Jennie Stuart Health

Hopkinsville, Kentucky

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution November 21, 2019[1]

[1]Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 990) Part V B 9

Dear Community Member:

At Jennie Stuart Health, we have spent more than 100 years providing high-quality compassionate healthcare to the greater Hopkinsville community. The “2019 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how Jennie Stuart Health (JSH) will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

JSH will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Because this report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need, footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Eric Lee
Chief Executive Officer
Jennie Stuart Health

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EXECUTIVE SUMMARY

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Jennie Stuart Health ("JSH" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2019 Significant Health Needs identified for Christian County are:

1. Obesity/Overweight – 2016 Significant Need
2. Cancer – 2016 Significant Need
3. Mental Health
4. Alcohol/Substance Abuse – 2016 Significant Need
5. Affordability/Accessibility – 2016 Significant Need
6. Smoking/Tobacco Use
7. Coronary Heart Disease – 2016 Significant Need
8. Education/Prevention

The Hospital has developed implementation strategies for six of the eight needs (Obesity/Overweight, Cancer, Mental Health, Alcohol/Substance Abuse, Affordability/Accessibility, and Coronary Heart Disease) including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

APPROACH

Jennie Stuart Health ("JSH" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.[2] Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.[3]

Project Objectives

JSH partnered with Quorum Health Resources (Quorum) to:[4]

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

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[2] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

[3] As of the date of this report all tax questions and suggested answers relate to 2017 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule H (Form 990) V B 6 b

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years, and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*

[5] Section 6652

(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;

(2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and

(3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.[6]

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must ''solicit'' input from these categories and take into account the input ''received.'' The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

(1) A definition of the community served by the hospital facility and a description of how the community was determined;

(2) a description of the process and methods used to conduct the CHNA;

(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

(5) a description of resources potentially available to address the significant health needs identified through the CHNA.

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the

[6] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."[7]

Additionally, all CHNAs developed after the very first CHNA must consider written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."[8]

The methodology takes a comprehensive approach to the solicitation of written comments. As previously cited, input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) Public Health – Persons with special knowledge of or expertise in public health

(2) Departments and Agencies – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) Priority Populations – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs. Perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor[9] opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources

[7] Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources. Response to Schedule H (Form 990) B 6 b

[8] Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h

[9] "Local Expert" is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five Quorum written comment solicitation classifications, with whom the Hospital solicited to participate in the Quorum/Hospital CHNA process. Response to Schedule H (Form 990) V B 3 h

existed in their portion of the county.[10]

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources include:[11]

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Christian County compared to all Kentucky counties	July 22, 2019	2012-2018
IBM Watson Health (formerly known as Truven Health Analytics)	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	July 22, 2019	2019
http://svi.cdc.gov	To identify the Social Vulnerability Index value	July 23, 2019	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	July 24, 2019	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	July 24, 2019	2017

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, a standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the

[10] Response to Schedule H (Form 990) Part V B 3 i

[11] The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 32 Local Expert Advisors was received. Survey responses started August 19th, 2019 and ended on September 12th, 2019.

- Information analysis augmented by local opinions showed how Christian County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.[12] [13]
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments
  - The top three priority populations in the area are low-income groups, racial and ethnic minority groups and children
  - There are issues accessing and affording care due to lack of transportation, poverty, and generational struggles
  - There is a need for additional screening/preventative measures and education

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.[14]

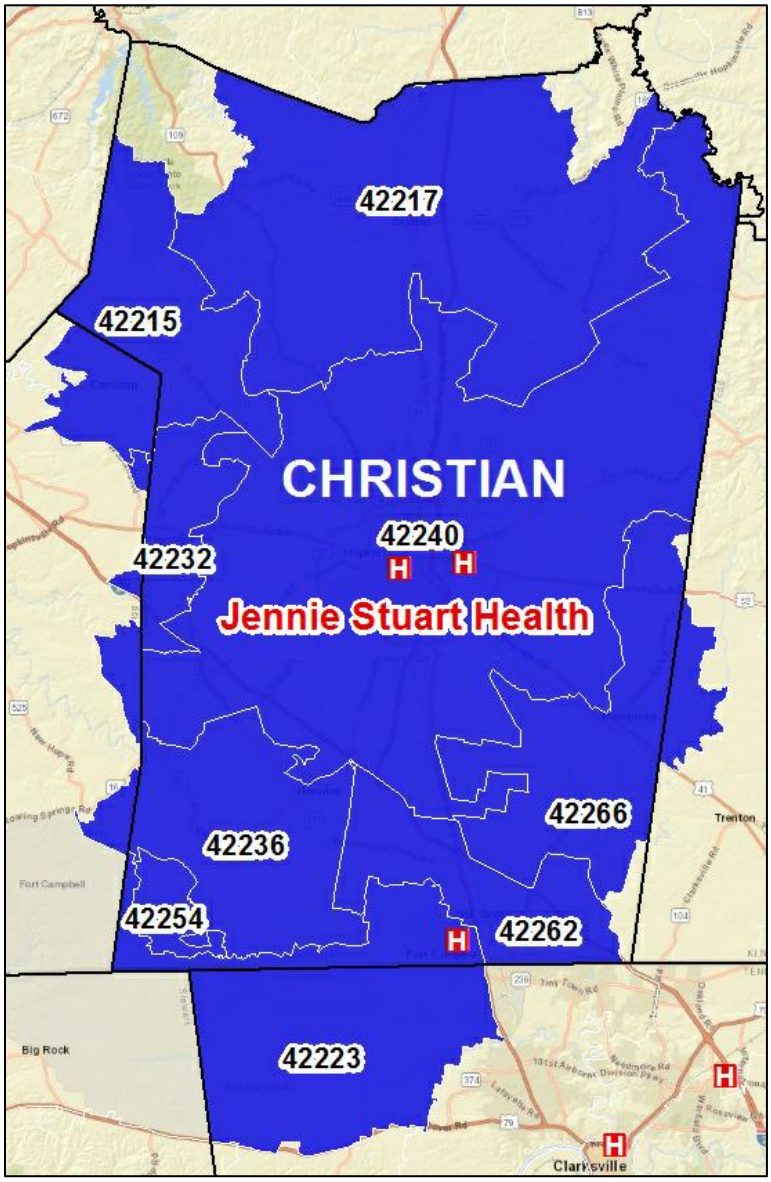
In the JSH process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: "Significant" and "Other Identified Needs." The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least fifty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.[15]

[12] Response to Schedule H (Form 990) Part V B 3 f
[13] Response to Schedule H (Form 990) Part V B 3 h
[14] Response to Schedule H (Form 990) Part V B 5
[15] Response to Schedule H (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital[16]



For the purposes of this study, Jennie Stuart Health defines its service area as Christian County in Kentucky, which includes the following ZIP codes:[17]

42215 – Cerulean	42217 – Crofton	42223 – Fort Campbell	42232 – Gracey
42236 – Herndon	42240 – Hopkinsville	42254 – La Fayette	42262 – Oak Grove
42266 – Pembroke			

During 2017, the Hospital received 69.3% of its Medicare inpatients from this area.[18]

[16] Responds to IRS Schedule H (Form 990) Part V B 3 a
[17] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below
[18] IBM Watson Health MEDPAR patient origin data for the hospital; Responds to IRS Schedule H (Form 990) Part V B 3 a

Demographics of the Community[19] [20]

Variable	Christian County 2019	Christian County 2024	Christian County %Change	Kentucky 2019	Kentucky 2024	Kentucky %Change	United States 2019	United States 2024	United States %Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	77,055	75,649	-1.8%	4,484,507	4,570,496	1.9%	329,236,175	340,950,067	3.6%
Total Male Population	40,951	40,331	-1.5%	2,210,351	2,253,374	1.9%	162,097,263	167,921,866	3.6%
Total Female Population	36,104	35,318	-2.2%	2,274,156	2,317,122	1.9%	167,138,912	173,028,201	3.5%
Females, Child Bearing Age (15-44)	15,099	14,724	-2.5%	851,940	853,187	0.1%	64,251,309	65,231,610	1.5%
Average Household Income	$55,261			$69,426			$89,646		
POPULATION DISTRIBUTION									
Age Distribution									
0-14	18,878	18,291	-3.1%	835,130	829,656	-0.7%	61,258,096	61,645,382	0.6%
15-17	2,911	3,128	7.5%	173,439	178,649	3.0%	12,813,020	13,319,388	4.0%
18-24	11,618	10,888	-6.3%	433,774	442,157	1.9%	31,474,821	32,296,411	2.6%
25-34	13,045	12,089	-7.3%	571,419	562,484	-1.6%	44,370,805	43,645,423	-1.6%
35-54	15,694	16,411	4.6%	1,127,625	1,103,916	-2.1%	83,304,733	84,255,193	1.1%
55-64	6,305	5,968	-5.3%	595,940	589,695	-1.0%	42,525,512	43,333,585	1.9%
65+	8,604	8,874	3.1%	747,180	863,939	15.6%	53,489,188	62,454,685	16.8%
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	26,394	25,798	-2.3%	1,783,058	1,819,958	2.1%	125,018,838	129,683,911	3.7%
2019 Household Income									
<$15K	4,793			258,597			13,139,420		
$15-25K	2,919			203,976			11,333,086		
$25-50K	7,942			436,472			26,888,001		
$50-75K	5,065			308,717			21,157,116		
$75-100K	2,451			205,669			15,409,735		
Over $100K	3,224			369,627			37,091,480		
EDUCATION LEVEL									
Pop Age 25+	43,648			3,042,164			223,690,238		
2019 Adult Education Level Distribution									
Less than High School	1,828			179,948			12,173,720		
Some High School	3,712			263,796			16,245,471		
High School Degree	13,790			996,818			61,068,735		
Some College/Assoc. Degree	17,187			895,235			64,945,355		
Bachelor's Degree or Greater	7,131			706,367			69,256,957		
RACE/ETHNICITY									
2019 Race/Ethnicity Distribution									
White Non-Hispanic	49,676			3,774,329			197,594,684		
Black Non-Hispanic	15,647			366,318			40,877,627		
Hispanic	6,888			169,997			60,675,779		
Asian & Pacific Is. Non-Hispanic	1,860			73,139			19,327,168		
All Others	2,984			100,724			10,760,917		

[19] Responds to IRS Schedule H (Form 990) Part V B 3 b
[20] Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior[21]

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where Christian County varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with black text are neither a favorable nor unfavorable finding.

