

BAPTIST HEALTH DEACONESS MADISONVILLE

2022-2024

**Baptist Health Deaconess Madisonville
Community Health Needs Assessment**

Contents

Community Health Needs Assessment Committee.....	3
Introduction	4
Organization Description	4
Service Area	7
Mission, Vision, and Values	10
Purpose.....	10
Executive Summary.....	11
Framework	13
Profile of the Community.....	14
Demographics and Socioeconomics.....	15
Mortality.....	16
Cancer Incidence Rates.....	17
Drug Arrest Rates.....	17
Health Statistics and Rankings.....	18
Primary Data.....	21
Community Healthcare Resources	25
Committee Discussion	26
Prioritized Health Issues	26
Communications Plan	29
Conclusions	29
Strategic Implementation Plan	30
Access to Care.....	31
Mental Health.....	33
Obesity.....	34
COVID-19	36
Sexually-Transmitted Infections.....	37
Substance Abuse and Treatment	37
Childcare Services.....	38
Appendix A – Data Sources	39
Appendix B – 2021 Baptist Health Madisonville Public Survey Instrument	40
Appendix C – Area Discharges by Service Line	48
Appendix D – Index of Hospitals.....	49

Community Health Needs Assessment Committee

NAME	TITLE
James McFadden	Administrative Director of Medical Education & D.I.O.
Denise L. Beach	Director, Hopkins Co Health Dept
Bernice Crook	Health Education Coordinator, Hopkins Co Health Dept
Michael Davenport	Director of Workforce Development, MCC
Dr. Brian Chaney	Physician, Powderly Clinic
Dr. Stuart Le	PGY I, Family Medicine Resident, BHM
Dr. Folaranmi Ajiboye	PGY I, Family Medicine Resident, BHM
Heather Tow	Nurse Navigator, BHMAD-Oncology Program
Tim Marcum	AVP of Planning, Baptist Health

Introduction

This Community Health Needs Assessment provides the foundation for Baptist Health Madisonville and other local organizations to strategically plan services and improve the health of the community we serve. This document builds on Baptist Health Madisonville's third Community Health Needs Assessment, published in August 2018.

Organization Description

Baptist Health Madisonville

Baptist Health Madisonville is a 410-bed, tertiary acute care hospital serving about 160,000 patients per year. It is accredited by the Joint Commission. It is designated by the Centers for Medicare and Medicaid as a sole community hospital. With more than 1,300 full and part-time employees and 200 physicians on staff, compassionate care is provided with the most innovative technology available in the following services:

- Merle M. Mahr Cancer Care
 - Advanced Diagnostic and Screening Capabilities
 - Chemotherapy & Infusion
 - Medical Oncology
 - Radiation Oncology
 - Surgical Services
- Baptist Health Home Care
- Baptist Health Hospice
- Allergy and Asthma
- Behavioral Health
- Critical Care
- Diabetes
- Education and Research Division with a Family Medicine Residency
- Emergency Care
- Endocrinology
- Fitness Formula Health and Wellness Center
- Heart & Vascular Center
- Imaging & Diagnostics
- Mother & Baby Care
- Nephrology
- Occupational Medicine
- Orthopedic Medicine & Surgery
- Physical Rehabilitation & Therapy
- Pediatric Care

- Podiatry
- Primary Care
- Respiratory Care
- Retail Pharmacy
- Sleep Center
- Sports Medicine
- Urgent Care Clinic
- Wound Care
- Women's Services

Baptist Health and Deaconess Health have recently reached an agreement to jointly operate Baptist Health Madisonville and its associated medical group. The deal will take effect September 1, 2021.

Under joint operation, Baptist Health Madisonville will now be called Baptist Health Deaconess Madisonville. The deal also will see \$50 million in investments in the hospital and other services such as surgical suite enhancements, emergency room renovations, and cancer care facility upgrades. This Community Health Needs Assessment will be overseen by the new operating entity.

Baptist Health

Baptist Health Madisonville is part of Baptist Health, a not-for-profit, 501(c)(3) healthcare corporation that owns and operates nine hospitals with more than 2,681 licensed acute care beds located in Paducah, Madisonville, Elizabethtown, Louisville, La Grange, Lexington, Richmond, and Corbin in the Commonwealth of Kentucky and in New Albany, Indiana. In addition, Baptist Health Medical Group (BHMG), a wholly-owned subsidiary of Baptist Health, employs over 1,556 primary care physicians, specialty physicians, and mid-level providers and operates occupational health, physical therapy services, sports medicine, and urgent care facilities. Baptist Health Home Care provides home health services in 40 counties in Kentucky, six in southern Indiana, and six in southern Illinois.

Baptist Health Madisonville also holds the following designations and honors:

- Accredited by the College of American Pathologists
- Accredited by the American College of Radiology for Mammography
- Accredited by the American College of Surgeons Commission on Cancer
- Recognized by the Liaison Committee on Medical Education as a geographically separate campus of the University of Louisville School of Medicine
- Accredited by the Council on Certification of Nurse Anesthesia Educational Programs since 1992
- The Postgraduate Pharmacy Residency Program is Accredited by the American Society of Health-System Pharmacists
- The Family Practice Residency Program is Accredited by the Accreditation Council for Graduate Medical Education

Deaconess Health

Deaconess Health System is the premier provider of health care services to 26 counties in three states (IN, IL, and KY). The system consists of nine hospitals located in southern Indiana and Kentucky: Deaconess Midtown Hospital, Deaconess Gateway Hospital, The Women’s Hospital, The Heart Hospital, The Orthopedic and Neuroscience Hospital, Deaconess Cross Pointe, Encompass Health Deaconess Rehabilitation Hospital, Deaconess Henderson Hospital, and Deaconess Union County Hospital.

Deaconess Clinic, a fully integrated multispecialty group featuring primary care physicians as well as top specialty doctors, provides patients with consistent and convenient care. Additional components include a freestanding cancer center, urgent care facilities, a network of preferred hospitals and doctors, more than 30 care sites, and multiple partnerships with other regional health care providers.

Service Area

Based on the patient origin of inpatient discharges from January 1 through December 31, 2020, Baptist Health Madisonville’s primary and secondary service areas have been defined as Hopkins, Muhlenberg, Webster, Christian, Caldwell, and McLean counties in Kentucky. The surrounding counties in the region have a similar demographic composition to Hopkins County. Baptist Health Madisonville is considered a sole community hospital by the Centers for Medicare and Medicaid Services (CMS).

Hopkins County, home to Baptist Health Madisonville, is located in western Kentucky. The county borders the Kentucky counties of Muhlenberg, McLean, Webster, Caldwell, and Christian counties. It is comprised of 566.9 square miles; it has a population density of 81 persons per square mile, which is considered rural.

Hopkins County is a Medically Underserved Area in Census Tracts 9704, 9706, 9708-9711, and 9713, and the entire county is a Mental Health Professions Shortage Area. Both Muhlenberg and Webster counties are designated whole county Primary Medical Care, Dental Care, and Mental Healthcare Health Professions Shortage Areas.

Baptist Health Madisonville’s primary and secondary service areas include six counties. In 2020, 58.3 percent of Baptist Health Madisonville’s acute care patients were residents of Hopkins County. Baptist Health Madisonville is the market share leader in Hopkins County with 79.1 percent of all acute care hospital discharges. The Community Health Needs Assessment service area includes the primary service area counties that comprise 76.2 percent of Baptist Health Madisonville’s acute inpatient discharges.

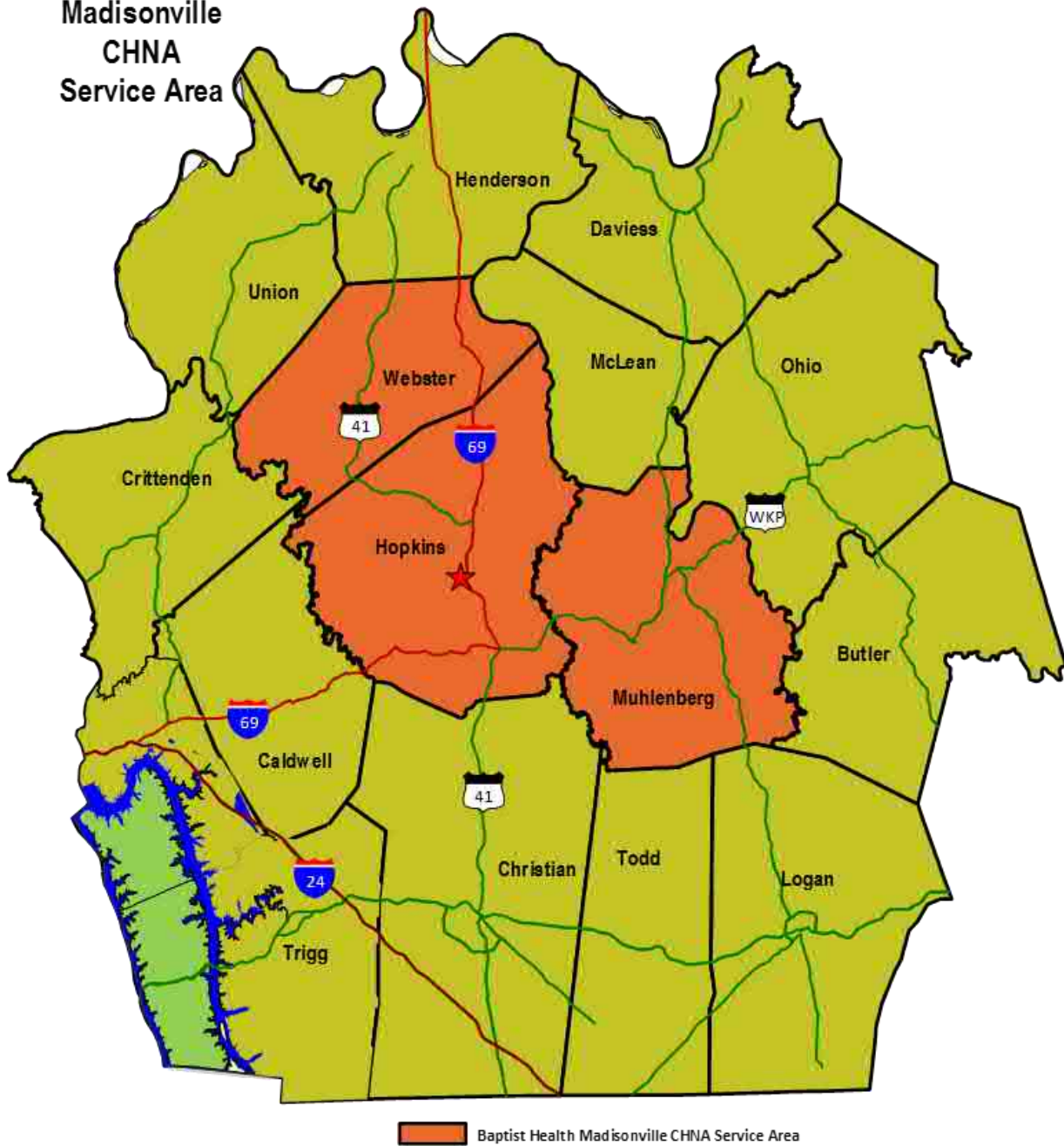
COVID-19 and the governor’s executive order to not have any non-emergent cases for almost two months reduced the number of admissions during 2020, but the percentage of cases by county mirrors previous years. The following table shows the primary and secondary service areas for BH Madisonville.

