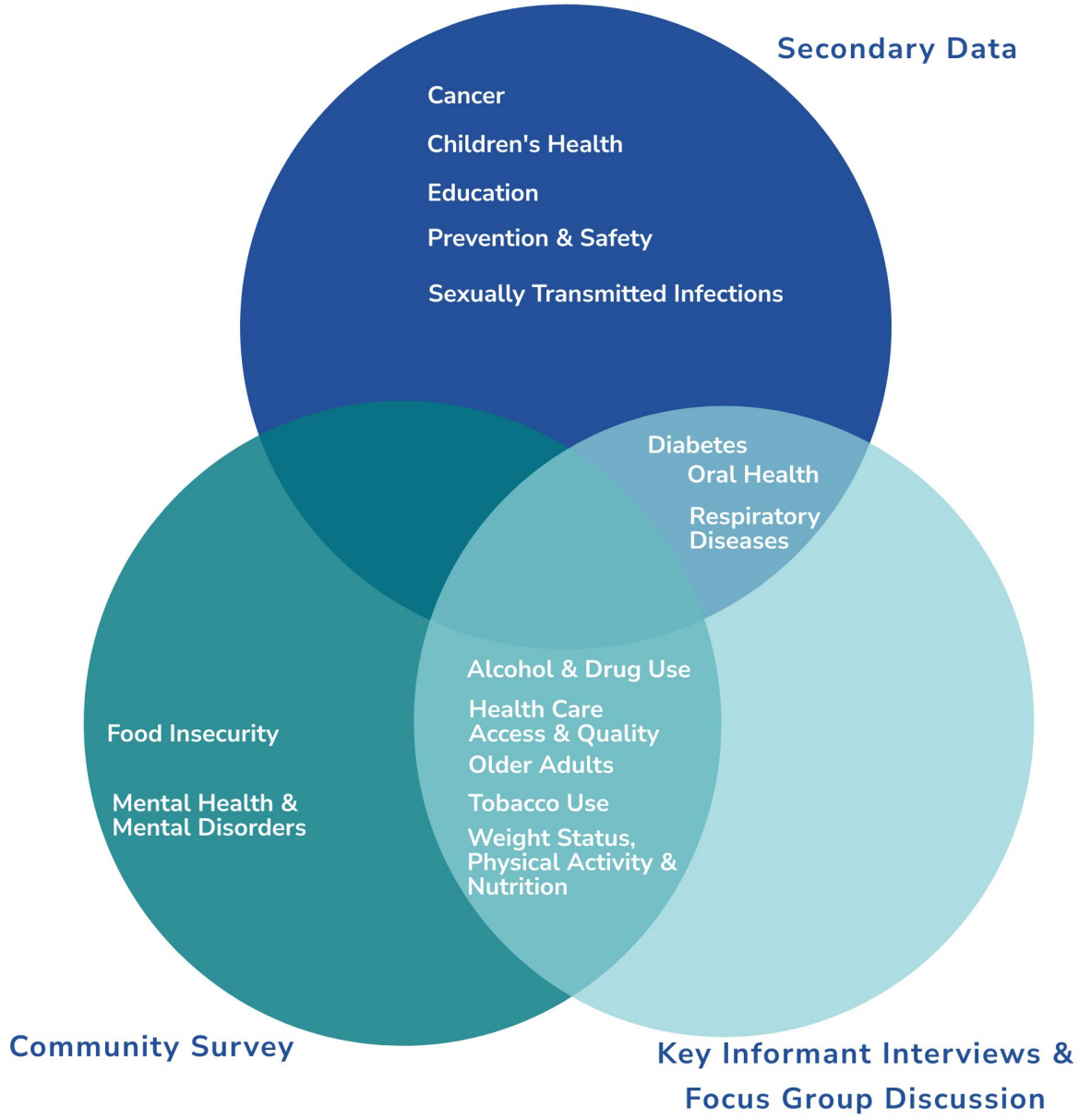
TABLE 11. OVERLAPPING EVIDENCE OF NEED

Topic	Data Source(s)
Alcohol & Drug Use	Community Survey, Qualitative Data
Cancer	Secondary Data
Children's Health	Secondary Data
Diabetes	Secondary Data, Qualitative Data
Education	Secondary Data
Food Insecurity	Community Survey
Health Care Access & Quality	Community Survey, Qualitative Data
Mental Health & Mental Disorders	Community Survey
Older Adults	Community Survey, Qualitative Data
Oral Health	Secondary Data, Qualitative Data
Prevention & Safety	Secondary Data
Respiratory Diseases	Secondary Data, Qualitative Data
Sexually Transmitted Infections	Secondary Data
Tobacco Use	Community Survey, Qualitative Data
Weight Status, Physical Activity & Nutrition	Community Survey, Qualitative Data

Venn Diagram

The Venn Diagram in Figure 32 visually displays the results of the primary and secondary data synthesis. While there were no topics that were considered significant across all 3 data sources, there were eight topics that were considered significant across two data sources. Diabetes, Oral Health and Respiratory Diseases were identified as significant needs through secondary data and qualitative data. Alcohol & Drug Use, Health Care Access & Quality, Older Adults, Tobacco Use, and Weight Status, Physical Activity & Nutrition were identified as significant needs through the survey and qualitative data. For all other topic areas, the evidence was present in just one source of data. It should be noted, however, that this may be reflective of the strength and limitations of each type of data that was considered in this process.

FIGURE 32. DATA SYNTHESIS RESULTS



Significant Needs Identified Across CHI Saint Joseph Health

In reviewing the significant health needs identified for the community served by Saint Joseph Mount Sterling, it's also important to consider the significant health needs identified systemwide. While each facility has the authority to prioritize and select which health areas it will ultimately consider for subsequent implementation planning, there are obvious benefits to prioritizing those health areas that overlap with other hospitals in the system, including consistency, resource sharing and most importantly, the ability to have a larger impact.

The seven facilities that make up CHI Saint Joseph Health and are required to conduct a CHNA include Saint Joseph Hospital, Saint Joseph East, Continuing Care Hospital, Saint Joseph Berea, Saint Joseph London, Saint Joseph Mount Sterling, and Flaget Memorial Hospital. These seven facilities are primarily based in Fayette, Laurel, Madison, Montgomery, and Nelson counties in Kentucky.

Across all seven facilities, a total of 24 needs emerged as significant. Figure 33 shows how the 15 significant health topics that were identified for Saint Joseph Mount Sterling and Montgomery County overlap with the other four counties and six facilities comprising the CHI Saint Joseph Health system.