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	114.8%	35.0%	Cancer Screen: Skin 2 yr	64.7%	6.9%
Vigorous Exercise	97.4%	55.6%	Cancer Screen: Colorectal 2 yr	78.6%	16.2%
Chronic Diabetes	99.3%	15.6%	Cancer Screen: Pap/Cerv Test 2 yr	92.7%	44.7%
Healthy Eating Habits	82.7%	19.3%	Routine Screen: Prostate 2 yr	76.4%	21.7%
Ate Breakfast Yesterday	94.2%	74.5%	**Orthopedic**		
Slept Less Than 6 Hours	124.6%	17.0%	Chronic Lower Back Pain	115.5%	35.7%
Consumed Alcohol in the Past 30 Days	87.8%	47.2%	Chronic Osteoporosis	104.6%	10.6%
Consumed 3+ Drinks Per Session	112.0%	31.5%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	100.1%	81.3%
Search for Pricing Info	86.0%	23.2%	NP/PA Last 6 Months	97.1%	40.2%
I am Responsible for My Health	97.5%	88.3%	OB/Gyn 1+ Visit	101.5%	39.0%
I Follow Treatment Recommendations	99.2%	76.4%	Medication: Received Prescription	105.2%	60.0%
Pulmonary			**Internet Usage**		
Chronic COPD	122.7%	6.6%	Use Internet to Look for Provider Info	82.4%	33.0%
Chronic Asthma	120.6%	14.2%	Facebook Opinions	93.3%	9.4%
Heart			Looked for Provider Rating	93.2%	21.9%
Chronic High Cholesterol	95.2%	23.3%	**Emergency Services**		
Routine Cholesterol Screening	87.1%	38.6%	Emergency Room Use	112.3%	39.0%
Chronic Heart Failure	131.1%	5.3%	Urgent Care Use	96.8%	31.9%

[21] Claritas (accessed through IBM Watson Health)

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of Christian County to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 14.8 more likely to have a **BMI of Morbid/Obese**, affecting 35.0%
- 5.8% less likely to have **Ate Breakfast Yesterday**, affecting 74.5%
- 12.0% more likely to **Consume 3+ Drinks per Session**, affecting 31.5%
- 12.9% less likely to receive **Routine Cholesterol Screenings**, affecting 38.6%
- 7.3% less likely to receive **Cervical Cancer Screening every 2 years**, affecting 44.7%
- 15.5% more likely have **Chronic Lower Back Pain**, affecting 35.7%
- 12.3% more likely to visit the **Emergency Room (for non-emergent issues)**, affecting 39.0%

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 12.2% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 47.2%

Leading Causes of Death[22]

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Kentucky's Top 15 Leading Causes of Death are listed in the table below in Christian County's rank order. Christian County was compared to all other Kentucky counties, Kentucky state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in KY (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Christian County Compared to U.S.)
KY Rank	Christian Rank	Condition		KY	Christian	
1	1	Heart Disease	65 of 120	195.8	251.1	Higher than expected
2	2	Cancer	105 of 120	185.7	192.2	Higher than expected
3	3	Lung	38 of 120	64.5	71.8	Higher than expected
5	4	Stroke	63 of 120	39.4	52.7	Higher than expected
4	5	Accidents	115 of 120	72.8	43.2	As expected
7	6	Diabetes	30 of 120	27.7	33.4	Higher than expected
10	7	Flu - Pneumonia	38 of 120	18.0	28.3	Higher than expected
8	8	Kidney	62 of 120	19.4	21.8	Higher than expected
6	9	Alzheimer's	109 of 120	34.9	17.9	Lower than expected
9	10	Blood Poisoning	39 of 120	18.4	17.4	Higher than expected
11	11	Suicide	51 of 120	16.9	15.8	As expected
14	12	Hypertension	4 of 120	8.4	12.1	As expected
12	13	Liver	42 of 120	12.8	10.5	As expected
15	14	Homicide	16 of 120	7.2	7.0	As expected
13	15	Parkinson's	94 of 120	8.7	4.6	As expected

[22] www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations[23]

Information about Priority Populations in the service area of the Hospital is difficult to encounter if it exists. The Hospital's approach is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

Begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of the Hospital's health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy** (NQS). The complete report is provided in Appendix C.

A specific question was asked to the Hospital's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any report trends in the service area. Accordingly, the Hospital places a great reliance on the commentary received from the Hospital's Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:[24]

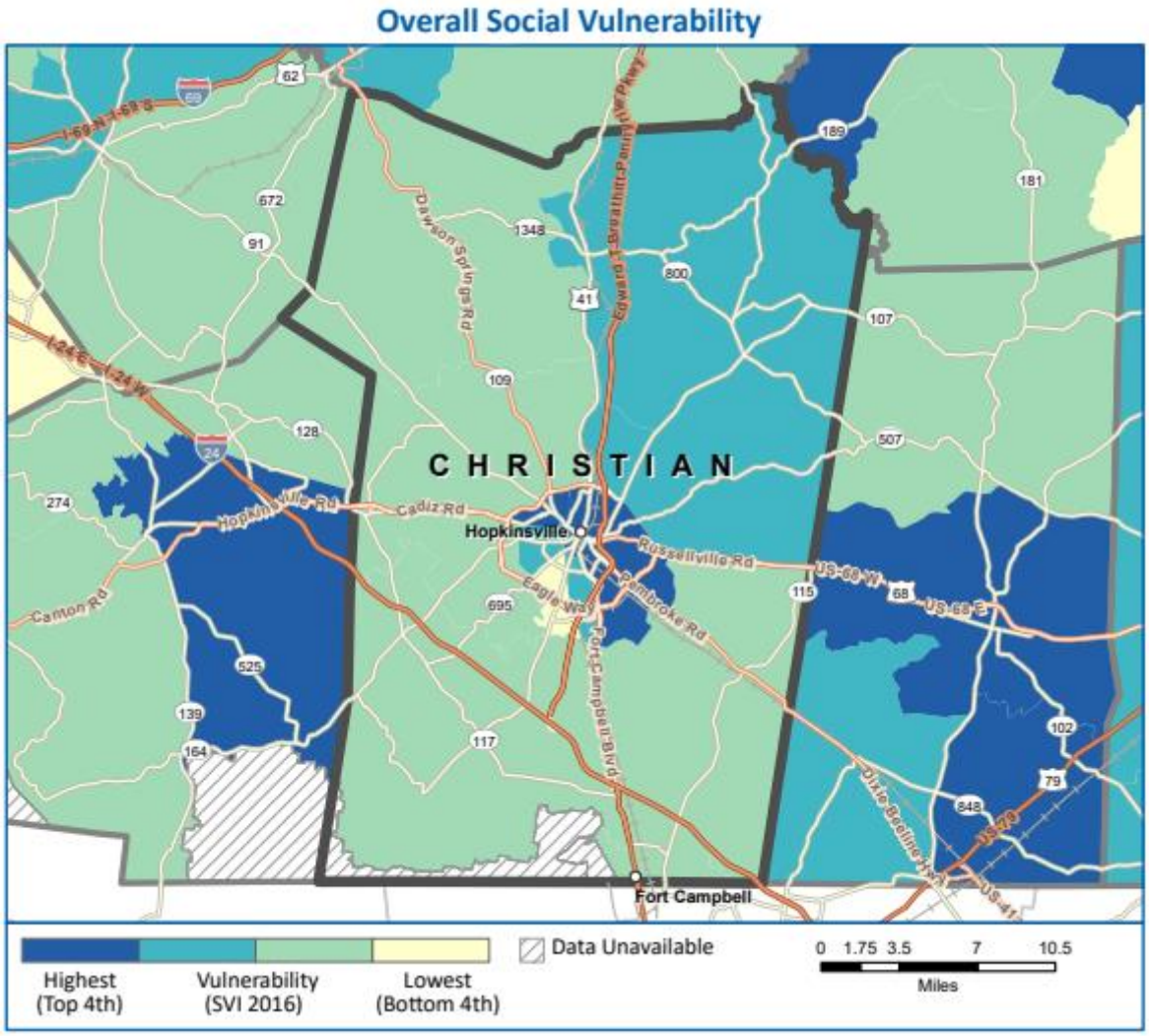
- The top three priority populations in the area are low-income groups, racial and ethnic minority groups and children
- There are issues accessing and affording care due to lack of transportation, poverty, and generational struggles
- There is a need for additional screening/preventative measures and education

[23] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i
[24] All comments and the analytical framework behind developing this summary appear in Appendix A

Social Vulnerability[25]

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks.

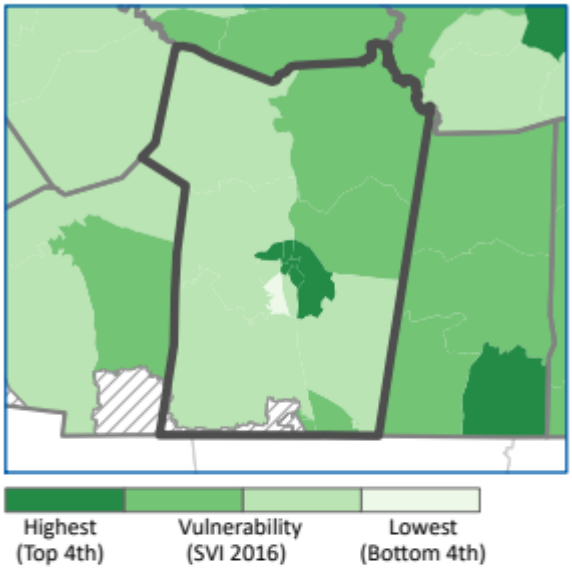
Based on the overall social vulnerability map, Christian County falls into all four quartiles of social vulnerability. The majority of the county falls into the 2nd quartile (light green). However, the central region of the county (Hopkinsville area) are in the fourth (dark blue - worst), third (light blue) and first (yellow - the lower the social vulnerability the better).



