

*A simple blood pressure screening from Hopkins County Community Clinic and Baptist Health Madisonville was a game-changer for Brad Franklin, an avid golfer. Knowing his numbers has empowered Brad to make changes for a healthier life.*



COMMUNITY  
HEALTH  
NEEDS  
ASSESSMENT  
2018



**BAPTIST HEALTH®**  
MADISONVILLE

## Contents

Community Health Needs Assessment Committee.....	2
Introduction .....	3
Organization Description.....	3
Service Area .....	5
Mission, Vision, and Values .....	8
Purpose.....	8
Executive Summary.....	9
Framework .....	10
Profile of the Community.....	11
Demographics and Socioeconomics.....	11
Mortality.....	14
Cancer Incidence Rates.....	15
Drug Arrest Rates.....	15
Health Statistics and Rankings.....	16
Primary Data.....	18
Community Healthcare Resources .....	21
Committee Discussion .....	22
Prioritized Health Issues .....	22
Strategic Implementation Plan .....	23
Communications Plan .....	28
Conclusions .....	28
Appendix A – Data Sources .....	29
Appendix B – 2018 Baptist Health Madisonville Public Survey Instrument .....	30
Appendix C – 2015 – 2018 SIP Results .....	40
Appendix D – Baptist Health Madisonville FY 2017 Community Benefit Report Summary .....	44
Appendix E – Area Discharges by Service Line.....	45
Appendix F – Index of Hospitals.....	46

## Community Health Needs Assessment Committee

<b>NAME</b>	<b>TITLE</b>
Michael Howard	Vice President for Education and Research
Heather Tow, RN	Nurse Navigator, Merle M. Mahr Cancer Center
Brian Chaney, MD	Family Practitioner in Muhlenberg County and Baptist Health Physician
Rhea Ashby	Business owner and VP of the J. Rogers Badgett Foundation
Michael Davenport	Director of Workforce Development, Madisonville Community College
Denise Beach	Director of the Hopkins County Health Department
Bernice Crook	Health Education Coordinator, Hopkins County Health Dept.
Jennafer Chandler	Chief Administrative Officer of Health First, a regional FQHC
Donna Cotton	Local Business Owner, Foster Parent, and Community Leader
Tim Marcum	Baptist Health Director, Planning
Brittany Deppen	Baptist Health Specialist, Planning and Business Development

## 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 second Community Health Needs Assessment, published in August 2015.

### *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 Clinics
- Wound Care
- Women's Services

### ***Baptist Health***

Baptist Health Madisonville is part of Baptist Health, a not-for-profit, 501(c)(3) healthcare corporation that owns and operates eight hospitals with more than 2,353 licensed beds located in Paducah, Madisonville, Louisville, La Grange, Lexington, Richmond, and Corbin in the commonwealth of Kentucky and in New Albany, Indiana. It also manages the 285-bed Hardin Memorial Hospital in Elizabethtown, Kentucky (which will become part of Baptist Health in December 2018). In addition, Baptist Health Medical Group (BHMG), a wholly-owned subsidiary of Baptist Health, employs over 925 primary care physicians, specialty physicians, and mid-level providers and operates occupational health, physical therapy services, sports medicine, Express Care Clinics, and urgent care facilities. Baptist Health Home Care provides home health services in 38 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
- Certified by the Medical Fitness Association
- 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

### *Service Area*

Based on the patient origin of inpatient discharges from January 1 through December 31, 2017, 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).