FIGURE 33. SIGNIFICANT HEALTH NEEDS IDENTIFIED ACROSS CHI SAINT JOSEPH HEALTH SYSTEM

Montgomery County (Saint Joseph Mount Sterling)	**Fayette County** (Saint Joseph Hospital, Saint Joseph East, Continuing Care Hospital)	**Laurel County** (Saint Joseph London)	**Madison County** (Saint Joseph Berea)	**Nelson County** (Flaget Memorial Hospital)
Alcohol & Drug Use	Alcohol & Drug Use	Alcohol & Drug Use	Alcohol & Drug Use	Alcohol & Drug Use
Cancer		Cancer		Cancer
Children's Health				
Diabetes	Diabetes	Diabetes	Diabetes	
Education				Education
Food Insecurity	Food Insecurity			
Health Care Access & Quality	Health Care Access & Quality			Health Care Access & Quality
Mental Health & Mental Disorders	Mental Health & Mental Disorders	Mental Health & Mental Disorders	Mental Health & Mental Disorders	Mental Health & Mental Disorders
Older Adults		Older Adults	Older Adults	Older Adults
Oral Health		Oral Health		Oral Health
Prevention & Safety	Prevention & Safety		Prevention & Safety	
Respiratory Diseases		Respiratory Diseases		
Sexually Transmitted Infections	Sexually Transmitted Infections		Sexually Transmitted Infections	Sexually Transmitted Infections
Tobacco Use	Tobacco Use	Tobacco Use	Tobacco Use	Tobacco Use
Weight Status, Physical Activity & Nutrition	Weight Status, Physical Activity & Nutrition	Weight Status, Physical Activity & Nutrition	Weight Status, Physical Activity & Nutrition	Weight Status, Physical Activity & Nutrition

As seen in Figure 33, four topics emerged as a significant need across all five counties: (1) Alcohol & Drug Use (2) Mental Health & Mental Disorders (3) Tobacco Use and (4) Weight Status, Physical Activity & Nutrition.

Prioritization

To better target activities to address the most pressing health needs in the community, Saint Joseph Mount Sterling convened a group of community leaders to participate in a presentation of data on significant health needs facilitated by HCI. Following the presentation and question session, participants were given access to an online link to complete a scoring exercise to assign a score to each significant health need based on a set of criteria. The process was conducted virtually to maintain social distancing and safety guidelines related to the COVID-19 pandemic.

Leadership at CHI Saint Joseph Health and Saint Joseph Mount Sterling, including the hospital's Healthy Communities / Community Benefit Committee, reviewed the scoring results of the significant community needs alongside additional supporting evidence and identified three priority areas to be considered for subsequent implementation planning.

Process

An invitation to participate in the Saint Joseph Mount Sterling CHNA data synthesis presentation and virtual prioritization activity was sent out in the weeks preceding the meeting held on November 15, 2021. A total of 18 individuals representing local hospital systems, the health department, educational institutions as well as community-based organizations and nonprofits attended the virtual presentation and of these, nine completed the online prioritization activity.

During the November 15th meeting, the group reviewed and discussed the results of HCI's primary and secondary data analyses leading to the significant health needs shown in Figure 31. A one-page handout called a "Prioritization Cheat Sheet" (see Appendix F) was provided to participants to support the virtual prioritization activity. From there, participants were given one day to access an online link and assign a score to each of the significant health needs based on how well they met the criteria set forth by the hospital. The group also agreed that root causes, disparities, and social determinants of health would be considered for all prioritized health topics resulting from the online prioritization activity.

The criteria for prioritization included:

1. Magnitude of the Issue
    - How many people in the community are or will be impacted?
    - How does the identified need impact health and quality of life?
    - Has the need changed over time?

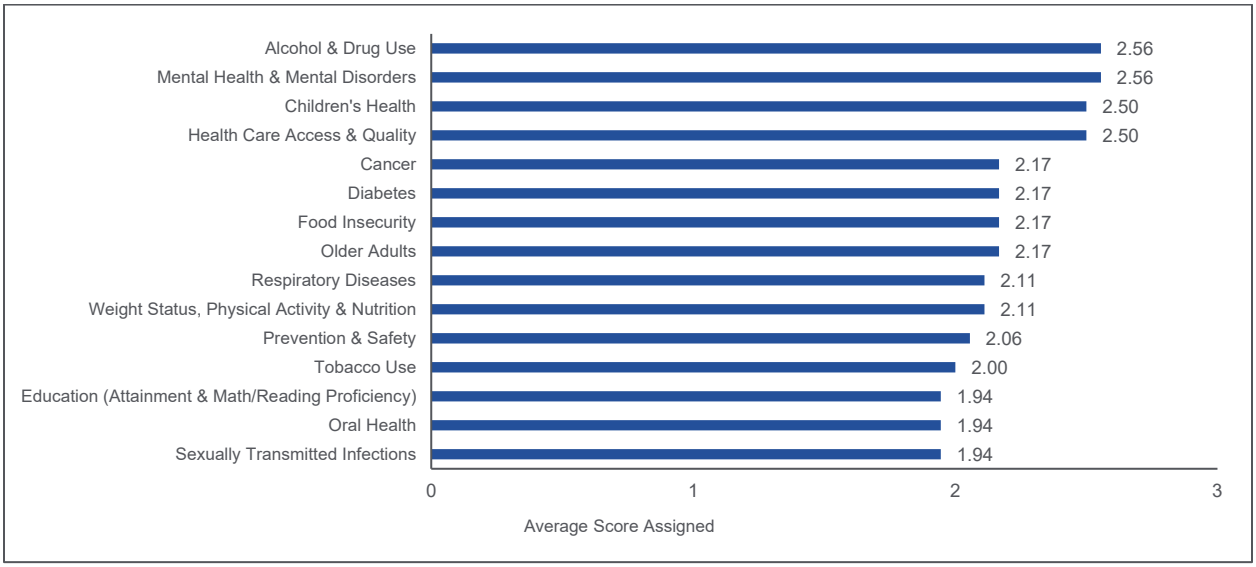
2. Ability to Impact
    - Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?
    - Does the hospital or health system have the expertise or resources to address the identified health need?
    - Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?

Participants assigned a score of 1-3 to each health topic and criterion, with a higher score indicating a greater likelihood for that topic to be prioritized. For example, participants assigned a score of 1-3 to each topic based on whether the magnitude was (1) least concerning, (2) somewhat concerning or (3)

most concerning. Along a similar line, participants assigned a score of 1-3 to each topic based on (1) least ability to impact (2) some ability to impact or (3) most ability to impact. In addition to considering the data presented by HCI in the presentation and on the prioritization cheat sheet, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health topic and criterion. Numerical scores for the two criteria were equally weighted and averaged to produce an aggregate score and overall ranking for each health topic. The aggregate ranking can be seen in Figure 34 below. For those topics with identical scores, the health needs are listed in alphabetical order.