[25] http://svi.cdc.gov

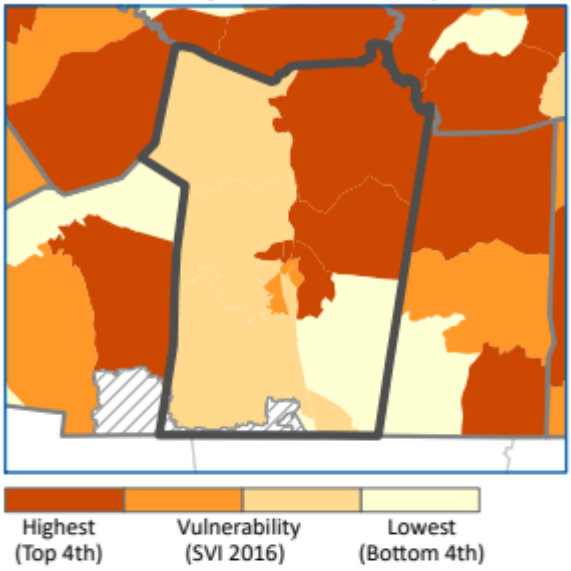
SVI Themes

Socioeconomic Status



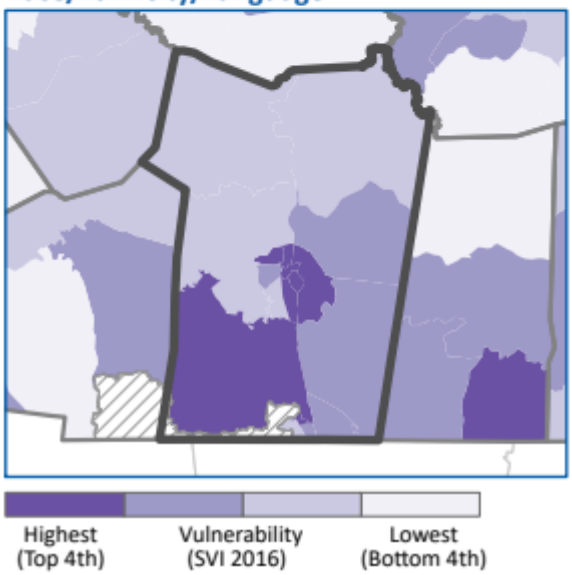
Highest (Top 4th) | Vulnerability (SVI 2016) | Lowest (Bottom 4th)

Household Composition/Disability



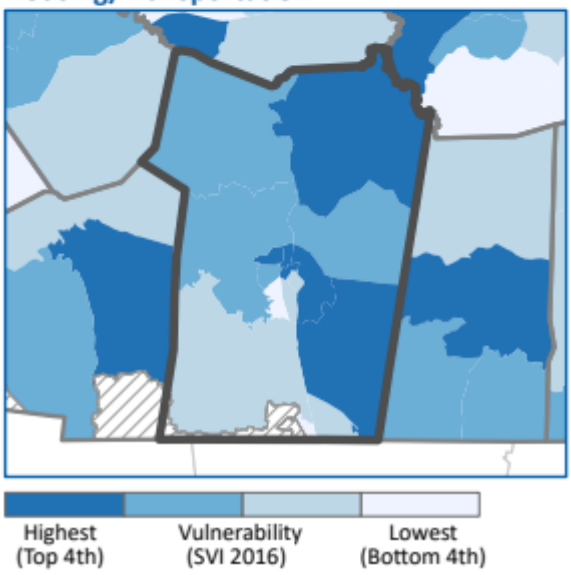
Highest (Top 4th) | Vulnerability (SVI 2016) | Lowest (Bottom 4th)

Race/Ethnicity/Language



Highest (Top 4th) | Vulnerability (SVI 2016) | Lowest (Bottom 4th)

Housing/Transportation



Highest (Top 4th) | Vulnerability (SVI 2016) | Lowest (Bottom 4th)

Comparison to Other State Counties[26]

To better understand the community, Christian County has been compared to all 120 counties in the state of Kentucky across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

In the chart below, the county's rank compared to all counties is listed along with measures in each area compared to the state average and U.S. Median.

	Christian	Kentucky	U.S. Median
Length of Life			
Overall Rank *(best being #1)*	**38/120**		
- Premature Death*	9,500	9,700	8,100
Quality of Life			
Overall Rank *(best being #1)*	**68/120**		
- Poor or Fair Health	22%	21%	17%
- Poor Physical Health Days	4.8	4.8	3.9
- Poor Mental Health Days	4.3	4.8	3.9
- Low Birthweight	9%	9%	8%
Health Behaviors			
Overall Rank *(best being #1)*	**86/120**		
- Adult Smoking	23%	24%	17%
- Adult Obesity	34%	34%	32%
- Physical Inactivity	29%	27%	26%
- Access to Exercise Opportunities	59%	71%	66%
- Excessive Drinking	16%	16%	17%
- Alcohol-Impaired Driving Deaths	27%	27%	28%
- Sexually Transmitted Infections*	454.2	413.2	321.7
- Teen Births *(per 1,000 female population ages 15-19)*	60	36	31
Clinical Care			
Overall Rank *(best being #1)*	**23/120**		
- Uninsured	6%	6%	10%
- Population to Primary Care Provider Ratio	1,640:1	1,520:1	2,050:1
- Population to Dentist Ratio	610:1	1,530:1	2,450:1
- Population to Mental Health Provider Ratio	280:1	490:1	970:1
- Preventable Hospital Stays	5,285	6,168	4,648
- Mammography Screening	39%	38%	40%
- Flu vaccinations	41%	43%	42%
Social & Economic Factors			
Overall Rank *(best being #1)*	**60/120**		
- Unemployment	6.1%	4.9%	4.4%
- Children in Poverty	27%	22%	21%
- Children in Single-Parent Households	32%	34%	32%
- Violent Crime*	225	222	205
- Injury Deaths*	63	91	82
Physical Environment			
Overall Rank *(best being #1)*	**24/60**		
- Air Pollution - Particulate Matter	10.9 $\mu g/m^3$	10.7$\mu g/m^3$	9.2 $\mu g/m^3$
- Severe Housing Problems**	16%	14%	14%

Per 100,000 Population

****Severe housing problems = overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities***

[26] www.countyhealthrankings.org

Conclusions from Other Statistical Data[27]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares Christian County statistics to the U.S. average, as well as the trend in each measure over a 34-year span.

Christian County	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Christian County measures that are **WORSE** than the U.S. average and had an **UNFAVORABLE** change		
- Female Tracheal, Bronchus, and Lung Cancer*	60.0	88.8%
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	78.5	63.6%
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	83.3	53.7%
- Female Self-Harm and Interpersonal Violence Related Deaths*	13.8	24.6%
- Male Self-Harm and Interpersonal Violence Related Deaths*	40.2	15.7%
- Female Liver Disease Related Deaths*	17.6	60.5%
- Male Liver Disease Related Deaths*	27.3	15.4%
UNFAVORABLE Christian County measures that are **WORSE** than the U.S. average and had a **FAVORABLE** change		
- Female Life Expectancy	78.1	1.9%
- Male Life Expectancy	73.1	6.0%
- Female Heart Disease*	190.3	-24.3%
- Male Heart Disease*	266.8	-49.1%
- Female Stroke*	55.4	-34.4%
- Male Stroke*	55.9	-51.0%
- Male Tracheal, Bronchus, and Lung Cancer*	111.1	-14.5%
- Female Breast Cancer*	27.1	-21.5%
- Female Transport Injuries Related Deaths*	11.7	-28.0%
- Male Transport Injuries Related Deaths*	27.2	-35.6%
DESIRABLE Christian County measures that are **BETTER** than the US average and had an **UNFAVORABLE** change		
- Male Mental and Substance Use Related Deaths*	16.9	238.8%
DESIRABLE Christian County measures that are **BETTER** than the US average and had a **FAVORABLE** change		
N/A		
AVERAGE Christian County measures that are **EQUAL** to the US average and had an **UNFAVORABLE** change		
- Female Skin Cancer*	1.9	5.3%
- Male Skin Cancer*	5.7	75.3%
- Female Mental and Substance Use Related Deaths*	9.7	542.0%
AVERAGE Christian County measures that are **EQUAL** to the US average and had a **FAVORABLE** change		
- Male Breast Cancer*	0.4	-13.3%

*rate per 100,000 population, age-standardized

[27] http://www.healthdata.org/us-county-profiles

Community Benefit

Worksheet 4 of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

> *"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.*
>
> *"Community benefit operations" means:*
>
> - *activities associated with community health needs assessments, administration, and*
> - *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting (FY2018) included:

- $312,428

IMPLEMENTATION STRATEGY

Significant Health Needs

The methodology used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by JSH.[28] The following list:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies JSH current efforts responding to the need including any written comments received regarding prior JSH implementation actions
- Establishes the Implementation Strategy programs and resources JSH will devote to attempt to achieve improvements
- Documents the Leading Indicators JSH will use to measure progress
- Presents the Lagging Indicators JSH believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, Jennie Stuart Health is the major hospital in the service area. JSH is a 194-bed, acute care medical facility located in Hopkinsville, Kentucky. The next closest facilities are outside the service area and include:

- Trigg County Hospital in Cadiz, KY; 19 miles (25 minutes)
- Tennova Healthcare – Clarksville in Clarksville, TN; 30 miles (34 minutes)
- Baptist Health – Madisonville in Madisonville, KY; 37 miles (39 minutes)
- Caldwell Medical Center in Princeton, KY; 31 miles (43 minutes)
- Logan Memorial Hospital in Russellville, KY; 38 miles (43 minutes)
- Owensboro Health Muhlenberg Community Hospital in Greenville, KY; 33 miles (43 minutes)

All statistics analyzed to determine significant needs are “Lagging Indicators,” measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the JSH Implementation Strategy uses “Leading Indicators.” Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

[28] Response to IRS Schedule H (Form 990) Part V B 3 e

1. **OBESITY/OVERWEIGHT – 2016 Significant Need; Christian County's adult obesity rate is worse than the U.S. median; Physical inactivity rate and access to exercise opportunities rate are worse than the state average and U.S. median; Residents of Christian County are 15% more likely than the U.S. average to have a BMI of morbid/obese**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

JSH services, programs, and resources available to respond to this need include:[29]

- Comprehensive bariatric service line that also includes Medicaid patients
    - Includes mandatory seminar which can be done live or online through the website that covers the procedure as well as healthy living and lifestyle changes
    - Patients are required to undergo psychiatric evaluation prior to surgery
    - Dedicated nurse program coordinator and dedicated registered dietician who work with patients including mandated nutritional education classes prior to surgery and support group post-surgery
- Registered dietician on staff provides nutrition education and classes
- Sponsor of local events that promote physical activity including 5Ks, run/walks, golf scrambles, Senior Olympics
- Major sponsor of city's Rails to Trails walking trails
- Provide certified master-level Athletic Trainer at all varsity level sporting events in Christian, Trigg, and Todd counties
- Breastfeeding and lactation consultant on staff
- Sponsor and host of Western Kentucky Family Health Expo that provides nutrition education (one-on-one nutrition counseling) and free screenings for blood sugar, BMI, blood pressure; bariatric program staff are also on site
- Participate in multiple community health fairs and provide free screenings for blood sugar, blood pressure, BMI
- Major sponsor of American Heart Association's local Heart Walk
- Inpatient and outpatient diabetes education classes provided by a certified diabetes educator
- Social media used to promote healthy lifestyles through nutrition, healthy eating, exercise, reducing stress, etc.
- Major contributor to local United Way to provide support and resources to community organizations like Boys and Girls Club, St. Luke Free Clinic, Rescue Team, Sanctuary, Pennyroyal Hospice, Salvation Army, Meals on Wheels, Aaron McNeal House, etc.

[29] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

- Major sponsor of local YMCA building project
- Hospital team participates in annual Walk to End Obesity
- Sponsor the local sports plex
- JSH employees have access to gym membership discounts through their health insurance plan

Additionally, JSH plans to take the following steps to address this need:

- Sponsor Phase 2 of Greenway Rails to Trails walking trail
    - Development began October 2019
- Added employee deductible plans through annual participation in health assessment
- Explore new location options for Freedom Fitness, an area on-site dedicated for employee fitness
- Look into partnering with the Christian County Health Department to provide an obesity awareness walk/celebration for the opening of Phase 2 of Rails to Trails
- Explore using My Sidewalk to help address the barriers to the community health issues by providing tools and educating the community
- Partner with the Christian County Health Department on the 100 mile challenge

JSH evaluation of impact of actions taken since the immediately preceding CHNA:

- Health education team provides education to the schools (preschool-senior) on obesity/overweight
    - Offer a walking program, diabetes prevention program, Fit Together Project and MyPlate
- Sponsored the first half marathon in 2019
- Obesity and health diet counseling services were added to the health insurance plan
    - 26 visits 100% covered a year

Anticipated results from JSH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate JSH intended actions is to monitor change in the following Leading Indicator:

- Number of patients participating in bariatric program information seminars = 286 (2018)
- Number of patients receiving bariatric surgery = 124 (2018)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Adult obesity rate = 34%[30] (Christian County)

JSH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Hopkinsville YMCA		7805 Eagle Way, Hopkinsville, KY 42240 (270) 887-5382 www.hopkinsvilleymca.org
American Heart Association (Western Kentucky)	Suzanne Riley	240 Whittington Pkwy, Louisville, KY 40222
American Diabetes Association		PO Box 21903, Lexington, KY, 40522 (859) 268-9129
Hopkinsville Parks and Recreation Department	Tab Brockman, Superintendent Pam Rudd, Coordinator	

[30] County Health Rankings. Percentage of adults that report a BMI of 30 or more. 2015.

Organization	Contact Name	Contact Information
Christian County public and private schools	John Rittenhouse, Director of Public Relations and Communications	(270) 887-7000
Christian County Health Department	Amanda Sweeny	1700 Canton St, Hopkinsville, KY 42240 (270) 887-4160 www.christiancountyhd.com

Other local resources identified during the CHNA process that are believed available to respond to this need:[31]

Organization	Contact Name	Contact Information
Other local fitness centers		
Pennyroyal FQHC	Kecia Fulcher	

[31] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

2. **CANCER – 2016 Significant Need; Christian County's adult smoking rate is worse than the U.S. median; mammography screening rate is worse than the U.S. median; Residents of Christian County are 6% less likely compared to the U.S. average to receive routine pap/cervical cancer screening; Cancer is the #2 leading cause of death in Christian County**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

JSH services, programs, and resources available to respond to this need include:[32]

- Full-spectrum E.C. Green Cancer Center that:
    - Provides medical oncology, radiation oncology, and surgical treatment options
    - Stays up to date on latest pharmaceutical treatments and technologies (digital mammography)
    - Provides treatment to all patients, regardless of insurance
- Physicians perform screenings on at-risk patients to identify cancer at the early stages
- Sponsor and host of Western Kentucky Family Health Expo that (in partnership with Christian County Health department) provides free mammograms, pap smears, self-breast exams, colon cancer screenings, and skin cancer screenings for ages 40+ that don't have insurance
- Sponsor of local American Cancer Society's Relay for Life in several counties
- JSH matches funds raised for local Pink Ribbon Network
- Regular cancer support group meetings with participation from medical staff
- Partnership with Vanderbilt and other facilities for clinic trial treatment options
- Through affiliation with Vanderbilt, implementing best practices in cancer care navigation, providing patient access to research protocols, and facilitating transfer for higher levels of care
- Designated American College of Radiology Lung Cancer Screening Center
- Refer patients to Christian County Health Department for smoking cessation classes

Additionally, JSH plans to take the following steps to address this need:

- Expanding patient care capacity in E.C. Green Cancer Center
    - Radiation oncology – end of 2019
    - Medical oncology – 2021

[32] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

- Recruiting an oncologist and NP

JSH evaluation of impact of actions taken since the immediately preceding CHNA:

- Filled nurse navigator role
- Added a new mammography
- Offer physician education around low dose X-ray lung CT
- JSH medical group employs two care coordinators that work with payors to bridge any gaps for cancer screenings
- Through Kentucky colon cancer grant, JSH provides colonoscopies to patients that need assistance with funds
- Hired a Dermatologist and now offers Mohs surgery
- Participated in the Kentucky coalition for lung cancer
- Added Varian TrueBeam linear accelerator for radiation oncology treatment
- Opened two new state-of-the-art digital X-ray machines providing faster, clearer scans utilizing less radiation

Anticipated results from JSH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate JSH intended actions is to monitor change in the following Leading Indicator:

- Number of patients seen through cancer center

- Radiation oncology = 237 (2018)
- Medical oncology = 11,300 visits (2018)

- Number of patients that participate and complete the smoking cessation class through the Christian County Health Department = 43 (2018)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Cancer death rate = 192.2 per 100,000 population[33] (Christian County)

JSH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
American Cancer Society	Terri Lawson Joan Lang	http://main.acsevents.org/site/TR/RelayForLife/RFLCY17MS?pg=entry&fr_id=81963
Vanderbilt Medical Center	Jim Corum, VP of Business Development	1211 Medical Center Dr, Nashville, TN 37232 www.mc.vanderbilt.edu
Kentucky New Era	Zirconia Alleyne	1618 East Ninth Street, Hopkinsville, KY 42240 (270) 886-4444 www.kentuckynewera.com
Christian County Health Department	Amanda Sweeny	

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Pennyroyal FQHC	Kecia Fulcher	

[33] Worldlifeexpectency.com. age-adjusted. 2017.

3. **MENTAL HEALTH – Local expert concern; Christian County's poor mental health days rate is worse than the U.S. median; Suicide is the #11 leading cause of death in Christian County; Christian County's female and male self-harm and interpersonal violence related deaths is worse than the U.S. average and increased from 1980-2014 (Female death rate increased 24.6; Male death rate increased 15.7%); Female and male mental and substance abuse related deaths increased from 1980-2014 (Female death rate increased 542.0%; Male death rate increased 238.8%)**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

JSH services, programs, and resources available to respond to this need include:

- Opened a 12-bed inpatient geriatric behavioral health unit in 2019
- Participate in the suicide walk
- Partner with Pennyroyal Center to provide tele psych services – potentially taking full ownership
- Recruited an additional LCSW and CSW
- Offer an employee assistance program (EAP) for employees that qualify through a health risk assessment
    - 8 week program including counseling
- Offer depression screening during annual wellness exam
- Offer Skillstreaming at local elementary school that teaches students coping mechanisms and ways to control emotions to help offset behavioral health
- Added two contracted psychiatrist for the geriatric behavioral health

Additionally, JSH plans to take the following steps to address this need:

- Potentially looking at expanding the beds
- Looking to hire a psychiatrist and a psychiatric certified NP
- Increase outpatient and inpatient mental health service offerings
- Increase mental health telehealth services
- Expand partnership with Pennyroyal Center to provide suicide risk assessments for patients at risk
- Monthly nurse leadership meetings to discuss suicide risk and the timeliness of follow-up with patient
- Enhance safety plan for patients at discharge

Anticipated results from JSH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate JSH intended actions is to monitor change in the following Leading Indicator:

- Utilization of geriatric behavioral health = Monitoring monthly and daily census
- Number of assessments performed at Pennyroyal Center = Receive monthly data and meet with Audra Hall, Coordinator or Emergency Services, on the Committee for Suicide Safety
- Monitor one on one suicide risk = Evaluate and monitor one on one observers being utilized

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Suicide death rate = 15.8 per 100,000 population[34] (Christian County)

JSH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Pennyroyal Center		3999 Fort Campbell Blvd, Hopkinsville, KY 42240 (207) 881-9551 http://pennyroyalcenter.org/

[34] Worldlifeexpectancy.com. Age-adjusted. 2017.

