



COMMUNITYHEALTH

Needs Assessment

2015



BAPTIST HEALTH®

MADISONVILLE



BAPTIST HEALTH®

MADISONVILLE

Community Health Needs Assessment

2015

Contents

Introduction	2
Summary of Community Health Needs Assessment	2
General Description of Hospital	2
Community Served by the Hospital	4
Defined Community	4
Exhibit 1.....	4
Community Details.....	6
Identification and Description of Geographical Community	6
Community Population and Demographics	6
Socioeconomic Characteristics of the Community	7
Income and Employment.....	7
Poverty	7
Uninsured.....	7
Income Per Capita.....	7
Health Status of the Community	14
Leading Causes of Death.....	14
Health Outcomes and Factors.....	15
Health Care Resources	17
Hospitals and Health Centers.....	17
Hospital Market Share	17
Other Health Care Facilities and Providers	17
Access to Primary Care	18
Key Informant Interviews.....	19
Methodology Key Findings.....	19
Community Health Survey	20
Methodology.....	20

Survey Instrument.....	20
Community Health Survey Results.....	20
Social and Mental Health.....	20
Community Focus Group	24
2015 – 2017 Implementation Plan.....	25
Sources	31

Introduction

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the Affordable Care Act, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Baptist Health Madisonville's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that Baptist Health Madisonville (Hospital) may adopt an implementation strategy to address specific needs of the community.

The process involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Interviews with key informants who represent a) broad interests of the community, b) Populations of need or c) persons with specialized knowledge in public health.
- Conducting a health survey which gathered a wide range of information which was widely distributed to members of the community.

This document is a summary of all the available evidence collected during the second cycle of community health needs assessments required by the IRS. It will serve as a compliance document as well as a resource until the next assessment cycle.

Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

This document is a new assessment that follows the Trover Health System/Regional Medical Center Community Health Needs Assessment of 2012 that was completed in collaboration with BKD CPAs and Advisors.

Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to document compliance with new federal laws outlined on page 2.

The community health needs assessment was conducted from October 2014 through January 2015.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of Baptist Health Madisonville's community health needs assessment:

- The "community" served by Baptist Health Madisonville was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in the "Community Served by the Hospital" subsection.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CommunityCommons.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through key informant interviews/focus group and a community health survey was widely distributed. Results and findings are described in the key informant interviews/focus groups and Community Health Survey of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked using the following criteria: 1) the ability to evaluate and measure outcomes, 2) the size of the problem, 3) the seriousness of the problem and 4) the prevalence of common themes.
- Health needs were then prioritized taking into account the perceived degree of influence the hospital has to impact the need and the health needs impact on overall health. Information gaps were identified during the prioritization process and they have been reported.

Recommendations based on this assessment have been communicated to the hospital.



Baptist Health Madisonville is part of the Baptist Health family of hospitals and physicians, one of the largest not-for-profit healthcare systems in Kentucky. Baptist Health Madisonville proudly serves western Kentucky residents with eight locations to meet the needs of Kentuckians close to home. As an integrated health provider, it includes 100 primary care and specialist physicians, a 410-bed hospital with a state-of-the-art 20-bed Critical Care Unit and 10-bed Observation Unit, an Education and Research Division with a Family Medicine Residency, award-winning Women's Health, advanced Cancer Care and a progressive Heart & Vascular Center. Guided by a values-based culture to deliver clinical and service excellence consistently, Baptist Health Madisonville strives for excellent care, every time.

Mission

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

Vision

Baptist Health will lead the transformation to healthier communities.

Faith-Based Values

Integrity, Respect, Excellence, Collaboration, Compassion, Joy

Locations

Medical Associates located in Madisonville, Dawson Springs, Hopkinsville, Princeton, Powderly, and Central City Express Care located in Madisonville Walmart and Hopkinsville Walmart.

Community Served by the Hospital

Baptist Health Madisonville is located in the city of Madisonville, Kentucky, in the county of Hopkins. Madisonville is approximately one hour south of Evansville, Indiana. Madisonville and the surrounding geographic area is not close to any metropolitan area. Madisonville is only accessible by interstate and other secondary roads.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, Baptist Health Madisonville is the single largest provider of acute care services. For this reason, the utilization of Baptist Health Madisonville provides the clearest definition of the community. The criteria established to define the community is as follows:

- A zip code area must represent two percent or more of the hospital's total discharges and outpatient visits.

- The hospital's market share in the zip code area must be greater than or equal to 20 percent.
- The area is contiguous to the geographical area encompassing the hospital.

Based on the patient origin of acute care discharges from January 1, 2013, through 2014, management has identified the community to include the zip codes listed in Exhibit 1. Exhibit 1 presents Baptist Health Madisonville's patient origin and charges for each of the top 23 zip code areas in its community. Page 6 presents a detailed map of Baptist Health Madisonville's geographical location and the footprint of the community identified in Exhibit 1. The map displays Baptist Health Madisonville's geographic relationship to surrounding counties, as well as significant roads and highways.

When specific information is not available for zip codes, the community health needs assessment relies on information for specific counties. The geographic area of the defined community based on the identified zip codes for the community covers all of Hopkins County and most of Muhlenberg and Webster Counties. The community health needs assessment will utilize the three counties when that corresponding information is more readily available.

EXHIBIT 1 – BAPTIST HEALTH MADISONVILLE

Hospital Inpatient Discharges by Zip Code, City and State

Period Jan 1 2013 to Jun 30 2014 (generated from HPM data)

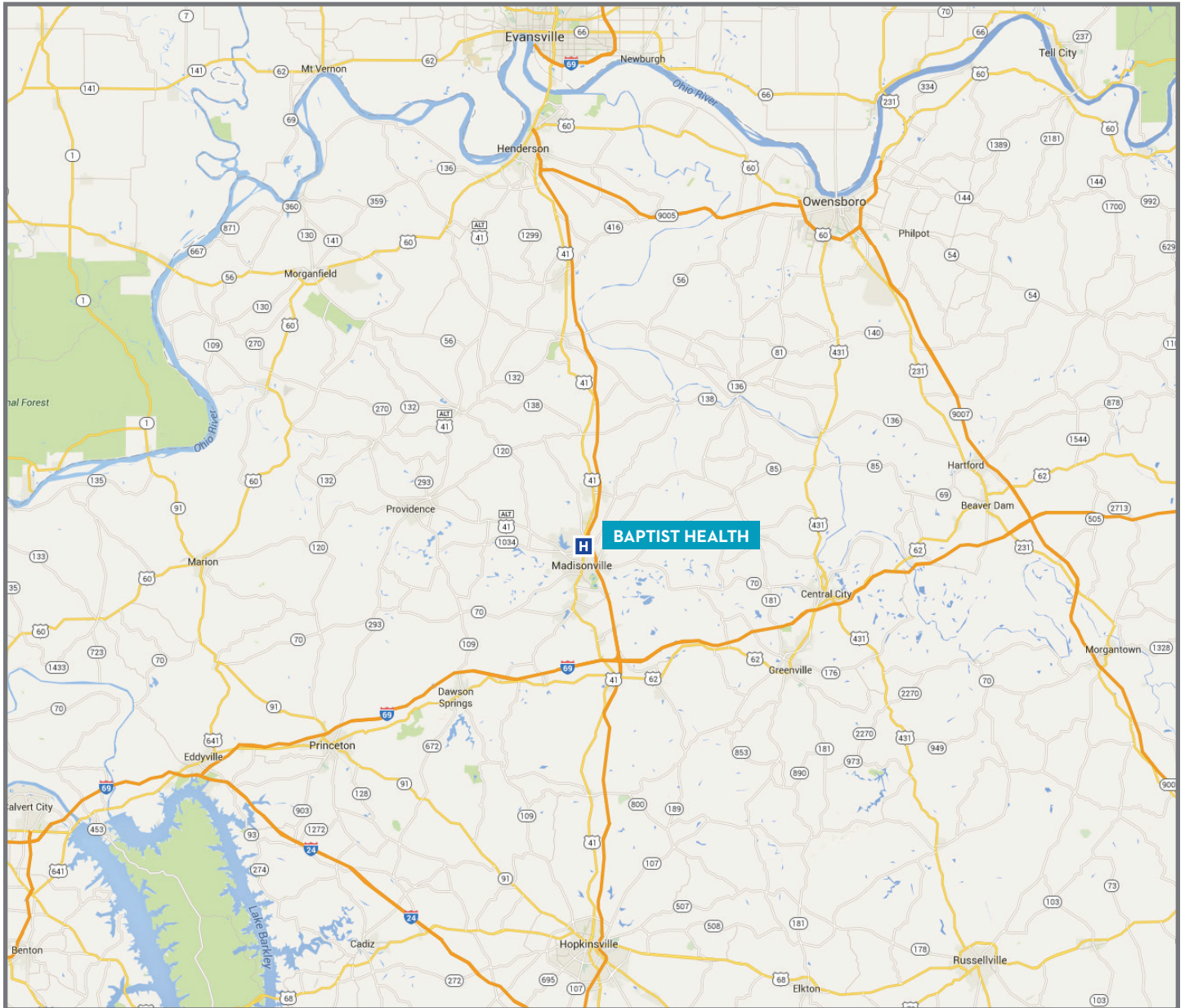
Zip Code	City	State	Discharges	% Total Discharges	% Cumulative Discharges
42431	MADISONVILLE	KY	4571	34.0%	34.0%
42408	DAWSON SPRINGS	KY	1116	8.3%	42.2%
42240	HOPKINSVILLE	KY	750	5.6%	47.8%
42345	GREENVILLE	KY	657	4.9%	52.7%
42450	PROVIDENCE	KY	610	4.5%	57.2%
42330	CENTRAL CITY	KY	561	4.2%	61.4%
42442	NORTONVILLE	KY	493	3.7%	65.1%
42413	HANSON	KY	355	2.6%	67.7%
42445	PRINCETON	KY	326	2.4%	70.1%
42464	WHITE PLAINS	KY	294	2.2%	72.3%
42410	EARLINGTON	KY	291	2.2%	74.5%
42217	CROFTON	KY	254	1.9%	76.3%
42404	CLAY	KY	225	1.7%	78.0%
42441	NEBO	KY	223	1.7%	79.7%
42325	BREMEN	KY	207	1.5%	81.2%
42372	SACRAMENTO	KY	199	1.5%	82.7%
42456	SLAUGHTERS	KY	171	1.3%	84.0%
42436	MANITOU	KY	167	1.2%	85.2%
42455	SEBREE	KY	158	1.2%	86.4%
42440	MORTONS GAP	KY	147	1.1%	87.5%
42409	DIXON	KY	122	0.9%	88.4%
42337	DRAKESBORO	KY	118	0.9%	89.2%
42453	ST CHARLES	KY	98	0.7%	90.0%