FIGURE 34. AGGREGATE RESULTS OF ONLINE PRIORITIZATION ACTIVITY



Prioritized Significant Health Needs

The ranked order of significant health needs that resulted from the prioritization process were presented to leadership at CHI Saint Joseph Health and Saint Joseph Mount Sterling, including the hospital's Healthy Communities / Community Benefit Committee. The committee reviewed the scoring results of the online prioritization activity for Saint Joseph Mount Sterling, in conjunction with the trending health needs that were identified as significant across all seven facilities in the CHI Saint Joseph Health system (Figure 33). While Tobacco Use and Weight Status, Physical Activity & Nutrition did not score as high as Alcohol & Drug Use and Mental Health & Mental Disorders in the online prioritization activity for Saint Joseph Mount Sterling (Figure 34), the committee ultimately decided to prioritize the four health needs that were identified as significant across all seven hospital facilities: Alcohol & Drug Use, Mental Health & Mental Disorders, Tobacco Use, and Weight Status, Physical Activity & Nutrition (Figure 33).

TABLE 12. PRIORITIZED HEALTH NEEDS

Alcohol, Tobacco & Drug Use
Mental Health & Mental Disorders
Weight Status, Physical Activity & Nutrition

A decision was made to combine the prioritized health areas of Alcohol & Drug Use and Tobacco Use, resulting in a final selection of three priority health areas that will be considered for subsequent implementation planning (Table 12). The three health needs shown in Table 12 were identified as a priority not only for Saint Joseph Mount Sterling, but across all seven facilities comprising CHI Saint

Joseph Health: Saint Joseph Hospital, Saint Joseph East, Continuing Care Hospital, Saint Joseph Berea, Saint Joseph London, Saint Joseph Mount Sterling, and Flaget Memorial Hospital.

Many of these health topics are consistent with the priority areas that emerged from the previous CHNA process, not only for Saint Joseph Mount Sterling, but for other facilities as well. The committee strategically selected the topics shown in Table 12 as the final prioritized health needs for all seven facilities to allow for consistency across the system, resulting in a larger footprint and more substantial impact. By selecting these overlapping health needs, CHI Saint Joseph Health has positioned itself to achieve greater collective impact through means of a common agenda, shared goals/objectives, and mutually reinforcing activities, all of which will be outlined in each hospital's upcoming implementation plan. Saint Joseph Mount Sterling plans to build upon efforts that emerged from its previous CHNA process, collaborating with other facilities and community partners, to address the three priority health needs outlined in Table 12.

A deeper dive into the primary and secondary data for each of these priority health topics is provided in the next section of the report. This information highlights how each topic became a high priority health need for Saint Joseph Mount Sterling.

Prioritized Significant Health Needs

The following section provides a detailed description of each prioritized health need. An overview is provided for each health topic, followed by a table highlighting the poorest performing indicators and a description of key themes that emerged from primary data. The three prioritized health needs are presented in alphabetical order.

Geographic Level of Analysis

As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for Saint Joseph Mount Sterling are therefore presented in the context of Montgomery County.

Prioritized Health Topic #1: Alcohol, Tobacco and Drug Use

Alcohol & Drug Use

Secondary Data Score: **1.62**

Key Themes from Community Input

- Ranked by survey respondents as the most pressing health problem (65.0%)
- Lack of education, family dynamics and childhood trauma cited as major factors for substance use

Warning Indicators

- Death Rate due to Drug Poisoning
- Liquor Store Density
- Drug Arrest Rate

Tobacco Use

Key Themes from Community Input

- 20.5% of survey respondents rated tobacco use as a top health issue (ranked 5th out of 26 issues)
- High rates of vaping, especially among youth
- Education, cultural issues and lifestyle choices cited as contributing factors for tobacco use

Overview

Alcohol, Tobacco & Drug Use were identified as significant health needs through two data sources: the community survey and qualitative data (see Data Synthesis, Table 11 and Figure 32).

Secondary Data

From the secondary data scoring results, Alcohol & Drug Use had the 14th highest data score of all topic areas, with a score of 1.62. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in Table 13 below. See Appendix A for the full list of indicators categorized within this topic, including the source from which each indicator was derived.

TABLE 13. DATA SCORING RESULTS FOR ALCOHOL & DRUG USE

SCORE	ALCOHOL & DRUG USE	Montgomery County	Kentucky	U.S.	Kentucky Counties	U.S. Counties	Trend
2.64	Death Rate due to Drug Poisoning (2017-2019) *deaths/100,000 population*	43.9	31.8	21			
2.08	Liquor Store Density (2019) *stores/100,000 population*	14.2	12.6	10.5			
1.89	Drug Arrest Rate (2019) *arrests/100,000 population*	1807.7	1803.4	464.8		—	

From the secondary data results, there are several indicators within this topic that raise concern for Montgomery County. The worst performing indicator is the Death Rate due to Drug Poisoning. In Montgomery County, there were 43.9 deaths due to drug poisoning per 100,000 people in 2017-2019, which is higher than both the state and national values, and in the worst 25% of counties in Kentucky and the U.S. The Drug Arrest Rate is also higher in Montgomery County when compared to the state and national values. Additionally, Montgomery County has a higher liquor store density than most Kentucky and U.S. counties.

Primary Data

Alcohol & Drug Use

Alcohol & Drug Use ranked as the most pressing health problem among survey respondents, with 65.0% of respondents identifying Alcohol & Drug Use as a top priority in Montgomery County (Figure 27). The high rate of deaths due to drug poisoning reported in the secondary data for Montgomery County is supported with findings from the qualitative data. Nearly every key informant and focus group participant emphasized concern with the growing drug problem. Key informants pointed to heroin, methamphetamine and opioid misuse as devastating a large portion of the population. Increased drug use through dab pens and THC-laced devices was also reported by a focus group participant. Drugs were cited as prevalent and easy to obtain. Additionally, the use of drugs has led to increased crime,

overcrowded jails, a smaller workforce, and increased family tension. Many key informants pointed out the number of grandparents and older adults raising young children due to addiction issues within the family. Further, people experiencing addiction often have severe health issues, and don't always seek care. One focus group participant pointed out the connection between injection drug use and syphilis and hepatitis C outbreaks. Lack of education, family dynamics and childhood trauma were cited as some of the major factors for substance use. Several key informants suggested the need for more education, sober living facilities and a needle exchange program to help curb the growing drug epidemic.

> "The drug problem is crippling southeastern Kentucky, and I think it's the worst in the U.S. Just throwing money at the problem isn't going to work. We need to reach out, understand the nature of addiction, provide support for those who are seeking help and provide a place for people to go seek that help."
> - Key Informant

Tobacco Use

Tobacco Use was ranked as the fifth most pressing health issue among survey respondents, with 20.5% of respondents identifying Tobacco Use as a top priority in the community (Figure 27). Key informants and focus group participants discussed the high rates of vaping, particularly among youth. Education, cultural issues, and lifestyle choices were cited as major factors for tobacco use. Key informants also emphasized the significance of tobacco farming in the region, referring to Kentucky as a "tobacco state" and "tobacco farming as a state heritage." When a local organization tried to pass a no smoking ordinance in public establishments, one focus group participant described "receiving pushback from several government officials."