Organization	Contact Name	Contact Information
Pennyroyal FQHC	Kecia Fulcher	

4. **ALCOHOL/SUBSTANCE ABUSE – 2016 Significant Need; Residents of Christian County are 12% more likely compared to the U.S. average to consume 3+ drinks per session; Christian County's female and male mental and substance abuse related deaths increased from 1980-2014 (Female death rate increased 542.0%; Male death rate increased 238.8%)**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

JSH services, programs, and resources available to respond to this need include:

- Major sponsor of Project Graduation, an all-night lock-in on graduation night to keep students safe and entertained
- Partnering with HPD to communicate incidents of synthetic drug use and educate community on dangers
- Providers check KASPER before prescribing narcotics to limit over-prescribing and "shopping"
- Standardized testing for pregnant mothers who present; if test is positive, provide follow-up care and assessments for the infants; specialists and neonatologists on site
- Provide education to high school students during prom season on alcohol related accidents
- Participate in the neonatal abstinence program
- Internal multidisciplinary stewardship
- Member of an opioid statewide stewardship
- All patients discharged from the emergency department receive education/resources on substance abuse
- No longer treating chronic pain in walk-in clinic with narcotics
- Follow state law of only prescribing three days of narcotics when being prescribed through the emergency department
- Narcan available at hospital and health department
- Police force and EMTs trained through JSH in giving Narcan
- Patients with chronic pain are now only treated by specialists
- Educate patients on risk of benzos and opioids and assist them with safer alternatives
- Conduct screenings on patients that display risk factors and work with insurance to get them on program
- Provide education in schools on alcohol abuse and substance through health education team
- JSH will refer patients to Cumberland Hall if needed
- Provide patients with list of resources within 50 miles of hospital

Additionally, JSH plans to take the following steps to address this need:

- Explore training primary care on suboxone through learning collaborative
- Implementing electronic RX
- Explore partnership with Ultra Group (management group) on providing a detox program
- Explore partnering with the Christian County Health Department on syringe exchange program

JSH evaluation of impact of actions taken since the immediately preceding CHNA:

- Added web links to addiction resources to the JSH website
- Added a CME for providers on alcohol/substance abuse

Anticipated results from JSH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate JSH intended actions is to monitor change in the following Leading Indicator:

- Participation in the neonatal abstinence program – All mothers that have a positive drug screen prenatal or on admission to L/D, the baby will have a meconium drug screen done prior to D/c. We also contact DCBS on all positive drug screens

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Opioid related deaths – HD has administered NARCAN within the community in an effort to prevent opioid deaths. Recipients include emergency services and individuals who know someone who may be susceptible to

drug overdose

- Alcohol related deaths – CCHD works with youth providing alcohol education to high school students to prevent alcohol related deaths

JSH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
City of Hopkinsville Police Department	Paul Ray, Public Information Officer Dawn Pierce, Secretary	101 N Main St, Hopkinsville, KY 42240 (270) 890-1500 http://www.hoptown.org/departments/police/index.php
Anheuser-Busch		http://anheuserbusch.com/index.php/ourresponsibility/alcohol-responsibilityour-families-our-roads/underagedrinking-prevention/
Pennyroyal Center	Buffy Gaddis or Donna Wyatt	3999 Fort Campbell Blvd, Hopkinsville, KY 42240 (207) 881-9551 http://pennyroyalcenter.org/
Christian County public and private schools	John Rittenhouse, Director of Public Relations and Communications	(270) 887-7000
Western State Hospital	Roger Westfall, Facility Administrator	2400 Russellville Rd, Hopkinsville, KY 42240 (270) 889-6025 http://westernstatehospital.ky.gov/
Cumberland Hall Hospital	Kelly Higgins, Director of Human Resources	270 Walton Way, Hopkinsville, KY 42240 (270) 886-1919 www.cumberlandhallhospital.com

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Genesis	Eric Embry	2400 Russellville Rd, Hopkinsville, KY 42240

Organization	Contact Name	Contact Information
Community Counseling Center	Howard Dixon, President	509 W 9th St, Hopkinsville, KY 42240 (270) 886-1515 http://communitycouns.org/
AA chapters and NA chapters		https://www.sober.com/meetings/aa?city=hopkinsville&state=kentucky
Local faith-based ministries		
Salvation Army		
Micah Mission		

5. **AFFORDABILITY/ACCESSIBILITY – 2016 Significant Need; Christian County's unemployment rate is worse than the state average and U.S. median; Regions of Christian County have a higher vulnerability relating to socioeconomic status**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

JSH services, programs, and resources available to respond to this need include:

- Financial Assistance Policy available with sliding fee scale and self-pay discounts
- Financial counselors on staff to help people understand their bills, work out payment plans, sign up for
- Medicare/Medicaid, and find other resources for financial assistance
- Free sports physicals for local student athletes provided at special clinics
- Specialties available on site include: family practice, internal medicine, cardiology, pulmonology, oncology, dermatology, gastroenterology, general surgery, orthopedic surgery, anesthesiology, urology, neurology, neuro surgery, pediatrics, OB/GYN, ophthalmology, nephrology, podiatry, radiology, oral surgery, dietician, rehabilitation and sports medicine (physical therapy), occupational health, speech therapy, sleep study, wound healing, home health, inpatient dialysis, tele neurology and tele infectious disease
- Comprehensive bariatric service line that also includes Medicaid patients
    - Includes mandatory seminar (also available online) that covers the procedure as well as healthy living and lifestyle changes
    - Patients are required to undergo psychiatric evaluation prior to surgery
    - Dedicated nurse program coordinator and dedicated registered dietician who work with patients including mandated nutritional education classes prior to surgery and support group post-surgery
- Registered dietician on staff provides nutrition education and classes
- Provide certified master-level Athletic Trainer at all varsity level sporting events in Christian, Trigg, and Todd Counties
- Breastfeeding and lactation consultant on staff
- Sponsor and host of Western Kentucky Family Health Expo that provides:
    - Nutrition education (one-on-one nutrition counseling)
    - Free screenings for blood sugar, BMI, blood pressure
    - Bariatric program staff on site
    - Mammograms, pap smears, colon cancer screenings, bone density screenings, self-breast exam education, HIV testing, anemia testing, and hearing screenings (in partnership with Christian County Health department)

- Participate in multiple community health fairs and provide free screenings for blood sugar, blood pressure, BMI
- Inpatient and outpatient diabetes education classes provided by a certified diabetes educator
- Full-spectrum E.C. Green Cancer Center that:
    - Provides medical oncology, radiation oncology, and surgical treatment options
    - Stays up to date on latest pharmaceutical treatments and technologies (digital mammography)
    - Provides treatment to all patients, regardless of insurance
- Regular cancer support group meetings with participation from medical staff
- JSH Convenient Care Clinic open seven days a week with extended hours
- Sponsor/supporter of St. Luke Free Clinic, which provides services for the uninsured working poor
- Occupational Health mobile unit that goes to local employers to perform health screenings and hearing tests
- Full service lab on site; performs pre-employment drug screens for local employers
- Agreement with Christian County and Todd County Health Departments to provide discounted lab and radiology services
- Major contributor to local United Way to provide support and resources to community organizations like Boys and Girls Club, St. Luke Free Clinic, Rescue Team, Sanctuary, Pennyroyal Hospice, Salvation Army, Meals on Wheels, Aaron McNeal House, etc.
- Social media used to promote healthy lifestyles through nutrition, healthy eating, exercise, reducing stress, etc.
- Affiliation with Vanderbilt to facilitate services and exploring urgent-care option
- Recruited and added five primary care providers and five advanced practice professionals in clinics around the county, including Trenton, which is a federally designated underserved area
- Partner with PACs to ensure that low-income patients get assistance obtaining health services
- Primary care providers work to ensure that their next available appointment is under seven days
    - The medical group will find a primary care provider for any patient admitted to the hospital that doesn't have one established
- Discharge desk connects patient with financial counselor at checkout
- Partner and make patient referrals to PACS transportation
- JSH employees have access to gym membership discounts through their health insurance plan

Additionally, JSH plans to take the following steps to address this need:

- Recruiting for family oncology, family oncology NP, and two urologist
- Working towards adding tele psych and tele endocrine services
- Explore 24/7 urgent care

- Explore video visit technology to help address telehealth services
- Implementing patient access center

JSH evaluation of impact of actions taken since the immediately preceding CHNA:

- Added a financial coordinator in medical oncology
- HRSA designation for primary care and OB/Gyn
- Jennie Stuart Health Foundation established in December 2018
- Collaborative with Vanderbilt to reduce utilization of emergency room
    - Care coordinators follow-up with patient following emergency room visit to help reduce readmissions
- Recruited ENT, orthopedics, two family practice physicians, OB/Gyn, gastroenterology NP, family practice NP, pediatrician

Anticipated results from JSH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate JSH intended actions is to monitor change in the following Leading Indicator:

- Third next available for primary care – Goal = 1.5 days

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- 30 day inpatient readmission rates = Medicare all cause readmission 11.4% (2018)