2013 to Jun 30 2014 (generated from HPM data)

Community Details

Identification and Description of Geographical Community

Baptist Health Madisonville is located in Madisonville, Kentucky. Madisonville is a city in Hopkins County near Interstate 69 approximately 50 miles south of Evansville, Indiana. The following map geographically illustrates the Hospital's location and nearby areas.



Total Population

A total of 91,908 people live in the 1,340.66 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2008-12 5-year estimates. The population density for this area, estimated at 68.55 persons per square mile, is less than the national average population density of 87.55 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Report Area	91,908	1,340.66	68.55
Hopkins County, KY	46,891	541.85	86.54
Muhlenberg County, KY	31,399	466.96	67.24
Webster County, KY	13,618	331.86	41.04
Kentucky	4,340,167	39,475.89	109.94
United States	309,138,709	3,530,997.6	87.55

Data Source: US Census Bureau, American Community Survey. Source geography: Tract

Total Population by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Report Area	84,459	4,850	282	231	291	436	1,359
Hopkins County, KY	42,516	2,750	254	80	202	129	960
Muhlenberg County, KY	29,303	1,434	12	100	88	168	294
Webster County, KY	12,640	666	16	51	1	139	105
Kentucky	3,823,344	339,228	49,681	8,607	2,370	42,557	74,380
United States	229,298,912	38,825,848	14,859,795	2,529,100	514,402	14,814,369	8,296,291

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household income, labor force, employment rates, educational attainment and poverty for the community served by Baptist Health Madisonville. These standard measures will be used to compare the socioeconomic status of the county internally as well as to the state.

Income and Employment

Exhibit 2 presents the average, median and per capita income for households in each zip code. Average income is projected to increase by approximately two to five percent between 2011 and 2016, while the median income is projected to increase slightly more than one to three percent and the average per capita is projected to increase approximately three to six percent.

EXHIBIT 2

Baptist Health Madisonville Community Zip Codes

Estimated Family Income and Wealth for 2010 and 2015 with Percent Difference

Zip Code	City	Estimated 2011			Projected 2016			Percent Difference		
		Avg. Household Income	Median Household Income	Avg. Per Capita Income	Avg. Household Income	Median Household Income	Avg. Per Capita Income	Avg. Household Income	Median Household Income	Avg. Per Capita Income
42431	Madisonville	\$51,648	\$38,787	\$22,426	\$53,196	\$39,647	\$23,260	3.0%	2.2%	3.7%
42408	Dawson Springs	\$39,398	\$30,445	\$16,265	\$40,118	\$31,002	\$16,729	1.8%	1.8%	2.9%
42450	Providence	\$41,780	\$31,756	\$17,681	\$42,614	\$32,328	\$18,185	2.0%	1.8%	2.9%
42442	Nortonville	\$42,296	\$36,449	\$17,046	\$43,578	\$37,414	\$17,800	3.0%	2.6%	4.4%
42345	Greenville	\$48,469	\$34,803	\$20,324	\$49,576	\$35,572	\$20,993	2.3%	2.2%	3.3%
42330	Central City	\$43,300	\$33,227	\$16,925	\$44,698	\$34,097	\$17,554	3.2%	2.6%	3.7%
42445	Princeton	\$46,515	\$34,450	\$19,924	\$48,057	\$35,332	\$20,750	3.3%	2.6%	4.1%
42413	Hanson	\$64,252	\$52,907	\$25,059	\$66,221	\$53,973	\$26,084	3.1%	2.0%	4.1%
42410	Earlington	\$34,066	\$25,495	\$14,368	\$33,804	\$25,899	\$14,691	-0.8%	1.6%	2.2%
42217	Crofton	\$46,293	\$39,044	\$17,892	\$47,455	\$40,126	\$18,482	2.5%	2.8%	3.3%
42404	Clay	\$46,377	\$37,939	\$19,293	\$47,498	\$39,205	\$19,834	2.4%	3.3%	2.8%
42464	White Plains	\$44,517	\$35,227	\$17,573	\$47,126	\$36,453	\$18,410	5.9%	3.5%	4.8%
42372	Sacramento	\$45,910	\$36,187	\$19,498	\$47,954	\$37,536	\$20,290	4.5%	3.7%	4.1%
42441	Nebo	\$51,682	\$41,696	\$20,844	\$54,533	\$43,201	\$21,873	5.5%	3.6%	4.9%
42325	Bremen	\$43,856	\$36,144	\$17,815	\$45,067	\$37,014	\$18,522	2.8%	2.4%	4.0%
42409	Dixon	\$52,368	\$43,525	\$21,065	\$53,730	\$44,306	\$21,759	2.6%	1.8%	3.3%
42456	Slaughters	\$56,866	\$50,644	\$22,862	\$58,732	\$51,684	\$23,666	3.3%	2.1%	3.5%
42436	Manitou	\$66,652	\$50,539	\$26,171	\$69,551	\$51,860	\$26,997	4.3%	2.6%	3.2%
42455	Sebree	\$47,510	\$39,647	\$18,266	\$48,757	\$40,511	\$18,691	2.6%	2.2%	2.3%
42453	St. Charles	\$39,124	\$30,735	\$15,372	\$41,151	\$32,031	\$16,291	5.2%	4.2%	6.0%
42344	Graham	\$36,605	\$31,528	\$15,395	\$37,807	\$32,292	\$16,111	3.3%	2.4%	4.7%
42367	Powderly	\$32,310	\$26,687	\$14,174	\$33,211	\$27,278	\$14,723	2.8%	2.2%	3.9%
	Kentucky	\$53,560	\$40,080	\$21,970	\$55,025	\$41,058	\$22,666	2.7%	2.4%	3.2%
	United States	\$67,529	\$49,726	\$25,728	\$69,479	\$51,097	\$26,455	2.9%	2.8%	2.8%

Source: *The Nielson Company*

Exhibit 3 presents the average annual resident unemployment rates for Hopkins, Webster and Muhlenberg Counties in Kentucky and the United States.