> "In eastern Kentucky, we all made a living in tobacco fields. Kids spent their summers in tobacco fields earning money. A whole generation grew up smoking, and now they're paying for it."
> - Key Informant

Prioritized Health Topic #2: Mental Health & Mental Disorders

Mental Health & Mental Disorders

Secondary Data Score: **1.49**

Key Themes from Community Input

- Ranked by survey respondents as the third most pressing health problem (33.3%)
- Stress, anxiety and childhood trauma cited as contributing factors

Warning Indicators

- Depression: Medicare Population
- Poor Mental Health: 14+ Days
- Alzheimer's Disease or Dementia: Medicare Population

Overview

Mental Health & Mental Disorders was identified as a significant health need through one data source, the community survey (see Data Synthesis, Table 11 and Figure 32).

Secondary Data

From the secondary data scoring results, Mental Health & Mental Disorders had the 21st highest data score of all topic areas, with a score of 1.49. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in Table 14 below. See Appendix A for the full list of indicators categorized within this topic, including the source from which each indicator was derived.

TABLE 14. DATA SCORING RESULTS FOR MENTAL HEALTH & MENTAL DISORDERS

SCORE	MENTAL HEALTH & MENTAL DISORDERS	Montgomery County	Kentucky	U.S.	Kentucky Counties	U.S. Counties	Trend
2.31	Depression: Medicare Population (2018) *percent*	22.8	21.5	18.4			
2.08	Poor Mental Health: 14+ Days (2018) *percent*	18.2	—	12.7			—

1.97	Alzheimer's Disease or Dementia: Medicare Population (2018) *percent*	10.7	10.3	10.8			

Poor self-reported mental health and prevalence of depression and Alzheimer's Disease are all areas of concern related to Mental Health & Mental Disorders. The indicator Depression: Medicare Population shows the percentage of Medicare beneficiaries who were treated for depression. The value for Montgomery County, 22.8%, is in the worst 25% of counties in the U.S. and higher than both the state and national values. The percentage of Medicare beneficiaries treated for Alzheimer's disease or dementia is 10.7% in Montgomery County, which is in the worst 25% of counties in Kentucky. Further, rates of depression and Alzheimer's disease in the Medicare population have been increasing in recent years for Montgomery County residents. The indicator Poor Mental Health: 14 Days shows the percentage of adults who stated that their mental health was not good 14 or more days in the past month. The value for Montgomery County, 18.2%, is higher than the national value and in the worst 25% of counties in the nation.

Primary Data

Mental Health & Mental Disorders was ranked as the third most pressing health problem among survey respondents, with 33.3% of respondents identifying Mental Health & Mental Disorders as a top priority in Montgomery County (Figure 27). More than 13% of survey respondents reported that children in their home have experienced behavioral or mental health challenges. While mental health has always been a concern, key informants pointed out that the COVID-19 pandemic has instilled even more fear, stress, and anxiety within community members due to economic duress and social isolation.

Access to mental health services was a common theme among key informants and survey respondents, with more than 8% of survey respondents reporting that they did not receive necessary mental health services in the past year. The top reasons cited for not receiving mental health services/treatment included cost, lack of insurance, worry about judgment from others, lack of trust in health care services/providers, previous negative experience, long wait times and limited access or office closure due to COVID-19. One focus group participant pointed to the negative stigma associated with mental health as a major barrier to receiving care. Fear was cited as another barrier to seeking mental health services, especially among Black/African Americans. Efforts to bring counseling and therapists to these communities must consider a format where services are delivered/facilitated by people who look like those living in the community.

Another key informant pointed to a lack of mental health providers, particularly inpatient behavioral health resources. Several key informants also emphasized the relationship between drugs/addiction and mental health, with stress, anxiety and childhood trauma cited as some of the major factors for mental health issues.

> We don't have any inpatient behavioral health resources. If someone needs psychiatric care, they need to travel to Lexington or Morehead. There's nothing closer to us.
> - Key Informant

Prioritized Health Topic #3: Weight Status, Physical Activity & Nutrition

Weight Status, Physical Activity & Nutrition

Secondary Data Score: **1.62**

Key Themes from Community Input

- Weight status (overweight/obesity) was ranked by survey respondents as the second most pressing health problem (36.8%)
- 27.4% of survey respondents rated "healthy eating options at restaurants, stores and markets" as a top quality of life issue
- Lack of exercise, busy lifestyles, lack of nutritional foods and learned behaviors through multiple generations cited as key contributors to obesity

Warning Indicators

- Workers who Walk to Work
- Adult Fruit and Vegetable Consumption
- Adults who are Sedentary

Overview

Weight Status, Physical Activity & Nutrition was identified as a significant health need through two data sources: the community survey and qualitative data (see Data Synthesis, Table 11 and Figure 32).

Secondary Data

From the secondary data scoring results, Weight Status, Physical Activity & Nutrition had the 16th highest data score of all topic areas, with a score of 1.62. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in Table 15 below. See Appendix A for the full list of indicators categorized within this topic, including the source from which each indicator was derived.

TABLE 15. DATA SCORING RESULTS FOR WEIGHT STATUS, PHYSICAL ACTIVITY & NUTRITION

SCORE	WEIGHT STATUS, PHYSICAL ACTIVITY & NUTRITION	Montgomery County	Kentucky	U.S.	Kentucky Counties	U.S. Counties	Trend
2.92	Workers who Walk to Work (2015-2019) *percent*	0.3	2.2	2.7			
2.14	Adult Fruit and Vegetable Consumption (2017-2019) *percent*	6.0	12	—		—	
1.97	Food Environment Index (2021) *index*	7.0	6.9	7.8			
1.81	Grocery Store Density (2016) *stores/1,000 population*	0.14	—	—			
1.72	Adults who are Sedentary (2017-2019) *percent*	36.0	33	**HP2030*** 21.2		—	

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Some of the worst performing indicators within this topic are related to health behaviors. They include the percentage of adults who eat five or more servings of fruits and vegetables per day, workers who walk to work and adults who are sedentary. In all cases, the Montgomery County value is worse than the state value. Studies have shown that sedentary lifestyles and a lack of fruits and vegetables can increase the risk of many chronic diseases, including obesity, heart disease and type 2 diabetes.[15]

Additional indicators of concern are related to the built environment and food access. The Food Environment Index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year. The index ranges from 0 (worst) to 10 (best) and equally weights the two measures. The value for Montgomery County, 7.0, is in the worst 50% of counties in the state and nation. Grocery Store Density shows the number of supermarkets and grocery stores per 1,000 population. The value for Montgomery County, 0.14 stores per 1,000 people, is in the worst 50% of counties when compared to other counties in Kentucky and the U.S., and trending in a

[15] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating

negative direction. HCI's Food Insecurity Index, discussed earlier in this report, can be used to help identify geographic areas of low food accessibility within the community served by Saint Joseph Mount Sterling.