Reliance for BH Madisonville, 4-1-2020 to 3-31-2021

County	Acute Discharges for BH Madisonville	Reliance for BH Madisonville	Cumulative for BH Madisonville
Total Discharges	5,577	100.0%	
Hopkins – KY	3,251	58.3%	58.3%
Muhlenberg – KY	588	10.5%	68.8%
Webster – KY	511	9.2%	78.0%
Christian – KY	490	8.8%	86.8%
McLean – KY	148	2.7%	89.4%
Caldwell – KY	119	2.1%	91.6%
Other	470	8.4%	100.0%

Source: KHA InfoSuite, Inpatient Acute Discharges, No normal newborn, 4-1-2020 to 12-31-17

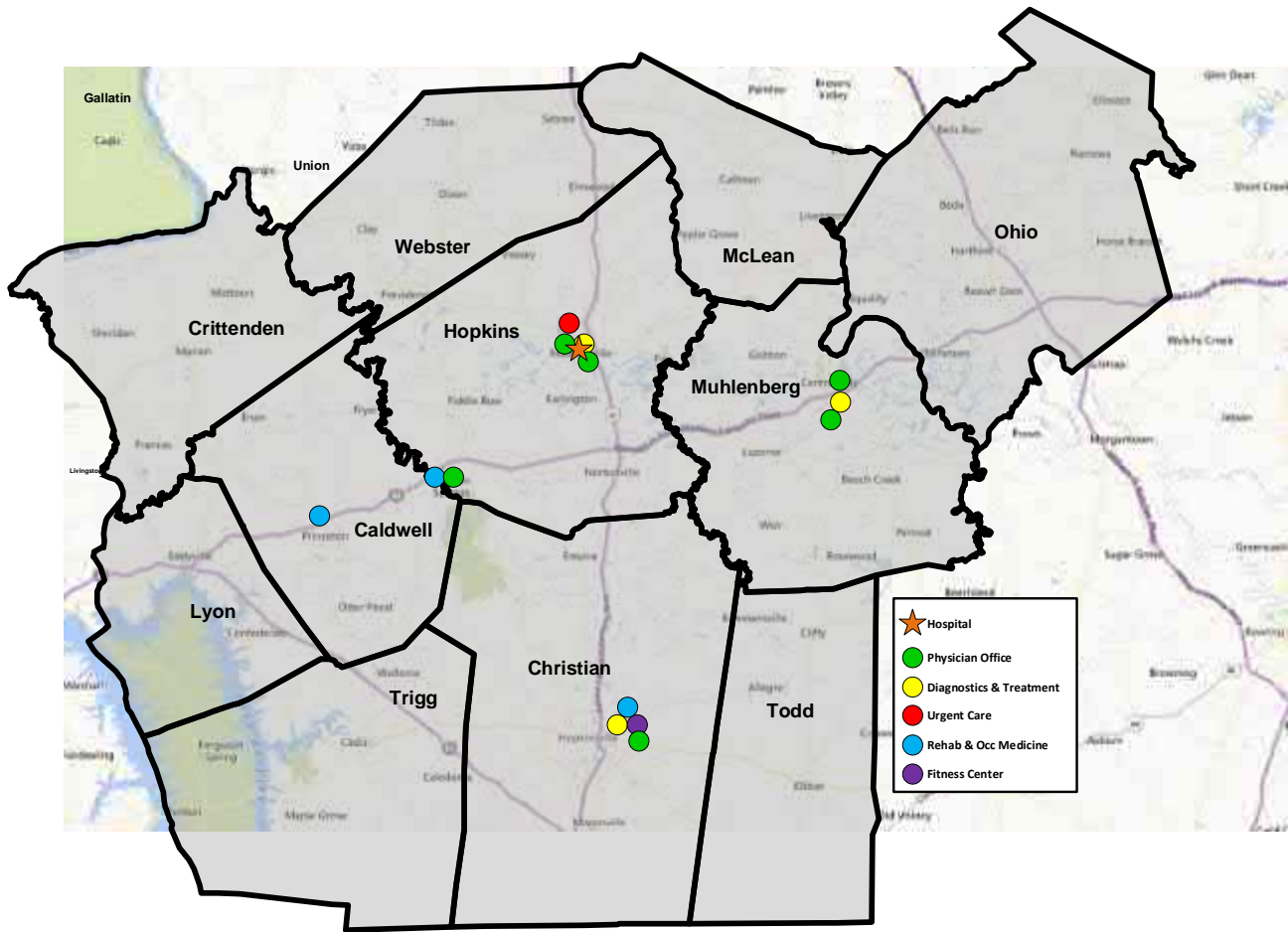
**Baptist Health
Madisonville
CHNA
Service Area**



In addition to Baptist Health Madisonville, patients in our service area have access to eight other hospitals scattered throughout the region (Appendix D)

In addition to the hospital, Baptist Health has several locations where they provide healthcare services. The following map shows those locations.

Baptist Health Locations in Baptist Health Madisonville Service Area



Mission, Vision, and Values

All Baptist Health Madisonville employees are expected to help fulfill the mission, vision, and value statements adopted by the system.

Mission

Baptist Health demonstrates the love of Christ by providing and coordinating care and improving health in our communities.

Vision

Baptist Health will lead in clinical excellence, compassionate care, and growth to meet the needs of our patients.

Faith-based Values

Integrity, Respect, Compassion, Excellence, Collaboration and Joy.

Purpose

The Patient Protection and Affordable Care Act enacted March 23, 2010, added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3). Two of these requirements for hospitals are to assess the health needs of their communities and adopt implementation strategies to address identified needs.

This Community Health Needs Assessment is performed for a variety of reasons, including:

- To help meet the hospital's mission to demonstrate the love of Christ by providing and coordinating care and improving health in our communities.
- To comply with the Patient Protection and Affordable Care Act of 2010 and maintain the hospital's tax-exempt status.
- To establish community health needs for the hospital's service area to help prioritize resource allocation.
- To gather data that can be used in other efforts to obtain grants and qualify for awards and certifications.
- To determine available resources in the hospital's service area and how the hospital can coordinate activities with other agencies.
- To involve appropriate individuals and groups in the process to ensure needs are identified, efforts are not duplicated, and the correct agencies to handle specific issues are identified in the strategic implementation plan.
- To create a sustainable process for conducting a Community Health Needs Assessment that can be replicated and continued for future assessments.

Executive Summary

To identify ways Hopkins, Muhlenberg, and Webster counties can improve the health of the community and in response to the Affordable Care Act (ACA), Baptist Health Madisonville has conducted its fourth Community Health Needs Assessment. Through input from groups with healthcare knowledge, surveys, and secondary research, the Community Health Needs Assessment committee has been able to find insight into the needs of the area.

The most prevalent needs identified were:

1. **Access** – Six of the top ten survey responses in the family health issues were related to access to health services, while five of the top ten in the community health issues were related to access. Access to primary care was the number one issue on both lists. Committee members also thought accessing care was a top priority for the community.
2. **Mental Health** – There were a variety of markers that led to the choice of mental health as a top health issue for the community. Access to mental/behavioral health made both the family/self and community health issues top 10 list. Almost 40% of respondents to the survey indicated that stress interferes with their ability to function normally, with over 10% saying it happens regularly or often. Almost 10% rate their own mental health as unhealthy or very unhealthy. Finally, over 40% said the mental health of the community is unhealthy or very unhealthy.
3. **Obesity** – This was the third greatest concern in the survey of community health issues and eight on the family/self issues; all three service area counties had a higher percentage of obesity than Kentucky, which is known for having one of the worse ratings in the U.S. for obesity. Obesity and the many health problems and diseases associated with it (including cancer, heart disease, high blood pressure, and diabetes) have a major impact on the community.
4. **COVID-19** – Committee members were concerned about utility service turnouts and evictions, as well as the health issues that revolve around the pandemic and its aftermath.
5. **Sexually Transmitted Diseases** – While this only showed up on the surveys in a minor way, the health department indicated that STDs have been going up year over year in the community.
6. **Childcare Services** – The committee identified this as an issue, especially in light of COVID-19 and the dearth of childcare options in the community.
7. **Substance Abuse/Treatment** – Drug use and access to substance abuse treatment came in at the fifth and sixth places on the community health issues list. The 2019 Kentucky State Police Annual Report ranks the service area as one of the worst for drug arrests in Kentucky. There

have been a large number of births with infants who exhibit neonatal abstinence syndrome, requiring time in the neonatal intensive care unit. Finally, over the last year, the syringe exchange program, sponsored by the Hopkins County Health Department, has seen 264 visits to syringe exchange, 51 unique participants, 25 participants have returned at least one time in the past year, and 213 repeat visits to Syringe Exchange.

Baptist Health Madisonville is part of an interdisciplinary coalition of community assets formed to work collaboratively to address these and other issues affecting community health and wellness in the region. The hospital will be working with its coalition partners to provide education, health screening and improved access to medical and non-medical resources.

This assessment is provided to area leaders and the community at large on the hospital website at www.baptisthealthmadisonville.com.

Framework

This is the fourth Community Health Needs Assessment conducted by Baptist Health Madisonville. This document builds on the research and conclusions of the first, second, and third assessments. Although several of the health priorities identified in the third assessment remain, committee identified some new priorities that were also of urgency. The groups that first cooperated to discuss the health needs of the community now meet on a regular basis to gauge the effectiveness of their activities and to plan additional steps to continue improving the health status of people in the community.

Baptist Health Madisonville and the other hospitals in Baptist Health use a strategic planning model as the framework to construct this report. It is similar to the method used for the hospital's strategic plan; data is gathered about the hospital and its community, areas of opportunity and need are identified, and strategies for meeting these needs are formulated. Because the focus of this report is more external, additional efforts examined factors in the community.

The hospital's service area is based on the nature of its communities (primarily rural), using the most recent patient origin data (April 2020 to March 2021), including over 3 quarters of its total discharges in the counties chosen. Further information about this area is found in the section headed *Service Area*, on pages five, six, and seven.

Baptist Health Madisonville has formed a community health coalition with other healthcare, civic, governmental, and educational organizations in the area for the purpose of working collaboratively to identify and address the medical and socioeconomic factors impacting the health of the people in its region. Bringing these groups together may help avoid duplication of efforts in data collection and resource allocation. Through these contacts and public surveys, Baptist Health Madisonville collected primary data and feedback on the health issues confronting its service area.

Baptist Health Madisonville's Community Health Needs Assessment committee met several times to develop the public survey instrument and identify mechanisms by which the survey would be distributed to reach a representative sample of the population, to include demographic groups often underrepresented in public data gathering consider all the information. They discussed the data presented and created a list of the health issues identified in both primary and secondary data sources. After robust interaction, the committee prioritized the list and discussed various ways the hospital could help to meet these needs. After these were incorporated, the CHNA was approved by the hospital and System Boards.

Secondary data from demographic and socioeconomic sources, Kentucky vital statistics, disease prevalence and health indicators and statistics were collected from national, state and local sources. This data will be shared in the next section.

This document is a summary of the available information collected during the fourth cycle of community health needs assessments required by the IRS. It will serve as a compliance document and as a resource until the next assessment cycle. Both the process and document serve as the foundation for prioritizing the community's health needs and will aid in planning to meet those needs.

Profile of the Community

With a relatively short driving distance to larger cities such as Nashville, Tennessee; Louisville, Kentucky; and Evansville, Indiana, Hopkins County is the center of its Community Health Needs Assessment service area which spreads over 1,382 square miles with a population of more than 90,700. The area's healthy business climate boasts strong employment with only 5.72 percent unemployment. With an emphasis on economic development and with the support of the local government, a positive impact can be seen on the health of the local community.