EXHIBIT 3

Baptist Health Madisonville Community Unemployment Rates (%)

2005-2015

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2005	5.4	5.6	5.7	5.8	5.8	5.9	5.9	6.0	6.0	6.1	6.1	6.1
2006	6.0	5.9	5.8	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.6
2007	5.6	5.5	5.4	5.4	5.3	5.3	5.4	5.4	5.5	5.5	5.5	5.5
2008	5.5	5.5	5.6	5.8	6.0	6.3	6.5	6.8	7.1	7.4	7.9	8.5
2009	9.1	9.7	10.2	10.6	10.8	10.9	10.8	10.8	10.7	10.6	10.6	10.6
2010	10.6	10.6	10.5	10.3	10.2	10.0	10.0	10.0	10.0	10.0	10.0	9.9
2011	9.8	9.6	9.5	9.4	9.4	9.4	9.3	9.3	9.2	9.1	8.9	8.7
2012	8.5	8.3	8.2	8.1	8.1	8.2	8.2	8.2	8.1	8.1	8.1	8.1
2013	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.0	7.9	7.8	7.7	7.6
2014	7.5	7.3	7.2	7.0	6.7	6.5	6.2	6.0	5.8	5.6	5.5	5.5
2015	5.5	5.3	5.1									

<http://data.bls.gov/timeseries/LASST2100000000000003>

County Unemployment Rates	2006	2007	2008	2009	2010	2015
Webster County	5.3	6.1	6.5	9.9	9.3	5.3
Hopkins County	6	6.1	7.5	9.5	9.4	5.8
Muhlenberg County	9.4	8.2	8.8	11.1	11	7.4
Kentucky	5.9	5.6	6.6	10.7	10.5	5.9
United States	4.6	4.6	5.8	9.3	9.6	5.5

Source: FDIC, 2015 data from World Life Expectancy Data www.worldlifeexpectancy.com

Poverty

Population in Poverty - 100% FPL

Poverty is considered a key driver of health status.

Within the report area 19.07% or 17,035 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Report Area	89,333	17,035	19.07%
Hopkins County, KY	46,039	8,970	19.48%
Muhlenberg County, KY	29,979	5,774	19.26%
Webster County, KY	13,315	2,291	17.21%
Kentucky	4,209,861	781,485	18.56%
United States	301,333,408	44,852,528	14.88%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. Source geography: Tract

Percent Population in Poverty



- Report Area (19.07%)
- Kentucky (18.56%)
- United States (14.88%)

Population in Poverty by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Report Area	18.02%	35.23%	22.57%	12.06%	8.97%	22.84%	32.81%
Hopkins County, KY	18.22%	39.58%	22.5%	8.66%	0%	13.18%	25.68%
Muhlenberg County, KY	18.13%	33.49%	28.42%	100%	29.55%	47.83%	54.68%
Webster County, KY	17.09%	19.39%	11.76%	0%	no data	2.88%	42.31%
Kentucky	16.96%	32.86%	27.01%	12.95%	20.27%	34.1%	33.12%
United States	12.11%	26.49%	27.79%	12.1%	18.66%	26.1%	19.43%

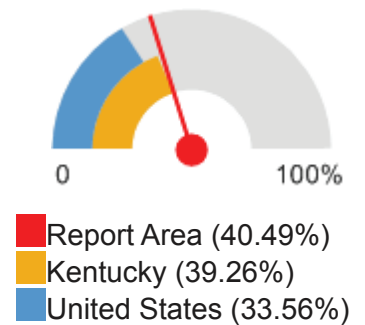
Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

Population in Poverty - 200% FPL

In the report area 40.49% or 36,173 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Report Area	89,333	36,173	40.49%
Hopkins County, KY	46,039	18,099	39.31%
Muhlenberg County, KY	29,979	12,856	42.88%
Webster County, KY	13,315	5,218	39.19%
Kentucky	4,209,861	1,652,632	39.26%
United States	301,333,408	101,133,072	33.56%

Percent Population with Income at or Below 200% FPL



Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: US Census Bureau, American Community Survey. Source geography: Tract

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008)

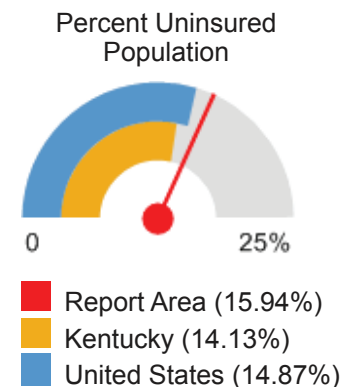
Uninsured Population Pre Affordable Care Act - Total

The lack of health insurance is considered a *key driver* of health status. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Report Area	89,543	14,275	15.94%
Hopkins County, KY	46,098	7,271	15.77%
Muhlenberg County, KY	30,068	4,526	15.05%
Webster County, KY	13,377	2,478	18.52%
Kentucky	4,251,528	600,645	14.13%
United States	303,984,256	45,206,152	14.87%

Note: This indicator is compared with the state average.

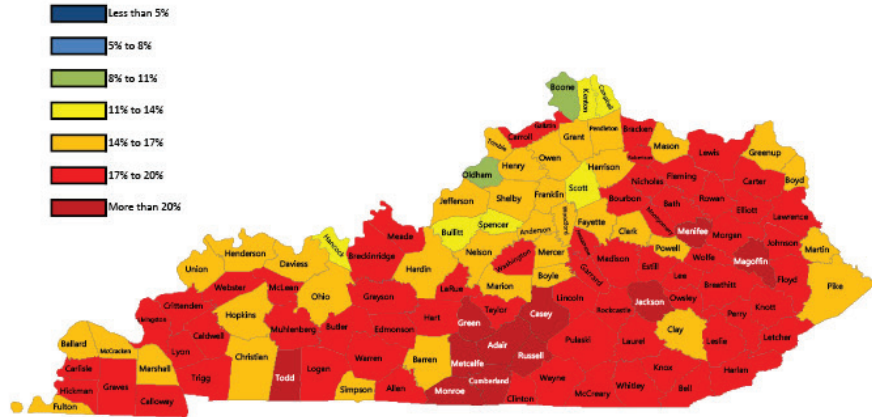
Data Source: US Census Bureau, American Community Survey. Source geography: Tract



Kentucky's Uninsured

Before ACA

Percentage of the Population Under 65 that was Uninsured Prior to ACA
[2012 Small Area Health Insurance Estimates]



After ACA

Potential Percentage of the Population Under 65 that is Uninsured
[Assumes 75% of New Enrollees were previously uninsured]



Uninsured Population by Race Alone, Percent

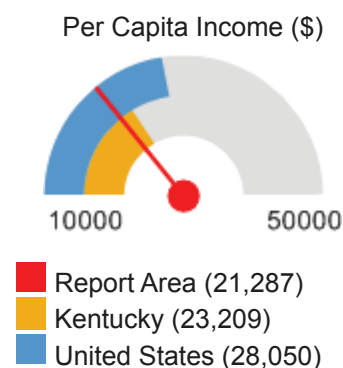
Report Area	White	Black	American Indian / Alaskan Native	Asian	Native Hawaiian / Pacific Islander	Other Race	Multiple Race
Report Area	15.38%	22.04%	15.49%	25.89%	30.34%	52.45%	13.75%
Hopkins County, KY	15.12%	26.15%	8.75%	24.02%	0%	38.76%	13.44%
Muhlenberg County, KY	14.38%	15.82%	7.37%	100%	100%	88.82%	10.73%
Webster County, KY	18.54%	14.7%	41.18%	0%	no data	23.02%	25%
Kentucky	13.44%	18.3%	22.25%	14.77%	22.66%	41.55%	13.93%
United States	13.1%	17.48%	28.54%	14.85%	17.31%	33.55%	14.26%

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

Income Per Capita

The per capita income for the report area is \$21,287. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Report Area	91,908	\$1,956,523,696	\$21,287
Hopkins County, KY	46,891	\$1,056,142,976	\$22,523
Muhlenberg County, KY	31,399	\$633,409,024	\$20,172
Webster County, KY	13,618	\$266,971,696	\$19,604
Kentucky	4,340,167	\$100,735,033,344	\$23,209
United States	309,138,720	\$8,671,497,551,872	\$28,050



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. Source geography: Tract

Per Capita Income by Race Alone

Report Area	White	Black	American Indian / Alaskan Native	Asian	Native Hawaiian / Pacific Islander	Other Race	Multiple Race
Report Area	\$22,040	\$13,303	\$20,345	\$9,932	\$15,267	\$15,439	\$8,096
Hopkins County, KY	\$23,469	\$13,575	\$22,588	\$10,928	\$21,994	\$17,634	\$7,979
Muhlenberg County, KY	\$20,885	\$11,311	\$0	\$9,399	\$0	\$15,832	\$5,417
Webster County, KY	\$19,907	\$16,471	\$0	\$9,416	\$0	\$12,928	\$16,666
Kentucky	\$24,108	\$16,423	\$30,155	\$18,653	\$18,499	\$12,172	\$10,349
United States	\$30,849	\$18,788	\$31,345	\$16,964	\$20,279	\$14,973	\$15,361

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

Health Status of the Community

This section of the assessment reviews the health status of Hopkins, Muhlenberg and Webster County residents. As in the previous section, comparisons are provided with the state of Kentucky. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to Healthy People 2020, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of

lifestyle/behavior and related health care problems include the following:

Lifestyle

Smoking

Alcohol/drug abuse

Poor nutrition

Driving at excessive speeds

Lack of exercise

Overstressed

Primary Disease Factor

Lung cancer
Cardiovascular disease
Emphysema
Chronic bronchitis

Cirrhosis of liver
Motor vehicle crashes
Unintentional injuries
Malnutrition
Suicide
Homicide
Mental illness

Obesity
Digestive disease
Depression

Trauma
Motor vehicle crashes

Cardiovascular disease
Depression

Mental illness
Alcohol/drug abuse
Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. More than 50 infectious diseases in Kentucky must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in Hopkins, Muhlenberg and Webster Counties, and the state of Kentucky. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

Exhibit 4 reflects the leading causes of death for Webster, Hopkins and Muhlenberg County residents and compares the rates, per 100,000 to the state of Kentucky average rates, per 100,000.