Primary Data

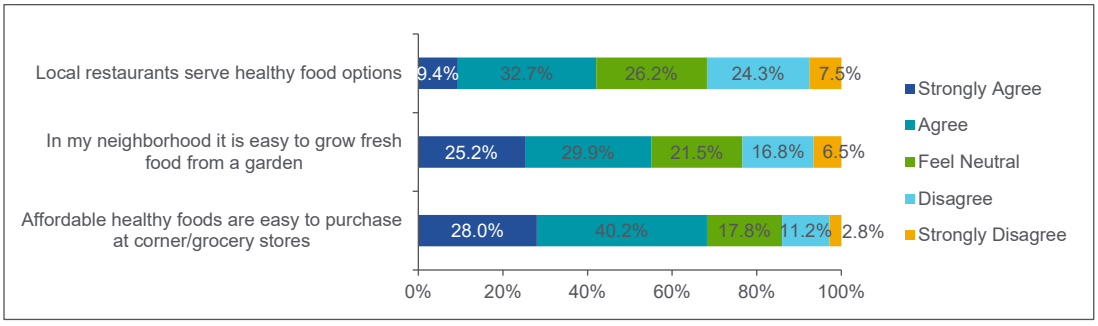
More than one-third (36.8%) of survey respondents rated Weight Status as a pressing health issue, and it ranked as the second most pressing health problem overall (Figure 27). Physical Activity ranked as the eighth most pressing health issue among survey respondents (14.5%, Figure 27), while Nutrition & Healthy Eating ranked as the ninth most pressing health issue (12.8%, Figure 27).

Among survey respondents with children living in the home, 11.1% reported having one or more children that are overweight. Obesity and its contribution to chronic disease was a topic of concern among key informants. Insights from qualitative data point to a lack of exercise, busy lifestyles, increased technology use, lack of nutritional foods and learned behaviors through multiple generations as being key contributors to obesity. Another key informant pointed out the need for more education – people need to be taught how to eat and exercise properly.

Ability to access safe parks and walking paths was rated by 8.6% of survey respondents as a priority issue, while another 9.4% of survey respondents would like to see more and/or improved bike lanes in the community. Using a Likert scale, a five-point scale used to allow the individual to express how much they agree or disagree with a particular statement, 13.1% of survey respondents disagreed or strongly disagreed that the community has good sidewalks/trails for walking safely, and another 5.6% of survey respondents disagreed or strongly disagreed that the community has good parks and recreational facilities. Just over 10% of survey respondents reported that the COVID-19 pandemic has made it difficult to exercise.

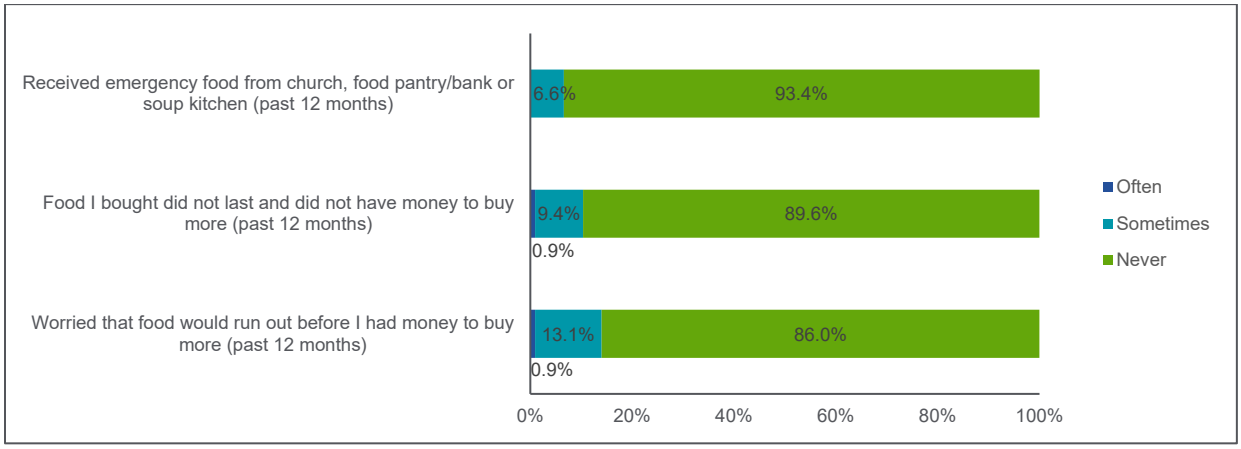
The secondary data indicators that point to an unhealthy food environment are corroborated with results from the community survey. Healthy eating options at restaurants, stores, and markets was ranked by survey respondents as the most pressing quality of life issue (27.4% of respondents, Figure 28). Survey respondents were also asked to answer a few questions about access to food in their community. Based on a five-point Likert scale, 31.8% of survey respondents disagreed or strongly disagreed that local restaurants serve healthy food options, 23.3% of respondents disagreed or strongly disagreed that it is easy to grow/harvest and eat fresh food from a home garden in their neighborhood, and 14.0% of survey respondents disagreed or strongly disagreed that affordable, healthy food options are easy to purchase at nearby corner stores, grocery stores or farmers markets (Figure 35).

FIGURE 35. SURVEY RESPONDENTS' PERCEPTION OF ACCESS TO FOOD IN THE COMMUNITY



Nearly 20% of survey respondents rated food insecurity or hunger as a top quality of life issue they would like to see addressed in the community, and it ranked as the third most pressing quality of life issue overall (Figure 28). Among survey respondents, 14.0% reported they "sometimes" or "often" worried that their food would run out before they had money to buy more (Figure 36). Another 10.3% of survey respondents reported there was a time in the past 12 months when the food they bought just did not last, and they did not have money to buy more (Figure 36). Finally, 6.6% of survey respondents reported receiving emergency food from a church or food pantry in the past 12 months (Figure 36). Key informants and focus group participants spoke of food insecurity as an issue that needs to be addressed, and one informant pointed to a dramatic increase in the need for food at the height of the COVID-19 pandemic.

FIGURE 36. FOOD INSECURITY AMONG SURVEY RESPONDENTS



> Poor nutrition and lack of exercise are leading to obesity and diabetes. With the pandemic, people have been in their homes for 12-18 months and have not been getting exercise, which leads to an increase in obesity.
> - Focus Group Participant

Non-Prioritized Significant Health Needs

The following significant health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. However, Saint Joseph Mount Sterling will not focus on these topics in their Implementation Strategy.

Key themes from community input are included where relevant for each non-prioritized health need along with the secondary data score and warning indicators.

Non-Prioritized Health Need #1: Cancer

Cancer

Secondary Data Score: **1.76**

Key Themes from Community Input

- 18.0% of survey respondents rated cancer as a top health issue (ranked 7th out of 26 issues)

Warning Indicators

- Lung and Bronchus Cancer Incidence Rate
- Colorectal Cancer Incidence Rate
- All Cancer Incidence Rate
- Oral Cavity and Pharynx Cancer Incidence Rate
- Age-Adjusted Death Rate due to Cancer
- Age-Adjusted Death Rate due to Lung Cancer

Non-Prioritized Health Need #2: Children's Health

Children's Health

Secondary Data Score: **1.81**

Key Themes from Community Input

- 6.8% of survey respondents rated children's health as a top health issue (ranked 12th out of 26 issues)
- 23.1% of survey respondents rated "support for families with children" as a top quality of life issue (ranked 2nd out of 24 issues)
- Need for more youth programs (exercise, summer camps, etc.)