Demographics and Socioeconomics

2019 Demographic Snapshot											
Area: BH Madisonville											
Level of Geography: Primary Service Area by ZIP Code											
DEMOGRAPHIC CHARACTERISTICS											
			Selected Area	USA				2019	2024	% Change	
2010 Total Population				308,745,538				Total Male Population	44,153	43,782	-0.8%
2019 Total Population			88,684	329,236,175				Total Female Population	44,531	44,025	-1.1%
2024 Total Population			87,807	340,950,101				Females, Child Bearing Age (14-44)	15,839	15,510	-2.1%
% Change 2019 - 2024			-1.0%	3.6%							
Average Household Income			\$57,006	\$89,646							
POPULATION DISTRIBUTION											
Age Distribution						HOUSEHOLD INCOME DISTRIBUTION					
Age Group	2019	% of Total	2024	% of Total	USA 2019 % of Total	2019 Household Income	HH Count	% of Total	USA % of Total	Total	
0-13	14,839	16.7%	14,234	16.2%	18.6%	<\$15K	5,396	15.4%	10.5%		
14-20	7,721	8.7%	7,763	8.8%	3.9%	\$15-25K	4,499	12.8%	9.1%		
21-24	4,356	4.9%	4,577	5.2%	9.6%	\$25-50K	9,560	27.2%	21.5%		
25-34	10,432	11.8%	10,224	11.6%	13.5%	\$50-75K	6,338	18.0%	16.9%		
35-54	21,972	24.8%	20,494	23.3%	25.3%	\$75-100K	3,935	11.2%	12.3%		
55-64	12,409	14.0%	11,737	13.4%	12.9%	Over \$100K	5,402	15.4%	29.7%		
65+	16,955	19.1%	18,778	21.4%	16.2%						
Total	88,684	100.0%	87,807	100.0%	100.0%	Total	35,130	100.0%	100.0%		
EDUCATION LEVEL											
Education Level Distribution						RACE/ETHNICITY					
2019 Adult Education Level			Pop Age 25+	% of Total	USA % of Total	Race/Ethnicity	2019 Pop	% of Total	USA % of Total	Total	
Less than High School			4,163	6.7%	5.4%	White Non-Hispanic	79,742	89.3%	60.0%		
Some High School			6,524	10.5%	7.3%	Black Non-Hispanic	4,967	5.6%	12.4%		
High School Degree			26,139	42.0%	27.3%	Hispanic	2,240	2.5%	18.4%		
Some College/Assoc. Degree			17,214	27.7%	29.0%	Asian & Pacific Is. Non-Hispanic	476	0.5%	5.9%		
Bachelor's Degree or Greater			8,174	13.1%	31.0%	All Others	1,860	2.1%	3.3%		
Total			62,214	100.0%	100.0%	Total	89,285	100.0%	100.0%		
Source: Truven Health Analytics											
Service Area Defined: Hopkins, Muhlenberg and Webster Counties in Kentucky											

Population growth in the service area is projected to be flat; it is declining at 0.2 percent per year. The 65+ age group is growing at about 2.2 percent a year, the only age segment with substantial growth. The population of the area tends to be older, less affluent, and more homogenous racially and ethnically than the United States as a whole.

Unemployment is low in the service area, with only 3.5% of persons in the labor force who are unemployed.

Labor Force Characteristics													
Area: BH Madisonville Service Area													
2019 ZIP Code Report													
Ranked on 2019 Total Population 16+ (Desc)													
ZIP Code	ZIP City Name	2019 Total Population 16+		Total Labor Force		Employed in Civilian Labor Force		Employed in Armed Forces		Unemployed in Labor Force		Females in Labor Force	
		Count	%Down	Count	%Across	Count	%Across	Count	%Across	Count	%Across	Count	%Across
42431	Madisonville	20,834	28.9%	11,843	56.8%	11,137	53.5%	14	0.1%	692	3.3%	5,879	54.0%
42345	Greenville	9,497	13.2%	5,039	53.1%	4,642	48.9%	11	0.1%	386	4.1%	2,331	48.0%
42330	Central City	7,929	11.0%	3,828	48.3%	3,542	44.7%	0	0.0%	286	3.6%	1,736	48.6%
42408	Dawson Springs	5,189	7.2%	2,530	48.8%	2,354	45.4%	9	0.2%	167	3.2%	1,169	43.5%
42450	Providence	3,194	4.4%	1,632	51.1%	1,551	48.6%	0	0.0%	81	2.5%	706	42.7%
42442	Nortonville	2,468	3.4%	1,297	52.6%	1,191	48.3%	0	0.0%	106	4.3%	625	49.6%
42455	Sebree	2,433	3.4%	1,367	56.2%	1,288	52.9%	0	0.0%	79	3.2%	573	45.4%
42413	Hanson	2,168	3.0%	1,244	57.4%	1,204	55.5%	0	0.0%	40	1.8%	565	53.4%
42404	Clay	1,931	2.7%	942	48.8%	858	44.4%	0	0.0%	84	4.4%	414	41.5%
42409	Dixon	1,922	2.7%	900	46.8%	827	43.0%	0	0.0%	73	3.8%	393	45.1%
42464	White Plains	1,581	2.2%	847	53.6%	781	49.4%	1	0.1%	65	4.1%	411	50.5%
42325	Bremen	1,497	2.1%	876	58.5%	823	55.0%	0	0.0%	53	3.5%	411	54.9%
42337	Drakesboro	1,418	2.0%	638	45.0%	565	39.8%	0	0.0%	73	5.1%	289	39.6%
42456	Slaughters	1,378	1.9%	787	57.1%	750	54.4%	0	0.0%	37	2.7%	336	49.5%
42436	Manitou	1,170	1.6%	641	54.8%	612	52.3%	0	0.0%	29	2.5%	276	48.2%
42441	Nebo	1,156	1.6%	606	52.4%	576	49.8%	0	0.0%	30	2.6%	256	45.9%
42410	Earlington	1,136	1.6%	583	51.3%	549	48.3%	3	0.3%	31	2.7%	253	42.1%
42324	Belton	918	1.3%	447	48.7%	411	44.8%	0	0.0%	36	3.9%	211	45.4%
42339	Dunmor	769	1.1%	381	49.5%	355	46.2%	0	0.0%	26	3.4%	182	47.3%
42344	Graham	664	0.9%	358	53.9%	329	49.5%	0	0.0%	29	4.4%	156	46.8%
42323	Beechmont	628	0.9%	280	44.6%	248	39.5%	0	0.0%	32	5.1%	125	38.6%
42367	Powderly	591	0.8%	318	53.8%	291	49.2%	0	0.0%	27	4.6%	141	46.8%
42440	Mortons Gap	512	0.7%	262	51.2%	248	48.4%	1	0.2%	13	2.5%	113	41.9%
42321	Beech Creek	492	0.7%	219	44.5%	194	39.4%	0	0.0%	25	5.1%	97	38.3%
42453	Saint Charles	412	0.6%	211	51.2%	193	46.8%	0	0.0%	18	4.4%	96	47.8%
42326	Browder	250	0.3%	112	44.8%	99	39.6%	0	0.0%	13	5.2%	50	38.8%
Total		72,137	100.0%	38,188	52.9%	35,618	49.4%	39	0.1%	2,531	3.5%	17,794	

Source: Truven Health Analytics
Service Area Defined: Hopkins, Muhlenberg, and Webster Counties in Kentucky

Mortality

The following table shows age-adjusted mortality rates by several leading causes of death in each county in the service area and in Kentucky:

Age Adjusted Mortality Rates 2015-2019	Hopkins	Muhlenberg	Webster	KY	USA
Total	1,042.8	953.1	1,009.3	924.7	726.3
Coronary Heart Disease	338.7	299.5	288.8	255.4	218.6
Cancer	208.1	198.7	215.9	190.9	156.4
COPD & Pneumonia	119.4	107.9	122.5	104.4	70.2
Accidents	91.5	82.3	104.6	95.7	70.2
Mental and behavioural disorders	68.7	46.1	54.6	51.2	34.5
Stroke	55.6	46.7	39.5	62.7	55.1
Diabetes	35.4	36.8	58.6	43.5	33.0
All Other Causes	109.3	118.2	67.4	120.8	88.2
Significantly Below KY Rates					
Significantly Above KY Rates					

Source: wonder.cdc.gov CDC Mortality Rates for 2015-2019

These rates are age-adjusted and signify the number of people who expired per 100,000 population. The numbers in green are significantly below the Kentucky rates, while the numbers in red are significantly higher than the Kentucky figures. These may indicate areas that are doing better (or worse) in the care of specific conditions. Thus, two of the three counties' low death rate due to stroke may show that residents are seeking and receiving care quickly for stroke-related events, or they may be doing a better job of caring for themselves, thus reducing the number of stroke-related events overall.

The data in the table is based on all deaths from the counties, Kentucky, and the U.S., from 2015 through 2019. Heart disease remains the No. 1 killer in the service area; however, it is noteworthy that age-adjusted death rates for most causes exceed that of the US as a whole. Of course, these statistics were from before COVID-19, which had a profound effect on mortality in Kentucky and the United States as a whole.

Cancer Incidence Rates

Cancer incidence rates are from the Kentucky Cancer Registry and cover a five-year span from 2013 to 2017. Muhlenberg County has higher than average incidence rates for lung cancer, while Webster County has a higher than average incidence rates for female genitalia and pancreatic cancer. These are cancer sites that can be screened easily, thus the higher rates may be a function of access. On the other hand, there may actually be higher numbers of people contracting cancer in these sites due to poor health behaviors or environmental hazards.

Age Adjusted Cancer Incidence	KY	Hopkins	Muhlenberg	Webster
All Cancers	519.6	477.4	497.2	493.7
Prostate	104.1	69.4	97.6	78.7
Lung	91.0	69.4	96.8	83.2
Breast	67.7	60.5	54.8	53.7
Female Genitalia	54.4	50.1	44.8	64.1
Skin	27.3	17.6	27.6	18.8
Pancreas	13.5	15.0	11.5	17.6
All Other Causes	161.6	195.4	164.1	177.6
		Significantly Below KY Rates		
		Significantly Above KY Rates		

Source: Ky Cancer Registry, cancer-rates.info/ky 2013-2017

Drug Arrest Rates

According to city and county law enforcement officers, 75 to 80 percent of the crime in this community is drug-related; even assaults, burglary, and theft /larceny are often motivated by drug-seeking behavior. The service area has a higher rate of arrests for illegal drugs per thousand population than Kentucky as a whole. In fact, Hopkins County has an arrest rate 25% higher than

that of Kentucky.

Kentucky State Police Drug Arrests for 2019								
COUNTY	Opium, Cocaine, Their Derivatives	Marijuana	Meth	Heroin	Other Drug, Synthetic Narcotics	Total Drug Arrests	2019 Population	Arrest Rate per 1,000
HOPKINS	20	150	275	1	540	986	45,113	21.9
MUHLENBERG	15	85	111	4	284	499	29,911	16.7
WEBSTER	2	29	45	1	71	148	13,660	10.8
Total	37	264	431	6	895	1,633	88,684	18.4
Kentucky	3,464	12,759	20,956	3,825	36,922	77,926	4,478,915	17.4
% of Kentucky	1.1%	2.1%	2.1%	0.2%	2.4%	2.1%	2.0%	

Source: <http://kentuckystatepolice.org/wp-content/uploads/2020/10/2019CrimeinKentucky.pdf>

Source: 2016 KY Crime Statistics Report, Kentucky State Police

While this is not quite a tip-of-the-iceberg situation, arrests typically represent some fraction of the overall criminal activity in an area, so drugs and substance abuse are likely to be prevalent in the area given the high rate of arrests. The Foundation for a Healthy Kentucky polled adults in 2018 and 24% of respondents from Western Kentucky said they knew someone who had experienced problems from using methamphetamine.