EXHIBIT 4 Baptist Health Madisonville Community

Resident Deaths Per 100,000 people

	US	Kentucky	%	Hopkins	Muhlenberg	Webster
Heart Disease	169.77	203.41	19.82%	270.58	255.21	230.92
Stroke	46.9	36.17	-22.88%	63.49	60.86	59.2
Diabetes	21.18	24.14	13.98%	20.46	19.46	33.61
Cancer	163.23	199.31	22.10%	215.76	219.95	220.26
Lung Disease	42.14	64.62	53.35%	70.91	56.67	80.26
Accidents	39.39	55.71	41.43%	56.15	68.06	57.44
Alzheimers	23.52	31.41	33.55%	23.58	38.1	17.35

Percentage	US	Kentucky	%
Smoking Rate	18.2	26.5	45.60%
Obesity	63.8	67.3	5.49%

www.worldlifeexpectancy.com

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the "healthiest".

Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors--rankings are based on weighted scores of four types of factors:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, the three counties that comprise the majority of the community will be used to compare the relative health status of each county to the state of Kentucky as well as to a national benchmark. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

	Kentucky	Hopkins (HO)	Muhlenberg (MB)	Webster (WB)
Health Outcomes		54	41	53
Length of Life		49	65	81
Premature death	8,900	9,117	9,596	10,592
Quality of Life		57	25	15
Poor or fair health	21%	22%	20%	22%
Poor physical health days	4.8	4.7	4.4	4.0
Poor mental health days	4.3	4.6	4.0	3.1
Low birthweight	9.1%	9.3%	8.3%	8.3%
Health Factors		49	70	67
Health Behaviors		64	67	68
Adult smoking	26%	24%	28%	27%
Adult obesity	32%	37%	36%	33%
Food environment index	7.2	7.2	7.7	8.0
Physical inactivity	29%	32%	32%	31%
Access to exercise opportunities	72%	60%	46%	2%
Excessive drinking	12%	9%	11%	
Alcohol-impaired driving deaths	29%	29%	14%	33%
Sexually transmitted infections	394	420	407	427
Teen births	48	61	53	64
Clinical Care		28	56	84
Uninsured	16%	16%	18%	18%
Primary care physicians	1,551:1	973:1	2,598:1	6,792:1
Dentists	1,683:1	2,120:1	3,118:1	4,484:1
Mental health providers	621:1	1,865:1	4,454:1	3,363:1
Preventable hospital stays	94	86	111	96
Diabetic monitoring	85%	75%	86%	80%
Mammography screening	60.1%	61.9%	63.2%	55.7%
Social & Economic Factors		43	72	53

	Kentucky	Hopkins (HO)	Muhlenberg (MB)	Webster (WB)
High school graduation	86%	89%	88%	83%
Some college	58.1%	54.1%	46.8%	41.6%
Unemployment	8.3%	7.8%	9.5%	7.4%
Children in poverty	26%	26%	35%	24%
Income inequality	5.1	4.9	4.4	4.9
Children in single-parent households	34%	40%	36%	22%
Social associations	10.8	18.6	22.8	17.7
Violent crime	235	114	55	38
Injury deaths	81	84	87	100
Physical Environment		110	107	101
Air pollution - particulate matter	13.5	14.3	14.2	14.3
Drinking water violations	9%	5%	0%	0%
Severe housing problems	14%	13%	14%	12%
Driving alone to work	83%	88%	86%	84%
Long commute - driving alone	28%	24%	24%	35%

Health Care Resources

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of Hopkins, Webster and Muhlenberg Counties.

Hospitals and Health Centers

Baptist Health Madisonville has 410 acute beds and is the only hospital located in the county. Residents of the community also take advantage of services provided by hospitals in neighboring counties. Exhibit 5 summarizes hospital services available to the residents of Hopkins, Webster and Muhlenberg Counties:

EXHIBIT 5

Baptist Health Madisonville Community

Summary of Acute Care Hospitals

	Facility Type	Miles from BHM	Bed Size
Muhlenberg Community Hospital 440 Hopkinsville Street Greenville, KY 42345	Acute Care	19	90
Ohio County Hospital 1211 Old Main Street Hartford, KY 42347	Critical Access	34	25
Jennie Stuart Medical Center 320 West 18th Street Hopkinsville, KY 42240	Acute Care	33	194
Owensboro Medical Health System 811 East Parrish Avenue Owensboro, KY 42303	Acute Care	36	434
Methodist Hospital Union County 4604 US Highway 60 W Morganfield, KY 42437	Critical Access	32	25
Methodist Hospital 1305 North Elm Street Henderson, KY 42420	Acute Care	36	184
Trigg County Hospital 254 Main Street Cadiz, KY 42211	Critical Access	37	25
Crittendon County Hospital 520 W Gum Street Marion, KY 42064	Acute Care	33	48

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
Report Area	91,482	62	67.77
Hopkins County, KY	46,718	48	102.74
Muhlenberg County, KY	31,181	12	38.48
Webster County, KY	13,583	2	14.72
Kentucky	4,380,415	2,824	64.47
United States	313,914,040	233,862	74.5

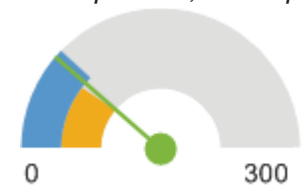
Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. Source geography: County

For more information, please visit HRSA's Area Health Resource File website.

For detailed documentation or to view the original data, please view the documentation included in the 2013-2014 AHRF, which can be downloaded at ahrf.hrsa.gov/download.htm.

Primary Care Physicians, Rate per 100,000 Pop.



- Report Area (67.77)
- Kentucky (64.47)
- United States (74.5)

Key Informant Interviews

Interviewing key informants (community stakeholders) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Interviews with key informants were conducted over a week span in January 2015. Interviewees were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

A representative from Baptist Health Madisonville contacted all individuals nominated for interviewing. Her knowledge of the community, and the personal relationships she held with the potential interviewees added validity to the data collection process.

All interviews were conducted using a standard questionnaire. A copy of the interview instrument is included in Appendix C. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

- Health and quality of life for residents of the primary community
- Barriers to improving health and quality of life for residents of the primary community
- Opinions regarding the important health issues that affect Hopkins, Webster and Muhlenberg County residents and the types of services that are important for addressing these issues
- Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues.

Interview data was initially recorded in narrative form in Microsoft Word. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report.

This technique does not provide a quantitative analysis of the leaders' opinions, but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Interview Questions

1. In general, how would you rate health and quality of life in Hopkins (Muhlenberg or Webster) County?
2. In your opinion, has health and quality of life in Hopkins (Muhlenberg or Webster) County improved, stayed the same, or declined over the past few years?
3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?
4. What other factors have contributed to the (based on answer to question 2: improvement, decline, or to health and quality of life staying the same)?
5. Are there people or groups of people in Hopkins (Muhlenberg or Webster) County whose health or quality of life may not be as good as others?
 - a. Who are these persons or groups?
 - b. Why do you think their health/quality of life is not as good as others?
6. What barriers, if any, exist to improving health and quality of life in Hopkins (Muhlenberg or Webster) County?

7. In your opinion, what are the most critical health and quality of life issues in Hopkins (Muhlenberg or Webster) County?
8. What needs to be done to address these issues?
9. In your opinion, what else will improve health and quality of life in Hopkins (Muhlenberg or Webster) County?