Warning Indicators

- Child Food Insecurity Rate
- Child Victims of Substantiated Abuse

> "Youth in bad home situations often do not get the care that they need."
> - Key Informant

Non-Prioritized Health Need #3: Diabetes

Diabetes

Secondary Data Score: **1.76**

Key Themes from Community Input

- 18.8% of survey respondents rated diabetes as a top health issue (ranked 6th out of 26 issues)
- Lifestyle choices, including poor nutrition, lack of exercise and increased technology use cited as contributing factors

Warning Indicators

- Adults with Diabetes
- Diabetes: Medicare Population

Non-Prioritized Health Need #4: Education (Attainment & Math/Reading Proficiency)

Education

Secondary Data Score: **1.71**

Key Themes from Community Input

- 11.1% of survey respondents rated education (pre-K to 12th grade) as a top quality of life issue
- 15.6% of survey respondents disagreed that K-12 schools in the community are well-funded and provide quality education

Warning Indicators

- Student-to-Teacher Ratio
- People 25+ with a Bachelor's Degree or Higher

Non-Prioritized Health Need #5: Food Insecurity

Food Insecurity

Secondary Data Score: **N/A**

Key Themes from Community Input

- Ranked by survey respondents as the third most pressing quality of life issue (19.7%)
- 14.0% of survey respondents worried their food would run out before they had money to buy more
- 6.6% of survey respondents received emergency food from a church, food pantry or food bank in the past 12 months

> We've seen a dramatic increase in the need for food, particularly at the height of the pandemic!
> - Key Informant

See Weight Status, Physical Activity & Nutrition and HCI's Food Insecurity Index for additional supporting evidence related to Food Insecurity.

Non-Prioritized Health Need #6: Health Care Access & Quality

Health Care Access & Quality

Secondary Data Score: **1.40**

Key Themes from Community Input

- 28.2% of survey respondents rated access to affordable health care services as a top health issue (ranked 4th out of 26 issues)
- 11.2% of survey respondents disagreed that there are good quality health care services in the community
- Transportation, cost/financial concerns, fear or stigma, awareness and difficulties navigating the health system were cited as major barriers to care

Warning Indicators

- Adults who Visited a Dentist
- Adults who have had a Routine Checkup
- Primary Care Provider Rate
- Dentist Rate

> We've got the healthcare – it's the affordable healthcare that's the issue. We've got lots of working poor that have health coverage but can't afford the co-pays, so they do without.
> - Key Informant

Non-Prioritized Health Need #7: Older Adults

Older Adults

Secondary Data Score: **1.59**

Key Themes from Community Input

- 19.7% of survey respondents rated "services for seniors/elderly" as a top quality of life issue
- Lack of transportation, lack of family support and financial insecurity cited as issues affecting older adults

Warning Indicators

- COPD: Medicare Population
- Depression: Medicare Population
- Diabetes: Medicare Population
- Alzheimer's Disease or Dementia: Medicare Population

> Our seniors are always struggling. Once they retire, their income only goes up by the cost of living, but the cost of everything else is going up at a faster rate. There are real challenges for the senior community when they must choose between food and their medications, or a visit to the doctor and a new pair of eyeglasses. It's difficult for them to make these choices.
> - Key Informant

Non-Prioritized Health Need #8: Oral Health

Oral Health

Secondary Data Score: **1.93**

Key Themes from Community Input

- 3.4% of survey respondents rated oral health and access to dentistry services as a top health issue (ranked 14th out of 26 issues)
- 16.5% of survey respondents were unable to access necessary dental health services in the past year

Warning Indicators

- Adults 65+ with Total Tooth Loss
- Oral Cavity and Pharynx Cancer Incidence Rate

> There is a severe need for dental care. Our patients do not go to the dentist – they can't afford it, and with vaccine restrictions in place, they aren't coming in. This is a critical need in eastern Kentucky.
> - Focus Group Participant

Non-Prioritized Health Need #9: Prevention & Safety

Prevention & Safety

Secondary Data Score: **1.90**

Warning Indicators

- Death Rate due to Drug Poisoning
- Age-Adjusted Death Rate due to Unintentional Injuries

Non-Prioritized Health Need #10: Respiratory Diseases

Respiratory Diseases

Secondary Data Score: **2.05**

Key Themes from Community Input

- 2.6% of survey respondents rated respiratory diseases as a top health issue (ranked 17th out of 26 issues)
- 11.1% of survey respondents reported children with asthma

Warning Indicators

- Lung and Bronchus Cancer Incidence Rate
- Asthma: Medicare Population
- Age-Adjusted Death Rate due to Influenza and Pneumonia

> "Smoking contributes to COPD and other related diseases. Information about smoking has been out for a long time, but it still plays a role in our region."
> - Focus Group Participant

Non-Prioritized Health Need #11: Sexually Transmitted Infections

Sexually Transmitted Infections

Secondary Data Score: **1.70**

Warning Indicators

- Syphilis Incidence Rate

Barriers to Care

A critical component in assessing the needs of a community includes identifying barriers to health care and social services, which can inform and focus strategies for addressing the prioritized health needs. Survey respondents, key informants and focus group participants were asked to identify any barriers to health care observed or experienced in the community. The following section explores those barriers that were identified through the primary data collection.