- Transfer rate from emergency department to other facility = 1,579/32,706 (5%) Average Length of Stay 5 hours and 40 minutes (2018)

JSH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Vanderbilt Medical Center	Jim Corum, VP of Business Development	1211 Medical Center Dr, Nashville, TN 37232 www.mc.vanderbilt.edu
St. Luke Free Clinic		408 W 17th St, Hopkinsville, KY 42240 (270) 889-9340 www.stlukefreeclinic.com
Christian County Health Department	Amanda Sweeny	1700 Canton St, Hopkinsville, KY 42240 (270) 887-4160 www.christiancountyhd.com
Todd County Health Department		205 Public Square, Elkton, KY 42220 (270) 265-2362 www.mytchd.com
LifeLinc Pain Centers	Cindy Hancock	www.lifelincpain.com

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Other local healthcare providers		
Baptist Health		www.baptisthealth.com
Community Medical Clinic (Pennyroyal Primary Care) (FQHC)	Kecia Fulcher	739 North Dr, Hopkinsville, KY 42240 (270) 887-6152
Oak Grove Health Clinic (FQHC)	Kecia Fulcher	230 Dover Rd, Clarksville, TN 37042 (931) 920-5000 www.mwchc.org

6. **SMOKING/TOBACCO USE – Local expert concern; Christian County's adult smoking rate is worse than the U.S. median; Cancer is the #2 leading cause of death and lung Disease is the #3 leading cause of death in Christian County**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

JSH services, programs, and resources available to respond to this need include:

- OB/Gyn participates in Kentucky Cancer Program through the University of Louisville
    - Pregnant patients that smoke are referred and provided education

JSH does not intend to develop an implementation strategy for this Significant Need

JSH is choosing not to respond to this need. JSH recognizes the importance of this need, however, JSH feels that other strong organizations in the community address this need and that JSH can have a greater impact by putting attention and resources toward other significant needs for which are better qualified to serve.

Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a defined Significant Need	
1. Resource Constraints	**X**
2. Relative lack of expertise or competency to effectively address the need	**X**
3. A relatively low priority assigned to the need	
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	**X**

7. **CORONARY HEART DISEASE – 2016 Significant Need; Residents of Christian County are 13% less likely compared to the U.S. average to receive cholesterol screenings; Heart disease is the #1 leading cause of death in Christian County**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

JSH services, programs, and resources available to respond to this need include:

- Cardiac rehab program available on site with education classes led by registered nurses
- Partner with Christian County Health Department on smoking cessation program
- CPR, ACLS, and PALS training for EMTs and community members
- Stress testing, Holter Monitor, Echo Cardiograph available on site
- Comprehensive bariatric service line that also includes Medicaid patients
    - Includes mandatory seminar (also available online) that covers the procedure as well as healthy living and lifestyle changes
    - Patients are required to undergo psychiatric evaluation prior to surgery
    - Dedicated nurse program coordinator and dedicated registered dietician who work with patients including mandated nutritional education classes prior to surgery and support group post-surgery
- Registered dietician on staff provides nutrition education and classes
- Sponsor of local events that promote physical activity including 5Ks, run/walks, golf scrambles, Senior Olympics
- Major sponsor of city's Rails to Trails walking trails
- Discounted gym memberships for hospital employees and families
- Sponsor and host of Western Kentucky Family Health Expo that provides nutrition education (one-on-one nutrition counseling) and free screenings for blood sugar, BMI, blood pressure; bariatric program staff also on site
- Participate in multiple community health fairs and provide free screenings for blood sugar, blood pressure, BMI
- Major sponsor of American Heart Association's local Heart Walk
- Social media used to promote healthy lifestyles through nutrition, healthy eating, exercise, reducing stress, etc.
- Inpatient and outpatient diabetes education classes provided by a certified diabetes educator
- Major sponsor of local YMCA building project
- Hospital team participates in annual Walk to End Obesity

Additionally, JSH plans to take the following steps to address this need:

- Working with Vanderbilt to increase resources including access to full time cardiologists in 2020
- Explore offering telecardiology specialty services

Anticipated results from JSH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate JSH intended actions is to monitor change in the following Leading Indicator:

- Number of participates at Family Health Expo
- Number of biometric screening done through the health department
- Number of cardiology transfers from the emergency department

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Coronary Heart Disease Deaths = 251.1 per 100,000 population[35] (Christian County)

JSH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

[35] Worldlifeexpectency.com. age-adjusted. 2017.

Organization	Contact Name	Contact Information
Vanderbilt Medical Center	Jim Corum, VP of Business Development	1211 Medical Center Dr, Nashville, TN 37232 www.mc.vanderbilt.edu
American Heart Association (Western Kentucky)	Suzanne Riley	240 Whittington Pkwy, Louisville, KY 40222
Christian County Health Department	Amanda Sweeny	1700 Canton St, Hopkinsville, KY 42240 (270) 887-4160 www.christiancountyhd.com
Hopkinsville YMCA		7805 Eagle Way, Hopkinsville, KY 42240 (270) 887-5382 www.hopkinsvilleymca.org
Christian County Parks and Recreation		

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Baptist Health		www.baptisthealth.com

8. **EDUCATION/PREVENTION – Local expert concern; Christian County's preventable hospital stays is worse than the U.S. median; Mammography screening rate is worse than state average; Flu vaccinations rate is worse than the state average and U.S. median; Residents of Christian County are 13% less likely compared to the U.S. average to receive cholesterol screenings and 6% less likely to receive routine pap/cervical cancer screening**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

JSH does not intend to develop an implementation strategy for this Significant Need

JSH is choosing not to respond to this need. JSH recognizes the importance of this need, however, JSH feels that other strong organizations in the community address this need and that JSH can have a greater impact by putting attention and resources toward other significant needs for which are better qualified to serve.

Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a defined Significant Need	
1. Resource Constraints	**X**
2. Relative lack of expertise or competency to effectively address the need	**X**
3. A relatively low priority assigned to the need	
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	**X**

Other Needs Identified During CHNA Process

9. **Diabetes**
10. **Physical Inactivity**
11. **Alzheimer's**
12. **Hypertension**
13. **Chronic Pain Management**
14. **Stroke**
15. **Women's Health**
16. **Lung Disease**
17. **Dental**
18. **Suicide**
19. **Kidney Disease**
20. **Liver Disease**
21. **Respiratory Infections**
22. **Write-in: Teen pregnancy**
23. **Accidents**
24. **Flu/Pneumonia**
25. **Write-in: Substance abuse not including alcohol – illegal drug use & legal drug abuse**
26. **Write-in: Parkinson's**
27. **Write-in: Personal responsibility for health**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[36]

1. Obesity/Overweight – 2016 Significant Need
2. Cancer – 2016 Significant Need
3. Mental Health
4. Alcohol/Substance Abuse – 2016 Significant Need
5. Affordability/Accessibility – 2016 Significant Need
6. Coronary Heart Disease – 2016 Significant Need

Significant needs where hospital did not develop implementation strategy[37]

1. Smoking/Tobacco
2. Education/Prevention

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

[36] Responds to Schedule h (Form 990) Part V B 8
[37] Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

Hospital solicited written comments about its 2016 CHNA.[38] 32 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	6	16	22
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	8	13	21
3) **Priority Populations**	10	11	21
4) Representative/Member of **Chronic Disease Group** or Organization	4	16	20
5) Represents the **Broad Interest of the Community**	30	0	30
Other			4
Answered Question			32
Skipped Question			0

Congress defines "Priority Populations" to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?

- *Access to affordable healthcare, screening, and prescription medications.*
- *Transportation is a significant issue due to many dynamics including poverty, under employment, and generational struggles. This impacts the ability of all these groups to reach the medical and mental health care they need. Additionally, the presence of any LGBT support networks is not publicly available in a meaningful*

[38] Responds to IRS Schedule H (Form 990) Part V B 5

way.

- *The pressing needs are healthy foods for children and women. HIV prevention is needed more in both the LGBT community and within the community in general, as it relates to sex and drug use*
- *These groups struggle with living in or on the poverty line.*
- *We have a large low-income population that intersects several of the above mentioned groups. We have chronic health needs arising from smoking, second-hand smoke, poor nutrition, low activity and stress. Additionally, substandard living conditions contribute to chronic respiratory conditions. We still have a significant number of this population using our emergency room as primary care, so chronic conditions are not being managed effectively. Transportation can also be challenging for this population, so ensuring these services are accessible within our community is key.*
- *Health Care*
- *Availability and affordability of health care*
- *Alzheimer's and mental Health issues*
- *60% of Children in Christian County live in poverty. Many of their everyday health needs are not being met including proper nutrition.*
- *Diversity of community supports all boxes checked are prevalent in our community. Education and personal health-responsibility appear to be in great need.*
- *Low income need access to health care. Children need nutritional assistance and preventive medical care. Older adults are often overlooked when community organizations and institutions reach out to those in need.*
- *Smoking, obesity, lack of exercise, drug and alcohol abuse, lack of discipline to select more fruits and vegetables.*
- *Coordination of medical care, to include mental health access, education regarding support sources, and follow up care/analysis of healthcare impacts.*

In the 2016 CHNA, there were five health needs identified as "significant" or most important:

1. **Alcohol/Substance Abuse**
2. **Obesity/Overweight**
3. **Cancer**
4. **Affordability/Accessibility**
5. **Coronary Heart Disease**

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2016 CHNA?