Key Findings

A summary of themes and key findings provided by the key informants follows:

- Poverty plays a major role in the health status of the community. Poverty can impact food, transportation, and lifestyle choices that can alter a person's health status.
- Information and education on health issues is a problem. There is a significant need to inform, educate and counsel specific categories of the community.
- The elderly population was determined to be a population at risk for health needs. Transportation is a resource lacking to this population.
- There is a lack of access for mental health services, particularly outpatient services.
- Drug and alcohol abuse are seen as a health and quality of life issue.
- Transportation may be an issue for elderly, single-family households and people living outside the city limits.
- Abuse of prescription drugs through excess prescribing and fraudulent activities has become a significant problem.
- There is a significant need for after hour non-emergent care in various locations (including Muhlenberg).
- Specific populations lack general knowledge regarding health services and/or how to access those health services.
- Specific issues mentioned by key informants included: smoking, obesity, drug abuse, diabetes, heart disease, mental health, stress, and lack of exercise.

Community Health Survey

A community survey was conducted by Baptist Health Madisonville in order to gather broad community input regarding health issues. The survey was launched on January 5, 2014 and was closed on January 26, 2015.

The broad survey was intended to gather information regarding overall health of the community. The results of this survey yielded information on different health and community factors. Areas surveyed include demographics and socioeconomic characteristics, behavioral risk factors, health conditions and access to health resources.

Methodology

Paper surveys were distributed to populations throughout the service area, with special emphasis on over surveying the more medically needy populations.

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions. The final survey instrument was developed by Baptist Health Madisonville representatives in conjunction with BKD, our accounting firm.

Community Health Survey Results

The actual survey was quite detailed in nature, including many specific questions regarding general health, satisfaction with specific and general providers, and demographic information. The actual survey results have also been included in this section of the community health needs assessment.

The community health needs survey was circulated to 580 individuals with special efforts to oversample those in the most medically underserved area, and over 225 surveys (38%) were returned. Results of the survey essentially supported the findings of the key informant interviews and focus groups.

What do citizens say about the health of their community?

The five most important “health problems:”

1. Obesity
2. Drug abuse (illegal and prescription)
3. Smoking
4. Heart Disease and stroke
5. Diabetes

The five most “risky behaviors:”

1. Drug abuse
2. Alcohol abuse
3. Tobacco use/second hand smoke
4. Lack of exercise
5. Poor eating habits

The four most important factors for a “healthy community:”

1. Affordable and available health care
2. Clean and safe environment
3. Job availability
4. Healthy behaviors and lifestyles

Additional items to consider in planning

Respondents were asked to provide input as to what items Baptist Health Madisonville should consider in planning for the next three years. The following items were recurring suggestions provided:

1. Baptist Health Madisonville should try to increase the level of community involvement, especially in the areas of health promotion and disease programs.
2. Increased wellness programs that include general education and preventive procedures/screenings.
3. The need to recruit qualified specialists was noted repeatedly.
4. Additional mental health services that include drug abuse programs and services to deal with depression. The community needs more mental health providers.

Survey Instructions and Questions:

You are invited to participate in the Baptist Health Madisonville Community Health Needs Assessment Survey. In this survey, you will be asked to answer questions regarding a broad range of information concerning health, wellness, and community health resources. It will take approximately 10 minutes to complete the questionnaire. Your participation in this study is completely voluntary.

It is very important for us to learn your opinions. Your survey responses will be strictly confidential. Your responses will be combined with other responses and data from this research will be reported on a combined basis.

Please return the completed survey to: _____. If you prefer to mail it, address to: Baptist Health Madisonville Attn: Hannah Rainwater, 900 Hospital Drive, Madisonville, KY 42431.

Thank you very much for your time and support.

1. Select the county in which you live:

- Hopkins
- Muhlenberg
- Webster
- Other

2. Your 5 digit zip code: _____

3. Your current age:

- 18-35
- 36-45
- 46-65
- 66 and older

4. Gender:

- Male
- Female

5. Your racial/ethnic identification (check all that apply):

- Asian or Pacific Islander
- Black or African American
- Latino or Hispanic
- Native American
- White or Caucasian
- Other

6. Your highest level of education completed (check one):

- Less than 12 years
- High School Grad/GED
- Some College
- College Graduate
- Post Graduate Degree

7. Your employment status (check all that apply):

- Full-time
- Part-time
- Full-time Student

- Part-time Student
- Full-time Homemaker
- Retired
- Unemployed
- Unemployed More Than 1 Year
- Unemployed Less Than 1 Year
- Illness

8. Your yearly household income:

- Less than \$14,999
- \$15,000-\$34,999
- \$35,000-\$54,999
- \$55,000-\$99,999
- \$100,000 or Higher
- Not Applicable

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

- 1
- 2
- 3
- 4
- 5
- 6 or higher

10. Select the type(s) of insurance you currently have (check all that apply):

- Health
- Dental
- Vision
- Do Not Have Insurance
- Do Not Know

11. Select your current source of health insurance:

- Private
- Medicare
- Medicaid
- Government

- Health Savings Account
- Other
- Do Not Know
- Do Not Have Health Insurance

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

- Cannot afford it
- My employer doesn't offer it
- Not qualified for the plan where I work
- Not qualified for Medical Assistance
- I have never applied for Medical Assistance
- I feel I do not need it

13. In general, how would you rate your current health status?

- Excellent
- Good
- Fair
- Poor

14. How would you describe your weight?

- Underweight
- About the right weight
- Overweight
- Obese

15. Your last routine doctor's visit was:

- Within Last 12 Months
- Within Last 13-18 Months
- Within Last 19-24 Months
- Between 2-5 Years
- Over 5 Years Ago
- Have Never Had a Routine Doctor's Visit

16. Select any of the following preventive procedures you have had in the last year (check all that apply):

- Mammogram
- Pap smear
- Glaucoma test
- Flu test
- Colon/Rectal Examination
- Blood pressure check
- Blood sugar check
- Skin cancer screening
- Prostate cancer digital screening
- Prostate cancer PSA screening
- Cholesterol screen
- STD (Sexually Transmitted Disease) screening
- Vision screening
- Hearing screening
- Cardiovascular screening
- Bone Density Test
- Dental Cleaning/X-Rays

17. Where do you go for routine health care (check all that apply):

- Physician office
- Hospital Emergency Room
- Health Department Clinic
- Care Center/Urgent Care
- Chiropractor
- Nurse or Clinic at My Place of Employment
- Community Free Clinic
- Eye Doctor
- Dentist
- Do Not Have a Health Care Provider
- Other

18. Are you able to visit a doctor/health care provider when needed?

- Always
- Sometimes
- Seldom
- Never

19. The following have stopped you from getting the health care you need (check all that apply):

- No Insurance
- My health insurance did not cover, approve or pay for what I needed
- The health care provider's hours

did not fit my schedule

- My deductible or co-payment was too high
- Health care provider did not take my insurance
- I speak a different language or am from a different culture
- Too expensive/cannot afford insurance premiums
- Couldn't pay for prescription medicine
- Could not get time off work to go
- Could not get an appointment
- Lack of transportation
- Doctor is too far away
- No childcare
- Other

20. You travel outside of area for medical care:

- Always
- Sometimes
- Seldom
- Never

21. For what health services have you sought care outside of area in the past 12 months? Choose all that apply.

- Bariatric weight loss
- Cancer
- Heart or stroke
- Inpatient rehab
- Mental health
- Pediatric/infant care
- Primary care
- Sleep disorders
- Have not sought care outside of this county
- Other

22. Sources where you obtain most health-related information (check all that apply):

- Family/Friends
- Doctor/Nurse/Pharmacist
- Newspaper/Magazine/Television/Radio
- Health Help Line (Telephone)
- Church
- School
- Internet
- Public Library
- Other

23. Please check if you have been diagnosed by a doctor with any of the following (check all that apply):

- Diabetes
- Stroke
- Sinus problems
- Epilepsy
- Alcohol Abuse
- Eye disorders
- TB
- Memory Loss
- High blood pressure
- Heart Disease
- Sickle cell anemia
- Kidney Disease
- Mental Disorders
- Hearing Disorders
- Lupus
- Glaucoma
- Cancer
- Asthma
- Infant Death
- Liver Disease
- Gonorrhea
- HIV/AIDS
- Arthritis
- Stress
- Dental Health Problems
- Lung or respiratory disease
- Obesity/weight problems
- Drug abuse/addiction
- Migraine headaches
- Hepatitis
- Family violence