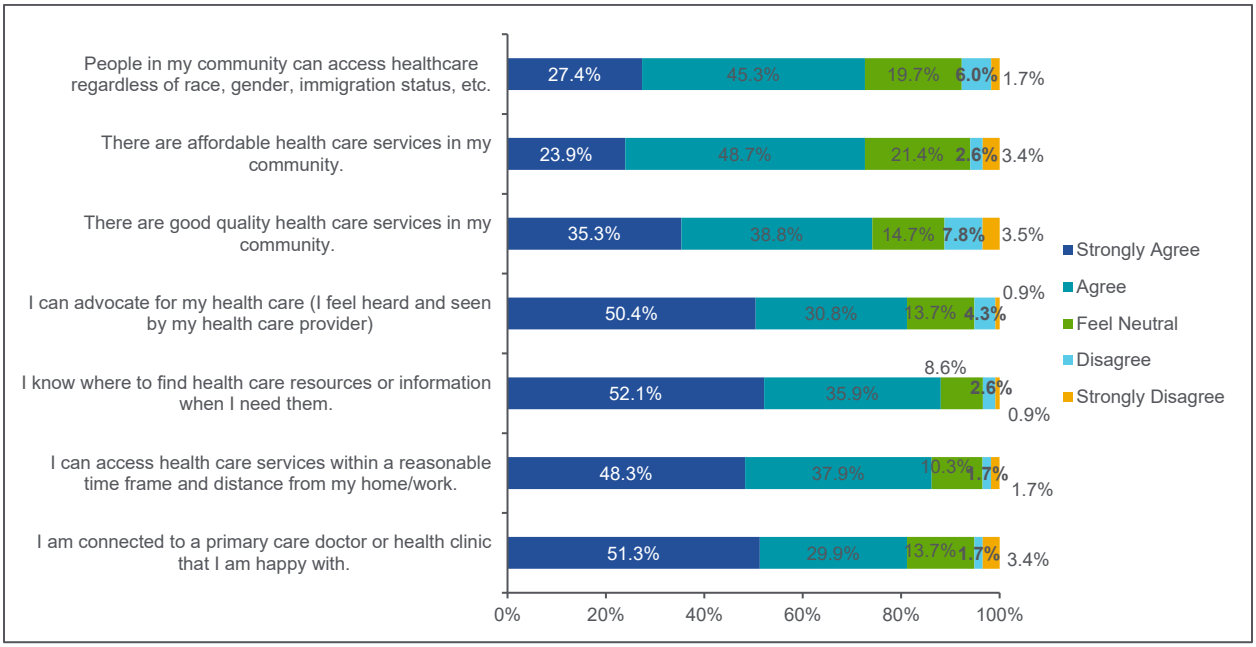
Transportation

The geography of the Saint Joseph Mount Sterling Primary Service Area lends itself to transportation issues. As described earlier in this report (see Defining the Community), the hospital's primary service area is defined by eight zip codes, which are centered around the town of Mount Sterling and stretch along Interstate 64 from Winchester in the west to Owingsville in the East. These three towns comprise nearly 75% of the total population of the hospital's primary service area. Beyond this core population center, the service area includes rural towns to the south (Clay City, Stanton), southwest (Jeffersonville, Frenchburg), and north (Sharpsburg). The spread of the population throughout these rural towns creates difficulties for many of those in need of care. Key informants and focus group participants frequently mentioned transportation when discussing barriers to care, with an emphasis on rural communities and elderly populations. Several informants spoke proudly of the existing public transportation system in Mount Sterling but were also quick to point out some of its limitations, including gaps in service on the weekends and evenings. Another key informant pointed to a lack of transportation for specialty services (e.g., if a patient needs to travel to Lexington). Using a five-point Likert scale, 34.3% of survey respondents in Montgomery County disagreed or strongly disagreed that public transportation is easy to access. Indicators of concern from the secondary data analysis include Workers who Walk to Work, Workers Commuting by Public Transportation, Solo Drivers with a Long Commute and Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions. Additional details for these indicators can be found in Appendix A.

Cost, Lack of Insurance, Underinsurance

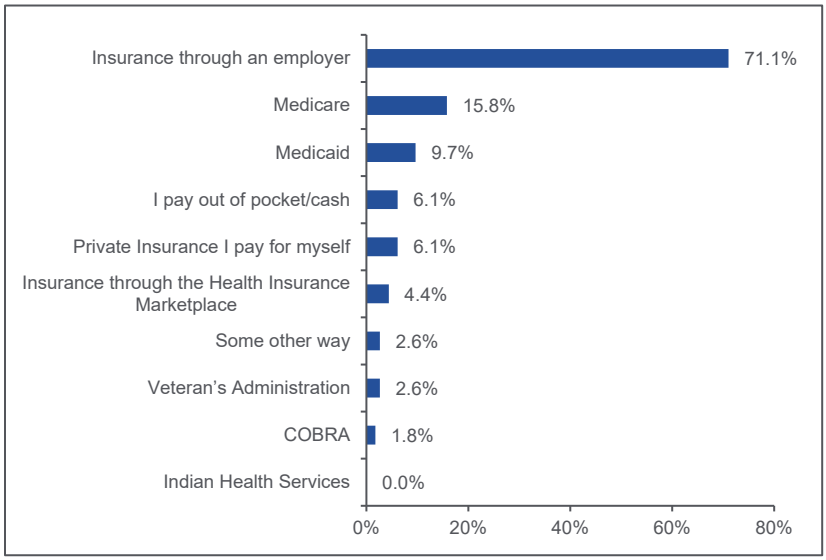
Access to affordable health care was identified as a significant need through the community survey and qualitative data (see Data Synthesis, Table 11 and Figure 32). Among survey respondents, it ranked as the fourth most pressing health issue overall (28.2% of respondents, Figure 27). Based on a five-point Likert scale, 6.0% of survey respondents disagreed or strongly disagreed that there are affordable health care services in the community (Figure 37).

FIGURE 37. SURVEY RESPONDENTS' PERCEPTION OF HEALTH CARE SERVICES IN THEIR COMMUNITY



Among key informants and focus group participants, the most common barriers cited to accessing health care were related to overall cost, lack of insurance or underinsurance. One key informant emphasized that even with health coverage, many people still lack the disposable income necessary for co-pays, so they do without. In addition, those with health insurance may still lack dental or vision coverage.

FIGURE 38. SURVEY RESPONDENTS: WHAT TYPE OF HEALTH PLAN(S) DO YOU USE TO PAY FOR YOUR HEALTH CARE SERVICES? (SELECT ALL THAT APPLY)



Nearly all survey respondents reported having health coverage, with respondents reporting the following types of health plan(s) used to pay for health care services: health coverage through an employer (71.0%), Medicare (15.8%), Medicaid (9.7%), private insurance (6.1%) and services paid out of pocket/cash (6.1%) (Figure 38).

The economic secondary data further support the primary data findings around cost and access. The median household income of the hospital's primary service area is $50,866, which is about $3,200 lower than the Kentucky state value. In addition, there is a disparity of approximately $25,000 and $18,000 in median household income for Hispanic/Latino and Black/African American residents, respectively (see Social & Economic Determinants of Health, Figures 15 and 16, for more details).