	Yes	No	Response Count
Alcohol/Substance Abuse	28	2	30
Obesity/Overweight	29	1	30
Cancer	30	1	31
Affordability/Accessibility	31	0	31

Coronary Heart Disease	29	0	29

Comments:

- *Mental health issues*
- *I think all of these needs are still a need in the community today and should have funding attached to helping improve the need. As a partner, we would be interested in partner on these needs.*
- *Nutrition, active and healthy living*
- *JSH has plans to make a major investment in cancer care, which will provide improved access and a broader range of treatment options within this community. I know JSH has made strides to make primary care more accessible through additional providers, but I am not sure we are yet meeting the community need. Although there are community partners who can assist with alcohol/substance abuse referrals, ensuring that all JSH staff are well-educated on substance abuse and referrals is important.*
- *Mental Illness*
- *Aging Population is significant*
- *With the number of programs locally, and on state and national levels for Alcohol/Substance Abuse, Coronary Heart Disease and Obesity/Overweight, it seems that those areas with the need of resources are what I checked.*
- *Alcohol and substance abuse are the most pressing needs.*
- *Coordinated Emergent Mental health access that is well advertised, in written form for all medical offices and businesses*

4. Please share comments or observations about the actions JSH has taken to address <u>ALCOHOL/SUBSTANCE ABUSE.</u>

- *I'm unaware of any specific actions that have been taken.*
- *Community leadership in those areas as well especially in the areas of advocacy, programs and services, best practices.*
- *I don't know that I have sufficient knowledge to address this question.*
- *Observed a greater awareness of JSMC via the improved website information*
- *Nice and helpful addition of resources added to social media and website. Accessible and confidential approach to providing help to those in need.*
- *Information available on JSMC website. Conducted radio interviews about services available.*
- *Perhaps support groups for those affected by loved ones who suffer. Educate children in schools!*
- *I am not familiar with the actions that have been taken, although the need is still there.*
- *Partnering with organizations like Pennyrile Mental Health, Trilogy, and Grace and Mercy*
- *Support local and state initiatives and treatments.*
- *Perhaps assume a leadership role in treatment and prevention by coordination of community efforts.*

- *There is now an established alcohol/ substance abuse center in Hopkinsville. However, there needs to be more education regarding prevention and early intervention to prevent Progressive 'harder' drug use.*
- *It might be helpful if our hospital could infiltrate the AA and NA community with anything new being offered. Also, places like Coffee CONNECTION and Micah's Mission. Further, hold health fairs from Challenge Houses aimed at testing the interests of neighborhood residents to take part in community outreach through join efforts with CCHD ----if interest is there, then meetings, ""challenges"", etc. to take place from the Challenge Houses*
- *Work in this area is appreciated.*

5. Please share comments or observations about the actions JSH has taken to address <u>OBESITY/OVERWEIGHT</u>.

- *I am aware of the bariatric specialists serving patients in our area.*
- *Preventative actions, solutions, dietary options through churches and other community organizations, community walking signs in neighborhoods, support for programs and services throughout the community that address or accomplish the above.*
- *Offers special classes and surgery - very helpful to many.*
- *I know that JSH attempted to support this program with the YMCA; however, it did not become reality due to fundraising issues with the YMCA.*
- *Provide more education to the public on preventing obesity.*
- *Sponsor and willingness to invest in public options for exercise and healthier lifestyles*
- *The pool would be a nice addition to JSH.*
- *Heavy involvement with YMCA and now the newly constructed SportsPlex to encourage activity and exercise.*
- *Love the idea of a pool at y*
- *There has been no progress made on the therapy pool at the YMCA but there is still a need as water exercise therapy is proven to benefit many health issues.*
- *JSH should support the expansion of the Greenway Rail / Trail system and investing in sidewalks. It's FREE for people to walk and ride a bike. A pool requires membership.*
- *support walking trails/greenway system; work with health department and/or extension office on healthy eating initiatives*
- *Not aware*
- *same as above.*
- *Very difficult topic to address and prevent. A significant factor is the Socio economic quandary that is experienced by many families in Christian County. Healthy food is more expensive than fast food at times. Quick food is easier than preparation food, etc.*
- *Start walking clubs and weight loss clubs from Challenge Houses, Coffee CONNECTION, etc. Partner with CCHD for this type outreach. Closer friendship association would develop between those wanting to defeat their*

problem with real life people who are more than just ""providers"".

- *Greater awareness of importance of exercise.*

6. Please share comments or observations about the actions JSH has taken to address <u>CANCER</u>.

- *The E.C. Green Cancer Center is probably one of the best in the state, if not the country. I continually hear positive feedback regarding success, treatment processes and the care given at this facility.*
- *Taking this very seriously! Huge capital commitment, but vital to our citizens.*
- *Very proud of JSH's investment into advanced cancer care through state-of-the-art equipment.*
- *Observed the huge financial investment in new and improved equipment for the cancer center and hospital*
- *We have some of the best technology, and advanced, too! I hope more people can be reached in understanding what resources we have in our back door and hometown community.*
- *Huge investment in new technology at the E. C. Green Cancer Center; Sponsored Pink Out event with local radio station to encourage mammograms and to stress importance of early detection; Heavy radio promotion about early detection of skin cancer; Sponsored Relay for Life to distribute information about cancer.*
- *Great*
- *I am not familiar with all the actions, but I do know there has been progress made.*
- *Huge. EC Green. Number and quality of physicians and treatment options available locally*
- *none*
- *The EC Green Center has proven to be a success and significant asset to cancer treatment. With the new changes made relocating the infusion center to a medical floor outside of the cancer center may make cause difficulties with patient/doctor communication as well as mobility issues to already a physically compromised population. I am not aware of a retrospective study that addresses not only endemic cancer prevalence and also Underlying causes.*
- *I think our hospital is really on top of this disease.*
- *Continued efforts to provide better/newer treatment /service is appreciated in the community.*

7. Please share comments or observations about the actions JSH has taken to address <u>DIABETES</u>.

- *I am unaware of any specific actions that have been taken.*
- *Preventative actions, solutions, dietary options through churches and other community organizations, community walking signs in neighborhoods, support for programs and services throughout the community that address or accomplish the above.*
- *I know JSH's affiliation with Vanderbilt is seen as a positive in our community and has increased our provider network. As I said above, the YMCA pool did not come to be, but through no fault of JSH.*

- *Increased access to Vandy and its cardiologists is a very positive more for JSH*
- *A willingness to invest in community projects that promote better health by exercise and activity*
- *Including more information regarding Diabetes and partnerships with local health department could be a great way to address diabetes in our communities*
- *Encouraged exercise through making the YMCA and SportsPlex available at no or low charge to the community.*
- *Great*
- *There has been no progress made on the therapy pool at the YMCA but there is still a need as water exercise therapy is proven to benefit many health issues. The Hopkinsville YMCA has a new diabetes prevention program that would be a good partnership with the medical community.*
- *same as obesity*
- *Some limited education*
- *none*
- *Again, like obesity, Participation in programs that take time from work, family, and require a change of routine in an already compromised Population is very difficult to attain. As one patient stated, it's easier to take a pill or shot then to change her routine.*
- *Probably more could be done in partnership with CCHS as outlined #5 and #6 above.*
- *Increased partnership with Vanderbilt is appreciated.*

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results)

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Obesity/Overweight*	274	22	11.4%	11.4%	Significant Needs
Cancer*	243	19	10.1%	21.5%	
Mental Health	201	17	8.4%	29.9%	
Alcohol/Substance Abuse*	187	17	7.8%	37.7%	
Affordability/Accessibility*	173	13	7.2%	44.9%	
Smoking/Tobacco Use	147	17	6.1%	51.0%	
Coronary Heart Disease*	143	16	6.0%	57.0%	
Education/Prevention	143	14	6.0%	63.0%	
Diabetes	141	16	5.9%	68.8%	Other Identified Needs
Physical Inactivity	93	15	3.9%	72.7%	
Alzheimer's	80	14	3.3%	76.0%	
Hypertension	76	11	3.2%	79.2%	
Chronic Pain Management	72	11	3.0%	82.2%	
Stroke	57	12	2.4%	84.6%	
Women's Health	56	11	2.3%	86.9%	
Lung Disease	51	8	2.1%	89.0%	
Dental	43	8	1.8%	90.8%	
Suicide	39	9	1.6%	92.5%	
Kidney Disease	37	8	1.5%	94.0%	
Liver Disease	33	8	1.4%	95.4%	
Respiratory Infections	27	8	1.1%	96.5%	
Write-in: Teen pregnancy	25	1	1.0%	97.5%	
Accidents	18	6	0.8%	98.3%	
Flu/Pneumonia	15	6	0.6%	98.9%	
Write-in: Substance Abuse Not Including Alcohol - Illegal Drug Use & Legal Drug Abuse	10	1	0.4%	99.3%	
Write-in: Parkinsons	9	1	0.4%	99.7%	
Write-in: Personal responsibility for health	7	1	0.3%	100.0%	

**= 2016 Significant Needs*

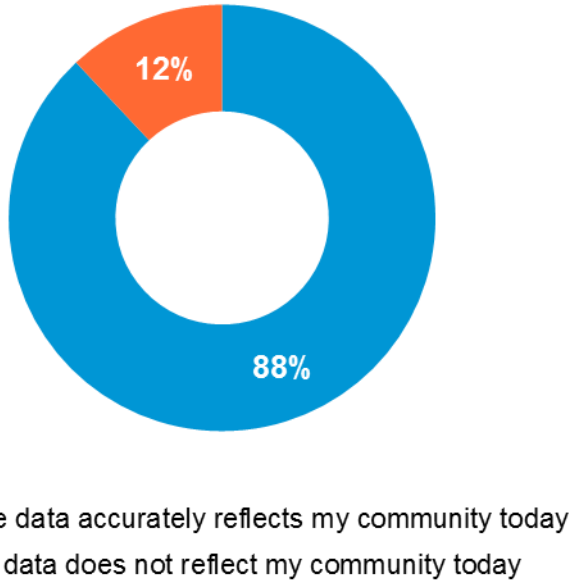
Individuals Participating as Local Expert Advisors[39]