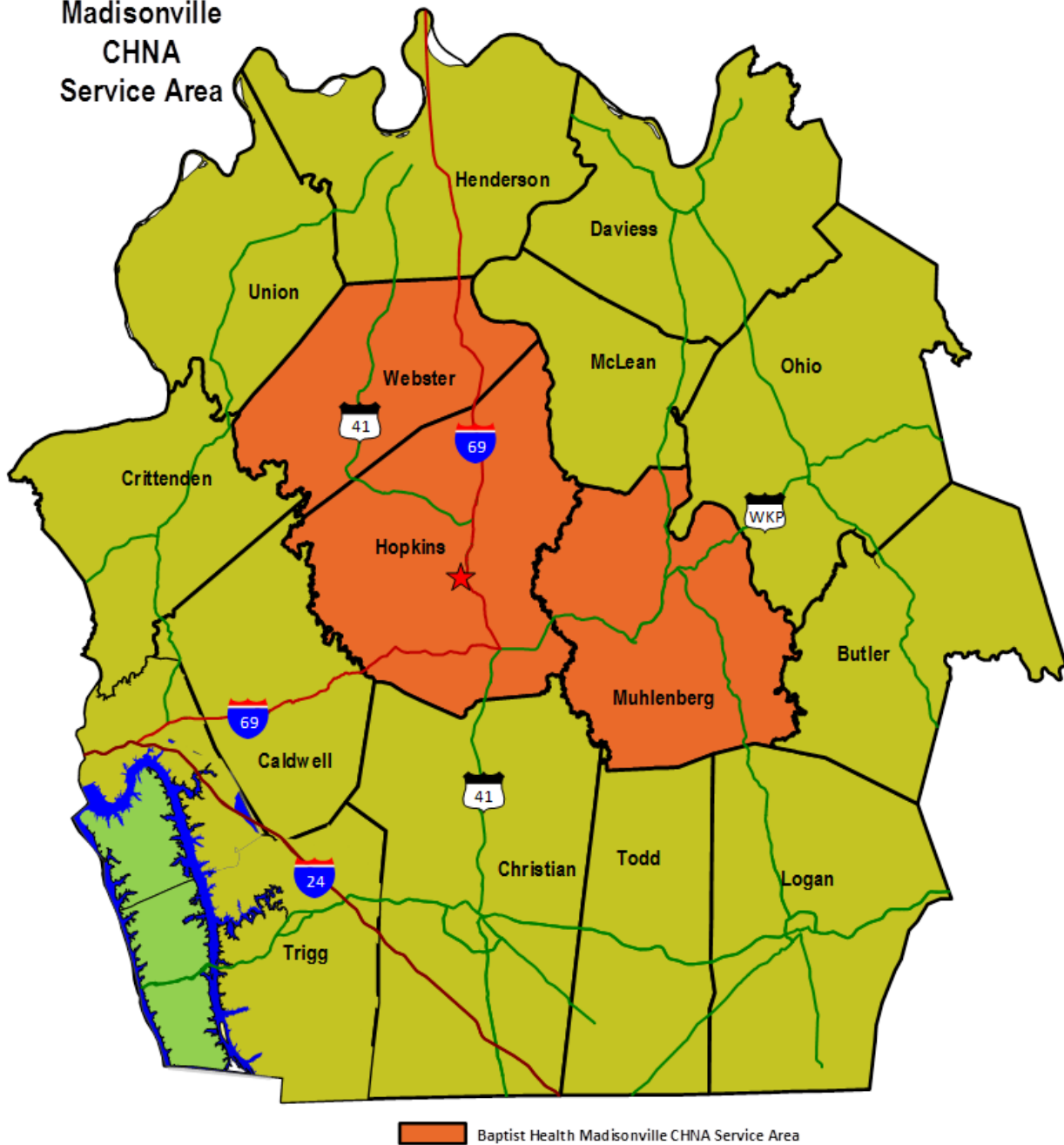
Hopkins County, home to Baptist Health Madisonville, is located in western Kentucky. The county borders the Kentucky counties of Muhlenberg, McLean, Webster, Caldwell, and Christian counties. It is comprised of 566.9 square miles; it has a population density of 81 persons per square mile, which is considered 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 2017, 57.9 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 82.2 percent of all acute care hospital discharges. The Community Health Needs Assessment service area includes the primary service area counties that comprise 79.6 percent of Baptist Health Madisonville's acute inpatient discharges.