Awareness, Access to Information and Navigating the System

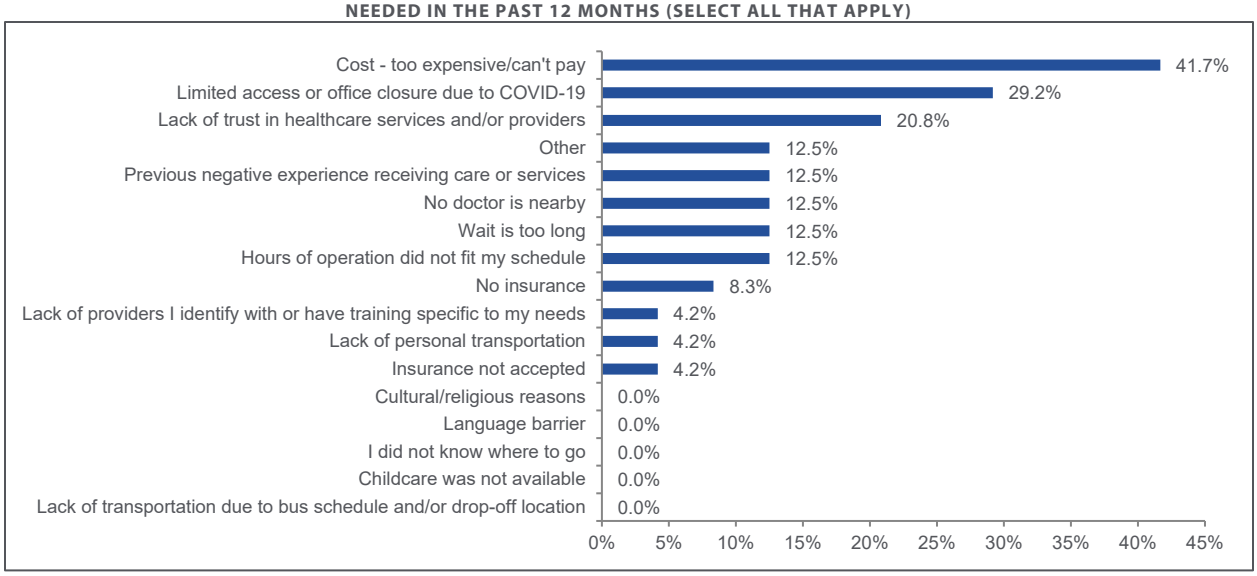
Knowledge of available resources and the ability to access information is another barrier to care, especially for those who don't have broadband or internet access. Findings from the secondary data indicate that 77.1% of households in Montgomery County had an internet subscription in 2015-2019 (Figure 23). While this is in the top 50% of all counties in Kentucky, one key informant mentioned that many people cannot afford broadband and pointed out a stark difference in internet access between the northern and southern parts of Montgomery County, claiming that the north fares better. Another key informant emphasized how the lack of internet access was a major barrier in getting people registered for the COVID-19 vaccine. Further, one focus group participant pointed out the need for reliable high-speed internet access, emphasizing that there are lots of places in the community where you cannot get a good cell signal.

Key informants also noted health system knowledge/navigation as a barrier for accessing care and pointed to a need for more outreach and consistent messaging about services and resources available to the community. A focus group participant described the enrollment process for Medicaid and the Marketplace as a "very convoluted process for even the most well-versed person," while another focus group participant stated that people often struggle to get accurate information regarding medical issues, emphasizing that people are often going to non-reputable sources for their information.

Fear, Discrimination, Language & Culture

Nearly 21% of survey respondents reported they were unable to get necessary health care services at least once in the past 12 months. For community survey respondents that did not receive the care they needed, 20.8% reported lack of trust in health care services and/or providers, 12.5% reported a previous negative experience receiving care or services and 4.2% reported a lack of providers that "I identify with or have training specific to my needs." (Figure 39).

FIGURE 39. SURVEY RESPONDENTS: SELECT THE TOP REASONS YOU DID NOT RECEIVE THE HEALTH CARE SERVICES THAT YOU NEEDED IN THE PAST 12 MONTHS (SELECT ALL THAT APPLY)



As shown earlier in Figure 37, 5.1% of survey respondents disagreed or strongly disagreed with the statement: "I feel like I can advocate for my health care (I feel heard and seen by my health care provider)," while another 7.7% of survey respondents disagreed or strongly disagreed that people in

the community can access health care services regardless of race, gender, sexual orientation, or immigration status.

Lack of trust continues to be a big issue. One key informant mentioned that fear has been exacerbated by COVID-19, but even before the pandemic began, the older population was often fearful of accessing doctor visits due to the unknown or a fear that something might be wrong with them. Other informants pointed out that some people choose not to reveal their vulnerabilities because they fear the potential consequences – for example, an immigrant parent hesitant to seek care for their child may fear deportation. Another focus group participant pointed to language barriers as a common issue, especially within the Hispanic/Latino population, and emphasized that the non-English speaking population often doesn't reach out for help. The stigma of seeking mental health treatment also continues to be a concern.

Conclusion

This Community Health Needs Assessment (CHNA), conducted for Saint Joseph Mount Sterling, helps the hospital meet the federal requirement for charitable hospital organizations to conduct a community health needs assessment every three years [IRS Section 501(r) (3)]. CHI Saint Joseph Health and Saint Joseph Mount Sterling partnered with Conduent Healthy Communities Institute to develop this 2023-2025 CHNA.

This assessment used a comprehensive set of secondary and primary data to determine the 15 significant health needs in the community served by Saint Joseph Mount Sterling. The prioritization process identified three priorities to be considered for subsequent implementation planning: Alcohol, Tobacco & Drug Use, Mental Health & Mental Disorders and Weight Status, Physical Activity & Nutrition.

The findings in this report will be used to guide the development of the Saint Joseph Mount Sterling Implementation Strategy, which will outline strategies to address identified priorities and improve the health of the community.

Please use this online form to send any comments or feedback about this CHNA: https://www.chisaintjosephhealth.org/healthy-community-chna-feedback. Feedback received will be incorporated into the next CHNA process.

Appendices Summary

The following support documents are shared in a separate appendix available on the CHI Saint Joseph Health website: https://www.chisaintjosephhealth.org/healthycommunities.

A. Secondary Data Methodology and Data Scoring Tables

A description of the Conduent HCI data scoring methodology, including a list of secondary data sources used in the analysis and county-level topic and indicator scoring results.

B. Index of Disparity

A description of the methods used to identify disparities within the secondary data by race, ethnicity, and gender.

C. Demographic Profile of Survey Respondents

A series of charts illustrating the demographics of community survey respondents.

D. COVID-19 Impact Snapshot

A summary of the impact of the COVID-19 pandemic, including findings from the community survey, key informants and focus group participants.

E. Community Input Assessment Tools

Data collection tools that were vital in capturing community feedback, including the community survey, key informant questions and focus group guide.

F. Prioritization Toolkit

A one-page cheat sheet provided to participants to help guide the virtual prioritization activity.

G. Impact Report

A detailed progress report on the hospital's prioritized health needs from its prior CHNA and Implementation Strategy (2020-2022). Goals, objectives, strategies, target population and status are outlined in a detailed framework.

H. Healthy Communities / Community Benefit Committee

A list of members serving on the Healthy Communities / Community Benefit Committee at CHI Saint Joseph Health.

I. Resources Potentially Available to Address Needs

A list of community resources available to organizations and individuals that live in the community.

Adoption/Approval

CHI Saint Joseph Health's Board of Directors includes representation across the state and supports the work that each facility completes to improve the health of their community. The Board of Directors approves Saint Joseph Mount Sterling's community health needs assessment and the methods used to identify priority areas of need in the community served by Saint Joseph Mount Sterling.

Martha E. Jones — May 27, 2022

Martha E. Jones — Date

Chair, CHI Saint Joseph Health Board of Directors

25 MAY 2022

Anthony Houston, Ed.D., FACHE — Date

Market CEO, CHI Saint Joseph Health