Health Statistics and Rankings

Baptist Health Madisonville collected health statistics and outcome measures from a wide variety of sources. The most recent data came from the Robert Wood Johnson County Health rankings published in late 2020. The table on the following page shows health outcomes, health behaviors, clinical care availability, socioeconomic factors and physical environment risks for each county in the service area. The numbers highlighted in green are significantly more favorable than the Kentucky average, and the ones in red significantly less favorable. The rankings are based on the 120 counties in Kentucky. Two of the three counties score above average in Health Outcomes. Obesity in the area is above the Kentucky average and that average is very high compared to other states. The Foundation for a Healthy Kentucky's 2015 report, *Place Matters: Health Disparities in the Commonwealth*, says that while this area of the state has above average obesity, it has been trending upward over the last several years.

Although adult smoking is below the Kentucky average, it is still very high compared to other states and the U.S., which is at 14 percent. Smoking contributes to heart disease, cancer, respiratory ailments and strokes. Hopkins County had the best ranking in the area for smoking, with only 20% of adults who smoke.

While several of these statistics are still not at the desired level, many of them moved in the right direction since the 2018 Community Health Needs Assessment. Hopkins County improved 9 places

on the Quality of Life ranking and 10 places on the Clinical Care ranking, while Muhlenberg County improved 22 places on the Health Outcomes ranking and 9 places on the Clinical Care ranking.

On the downside, the Health Factors rankings all dropped, from 3 places in Webster County to 14 places in Hopkins County. All the Physical Environment rankings deteriorated, including Webster County by 17 places; the physical environment rankings are some of the worst in Kentucky, all falling in the bottom 10% of counties.

For the most part, the counties had no change in their statistics over the three years, with twenty-three of the measures with either no change at all or a one place change.

Robert Wood Johnson County Health Rankings				
	Kentucky	Hopkins (HO)	Muhlenberg (MB)	Webster (WB)
Health Outcomes	41	47	45	71
Length of Life		63	42	62
Premature death	9,700	10,400	9,700	10,400
Quality of Life		35	51	81
Poor or fair health	24%	20%	23%	23%
Poor physical health days	5.1	4.7	5.2	5.0
Poor mental health days	5.0	4.8	4.8	5.0
Low birthweight	9%	8%	8%	10%
Health Factors		42	80	87
Health Behaviors		44	60	82
Adult smoking	25%	20%	22%	23%
Adult obesity	34%	36%	36%	36%
Food environment index	7.0	7.2	7.6	7.9
Physical inactivity	29%	33%	35%	31%
Access to exercise opportunities	71%	53%	52%	29%
Excessive drinking	17%	14%	15%	15%
Alcohol-impaired driving deaths	26%	11%	19%	36%
Sexually transmitted infections	433.7	399.6	428.3	245.8
Teen births	34	48	50	50
Clinical Care		18	60	90
Uninsured	6%	7%	7%	8%
Primary care physicians	1,520:1	840:1	2,200:1	4,340:1
Dentists	1,540:1	1,960:1	2,800:1	4,370:1
Mental health providers	440:1	1,160:1	1,400:1	2,620:1
Preventable hospital stays	5,949	5,881	6,485	5,730
Mammography screening	40%	40%	42%	43%
Flu vaccinations	45%	46%	32%	43%
Social & Economic Factors		44	84	66
High school graduation	90%	91%	90%	88%
Some college	62%	54%	47%	43%
Unemployment	4.3%	4.4%	6.7%	4.0%
Children in poverty	22%	24%	23%	22%
Income inequality	5.1	4.9	4.8	4.9
Children in single-parent households	34%	34%	29%	34%
Social associations	10.7	18.7	20.4	16.9
Violent crime	222	119	79	48
Injury deaths	93	95	94	102
Physical Environment		118	110	115
Air pollution - particulate matter	10.7	11.6	11.5	11.6
Drinking water violations		Yes	Yes	Yes
Severe housing problems	14%	12%	90%	12%
Driving alone to work	82%	90%	88%	85%
Long commute - driving alone	30%	27%	32%	43%
		Significantly Below KY Rate		
		Significantly Above KY Rate		

Source: Robert Wood Johnson, CountyHealthRankings.org 2020 County Rankings Data extracted: 2/2/21

Primary Data

Primary data was collected from a survey and from interaction with the other members of the community. Baptist Health Madisonville hosted a link to an online survey and distributed paper surveys. The Hopkins County Health Department accounted for more than 208 paper surveys from their clients. The survey was widely publicized online and in print publications.

Survey

A survey of area residents provided primary data. Participants were asked their zip code, gender, race, education and income levels as well as a variety of questions regarding health care and social determinants of health.

Five hundred twenty-one (521) area residents took the survey from the May 12, 2021, to June 11, 2021. To secure a more representative sample, the committee determined that the survey should be made available in both online and printed formats. For the online survey, the group used the Microsoft Forms to host the survey and to collect and analyze the data. There were also copies of the printed survey distributed by members of the community health coalition to ensure that socioeconomic groups that were unlikely to, or unable to, participate in the online survey were represented; the Health Department submitted 208 written surveys. The committee decided to design a more detailed survey than in the past that would provide information on not just medical factors, but also socioeconomic factors that impacted health and the ability to access health and health-related resources. The final survey consisted of 62 questions and took approximately 16 minutes to complete. (Survey, **Appendix B.**) The following tables show the demographic composition of survey responders:

Respondents by County		% of Total		Respondents by Gender		% of Total	
Hopkins	419	84.5%	Male	90	17.3%		
Muhlenberg	31	6.3%	Female	417	80.0%		
Webster	18	3.6%	Non-gender conforming	2	0.4%		
Other	28	5.6%	Blank	12	2.3%		
Total	496	100.0%	Grand Total	521	100.0%		
<hr/>							
Respondents by Age Range		% of Total		Respondents by Race/Ethnicity		% of Total	
Under 18	4	0.8%	Prefer to not select an ethnicity	10	1.9%		
18-35	144	27.6%	Asian or Pacific Islander	3	0.6%		
36-45	126	24.2%	Black or African-American	32	6.1%		
46-55	126	24.2%	Latino or Hispanic	6	1.2%		
56-65	81	15.5%	Native American	1	0.2%		
Over 65	28	5.4%	White or Caucasian	457	87.7%		
Blank	12	2.3%	Blank	12	2.3%		
Total	521	100.0%	Total	521	100.0%		
<hr/>							
Respondents by Yearly Income Level		% of Total		Respondents by Education		% of Total	
Less than \$15,000	47	9.0%	Less than 12 years	19	3.6%		
\$15,000-19,999	25	4.8%	High-school graduate	89	17.1%		
\$20,000-24,999	31	6.0%	GED	22	4.2%		
\$25,000-29,999	32	6.1%	Technical certificate	16	3.1%		
\$30,000-39,999	45	8.6%	Currently in college	19	3.6%		
\$40,000-49,999	41	7.9%	Some college, didn't complete	55	10.6%		
\$50,000-64,999	69	13.2%	Associate degree	72	13.8%		
\$65,000-84,999	68	13.1%	Bachelor's degree	79	15.2%		
\$85,000-119,999	82	15.7%	Master's degree	132	25.3%		
\$120,000 and up	43	8.3%	Doctoral degree	7	1.3%		
Don't have an income	9	1.7%	Blank	11	2.1%		
Blank	29	5.6%	Grand Total	521	100.0%		
Grand Total	521	100.0%					

The survey respondents mirrored the racial/ethnicity composition of the overall population, but were preponderantly female, wealthier, and had more educational attainment. Most came from Hopkins County. They also skewed to the middle age ranges, with fewer elderly and almost no adolescent participation.

Twenty percent of the respondents said they used tobacco products, which is exactly the same as the community's percentage from secondary data.

The following tables shows the top ten health issues by number of respondents who thought they were the most important to either the community or to themselves and family.

Survey Results for Most Important Issues Facing Community

Need	Responses	% of Total
Access to Primary Care	199	38.2%
Access to Behavioral/Mental Health	194	37.2%
Obesity	173	33.2%
Access to Medical Specialties	161	30.9%
Drug Use	154	29.6%
Access to Substance Abuse Treatment	151	29.0%
Poverty	114	21.9%
Child Abuse or Neglect	102	19.6%
Access to Basic Dental	95	18.2%
Diabetes	93	17.9%

Source: BH Madisonville 2021 CHNA Survey

Survey Results for Most Important Issues Facing Self & Family

Need	Responses	% of Total
Access Primary Care	341	65.5%
Access Medical Specialties	240	46.1%
Access Basic Dental	228	43.8%
Access Optometrists	220	42.2%
High Blood Pressure	135	25.9%
Access Behavioral/Mental Health	128	24.6%
Diabetes	127	24.4%
Obesity	126	24.2%
Access Acute Dental	108	20.7%
Cancer	105	20.2%

Source: BH Madisonville 2021 CHNA Survey

Access to primary care tops both lists. In fact, access to a variety of health care services including primary care, medical specialties, dental care, eye care, mental health/behavioral healthcare, and substance abuse care all make both lists. Obesity and diabetes also make both lists. Drug Use and Access to Substance Abuse Treatment rank 5th and 6th on the community health issues with close to thirty percent of respondents choosing them, but drop off the issues facing self and family to less than six percent of respondents.

Respondents ranked their own physical (47.7 percent said they were healthy or very healthy) and mental health (48.0 percent said they were healthy or very healthy) significantly higher than they believe the health status of the community (9.0 and 8.8 percent, respectively, said the community was healthy or very healthy) to be. On a positive note, 84.5 percent said they believed the health of the community could improve.

Respondent Physical Health

	Respondents	% of Total
Very Healthy	46	8.8%
Healthy	208	39.9%
Somewhat Healthy	214	41.1%
Unhealthy	42	8.1%
Very Unhealthy	5	1.0%
Blank	6	1.2%
Total	521	100.0%

Respondent Mental Health

	Respondents	% of Total
Very Healthy	73	14.0%
Healthy	177	34.0%
Somewhat Healthy	106	20.3%
Unhealthy	33	6.3%
Very Unhealthy	5	1.0%
Blank	127	24.4%
Total	521	100.0%

Community Physical Health

	Respondents	% of Total
Very healthy	8	1.5%
Healthy	39	7.5%
Fairly healthy	266	51.1%
Unhealthy	172	33.0%
Very unhealthy	11	2.1%
Blank	25	4.8%
Total	521	100.0%

Community Mental Health

	Respondents	% of Total
Very healthy	11	2.1%
Healthy	35	6.7%
Fairly healthy	255	48.9%
Unhealthy	177	34.0%
Very unhealthy	29	5.6%
Blank	14	2.7%
Total	521	100.0%

Regarding health services, challenges and risk factors, the results say:

- Over thirty-nine percent said stress or anxiety interfere with their ability to function normally.
- Forty-six percent report they are overweight or obese.
- Only six percent indicated they had to go without enough to eat at least occasionally or on a regular basis.
- Eight percent said they had had to choose between buying food and buying medicine at some point.
- While over 60 percent of the survey participants said they were raising children, only twenty percent of these respondents were in a single-caregiver situation.

The survey data will continue to be mined to discover which demographic segments have similar health concerns and needs.

Community Healthcare Resources

There are numerous healthcare resources in Baptist Health Madisonville’s service area, but they are not distributed evenly. Baptist Health’s Planning department catalogued the various types and locations of these resources:

Hospital-specific resources

There are a number of hospitals in and near the service area. A list of these facilities is shown in Appendix D. All hospital discharges by service line of service area residents by service line are shown in Appendix C. Almost 16 percent of all discharges for the most recent year can be attributed to Cardiovascular Medicine and Cardiovascular & Thoracic Surgery. Slightly fewer people per capita are using inpatient services than in Kentucky as a whole; there are 120.6 discharges per thousand population in the service area compared to 124.2 in Kentucky. In the U.S. in 2015, utilization averaged 103.0 discharges per thousand. The lower figure for the service area may be a result of patients leaving Kentucky and going to Tennessee for inpatient care, which would not be reflected in the data that only includes discharges from Kentucky and Indiana hospitals.