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

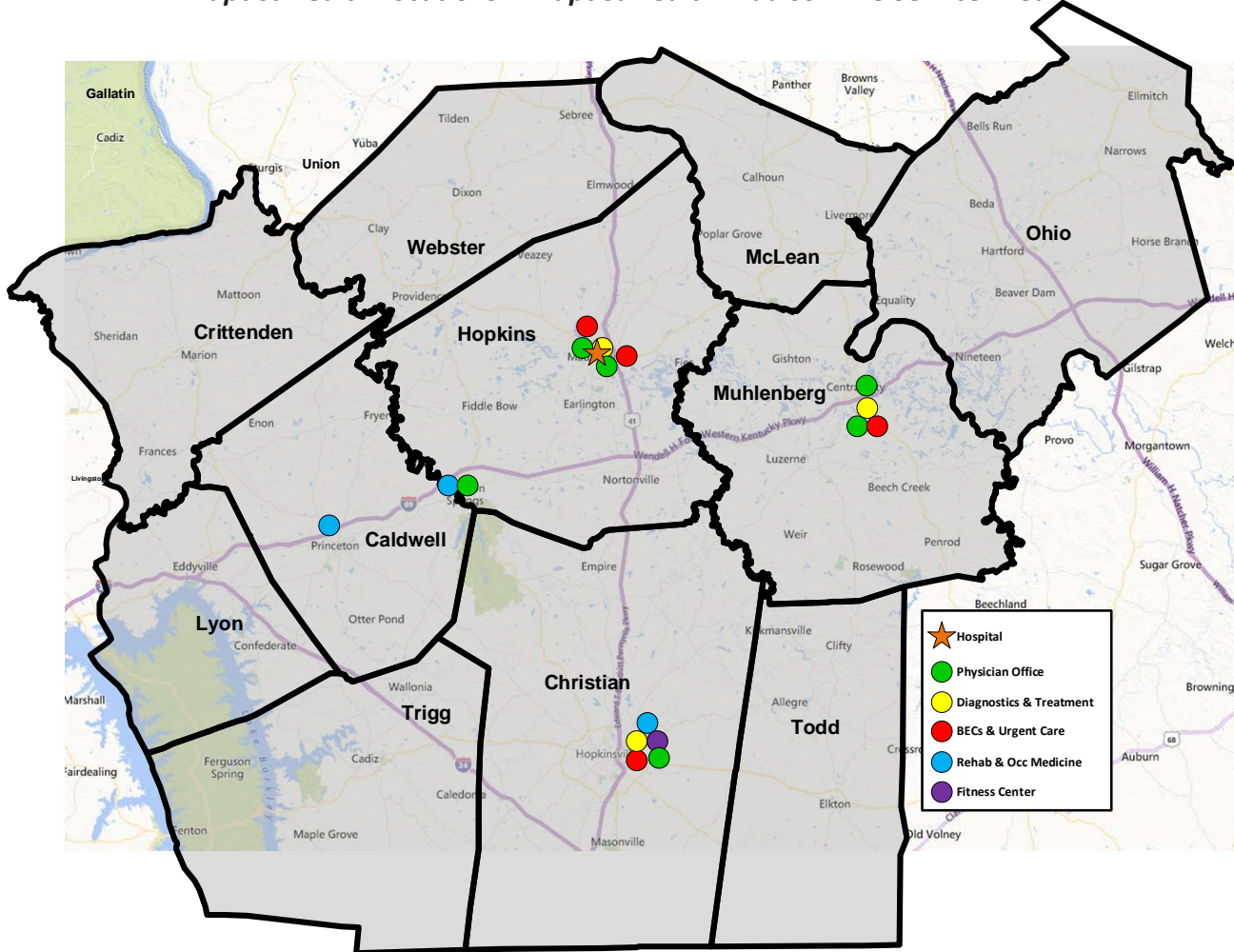
**Baptist Health  
Madisonville  
CHNA  
Service Area**



**Reliance for BH Madisonville, 1-1-17 to 12-31-17**

County	Acute Discharges for BH Madisonville	Reliance for BH Madisonville	Cumulative for BH Madisonville
<b>Total Discharges</b>	6,902		
Hopkins - KY	3,993	57.9%	57.9%
Muhlenberg - KY	800	11.6%	69.4%
Webster - KY	702	10.2%	79.6%
Christian - KY	730	10.6%	90.2%
McLean - KY	183	2.7%	92.8%
Caldwell - KY	164	2.4%	95.2%
Other	330	4.8%	100.0%

Source: KHA InfoSuite, Inpatient Acute Discharges, 1-1-17 to 12-31-17

**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 third 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** – Five of the top six survey responses in the family health issues were related to access
2. **Obesity** – This was the second greatest concern in the community health 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 have a major impact on the community.
3. **Cancer** – While this rated as No. 7 on the family health issues in the survey, it was a greater concern to the committee members and from secondary data.
4. **Management of Chronic Diseases** – Hypertension, diabetes, and heart disease ranked highly on the surveys and were combined by the committee into this category.
5. **Child Abuse/Neglect and Bullying** – The committee identified this as an issue and noted that Senior Abuse and Neglect was also highly rated.
6. **Substance Abuse/Treatment** – This was the No. 1 rated community health concern. The 2016 Kentucky State Police Annual Report ranks the service area as one of the worst for drug arrests in Kentucky. Hopkins County is in the top 75th percentile in the state.