24. In the following list, please mark what you think are the FIVE MOST IMPORTANT HEALTH PROBLEMS in our community. (Those problems which have the greatest impact on overall community health). CHECK ONLY FIVE:

- Aging problems (e.g. arthritis, hearing/vision loss, etc.)
- Availability of ambulance service
- Cancer
- Child abuse/neglect
- Dementia/Alzheimer's
- Dental problems
- Diabetes
- Domestic abuse

- o Elder abuse/neglect
- o Firearm related injuries
- o Heart disease and stroke
- o High blood pressure
- o Industrial/farming injuries
- o Infectious diseases (Hepatitis, TB, etc.)
- o Lead poisoned children
- o Mental health problems
- o Motor vehicle crash injuries
- o Obesity (adult)
- o Obesity (child)
- o Poor birth outcomes (prematurity, low birth weight, defects, etc.)
- o Rape/sexual assault
- o Respiratory/lung disease
- o School violence/ bullying
- o Sexually transmitted diseases
- o Suicide
- o Teenage pregnancy
- o Underage drinking
- o Other (please specify)

25. Please mark how you would rate your community as a Healthy Community:

- o Very unhealthy
- o Unhealthy
- o Somewhat healthy
- o Healthy
- o Very healthy

26. On a typical day, you would rate your level of stress as:

- o Very high
- o High
- o Moderate
- o Low
- o Very low

27. The last time you have seen a dentist was:

- o Within the past year
- o Within the past 2 years
- o Within the past 3-5 years
- o I have never seen a dentist

28. Select the type of tobacco product(s) you use (check all that apply):

- o Cigarettes
- o Dip

- o Snuff
- o Chewing tobacco
- o Cigars
- o Other: _____
- o None

29. If you use tobacco products, what are the barriers that prevent you from stopping tobacco use?

- o Lack of support
- o Can't afford nicotine replacement therapy
- o Lack of desire
- o Other: _____

30. Select the type of transportation you most typically use (check all that apply):

- o Drive own car
- o Driven by family member/friend
- o PACS bus
- o Bike
- o Walk
- o Other: _____

Community Focus Group

Focus groups were held among community members at two different locations. One group was held at the Hopkins County Health Department, while the other was held at Baptist Health Madisonville for patients and families of the Hopkins County Community Clinic. These focus groups are intended to ascertain opinions of individuals about the community in which they reside and their overall opinions of the health concerns of the community.

Methodology

The forums were conducted after normal business hours to be most assessable to the participants. Representatives from BHM conducted the sessions by asking the group members a series of questions and fostering conversation and individual and group concerns of the health of the community.

Results

The general view was that the health and quality of life in the community was mediocre. Factors that contribute to this view were the affordability of health care and the local economy.

Since the last community health needs assessment was conducted, the focus groups felt that health and quality of life has improved for some populations in the community but has remained the same for other populations.

To support the above comment, the focus groups felt that more efforts needed to be attributed to individuals living in the rural areas of the service area and that more wellness and preventive health opportunities need to be available to the community.

Factors contributing to poorer health in the community were attributed to lack of activities for the teenage population and poor education regarding health needs and choices.

It was determined through the focus group that individuals in poverty and the elderly are at higher risk for poor lifestyle choices and health opportunities. This is due to affordability of healthy foods, lack of public transportation options, and educational opportunities.

The barriers to improving health and quality of life that were mentioned by the focus group are finances, jobs, transportation, insurance, access to physicians in rural areas, and family.

According to the focus group participants, the most critical health and quality issues are obesity, diabetes, tobacco use, mental health resources, cancer, and heart disease.

To address these issues the group discussed concepts of adding physicians, more community organized events (natural food market, community gardens), exercise opportunities, community education (nutrition habits, exercise habits), more affordable exercise facilities, and activities for children to promote health and wellness.

Focus Group Questions

1. In general, how would you rate health and quality of life in Hopkins (Muhlenberg or Webster) County?
2. In your opinion, has health and quality of life in Hopkins (Muhlenberg or Webster) County improved, stayed the same, or declined over the past few years?
3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?
4. What other factors have contributed to the (based on answer to question 2: improvement, decline, or to health and quality of life staying the same)?
5. Are there people or groups of people in Hopkins (Muhlenberg or Webster) County whose health or quality of life may not be as good as others?
 - a. Who are these persons or groups?
 - b. Why do you think their health/quality of life is not as good as others?
6. What barriers, if any, exist to improving health and quality of life in Hopkins (Muhlenberg or Webster) County?
7. In your opinion, what are the most critical health and quality of life issues in Hopkins (Muhlenberg or Webster) County?
8. What needs to be done to address these issues?
9. In your opinion, what else will improve health and quality of life in Hopkins (Muhlenberg or Webster) County?

2015-2017 Implementation Plan

Overall Goal and Approach to Implementation Plan for Community Health Needs Assessment:

Baptist Health Madisonville (BHM) is a community resource motivated by its respect for the people that it serves and its commitment to the Baptist Health System's Faith-Based Values: Integrity, Respect, Excellence, Collaboration, Compassion, and Joy. BHM seeks to provide leadership in health care through its mission to demonstrate the love of Christ by providing and coordinating care and improving health in our communities. Baptist Health Madisonville's approach to providing community benefit is to target the intersection of documented unmet community health needs and our organization's key strengths and mission commitment.

Community Partners:

Baptist Health Madisonville believes that it is extremely important to work with other like-minded agencies, organizations, and institutions to truly make a difference. By linking together and effectively using limited resources. BHM can address more of the identified specific unmet community health needs as well as assist in improving the broader health needs of the community. BHM does not believe that it can effectively address all of the community's health needs without committed partners. Below are some of the partners that BHM will collaborate with in accomplishing the desired outcomes for the health needs we have selected for this implementation.

Most, but not all of these partners exist in each county in the service areas (Hopkins Muhlenberg, and Webster Counties).

- Local health departments
- Local school districts
- Hopkins County YMCA
- Hopkins County Community Clinic
- Madisonville Community College (Hopkins and Muhlenberg County campuses)
- Chambers of Commerce
- American Health Association
- American Cancer Society
- State, county and municipal governments
- Hopkins County interagency Council
- Faith based organizations
- Senior Citizen Centers
- Health care providers
- American Red Cross
- Felix Martin Foundation-Muhlenberg County
- Delta Rural Network Development Program

Results of Needs Assessment:

The 2015 Community Health Needs Assessment identifies a number of unmet or partially met health needs through our service area. Analysis of the community needs assessment data proved a means to evaluate and prioritize areas of greatest need. Health needs were ranked based on four factors:

- The ability of Baptist Health Madisonville to evaluate and measure outcomes.
- How many people are affected by the issue or size of the problem?
- What are the consequences of not addressing the problem?
- Prevalence of common themes.

Focus Areas:

As a result of the analysis, heart disease, obesity, diabetes and smoking prevention/cessation were identified as the priority areas of which we will focus.

Health Needs not addressed:

The most notable health needs not addressed at this time are mental health and substance abuse. Unfortunately, most of rural America is without the necessary resources to adequately address the pandemic increase in people who are impacted by mental health and substance abuse problems. Our service area is no different; therefore, BHM is forced to refer patients with a need for mental health and substance abuse care, that cannot be treated by primary care physician, to the Pennyroyal Mental Health Center in Madisonville (out-patient), or Western State Hospital (in-patient) in Hopkinsville Kentucky. The other two counties in our service area, Muhlenberg and Webster, face the same challenges in getting appropriate mental health and substance abuse care for patients who reside in their counties. Providers in those areas refer patients to their regional mental health center, and to Western State Hospital. There are a few mental health providers in our service area who have an independent practice but they often limit their practice to a certain number of patients and/or certain third party payors.

BHM does not have the resources that would be required to effect the changes that are needed to adequately address the lack of mental health and substance abuse care in its service. However, we will continue to explore potential partnerships and internal strategies to find a way to provide these essential services to our patients. Every effort will be made to assist our existing mental health and substance abuse providers in maintaining and/or expanding the services that they currently provide.

IMPORTANT NOTE:

The need for inpatient-mental health services will be partially met when BHM opens an adult psychiatry unit in the fall of 2015. The unit will provide an additional 20 inpatient beds for our service area.

Goals:

The goals for addressing each of the priority area are the same but the strategies and objectives for each priority will differ according to need. The goals are:

Goal 1: Prevention and/or reduction of risk factors.

Goal 2: Detection and treatment of risk factors.

Goal 3: Collaborate to increase community capacity to deliver evidenced-based programs that support prevention and management of risk factors among high risk populations.

Goal 4: Promote patient and community education to improve self management chronic disease.