Hospital	Type	Licensed Beds	Location
Baptist Health Madisonville	ACUTE	390	Hopkins
Caldwell Medical Center	CAH	25	Caldwell
Cumberland Hall	PSY	97	Christian
Jennie Stuart Medical Center Inc	ACUTE	194	Christian
Owensboro Health Muhlenberg Community Hospital	ACUTE	90	Muhlenberg
Western State Hospital	PSY	495	Christian

Source: Kentucky Office of the Inspector General, Hospital Directory, as of 12/20/17

Other Licensed Facilities

According to the Kentucky Office of the Inspector General, there are 9 licensed facilities other than hospitals in Hopkins, Muhlenberg, and Webster Counties, including an ambulatory surgery center, three end stage renal disease facilities (dialysis centers), two home health agencies, a residential hospice service, a hospital-owned pain management clinic, and a free-standing technology facility (magnetic resonance imaging).

Health Departments

There are three separate health departments located in Baptist Health Madisonville’s CHNA service area: the Hopkins County Health Department; the Muhlenberg County Health Department; and the Green River District Health Department, which serves Webster County. These departments provide environmental, preventive, curative, and health maintenance services to area citizens by direct healthcare, health education, counseling, and enforcement of laws that protect health and the environment.

Physicians

Baptist Health last conducted a primary care strategic plan in 2018; this included a physician manpower study that counts the number of physicians in its service area as defined by Stark II regulations, which is slightly different than the CHNA service area. Using physician to population ratios and inventories of physicians in the area, shortages are determined. This plan has guided Baptist Health Madisonville to recruit and/or employ primary care providers to the area.

Despite the number of physicians and medical facilities in the service area, there are still underserved areas. There are partial and full Health Professional Shortage Areas (HPSA) and Medically Underserved Areas in the service area. The primary care strategy showed there are shortages of primary care physicians in the service area.

Committee Discussion

The Community Health Needs Assessment committee met on several occasions throughout the process, both in person and via telephone/computer conferencing. The committee reviewed primary and secondary data. Committee members expressed their thoughts about several health concerns where Baptist Health Madisonville should concentrate its resources over the next three years. Finally, team members collaborated to produce this report.

After studying the primary and secondary data, the committee discussed the issues. They prioritized the issues based on their severity and on the ability of Baptist Health Madisonville and its partners to help improve them.

Prioritized Health Issues

The committee's purpose was to identify health challenges and risk factors that can be modified or prevented to improve the health of our community.

The committee identified and prioritized community needs for the service area that Baptist Health Madisonville can address and affect by implementing programs, education and preventive screenings. Baptist Health Madisonville will not be able to address all of the identified needs of the community and will rely on other resources better positioned to address specific needs.

These are the priorities issues that were identified, in descending order:

1. **Access to Care** – Six of the top ten survey responses in the family health issues were related to access to health services, while five of the top ten in the community health issues were related to access. Access to primary care was the number one issue on both lists. Committee

members also thought accessing care was a top priority for the community.

It is often difficult to attract physicians to a rural area. If the population will only support one physician in a specialty, that person must maintain constant on-call status and can never take off a weekend or go on vacation. The only alternative is to bring in *locum tenens* physicians to provide coverage. The joint management agreement between Baptist Health and Deaconess Health should help alleviate part of this issue because physicians will be able to travel from Evansville to work in the area when coverage for individual specialists is needed.

- Mental Health** – There were a variety of markers that led to the choice of mental health as a top health issue for the community. Access to mental/behavioral health made both the family/self and community health issues top 10 list. There were several other questions on the survey that pertained to mental health (see below). Almost 40% of respondents to the survey indicated that stress interferes with their ability to function normally, with over 10% saying it happens regularly or often. Almost 10% rate their own mental health as unhealthy or very unhealthy. Finally, over 40% said the mental health of the community is unhealthy or very unhealthy.

Your Mental Health			Mental Health of Community		
	Responses	% of Total		Responses	% of Total
Very Healthy	73	18.5%	Very healthy	11	2.2%
Healthy	177	44.9%	Healthy	35	6.9%
Somewhat Healthy	106	26.9%	Fairly healthy	255	50.3%
Unhealthy	33	8.4%	Unhealthy	177	34.9%
Very Unhealthy	5	1.3%	Very unhealthy	29	5.7%
Total	394	1	Total	507	1
Have You Gotten Treatment/Counseling?			Stress Interferes With Ability to Function		
	Responses	% of Total		Responses	% of Total
No	185	66.3%	No	316	61.1%
Yes	94	33.7%	Yes, sometimes	149	28.8%
Total	279	100.0%	Yes, regularly	30	5.8%
			Yes, often	22	4.3%
			Total	517	100.0%

- Obesity** – This was the third greatest concern in the survey of community health issues and eight on the family/self issues; secondary data showed that all three service area counties had a higher percentage of obesity than Kentucky, which is known for having one of the worse ratings in the U.S. for this factor. Obesity and the many health problems and diseases associated with it (including cancer, heart disease, high blood pressure, and diabetes) have a major impact on the community.

Almost seventy-five percent of respondents to the survey indicated they were slightly overweight,

overweight, or more than 30 pounds overweight, although only 19.6% said they were obese.

How do you view your weight?		
	Respondents	% of Total
Underweight	11	2.1%
About right	116	22.3%
Slightly overweight	152	29.2%
Overweight	136	26.1%
More than 30 pounds overweight	102	19.6%
Blank	4	0.8%
Total	521	100.0%

4. **COVID-19** – Committee members were concerned about utility service turnouts and evictions, as well as the health issues that revolve around the pandemic and its aftermath.

COVID-19 has been the healthcare issue throughout 2020 and the first half of 2021. As of July 2, 2021, Kentucky has had 465,490 cases of COVID-19 with 7,229 deaths attributable to the disease. Even though the incidence and mortality have dropped considerably since vaccines became available in December 2020, COVID-19 remains a significant public health issue. Kentucky citizens have had much vaccine hesitancy and the vaccination rate (43.9% fully vaccinated in Kentucky vs. 47.9% in the US as of July 3, 2021) remains lower than most states (23 lowest fully vaccinated rate in the US).

Beyond the health concerns COVID-19 continues to raise, there are also a significant number of social issues that have happened because of the worst pandemic the world has seen since the influenza pandemic in 1917-1919. Many people became unemployed and employment has not yet returned to pre-COVID levels. Schools were held virtually, rather than in person. Childcare centers closed. People were unable to pay their rent or utilities and, although evictions and utility shutoffs have been postponed during the crisis, the government is likely to allow them to occur soon. The committee discussed the need for assistance for persons who are at risk of losing their homes or of not having electricity, water, or gas available. While the hospital cannot be responsible for this assistance, it should explore ways to lessen the health concerns that might arise from this social situation.

5. **Sexually Transmitted Diseases** – While this only showed up on the surveys in a minor way, the health department indicated that STDs have been going up year over year in the community.

The director of the Health Department indicated that the incidence of STDs has increased every year for the last three years. Hopkins County had the 17th highest STD rate per 100,000 persons in Kentucky in 2019 (nearby Christian County had the 3rd highest rate in Kentucky).

6. **Substance Abuse/Treatment** – Drug use and access to substance abuse treatment came in at the fifth and sixth places on the community health issues list. The 2019 Kentucky State Police Annual Report ranks the service area as one of the worst for drug arrests in Kentucky. There

have been a large number of births with infants who exhibit neonatal abstinence syndrome, requiring time in the neonatal intensive care unit. Finally, over the last year, the syringe exchange program, sponsored by the Hopkins County Health Department, has seen 264 visits to syringe exchange, 51 unique participants, 25 participants have returned at least one time in the past year, and 213 repeat visits to Syringe Exchange.

The committee noted several different sources for why substance abuse and treatment should be a main health concern. They also noted that harm reduction through the health department's syringe exchange program must continue; by providing new syringes for intravenous drug users, it reduces the spread of HIV and Hepatitis C in the community while decreasing the cost of treating these conditions.

7. **Childcare Services** – The committee identified this as an issue, especially in light of COVID-19 and the dearth of childcare options in the community.

The hospital may only be able to explore options for increasing childcare options in the area.

Communications Plan

Results from the 2022-2024 Community Health Needs Assessment will be communicated in the following methods:

- Posting the written report of the assessment on the hospital's website.
- Posting on the website of other local organizations with a link to Baptist Health Madisonville's assessment.
- Providing the website address where the document can be accessed through media communications.

This 2022-2024 Community Health Needs Assessment will remain available at least until a subsequent assessment is made available. These results will be incorporated into Baptist Healthcare System's annual IRS tax form 990 submission.

Conclusions

This 2022-2024 Community Health Needs Assessment will serve as a focal point for the efforts of Baptist Health Madisonville to improve the health in its community. The list of needs was developed using a variety of sources, including primary survey data, secondary data gathered from multiple sources, and input from healthcare and other professionals in the area.

The committee determined the seven areas that show the greatest need are:

1. Access to Health Care
2. Mental Health

3. Obesity
4. COVID-19
5. Sexually Transmitted Diseases
6. Substance Abuse/Treatment
7. Childcare Services

Of these, the hospital will focus on the first four, leaving sexually transmitted diseases, substance abuse/treatment, and childcare services to organizations and facilities with more resources in those areas. Baptist Health Madisonville will continue to provide the highest quality care and commitment to improve the health of the community it serves.

Strategic Implementation Plan

Baptist Health Madisonville will develop its strategic implementation plan over the next several months. It will include the issue, the goals, and the outcome objectives. This document will be published and made available in the same manner as this Community Health Needs Assessment.

The committee reviewed the 2019-2021 Strategic Implementation Plan. It found the majority of goals and activities had been achieved. Those that are in areas covered by this plan will be continued and monitored.

The strategic implementation plan is outlined by each prioritized health need, with a goal(s) for each need, and specific strategies to meet those goals. This plan was approved by the joint venture board operating the hospital after September 1, 2021.

Access to Care

Identified Health Need: Access to Care

Goal 1: Increase access to health services through partnerships.

<i>Strategy</i>	<i>Action Plan</i>	<i>Evaluation Plan</i>	<i>Internal Resource(s)</i>	<i>External Partner(s)</i>
1.1 BluMine Partnership	Partner with BluMine Health Direct Primary Care to be linked with patients needing specialty care.	Monitor type of specialty care needed by the employees whose companies utilize BluMine.	VP, Operations	BluMine Health
1.2 Ronald McDonald Care Mobile Partnership	Explore partnership with the Ronald McDonald Care Mobile to determine feasibility of providing mobile care focused on primary care.	Track progress on initiative and any applicable costs reportable as community benefit.	VP, Operations Director, Foundation	Ronald McDonald House
1.3 Joint Venture	Announce joint venture between Baptist Health and Deaconess Health System to operate hospital.	Govern hospital with a joint venture leadership board with a local focus to improve the health of patients and the overall community. Plan facility upgrades, including surgical suite enhancements, emergency department renovations, and cancer care facility upgrades.	Board of Directors Executive team Baptist Health Deaconess Health System	Variety of community partners

Goal 2: Provide opportunities for future healthcare workers to support healthcare pipeline.				
<i>Strategy</i>	<i>Action Plan</i>	<i>Evaluation Plan</i>	<i>Internal Resource(s)</i>	<i>External Partner(s)</i>
2.1 Family Medicine Residency Program	Continue to offer Family Medicine Residency program with teaching carried out by hospital and BHDMG medical staff.	Track any applicable costs toward community benefit and report annually.	Hospital medical staff Baptist Health Deaconess Medical Group	University of Louisville School of Medicine
2.2 Medical Student Program	Continue to offer rural health tract for medical students at the University of Louisville School of Medicine. This includes offering a rural medicine elective to first and second year medical students, full medical school experience for third and fourth year medical students, and the Rural Medicine Accelerated Track for medical students to complete medical school in three years.	Track any applicable costs toward community benefit and report annually.	Medical staff	University of Louisville School of Medicine
2.3 CRNA Training Program	Continue to provide the clinical experience for the Murray State University Nurse Anesthesia Program.	Track any applicable costs toward community benefit and report annually.	Medical and nursing staff	Murray State University
2.4 College Rural Scholar Program	Continue to offer College Rural Scholar Program for college students who are Kentucky residents and may be most likely to become rural physicians. Program includes summer sessions each year, college scholarships, and mentorship.	Track any applicable costs toward community benefit and report annually.	Medical and nursing staff	Variety of academic institutions

Mental Health

Identified Health Need: Mental Health

Goal 1: Provide established and innovative behavioral health services.