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](http://www.baptisthealthmadisonville.com).

## Framework

This is the third Community Health Needs Assessment conducted by Baptist Health Madisonville. This document builds on the research and conclusions of the first and second assessments. Although the health priorities identified in the second assessment remain, committee identified some new priorities that were of greater 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 (January 2017 to December 2017), including almost 80 percent of its discharges in the counties chosen. Further information about this area is found in the section headed *Service Area*, on page five.

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 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. The committee enlisted the assistance of the University of Kentucky College of Public Health in gathering and processing 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 third 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

Demographics Expert 2.7  
 2017 Demographic Snapshot  
 Area: BH Madisonville CHNA PSA Service Area 12-13-17  
 Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS						
	Selected Area	USA		2017	2022	% Change
2010 Total Population	92,689	308,745,538	Total Male Population	45,214	45,102	-0.2%
2017 Total Population	90,762	325,139,271	Total Female Population	45,548	45,272	-0.6%
2022 Total Population	90,374	337,393,057	Females, Child Bearing Age (15-44)	15,799	15,501	-1.9%
% Change 2017 - 2022	-0.4%	3.8%				
Average Household Income	\$55,753	\$80,853				

POPULATION DISTRIBUTION						HOUSEHOLD INCOME DISTRIBUTION			
Age Group	Age Distribution				USA 2017 % of Total	2017 Household Income	Income Distribution		
	2017	% of Total	2022	% of Total			HH Count	% of Total	USA % of Total
0-14	16,253	17.9%	15,517	17.2%	18.8%	<\$15K	5,641	15.8%	11.8%
15-17	3,518	3.9%	3,594	4.0%	3.9%	\$15-25K	5,018	14.0%	10.1%
18-24	7,774	8.6%	8,101	9.0%	9.8%	\$25-50K	9,793	27.4%	22.9%
25-34	10,582	11.7%	10,564	11.7%	13.4%	\$50-75K	6,323	17.7%	17.4%
35-54	23,110	25.5%	21,452	23.7%	25.7%	\$75-100K	3,860	10.8%	12.1%
55-64	12,759	14.1%	12,329	13.6%	12.9%	Over \$100K	5,100	14.3%	25.7%
65+	16,766	18.5%	18,817	20.8%	15.5%				
<b>Total</b>	<b>90,762</b>	<b>100.0%</b>	<b>90,374</b>	<b>100.0%</b>	<b>100.0%</b>	<b>Total</b>	<b>35,735</b>	<b>100.0%</b>	<b>100.0%</b>

EDUCATION LEVEL					RACE/ETHNICITY			
2017 Adult Education Level	Education Level Distribution			USA % of Total	Race/Ethnicity	Race/Ethnicity Distribution		
	Pop Age 25+	% of Total	% of Total			2017 Pop	% of Total	USA % of Total
Less than High School	5,164	8.2%	5.8%	White Non-Hispanic	81,264	89.5%	60.8%	
Some High School	7,104	11.2%	7.7%	Black Non-Hispanic	5,184	5.7%	12.4%	
High School Degree	25,507	40.3%	27.8%	Hispanic	2,119	2.3%	18.0%	
Some College/Assoc. Degree	17,927	28.4%	29.1%	Asian & Pacific Is. Non-Hispanic	507	0.6%	5.7%	
Bachelor's Degree or Greater	7,515	11.9%	29.6%	All Others	1,688	1.9%	3.2%	
<b>Total</b>	<b>63,217</b>	<b>100.0%</b>	<b>100.0%</b>	<b>Total</b>	<b>90,762</b>	<b>100.0%</b>	<b>100.0%</b>	

Population growth in the service area is projected to be flat; it is declining at less than 0.08 percent per year. The 65+ age group is growing at about 2.4 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.