PRIORITY: Heart Disease

Objective 1: Maintain the successful programs and activities implemented in the 2012 CHNA.

Objective 2: Decrease population risk factors through culturally appropriate support for health lifestyles.

Strategies:

A. Promote environments that support prevention of heart disease, i.e, healthy eating, increased physical activity, tobacco-free lifestyle, and moderate alcohol use.

1. Work with Morrison staff to designate at the serving line which daily meals are “heart healthy”.
2. Work with Sports Medicine staff to provide education on the benefits of exercise on heart health.

B. Target heart healthy education and prevention interventions among those in high risk groups and groups with greater knowledge disparity.

1. Obtain and distribute educational materials on risk factors for heart disease and methods of preventing it to Afro-American churches, Hispanic organizations, health departments, and community health and human service agencies that serve people at high risk of heart disease.
2. Upon request, schedule short heart health presentation to same target groups.

Objective 3: Enhance patient awareness of heart and the skills needed for self management.

Strategies:

A. Collaborate with the health care community to develop and promote a public campaign for all individuals “to know their numbers” including blood pressure, Hemoglobin A1c, and cholesterol.

1. Obtain the “Know Your Numbers” program and highly promote its use in conjunction with our collaborative partners throughout our service area.

Objective 4: Improve cardiovascular health through worksite wellness initiatives.

Strategies:

A. Encourage worksites to educate their employees about their benefit package, including preventive services.

1. Contact the Human Resources staff in local businesses and industries and educate them about the benefit of using personal health risk assessments to pinpoint the health needs of their employee population.

2. Obtain information regarding the “Six Steps Guide” and discuss the guide and its benefit with local businesses and industries. Provide assistance, to the extent possible, in convincing employers to adopt the guide and in creating a strategy to implement it.

PRIORITY: Smoking Prevention/Cessation

Objective 1: Decrease the number of youth who smoke cigarettes.

Strategies:

A. Engage youth in tobacco prevention education and advocacy.

1. Work with community partners to identify individuals who have access to youth and who have the opportunity to assist in creating working groups of young people to develop an anti-smoking marketing campaign for their peers.
2. Provide educators at every level of education with the latest information regarding the effects of smoking and second-hand smoke on children and youth. Meet with school administrators and school board to emphasize the need to deter students and staff from smoking and to make all campuses smoke free.

Objective 2: Decrease the number of adults age 18 and older who smoke cigarettes and/or use smokeless tobacco.

Strategies:

A. Increase availability and access to cessation resources for adults including components targeting diverse/special populations.

1. Conduct community awareness campaign on how to contact Smoke Free Kentucky hotline, where to go for smoking cessation classes, how to acquire nicotine patches, etc.
2. Assure that media campaign reaches the special populations that have the highest risk from smoking and intensify messages for that group.

Objectives 3: Decrease the number of pregnant women who smoke cigarettes.

Strategies:

A. Identify health care professionals, organizations, and agencies that represent the interest of pregnant women and encourage them to participate in tobacco prevention and cessation efforts

1. Encourage pregnant women to participate in Centering Pregnancy and Centering Parenting program where available.
2. Educate health providers on evidence-based strategies for treating tobacco use dependence.
3. Educate pediatric health care providers to assess exposure to secondhand smoke and encourage parents/family members to quit and/or “take it outside”.

Objective 4: Create a sustainable infrastructure to increase coordination and collaboration of tobacco control efforts on the local and county levels.

Strategies:

A. Increase the number of partner organizations that endorse and/or support tobacco use prevention and cessation strategies in the community and will actively participate in eradication programs.

PRIORITY: Diabetes

Objective 1: Increase awareness of prevention and control/self management of diabetes.

Strategies:

A. Increase prevention behaviors in persons identified as being at high risk for diabetes, pre-diabetics by working with providers to encourage prevention strategies in this population (i.e. encouraging them to increase physical activity,

lose weight, reducing the amount of fat or calories in their diet and maintain provider/patient relationship to monitor disease).

B. Increase participation in diabetes education classes via BHM and local health departments as identified and available.

C. Educate community members about the risk factors for diabetes by developing and distributing culturally appropriate public awareness materials in the counties served.

Objective 2: Develop relationships with organizations/others who provide services/resources to underserved, low-income and racial/ethnic groups to provide culturally appropriate education to community members.

Strategies:

A. Identify those who work with identified populations and partner with them to develop culturally appropriate strategies to monitor prevention initiatives.

1. Develop and co-sponsor (or identify a sponsor) to support an initiative targeting improving/increasing diabetic screenings, education and services to underserved, low-income and racial/ethnic populations.

Objective 3: Focus diabetes prevention efforts on reaching children and parents in an effort to prevent the development of the disease in children.

Strategies:

A. Promote maternal and child health nutrition programs in school, prenatal classes/centering pregnancy programs, physician/provider visits, etc.

1. Promotes breast feeding in order to reduce infant under-nutrition and potential development for diabetes later in life.

PRIORITY: Obesity

Objective 1: Promote availability of healthy food choices in the counties served.

Strategies:

A. Promote and support local farmers' markets to the communities.

B. Promote and support schools districts to offer health food choices at lunch and to limit access to soft drink/snack machines.

C. Promote maternal and child health nutrition programs in schools prenatal classes/centering pregnancy programs, physician/provider visits.

D. Promote breast feeding in order to reduce infant under-nutrition and potential development of diabetes later in life.

Objective 2: Promote increased physical fitness and exercise in the counties served.

Strategies:

A. Make community members aware of various types of exercises and places they can go to exercise, i.e., gyms, YMCA's, parks, walking/bike trails, athletics/team sports, etc.

1. Promote physical fitness and exercise in the schools, i.e., Two Hour Tours and Take 10! Program, and to encourage school districts to incorporate physical fitness and exercise into the school day/after school activities, etc.

2. Encourage and support parent's efforts to provide/incorporate physical fitness into their children's daily lifestyle/routine.

3. Sponsor community activities that promote activities which encourage physical fitness and exercise for the family.

Objective 3: Promote employee based wellness programs to business and industry.

Strategies:

A. Educate business and industry on the benefits of offering wellness programs for their employees and assist them in identifying programs of benefit to them and their employees.

1. Offer “Lunch and Learn” type programs on topics of interest for employers and their employees

PRIORITY: Provider Education

Objective 1: Assure health care providers in our region have the most up to date knowledge in order to diagnose and treat the four priority areas.

Strategies:

A. Coordinate and offer continuing education programs in our region throughout the next two years which address the identified priority areas of heart disease, smoking prevention/cessation, diabetes and obesity, addressing the skills needed to diagnose, treat and counsel patients in these areas.

B. Make providers aware of resources available locally to assist in treating patients affected by the four priority issues.

Sources

- Courtesy: Community Commons, 12 Jan. 2015, Community Commons, <http://www.communitycommons.org/>
- 2011.1 Nielson Demographic Update, The Nielson Company, April 2011
- United States Department of Labor: Bureau of Labor Statistics. 2015. 23 Apr. 2015, <http://data.bls.gov>
- Congressman John Yarmuth, 6 Apr. 2015, <http://yarmuth.house.gov/press/uninsured-rates-drop-in-every-kentucky-county-under-the-affordable-care-act/>
- World Life Expectancy: Causes of Death Statistics, 22 Apr. 2015, <http://www.worldlifeexpectancy.com/>
- County Health Rankings: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. 6 Apr. 2015, <http://www.countyhealthrankings.org/>
- United States Department of Labor: Bureau of Labor Statistics. 2010. U.S. Department of Census. 8
- ThinkKentucky. Community Information, Madisonville, Hopkins County. 2011. Kentucky Cabinet for Economic Development 8 Nov. 2011 <http://www.thinkkentucky.com>
- ThinkKentucky. Community Information, Providence, Webster County. 2011. Kentucky Cabinet for Economic Development 8 Nov. 2011 <http://www.thinkkentucky.com>
- ThinkKentucky. Community Information, Muhlenberg County. 2011. Kentucky Cabinet for Economic Development 8 Nov. 2011 <http://www.thinkkentucky.com>
- 2010 Poverty and Median Income Estimates - Counties, U.S. Census Bureau, Small Areas Estimate Branch, November 2011.
- 2008 Poverty and Median Income Estimates - Counties, U.S. Census Bureau, Small Areas Estimate Branch, November 2009.
- 2009 Health Insurance Coverage Status for Counties and States: Interactive Tables. U.S. Census Bureau, Small Area Health Insurance Estimates. 13 Jan. 2012
- HealthyPeople.gov. 2011. U.S. Department of Health and Human Services. 30 Nov. 2011 <http://www.healthypeople.gov/>
- <http://data.bls.gov/timeseries/LASST210000000000003>
- 2013-2014 AHRF, which can be downloaded at ahrf.hrsa.gov/download.htm.