<i>Strategy</i>	<i>Action Plan</i>	<i>Evaluation Plan</i>	<i>Internal Resource(s)</i>	<i>External Partner(s)</i>
1.1 Inpatient Care	Continue operating a 22-bed acute psychiatric unit to care for patients with a variety of mental health needs, including psychosis, dementia, suicidal thoughts, and depression.	Continue to monitor need for additional beds.	Behavioral Health	(none)
1.2 Outpatient Services	Offer behavioral health in primary care offices via virtual care hub.	Continue to monitor needs of patients and community for additional or complementary services.	Behavioral Health Primary Care	(none)
1.3 Recruit Psychiatrist	Plan to recruit psychiatrist for in-person services.	Continue to monitor needs for behavioral health providers.	Baptist Health Deaconess Medical Group	(none)
1.4 Pennyroyal Center	Continue renting space on hospital campus to Pennyroyal Center, which offers outpatient therapy and substance abuse counseling.	Track any community benefit impact associated with rental agreement.	Baptist Health Deaconess Medical Group	Pennyroyal Center
1.5 Grant Exploration	Explore grant opportunity to partner with law enforcement officers to respond to mental health and substance abuse needs.	With grant, evaluate addition of a nurse practitioner, pharmacy navigator, and licensed clinical social worker to support patients.	Baptist Health Deaconess Medical Group Behavioral Health	(none)

Obesity

Identified Health Need: Obesity

Goal 1: Provide support and education to reduce the incidence of obesity and related health issues.

<i>Strategy</i>	<i>Action Plan</i>	<i>Evaluation Plan</i>	<i>Internal Resource(s)</i>	<i>External Partner(s)</i>
1.1 YMCA Partnership	Work with the Hopkins County YMCA to promote healthy living habits to contribute to the reduction of obesity.	Evaluate opportunities to connect patients with YMCA wellness programs.	VP, Operations System Director, Community Engagement	Hopkins County YMCA
1.2 Farmers Market	Host Farmers Market on hospital campus every Thursday during the summer months to provide access to fresh produce.	Monitor use of Farmers Markets.	F&N	Local farmers
1.3 Project Fit America	Provide funding for Project Fit America to increase physical activity in school-age children.	Track sponsorship dollars for community benefit reporting.	Director, Marketing	Hopkins County Schools
1.4 Wellness Park	Provide Wellness Park on hospital campus for use with staff and community members.	Track number of people using walking track.	Facilities	(none)
1.5 Media	Provide education on a variety of health needs, including obesity, on local media.	Track the number of media spots on health-related topics and viewership/listenership, where possible.	Director, Marketing	Local media

Goal 2: Provide clinical services for health conditions to treat/prevent obesity.				
<i>Strategy</i>	<i>Action Plan</i>	<i>Evaluation Plan</i>	<i>Internal Resource(s)</i>	<i>External Partner(s)</i>
2.1 Diabetes Care and Endocrinology	<p>Recognizing the connection between diabetes and obesity, offer a comprehensive program of preventative and maintenance services. This includes preventative education, insulin therapy and glucose monitoring, and nutritional and fitness education.</p> <p>Offer endocrinological services to care for patients affected by hormone-related diseases and disorders, many of which can impact body weight.</p>	<p>Track patient needs associated with diabetic care.</p> <p>Monitor for needed endocrinological services to continue to care for patients in Madisonville.</p>	<p>Diabetes Program</p> <p>Baptist Health Deaconess Medical Group - Endocrinology</p>	(none)
2.2 Sports Medicine	<p>Provide sports medicine care to help keep community members active after sports-related injuries.</p>	<p>Continue to monitor needs of patients and community for additional or complementary services.</p>	<p>Sports Medicine Program</p>	(none)
2.3 Aquatic Therapy	<p>To encourage physical activity and provide low-impact resistance therapy, offer water-based therapies at on-site pool after patient receives physician clearance. A personalized program is created and led by specialty-trained physical therapists.</p>	<p>Track the number of patients utilizing aquatic therapies.</p>	<p>Sports Medicine Program</p>	(none)

COVID-19

Identified Health Need: COVID-19

Goal 1: Provide care for patients with COVID-19, as well as community education and testing.

<i>Strategy</i>	<i>Action Plan</i>	<i>Evaluation Plan</i>	<i>Internal Resource(s)</i>	<i>External Partner(s)</i>
1.1 COVID-19 Testing	Offer COVID-19 testing, including offering a virtual care visit followed by testing at an urgent care if needed.	Track the number of COVID-19 tests provided. When needed, offer vaccines and track.	Urgent Care	(none)
1.2 COVID-19 Vaccines	Offer COVID-19 vaccines through the Family Medicine Clinic.	Evaluate for continued need of this service.	Executive team Family Medicine Residency Clinic	(none)
1.3 Patient Care	Continue to care for patients with COVID-19 in emergency and non-emergent cases.	Update policies and procedures as needed to provide highest quality care and reduce likelihood of further transmission.	Executive team Primary Care	(none)
1.4 Media	Provide education on a variety of health needs, including COVID-19, on local media.	Track the number of media spots on health-related topics and viewership/ listenership, where possible.	Director, Marketing	Local media

Sexually-Transmitted Infections

Identified Health Need: Sexually Transmitted Infections				
Goal 1: Partner with Hopkins County Health Department to reduce sexually-transmitted infections.				
<i>Strategy</i>	<i>Action Plan</i>	<i>Evaluation Plan</i>	<i>Internal Resource(s)</i>	<i>External Partner(s)</i>
1.1 Hopkins County Health Coalition	Monitor opportunities to partner through the re-establishment of the Hopkins County Health Coalition.	Document any resources provided to support this health need as community benefit, where applicable.	VP, Operations System Director, Community Engagement	Hopkins County Health Dept.
1.2 Patient Education	Continue to have primary care and obstetrics/ gynecological practices provide patient education on STI testing and STI prevention.	With physician input, explore opportunities to expand education to community.	VP, Operations Baptist Health Deaconess Medical Group	(none)

Substance Abuse and Treatment

Identified Health Need: Substance Abuse and Treatment				
Goal 1: Partner with Hopkins County Health Department to reduce the impact of substance use.				
<i>Strategy</i>	<i>Action Plan</i>	<i>Evaluation Plan</i>	<i>Internal Resource(s)</i>	<i>External Partner(s)</i>
1.1 Hopkins County Health Coalition	Work with the Hopkins County Health Department to support and promote their syringe exchange program, HIV and Hepatitis C testing, and other recovery resources.	Monitor for additional opportunities to partner to address substance abuse and treatment.	VP, Operations System Director, Community Engagement	Hopkins County Health Dept.
<i>For strategies related to addressing this health need, please see the Strategic Implementation Plan strategies to address mental health. Many of these strategies relate to addressing substance use disorder.</i>				

Childcare Services

Identified Health Need: Childcare Services

Goal 1: Explore opportunities to support families.

<i>Strategy</i>	<i>Action Plan</i>	<i>Evaluation Plan</i>	<i>Internal Resource(s)</i>	<i>External Partner(s)</i>
1.1 Hopkins County Health Coalition	Monitor opportunities to support families with childcare needs through the re-establishment of the Hopkins County Health Coalition.	Document any resources provided to support this health need as community benefit, where applicable.	VP, Operations System Director, Community Engagement	Hopkins County Health Dept.

Appendix A – Data Sources

Behavioral Risk Factor Surveillance System Data, 2019. www.cdc.gov/brfss

CEDIK – Community & Economic Development Initiative of Kentucky.
<http://www2.ca.uky.edu/CEDIK/CountyDataProfiles>

Dartmouth Institute for Health Policy and Clinical Practice, 2017.
<http://www.dartmouthatlas.org/>

Foundation for a Healthy Kentucky, 2021.
<https://www.healthy-ky.org/>

Kentucky Health Facts, 2021. <http://www.kentuckyhealthfacts.org/>

Kentucky Hospital Association, *InfoSuite* data, Calendar Year 2020. <http://www.kyha.com/>

Kentucky Office of the Inspector General. <https://chfs.ky.gov/agencies/os/oig/dhc/Pages/default.aspx>

Kentucky State Data Center, Vital Statistics, 2012-2016. <http://ksdc.louisville.edu/>

Kentucky State Police *Annual Crime Report, 2019*. www.kentuckystatepolice.org

National Center for Health Statistics, *Death: Leading Causes for 2017*,. www.cdc.gov/nchs

Robert Wood Johnson Foundation and University of Wisconsin, Population Health Institute, County Health Rankings and Roadmap, 2020 data released February 2021. www.countyhealthrankings.org

U.S. Department of Health and Human Services, Health Resources and Services Administration.
<http://datawarehouse.hrsa.gov>

Appendix B – 2021 Baptist Health Madisonville Public Survey Instrument

Community Health Needs Assessment Survey Instructions and Questions

Community health impacts the quality of life and economic success of our region. This survey will help us understand what you see as the most important health issues. We will use the data from this survey to try to help build healthier and happier communities in western Kentucky. The survey should take 10-15 minutes to complete. Your responses will be completely anonymous. Your answers will not be connected to you in any way and your responses will only be used with everyone else's.

As an incentive to take the survey, we are having a drawing for a \$250 gift card. If you would like to be entered in the drawing, please include your contact information below. Your name, e-mail, and address will not be connected in any way to your survey responses. It will only be used to enter you in the drawing and to contact you if you win. You must complete the survey to be entered into the drawing.

Your email address: _____ OR

Name and mailing address (If you want to be entered into the drawing):

1. **In the past 12 months, have you had to go without enough to eat?**
 - a. Yes, once or twice, but not regularly
 - b. Yes, more than once or twice, but not regularly
 - c. Yes, regularly, once or twice a month, on average
 - d. Yes, more than once or twice a month, on average
 - e. No
2. **In the past 12 months, have you had your electricity, water, or heating fuel turned off?**
 - a. No
 - b. Yes, once for less than 24 hours
 - c. Yes, once for more than 24 hours
 - d. Yes, more than once, but never for more than 24 hours
 - e. Yes, more than once for more than 24 hours
3. **In the past 12 months, have you had to do without a refrigerator in your house for more than a week?**
 - a. Yes
 - b. No
4. **Do you have running water in your house?**
 - a. Yes
 - b. No
5. **Do you have mold, lead, or other environmental contaminants in or around your home?**
 - a. Yes
 - b. No
 - c. Unknown
6. **Is your home air-conditioned in the summer?**
 - a. Yes
 - b. No
7. **How do you heat your home in the winter?**
 - a. Central furnace
 - b. Electric space heaters
 - c. Wood fireplace/stove
 - d. Kerosene heaters



8. Do you have reliable and affordable transportation?

- a. Yes, I/we have access to a reliable vehicle
- b. Yes, I/we have access to a reliable ride, when needed
- c. Yes, I/we use PACS, GRITS, or other public transportation
- d. No, I/we have access to a vehicle, but it is often broken down
- e. No, I/we have access to a vehicle, but sometimes can't afford gas
- f. No, I/we do not have a vehicle and often can't get a ride

9. Have any of the primary income providers in your household ever missed work or lost a job due to transportation problems?