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	6	16	22
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	8	13	21
3) **Priority Populations**	10	11	21
4) Representative/Member of **Chronic Disease Group** or Organization	4	16	20
5) Represents the **Broad Interest of the Community**	30	0	30
Other			4
Answered Question			32
Skipped Question			0

[39] Responds to IRS Schedule H (Form 990) Part V B 3 g

Advice Received from Local Expert Advisors

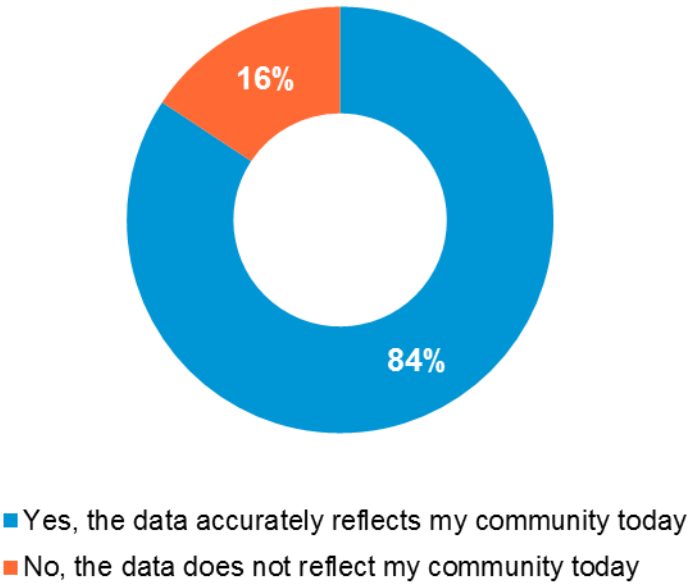
Question: Do you agree with the comparison of Christian County to all other Kentucky counties?



Comments:

- *Those factors and data must capture more than health factors such as work-life balance, living wages, average work week hours/scheduling and opportunities or barriers to strong families such as cost of living, family time, etc.*
- *This data seems consistent with data released by other local and state agencies. I would comment though on ratio of population to care provider, particularly dentists, that it is important to drill down and see what percentage of those providers accept Medicaid, and what percentage of their practice is Medicaid. That dramatically affects the ratio if a large section of your population is not accepted by local providers.*
- *I have a major concern about the large number of teen births and children in Single-Parent Households.*
- *I think data is continuously changing, I will do my best to use my best judgement on accuracy of charts provided*
- *The number of people living in poverty is not accurate. 60% of children in Christian County are living in poverty. I would guess the percent of children in single parent households is also low.*
- *While no way to substantiate how accurate, I would guess it is more accurate than inaccurate.*
- *The obesity percentage is surprising. I would have estimated it to be much higher.*
- *The data source is not identified. The underserved population who has insurance but does not seek medical care is a significant issue in this county. Also, easy access to primary care is also a primary concern. And impact analysis of previously initiated programs would be helpful.*
- *violent crime seems higher*

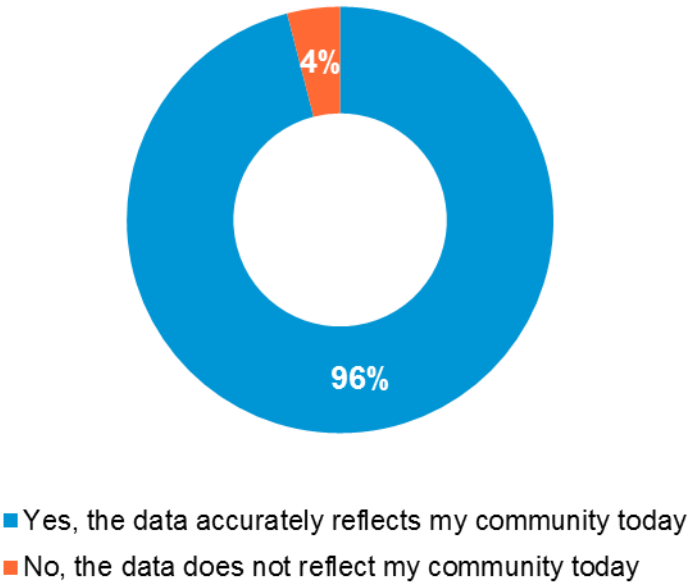
Question: Do you agree with the demographics and common health behaviors of Christian County?



Comments:

- *I believe that the data is less than what is reflected in my community due to workforce, work-life balance and insurance cost.*
- *Seems fairly consistent with other data. The median household income seems high for both the county and the state.*
- *I feel our growth in Hispanic population is based on farm labor and could be seasonal. Our population is not growing in the county and only a little growth in the city. We have experienced very little job growth in last few years with no new industries. The above stats appear to be correct.*
- *I think the 30% of residents likely to exhibit the following negative health habits is too low.*
- *Again, feel information is more accurate than inaccurate, but no information on where it came from and not info on how information obtained.*
- *I question the population number, and decrease; I question percentage of nonwhites being too low*
- *I don't understand. Where is a category for Afro-American? <as to population? I'd guess that the median age is not accurately reflected because of inclusion of Ft. Campbell soldiers and families. We seem to be an aging community, but the data does not reflect that.*

Question: Do you agree with the overall social vulnerability index for Christian County?



Comments:

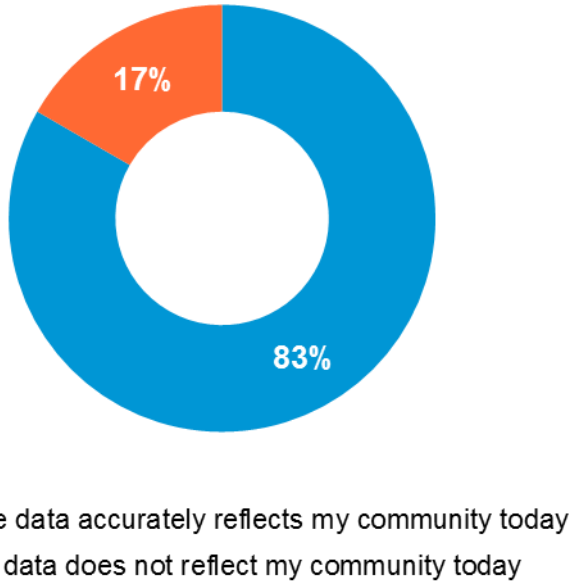
- *Not clear to me*
- *I doubt very many of us are qualified to really address this question. Door to Door qualitive research might yield better data, if in fact, it's worth the effort and cost?*

Question: Do you agree with the national rankings and leading causes of death?

Comments:

- *3 of the top 12 are non-disease related which is alarming and should be a part of a strategy for remedy.*
- *I would add drug overdose deaths to this as well to see how it would be measured, I feel like it could be a part of Suicide deaths*
- *Population concentrations skewed by type and those types should be sorted out as "prone to death" by type. I feel then we would have a different look at what the metrics are. Our population construction should also be compared at the same time as type of death.*
- *Yes, and what a pitiful Yes, it is. Homicide seems to be higher too---<than reflected in the older-data above*

Question: Do you agree with the health trends in Christian County?



Comments:

- *With 3 of 12 health factors being homicide, suicide and accidents, I would expect to also see these figures related to unfavorable as it pertains to poor behavior health.*
- *I am slightly surprised by some of the improvements, but very glad to see it.*
- *This data, if taken as far back as 2014 would seem to be outdated for any relevant use*
- *The female lung cancer number seems extreme*
- *I believe the statistics are worse.*
- *Again, a question of this magnitude seems overwhelming as to the ability of many to really "know"*

Appendix C – National Healthcare Quality and Disparities Report[40]

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ's National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

[40] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[41] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable

[41] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

care at the national level using available nationally representative data. The summary charts are accessible via the link below.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf

Appendix D – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)[42]

Community Health Need Assessment Illustrative Answers

1. **Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?**

   No

2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C**

   No

3. **During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply)**

   a. **A definition of the community served by the hospital facility**

      See footnote 16 on page 11

   b. **Demographics of the community**

      See footnote 19 on page 12

   c. **Existing health care facilities and resources within the community that are available to respond to the health needs of the community**

      See footnote 29 on page 25 and footnote 31 on page 28

   d. **How data was obtained**

      See footnote 11 on page 8

   e. **The significant health needs of the community**

      See footnote 28 on page 24

   f. **Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups**

      See footnote 12 on page 9

   g. **The process for identifying and prioritizing community health needs and services to meet the community health needs**

      See footnote 15 on page 9

   h. **The process for consulting with persons representing the community's interests**

[42] Questions are drawn from 2014 Federal 990 schedule H.pdf and may change when the hospital is to make its 990 H filing

See footnotes 13 on page 9

i. **Information gaps that limit the hospital facility's ability to assess the community's health needs**

See footnote 10 on page 8, footnotes 14 on page 9, and footnote 23 on page 16

j. **Other (describe in Section C)**

N/A

4. **Indicate the tax year the hospital facility last conducted a CHNA: 20__**

2016

5. **In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**

Yes, see footnote 14 on page 9 and footnote 39 on page 57

6. **a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C**

No

b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

See footnote 4 on page 4 and footnote 7 on page 7

7. **Did the hospital facility make its CHNA report widely available to the public?**

Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a. **Hospital facility's website (list URL)**

https://www.jenniestuarthealth.org/

b. **Other website (list URL)**

No other website

c. **Made a paper copy available for public inspection without charge at the hospital facility**

Yes

d. **Other (describe in Section C)**

8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11**

Yes

9. **Indicate the tax year the hospital facility last adopted an implementation strategy: 20__**

   2016

10. **Is the hospital facility's most recently adopted implementation strategy posted on a website?**

    a. **If "Yes," (list url):**

       https://www.jenniestuarthealth.org/About-Us/Community-Health-Needs-Assessment

    b. **If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?**

11. **Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed**

    See footnote 29 on page 25

12. **a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?**

    None incurred

    b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

    Nothing to report

    c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

    Nothing to report