Identified Health Needs	Goals	Action Item(s)
<p>Obesity: <i>Promote availability of healthy food choices in the counties served</i></p>	<p>A. Promote and support local farmers' markets to the communities.</p> <p>B. Promote and support schools districts to offer healthy food choices at lunch and to limit access to soft drink/snack machines.</p> <p>C. Promote maternal and child health nutrition programs in schools prenatal classes/centering pregnancy programs, physician/provider visits.</p> <p>D. Promote breast feeding in order to reduce infant under-nutrition and potential development of diabetes later in life</p>	<p>1. Meet with chairman of local farmers' markets to: create a list of products/locations/prices available, showcase a healthy recipe using product, distribute this list to community program participants, to local businesses, and at Friday Night Live/local Health Fairs.</p> <p>1. Petition local school boards to provide nutrition labels on all food served, and relocate soft drink/snack machines to a less susceptible area.</p> <p>1. Demonstrate informational presentations based on nutrition in schools</p> <p>1. Provide pregnant and new mothers informational brochures of the importance of breast feeding and explanation of developing diabetes, as well as videos to demonstrate the proper techniques.</p>
<p><i>Promote increased physical fitness and exercise in the counties served</i></p>	<p>A. Make community members aware of various types of exercises and places they can go to exercise, i.e., gyms, YMCAs, parks, walking/bike trails, athletics/team sports, etc</p>	<p>1. Promote physical fitness and exercise in the schools, i.e., Two Hour Tours and Take 10! Program, and to encourage school districts to incorporate physical fitness and exercise into the school day/after school activities, etc. Persuade gyms to offer free admission tryouts.</p> <p>2. Encourage and support parent's efforts to provide/incorporate physical fitness into their children's daily lifestyle/routine.</p> <p>3. Sponsor community activities that promote activities which encourage physical fitness and exercise for the family</p>
<p><i>Promote employee based wellness programs to business and industry</i></p>	<p>A. Educate business and industry on the benefits of offering wellness programs for their employees and assist them in identifying programs of benefit to them and their employees</p>	<p>1. Offer "Lunch and Learn" type programs on topics of interest for participating interagency</p>

Identified Health Needs	Goals	Action Item(s)
<p>Heart Disease: <i>Maintain the successful programs and activities implemented in the 2012 CHNA</i></p>	<p>A. Promote environments that support prevention of heart disease, i.e, healthy eating, increased physical activity, tobacco-free lifestyle, and moderate alcohol use</p>	<p>1. Work with Morrison staff to designate at the serving line which daily meals are “heart healthy”</p> <p>2. Work with Sports Medicine staff to provide education on the benefits of exercise on heart health</p>
<p><i>Decrease population risk factors through culturally appropriate support for health lifestyles</i></p>	<p>B. Target heart healthy education and prevention interventions among those in high risk groups and groups with greater knowledge disparity</p>	<p>1. Obtain and distribute educational materials on risk factors for heart disease and methods of preventing it to Afro-American churches, Hispanic organizations, health departments, and community health and human service agencies that serve people at high risk of heart disease</p> <p>2. Upon request, schedule short heart health presentation to same target groups</p>
<p><i>Enhance patient awareness of heart and the skills needed for self management</i></p>	<p>A. Collaborate with the health care community to develop and promote a public campaign for all individuals “to know their numbers” including blood pressure, Hemoglobin A1c, and cholesterol</p>	<p>1. Obtain the “Know Your Numbers” program and highly promote its use in conjunction with our collaborative partners throughout our service area</p>
<p><i>Improve cardiovascular health through worksite wellness initiatives</i></p>	<p>A. Encourage worksites to educate their employees about their benefit package, including preventive services</p>	<p>1. Contact the Human Resources staff in local businesses and industries and educate them about the benefit of using personal health risk assessments to pinpoint the health needs of their employee population</p> <p>2. Obtain information regarding the “Six Steps Guide” and discuss the guide and its benefit with local businesses and industries. Provide assistance, to the extent possible, in convincing employers to adopt the guide and in creating a strategy to implement it</p>

Identified Health Needs	Goals	Action Item(s)
<p><i>Smoking Prevention/ Cessation: Decrease the number of youth who smoke cigarettes</i></p>	<p>A. Engage youth in tobacco prevention education and advocacy</p>	<ol style="list-style-type: none"> 1. Work with community partners to identify individuals who have access to youth and who have the opportunity to assist in creating working groups of young people to develop an anti-smoking marketing campaign for their peers 2. Provide educators at every level of education with the latest information regarding the effects of smoking and secondhand smoke on children and youth. Meet with school administrators and school board to emphasize the need to deter students and staff from smoking and to make all campuses smoke free
<p><i>Decrease the number of adults age 18 and older who smoke cigarettes and/or use smokeless tobacco</i></p>	<p>A. Increase availability and access to cessation resources for adults including components targeting diverse/special populations</p>	<ol style="list-style-type: none"> 1. Conduct community awareness campaign on how to contact Smoke Free Kentucky hotline, where to go for smoking cessation classes, how to acquire nicotine patches, etc 2. Assure that media campaign reaches the special populations that have the highest risk from smoking and intensify messages for that group
<p><i>Decrease the number of pregnant women who smoke cigarettes</i></p>	<p>A. Identify health care professionals, organizations, and agencies that represent the interest of pregnant women and encourage them to participate in tobacco prevention and cessation efforts</p>	<ol style="list-style-type: none"> 1. Encourage pregnant women to participate in Centering Pregnancy and Centering Parenting program where available. 2. Educate health providers on evidence-based strategies for treating tobacco use dependence. 3. Educate pediatric health care providers to assess exposure to secondhand smoke and encourage parents/family members to quit and/or “take it outside”
<p><i>Create a sustainable infrastructure to increase coordination and collaboration of tobacco control efforts on the local and county levels</i></p>	<p>A. Increase the number of partner organizations that endorse and/or support tobacco use prevention and cessation strategies in the community and will actively participate in eradication programs</p>	<ol style="list-style-type: none"> 1. Support a state-wide smoking ban in public places

Identified Health Needs	Goals	Action Item(s)
<p>Diabetes</p> <p>Increase awareness of prevention and control/self management of diabetes</p>	<p>A. Increase prevention behaviors in persons identified as being at high risk for diabetes, pre-diabetics by working with providers to encourage prevention strategies in this population (i.e. encouraging them to increase physical activity, etc.)</p> <p>B. Increase participation in diabetes education classes via BHM and local health departments as identified and available</p> <p>C. Educate community members about the risk factors for diabetes by developing and distributing culturally appropriate public awareness materials in the counties served</p>	<p>1. Promote Healthy U Community Wellness Programs</p> <p>1. Advertise for classes at local health fairs and doctors' offices</p> <p>1. Distribute informational cards defining risk factors of diabetes</p>
<p>Develop relationships with organizations/other s who provide services/resources to underserved, low-income and racial/ethnic groups to provide culturally appropriate education to community members</p>	<p>A. Identify those who work with identified populations and partner with them to develop culturally appropriate strategies to monitor prevention initiatives</p>	<p>1. Develop and co-sponsor (or identify a sponsor) to support an initiative targeting improving/increasing diabetic screenings, education and services to underserved, low-income and racial/ethnic populations</p>
<p>Focus diabetes prevention efforts on reaching children and parents in an effort to prevent the development of the disease in children</p>	<p>A. Promote maternal and child health nutrition programs in school, prenatal classes/centering pregnancy programs, physician/provider visits, etc</p>	<p>1. Promotes breast feeding in order to reduce infant under-nutrition and potential development for diabetes later in life</p>

Identified Health Needs	Goals	Action Item(s)
<p><i>Diabetes (continued)</i></p>		
<p><i>Assure health care providers in our region have the most up to date knowledge in order to diagnose and treat the four priority areas</i></p>	<p>A. Coordinate and offer continuing education programs in our region throughout the next two years which address the identified priority areas of heart disease, smoking prevention/cessation, diabetes and obesity, addressing the skills needed to diagnose, treat and counsel patients in these areas</p> <p>B. Make providers aware of resources available locally to assist in treating patients affected by the four priority issues</p>	<p>1. Promote programs that address these specific areas Work with doctor offices to assure proper treatment and counseling is being offered</p> <p>2.</p> <p>1. Work with providers and make sure they are equipped with the latest resources and information that covers the four priority issues</p>