- a. Yes
- b. No

10. Do transportation problems interfere with you or anyone in your household getting to appointments with your doctor or other needed healthcare providers?

- a. Yes
- b. No

11. What type(s) of health-related insurance do you have? Choose all that apply.

- a. Health/Medical
- b. Dental
- c. Vision
- d. Long-term care (nursing home)
- e. Cancer-specific policy
- f. Long-term disability insurance
- g. Do not have insurance
- h. Other
- i. Don't know

12. What is the source of your medical insurance coverage?

- a. Private insurance, provided through an employer
- b. Private insurance, paid by me or a member of my family
- c. Private insurance, paid by government subsidy
- d. Medicare
- e. Medicaid
- f. Do not have insurance
- g. Don't know

13. Did you gain access to health insurance through the Affordable Care Act (Obamacare)?

- a. Yes, I became eligible for Medicaid
- b. Yes, I bought a commercial policy through the insurance marketplace
- c. Yes, I bought a commercial policy through the marketplace using a subsidy
- d. No, I had insurance before
- e. No, I don't have insurance

14. If you do not have health insurance, why not?

- a. Can't afford it. I don't qualify for Medicaid or private coverage through the ACA
- b. My employer offers insurance, but I can't afford the premiums
- c. My employer doesn't offer insurance
- d. My employer offers insurance, but I don't qualify
- e. I don't need insurance
- f. Religious restrictions

15. Has getting or keeping health insurance ever influenced an employment decision for you?

- a. Yes
- b. No
- c. Not applicable

16. Does stress or anxiety interfere with your ability to function normally?

- a. No
- b. Yes, sometimes
- c. Yes, often
- d. Yes, regularly

17. Do you have any chronic medical conditions for which you regularly take medication and/or visit a doctor?

- a. Yes
- b. No

18. How would you describe your weight?

- a. Underweight
- b. About right
- c. Slightly overweight
- d. Overweight
- e. More than 30 pounds overweight

19. How would you rate the following?

	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
-Your physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Your mental / emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How often do you eat the following?

	More than once a day	At least once a day	1-3 times a week	Less than once a week	Never
-Fast food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Fresh fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. If you describe your mental or emotional health as “unhealthy” or “very unhealthy”, have you sought treatment or counselling with a mental or behavioral health provider?

- a. Yes
- b. No

22. If you don't eat fruits and vegetables regularly, why not?

- a. Too expensive
- b. Not available where I shop for food
- c. Just goes to waste
- d. Closest place to get fresh food is too far away

23. What kind of tobacco do you use? Choose all that apply

- a. I don't use tobacco
- b. Cigarettes
- c. Dip
- d. Chew
- e. Cigars
- f. E-cigs (Vaping)

24. If you smoke cigarettes, how much per day?

- a. 5 cigarettes or less per day
- b. Half-a-pack
- c. One pack
- d. Two packs
- e. More than two packs
- f. I don't smoke

25. If you use tobacco and want to quit, what is stopping you?

- a. Nothing
- b. Yes, but I can't afford nicotine replacement therapy (patches, gum, etc.)
- c. Yes, but I don't have access to support programs to help me
- d. Yes, but I don't want to gain weight
- e. Yes, but I don't think I have the ability to quit
- f. Yes, but I need to smoke to manage my personal situation (stress, etc.)

26. Do you think, e-cigs and vaping are a safe alternative to smoking?

- a. Yes
- b. No

27. Do you think that you have been affected by secondhand smoke?

- a. Yes
- b. No

28. Have you ever had to choose between buying food or buying medicine?

- a. Yes
- b. No

29. Have you had any chronic medical conditions for which you regularly take medication and/or visit a physician?

- a. Yes
- b. No



30. When was the last time you saw a doctor for a routine check (when you were not sick)?

- a. In the last year
- b. Within the last two years
- c. 2-5 years
- d. Longer than 5 years
- e. Never had a routine check

31. When was the last time you saw a doctor to manage a chronic condition (COPD, diabetes)?

- a. In the last year
- b. Within the last two years
- c. 2-5 years
- d. Longer than 5 years
- e. I haven't needed to see a doctor in the last 5 years

32. When was the last time you saw a dentist for a routine check and cleaning?

- a. I have never needed a dentist
- b. Six months
- c. In the last year
- d. In the last two years
- e. In the last 5 years

33. Where do you go for regular medical care? Choose all that apply

- a. Physician's office
- b. Urgent care
- c. Emergency room
- d. Health department
- e. Community free clinic
- f. Federally qualified health center (Health First/Community Health Care of Western Kentucky)
- g. Chiropractor
- h. Provider at my place of employment
- i. Eye doctor
- j. Dentist
- k. I don't use any of these providers

34. Have you had any of the following preventive tests in the past 1 to 2 years? Choose all that apply

- a. Mammogram
- b. Pap smear
- c. Digital prostate exam
- d. PSA prostate cancer screening
- e. Skin cancer screening
- f. Lung cancer screening
- g. Colonoscopy

- h. Vision test
- i. Glaucoma test (measures pressure in eyeball)
- j. Blood pressure test
- k. Lipid test
- l. Cholesterol test
- m. Blood glucose test (blood sugar)
- n. Hemoglobin A1C test (for diabetes)
- o. Dental exam
- p. Dental cleaning
- q. Bone density test (for osteoporosis)
- r. Cardiovascular screening
- s. Hearing test
- t. Screening for STDs (sexually-transmitted diseases)
- u. HIV test
- v. Hepatitis
- w. None

35. If you have ever needed to see a provider but couldn't, why not? Choose all that apply

- a. This has never happened to me
- b. No insurance
- c. My insurance would not cover or approve what I need to go to a provider for
- d. The provider was not available at any time I could go because of my schedule
- e. I could not afford my deductible or co-pay
- f. The only available provider did not accept my insurance
- g. I could not find a provider who spoke my language
- h. I could not get time off work to go
- i. I could not get an appointment
- j. I could not get transportation
- k. I could not get childcare
- l. The provider was too far away

36. For what type(s) of care have you had to travel more than 20 miles to get? Choose all that apply

- a. Routine medical care
- b. Routine dental care
- c. Routine eye care
- d. Behavioral / mental health care
- e. Substance abuse/drug abuse/alcohol abuse treatment
- f. Obstetrical care / pregnancy related care
- g. Gynecological care
- h. Heart care
- i. Chronic condition care (COPD, diabetes, high blood pressure etc.)
- j. Cancer care



- k. Pediatric care
- l. Sleep disorder care
- m. Bariatric care/weight control care
- n. Physical therapy
- o. Rehabilitation
- p. I have not left the area for any type of care

37. Where do you get most of your healthcare related information? Choose all that apply

- a. TV commercials about prescription drugs
- b. TV commercials about diseases
- c. Social media
- d. Newspapers (print or online)
- e. Family/Friends
- f. Health care providers
- g. Health Department
- h. Church
- i. School
- j. Internet websites like WebMD or National Institutes of Health
- k. Public library
- l. Other. Please specify: _____

38. Have you ever been diagnosed by a healthcare provider with any of the following? Choose all that apply

- a. Type 1 diabetes (insulin-dependent)
- b. Type 2 diabetes (non-insulin-dependent)
- c. High blood pressure
- d. Stroke
- e. Heart attack/ myocardial infarction
- f. Coronary artery disease
- g. Congestive heart failure
- h. Asthma
- i. Alcohol abuse
- j. Other substance abuse
- k. Tuberculosis (TB)
- l. Sickle cell disease
- m. Cancer. Please specify-TEXT
- n. Lupus
- o. Multiple sclerosis
- p. Kidney disease
- q. Behavioral or mental health issues
- r. Hepatitis
- s. HIV/AIDS
- t. Sexually transmitted disease (STD)
- u. Serious oral health issues
- v. Serious allergies
- w. Glaucoma

- x. Hearing disorder
- y. Parkinson's disease
- z. Alzheimer's
- aa. Non-Alzheimer's dementia
- bb. Arthritis or other joint disorder
- cc. Migraines or other serious headache disorders
- dd. Liver disease
- ee. Gallstones
- ff. GI disorder
- gg. COVID-19
- hh. Long-term issues from COVID-19
- ii. None

39. In your opinion, what are the 5 most important health issues TO YOU AND YOUR FAMILY? Choose only 5

- a. Access to primary health care (ability to seek care when you need it)
- b. Access to medical specialists
- c. Access to basic oral health (ability to see a dentist for regular checkups and cleaning)
- d. Access to acute oral health care (extractions, fillings, dentures, etc.)
- e. Access to optometrists (eye exams, glasses, etc.)
- f. Access to behavioral/mental health care
- g. Access to substance abuse/drug abuse/alcohol abuse treatment
- h. Access to immunizations
- i. Obesity
- j. Diabetes
- k. High blood pressure
- l. Heart disease
- m. Cancer
- n. Teenage pregnancy
- o. Sexually transmitted diseases (STDs)
- p. Domestic violence
- q. Bullying at school or online
- r. Poverty
- s. Availability of care for people with Alzheimer's or dementia
- t. Availability of long-term care for people with chronic debilitating diseases (MS, ALS, Parkinson's, severe mental or physical disability, etc.)
- u. Industrial/farming accidents
- v. Infectious diseases (hepatitis, HIV, TB, etc.)
- w. COVID-19
- x. Long-term issues from COVID-19
- y. Availability of home health care



- z. Availability of care for senior citizens (long-term care, etc.)
- aa. Physical environment of the home (lead paint, mold, etc.)
- bb. Issues related to childbirth (premature birth, addicted newborns, low birth weight, etc.)
- cc. Suicide

40. In your opinion, what are the 5 most important health issues facing YOUR COMMUNITY? Choose only 5

- a. Access to primary health care (ability to seek care when you need it)
- b. Access to medical specialists
- c. Access to basic oral health (ability to see a dentist for regular checkups and cleaning)
- d. Access to acute oral health care (extractions, fillings, dentures, etc.)
- e. Access to optometrists (eye exams, glasses, etc.)
- f. Access to behavioral/mental health care
- g. Access to substance abuse treatment
- h. Access to immunizations
- i. Obesity
- j. Diabetes
- k. High blood pressure
- l. Heart disease
- m. Cancer
- n. Teenage pregnancy
- o. Sexually transmitted diseases (STDs)
- p. Rape / sexual assault
- q. Domestic violence
- r. Gun-related violence
- s. Bullying at school or online
- t. Poverty
- u. Child abuse or neglect
- v. Elder abuse or neglect
- w. Availability of care for people with Alzheimer's or dementia
- x. Availability of long-term care for people with chronic debilitating diseases (MS, ALS, Parkinson's, severe mental or physical disability, etc.)
- y. Industrial/farming accidents
- z. Infectious diseases (hepatitis, HIV, TB, etc.)
- aa. COVID-19
- bb. Long-term issues from COVID-19
- cc. Availability of home health care
- dd. Availability of care for senior citizens (long-term care, etc.)

- ee. Physical environment of the home (lead paint, mold, etc.)
- ff. Housing availability
- gg. Issues related to childbirth (premature birth, addicted newborns, low birth weight, etc.)
- hh. Adult suicide
- ii. Adolescent/teen suicide
- jj. Lack of access to healthy, affordable food
- kk. Underage drinking
- ll. Drug use
- mm. Motor vehicle- related injuries

41. How would you rate the physical health of YOUR COMMUNITY?

- a. Very healthy
- b. Healthy
- c. Fairly healthy
- d. Unhealthy
- e. Very unhealthy

42. How would you rate the mental/behavioral health of YOUR COMMUNITY?

- a. Very healthy
- b. Healthy
- c. Fairly healthy
- d. Unhealthy
- e. Very unhealthy

43. Have you or a friend/family member utilized a local syringe exchange program to reduce the spread of hepatitis and HIV/AIDS?

- a. Yes
- b. No

44. Do you think gun violence is a current or potential health concern in your community?

- a. Yes
- b. No

45. Do you think that we can achieve better health in our community? Please comment on why you chose your answer. Please comment on why or why not.

- a. Yes
- b. No

Demographics

46. Your current zip code (use nine digit code, if known): _____

47. Your street address or zip code where you lived when you were born (be as specific as possible):

48. Your current age:

- a. Under 18
- b. 18-35
- c. 36-45
- d. 46-55
- e. 56-65
- f. Over 65

49. Your gender:

- a. Male
- b. Female
- c. Transgender
- d. Non-gender conforming

50. Your relationship status:

- a. Single
- b. Divorced
- c. Married
- d. Living Together

51. Your racial or ethnic identity:

- a. Prefer to not select an ethnicity
- b. Asian or Pacific Islander
- c. Black or African-American
- d. Latino or Hispanic
- e. Native American
- f. White or Caucasian

52. Your highest level of education:

- a. Less than 12 years
- b. High-school graduate
- c. GED
- d. Technical certificate
- e. Currently in college
- f. Some college, didn't complete
- g. Associate degree
- h. Bachelor's degree
- i. Master's degree
- j. Doctoral degree

53. Your employment status (Choose all that apply):

- a. Full time, working at a place I would like a career with
- b. Full-time, but not in a place I would like a career with

- c. Part-time, because I want to be part-time
- d. Part-time, because I can't find full time work
- e. Full-time student
- f. Part-time student
- g. Full-time stay-at-home parent / caregiver
- h. Retired
- i. Unemployed less than 1 year, seeking full-time/part-time work
- j. Unemployed more than 1 year, seeking full-time/part time work
- k. Unemployed, no longer seeking work
- l. Disabled

54. Your yearly household income (before taxes):

- a. Less than \$15,000
- b. \$15,000-19,999
- c. \$20,000-24,999
- d. \$25,000-29,999
- e. \$30,000-39,999
- f. \$40,000-49,999
- g. \$50,000-64,999
- h. \$65,000-84,999
- i. \$85,000-119,999
- j. \$120,000 and up
- k. Don't have an income

55. Your primary source of income:

- a. Wages from steady employment
- b. Wages from temporary work
- c. Self-employment
- d. Social Security
- e. Unemployment benefits
- f. Disability
- g. Retirement plan
- h. Defined pension from private company
- i. Defined pension for public employer
- j. Other government support
- k. Student loans
- l. Support from family members

56. Number of people living in household (including yourself):

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6 or more



57. If you are raising kids, would you describe your home as a single-caregiver home?

- a. Yes
- b. No

59. Have any children in your house under the age of 16 dropped out of school?

- a. Yes
- b. No

58. Ages of children in your house (1,5,5 etc.):

60. Do you think we can achieve better health in our community? Please comment on why you chose your answer. Please comment on why or why not.

- a. Yes
- b. No

Comments: _____

61. Any additional comments you care to make:

Appendix C – Area Discharges by Service Line

Discharges & Inpatient Days for Calendar Year 2020

Service Line	Discharges	Inpatient Days	% of Total
Total	8,155	42,024	100.0%
28: MEDICINE - PULMONARY	1,495	8,261	18.3%
30: MEDICINE - GENERAL	1,195	5,869	14.7%
31: OBSTETRICS DEL	809	1,963	9.9%
10: SURGERY - GENERAL	735	4,727	9.0%
21: MEDICINE - CARDIOVASCULAR DISEASE	707	3,064	8.7%
40: PSYCHIATRY	703	5,841	8.6%
01: SURGERY - CARDIOVASCULAR & THORACIC	389	1,783	4.8%
25: MEDICINE - NEPHROLOGY/UROLOGY	376	1,648	4.6%
02: SURGERY - ORTHOPEDICS	364	1,485	4.5%
33: NEONATOLOGY	349	2,223	4.3%
23: MEDICINE - NEURO SCIENCES	303	1,481	3.7%
41: CHEMICAL DEPENDENCY	154	1,531	1.9%
24: MEDICAL - ONCOLOGY	95	410	1.2%
04: SURGERY - NEURO SCIENCES	94	375	1.2%
22: MEDICINE - ORTHOPEDICS	83	327	1.0%
06: SURGERY - NEPHROLOGY/UROLOGY	79	382	1.0%
09: SURGERY - GYNECOLOGY	68	115	0.8%
32: OBSTETRICS ND	62	169	0.8%
03: SURGERY - SPINAL FUSION	41	119	0.5%
05: SURGERY - ONCOLOGY	27	146	0.3%
26: MEDICINE - OTOLARYNGOLOGY	10	28	0.1%
07: SURGERY - OTOLARYNGOLOGY	8	21	0.1%
27: MEDICINE - OPHTHALMOLOGY	5	15	0.1%
11: SURGERY – MAJOR ORGAN TRANSPLANT	4	41	0.0%

Source: KHA InfoSuite, Inpatient, Acute Care Only, Hopkins, Muhlenberg, & Webster Counties

Because of COVID-19 and the KY Governor’s executive order restricting non-emergent admissions to hospitals in April and May of 2020, overall admissions and patient days were significantly lower for all Kentucky hospitals during 2020. The table above shows the equivalent of **92.0** discharges per thousand (1,000) population for the BH Madisonville CHNA service area. Kentucky’s rate was **106.79** per thousand population (the fifth highest in the U.S.) in 2020 and the U.S. rate was **104.9** per thousand in 2017 (<http://apprisehealthinsights.com/public-reports/state-comparison/adjusted-admissions-per-1000/>). The lower rate for the service area than for Kentucky may reflect individuals leaving the state for hospitals in Tennessee and Indiana, which would not be reflected in the data shown above. Tennessee does not share updated discharge information with Kentucky.

Appendix D – Index of Hospitals

Baptist Health Madisonville
900 Hospital Drive
Madisonville, KY 42431
Phone: 270-825-5100

Facility Type: Acute Care

1. Owensboro Health Muhlenberg Community Hospital

440 Hopkinsville Street
Greenville, KY 42345
Phone: 270-338-8000

Facility Type: Acute Care

23.4 miles from Baptist Health Madisonville

2. Owensboro Health Regional Medical Center

1201 Pleasant Valley Road
Owensboro, KY 42303
Phone: 270-417-2000

Facility Type: Acute Care

49.8 miles from Baptist Health Madisonville

3. Jennie Stuart Medical Center

320 West 18th Street
Hopkinsville, KY 42241
Phone: 270-887-0100

Facility Type: Acute Care

36.8 miles from Baptist Health Madisonville

4. Caldwell Medical Center

100 Medical Center Drive
Princeton, KY 42445
Phone: 270-365-0300

Facility Type: Critical Access

37.8 miles from Baptist Health Madisonville

5. Crittenden Health System

520 West Gum Street
Marion, KY 42064
Phone: 270-965-5281

Facility Type: Acute Care

39.4 miles from Baptist Health Madisonville

6. Ohio County Hospital

1211 Old Main Street
Hartford, KY 42347
Phone: 270-298-7411

Facility Type: Critical Access

41.6 miles from Baptist Health Madisonville

7. Deaconess Henderson Hospital (Formerly Methodist Hospital)

Facility Type: Acute Care

1305 N Elm Street
Henderson, KY 42420
Phone: 270-827-7700

38.4 miles from Baptist Health Madisonville

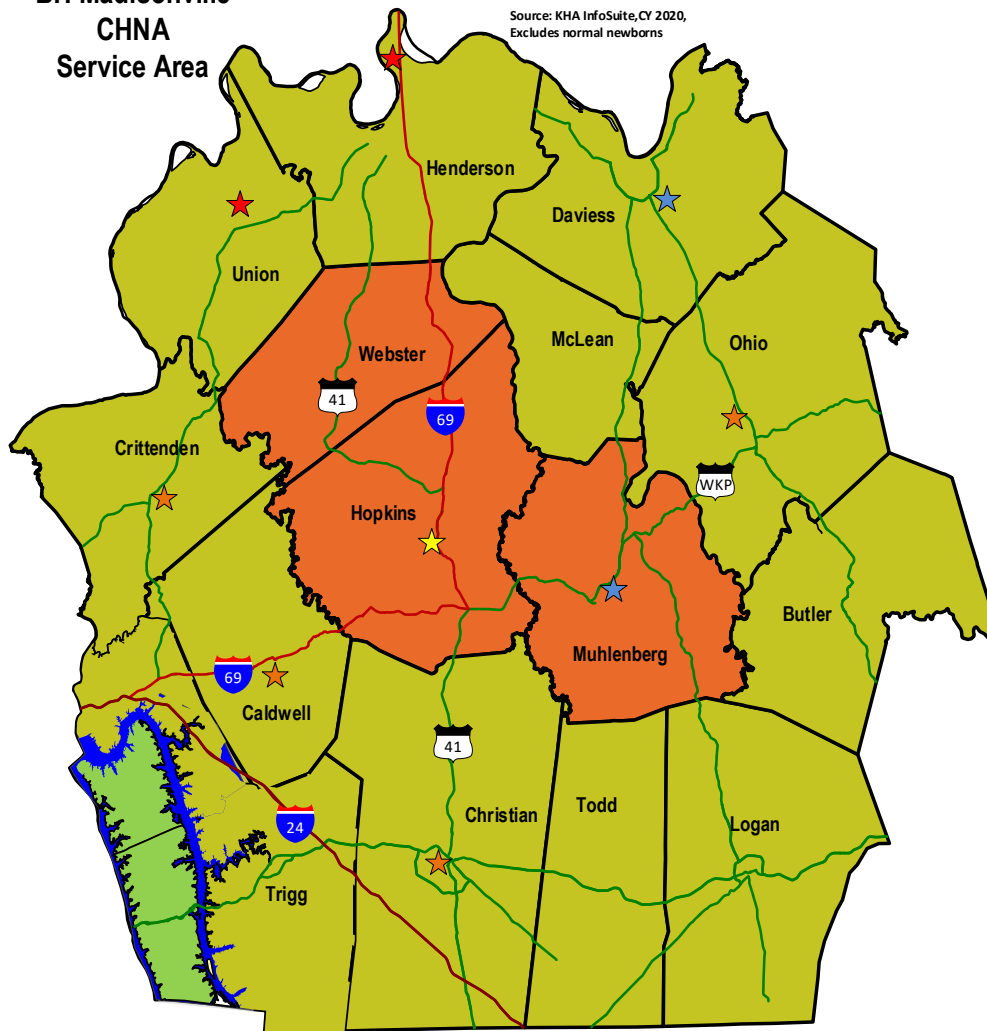
8. Deaconess Union County Hospital (Formerly Methodist Union Hospital)

Facility Type: Critical Access

4604 U.S. Highway 60W
Morganfield, KY 42437
Phone: 270-389-3030

42.9 miles from Baptist Health Madisonville

**BH Madisonville
CHNA
Service Area**



Source: KHA InfoSuite, CY 2020,
Excludes normal newborns

- ★ Baptist Health Madisonville, Hopkins
- ★ Jennie Stuart Medical Center, Christian, QHR
- ★ Ohio County Hospital, Ohio, QHR
- ★ Caldwell Medical Center, Caldwell, QHR
- ★ Crittenden Health System, Crittenden, QHR
- ★ Owensboro Health, Daviess, Owensboro Health
- ★ Owensboro Health Muhlenberg, Muhlenberg
- ★ Deaconess Henderson Hospital, Henderson, Deaconess Health
- ★ Deaconess Union County Hospital, Union, Deaconess Health