Labor Force Characteristics  
 Area: BH Madisonville CHNA PSA Service Area 12-13-17  
 2017 ZIP Code Report  
 Ranked on 2017 Total Population 16+ (Desc)

ZIP Code	ZIP City Name	County	2017 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	Hopkins	21,304	29.0%	12,508	58.7%	11,652	54.7%	11	0.1%	845	4.0%	6,155	55.1%
42408	Dawson Springs	Hopkins	5,310	7.2%	2,904	54.7%	2,630	49.5%	10	0.2%	264	5.0%	1,347	48.7%
42442	Nortonville	Hopkins	2,516	3.4%	1,336	53.1%	1,162	46.2%	0	0.0%	174	6.9%	592	46.3%
42413	Hanson	Hopkins	2,179	3.0%	1,277	58.6%	1,208	55.4%	0	0.0%	69	3.2%	578	54.4%
42464	White Plains	Hopkins	1,578	2.2%	850	53.9%	748	47.4%	1	0.1%	101	6.4%	387	47.4%
42441	Nebo	Hopkins	1,257	1.7%	714	56.8%	642	51.1%	0	0.0%	72	5.7%	321	53.6%
42410	Earlington	Hopkins	1,184	1.6%	609	51.4%	548	46.3%	3	0.3%	58	4.9%	272	43.3%
42436	Manitou	Hopkins	1,126	1.5%	642	57.0%	583	51.8%	0	0.0%	59	5.2%	297	53.9%
42440	Mortons Gap	Hopkins	502	0.7%	260	51.8%	234	46.6%	1	0.2%	25	5.0%	113	43.5%
42453	Saint Charles	Hopkins	414	0.6%	220	53.1%	193	46.6%	0	0.0%	27	6.5%	95	45.7%
42345	Greenville	Muhlenberg	9,713	13.2%	5,133	52.8%	4,638	47.8%	11	0.1%	484	5.0%	2,430	48.8%
42330	Central City	Muhlenberg	8,113	11.1%	3,697	45.6%	3,312	40.8%	0	0.0%	385	4.7%	1,720	46.7%
42325	Bremen	Muhlenberg	1,534	2.1%	883	57.6%	803	52.3%	0	0.0%	80	5.2%	380	49.6%
42337	Drakesboro	Muhlenberg	1,339	1.8%	583	43.5%	525	39.2%	0	0.0%	58	4.3%	251	36.4%
42324	Belton	Muhlenberg	905	1.2%	416	46.0%	379	41.9%	0	0.0%	37	4.1%	184	40.3%
42339	Dunmor	Muhlenberg	770	1.0%	358	46.5%	326	42.3%	0	0.0%	32	4.2%	162	41.5%
42344	Graham	Muhlenberg	650	0.9%	349	53.7%	312	48.0%	0	0.0%	37	5.7%	151	45.2%
42323	Beechmont	Muhlenberg	647	0.9%	276	42.7%	251	38.8%	0	0.0%	25	3.9%	118	35.5%
42367	Powderly	Muhlenberg	603	0.8%	324	53.7%	290	48.1%	0	0.0%	34	5.6%	142	45.4%
42321	Beech Creek	Muhlenberg	485	0.7%	206	42.5%	188	38.8%	0	0.0%	18	3.7%	88	35.2%
42326	Browder	Muhlenberg	257	0.4%	110	42.8%	100	38.9%	0	0.0%	10	3.9%	48	35.6%
42450	Providence	Webster	3,290	4.5%	1,655	50.3%	1,536	46.7%	0	0.0%	119	3.6%	751	44.2%
42455	Sebree	Webster	2,395	3.3%	1,320	55.1%	1,270	53.0%	0	0.0%	50	2.1%	587	47.6%
42404	Clay	Webster	1,998	2.7%	1,022	51.2%	917	45.9%	0	0.0%	105	5.3%	469	45.9%
42409	Dixon	Webster	1,915	2.6%	1,004	52.4%	899	46.9%	0	0.0%	105	5.5%	382	43.7%
42456	Slaughters	Webster	1,381	1.9%	783	56.7%	753	54.5%	0	0.0%	30	2.2%	340	49.9%
Total			73,365	100.0%	39,439	53.8%	36,099	49.2%	37	0.1%	3,303	4.5%	18,360	49.4%

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DEMO0103.SQP

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PSA Service Area Defined : Hopkins, Muhlenberg, and Webster Counties

**Households by Socioeconomic Characteristics**  
**Area: BH Madisonville CHNA PSA Service Area 12-13-17**  
**2017 ZIP Code Report**  
**Ranked on 2017 Households (Desc)**

ZIP Code	ZIP City Name	2017 Total Households		2017 Median HH Income	Median Age of Total Population	Median Home Value
		Count	%Down			
42431	Madisonville	11,044	30.9%	\$44,318	40.9	\$98,869
42345	Greenville	4,478	12.5%	\$44,236	42.2	\$91,425
42330	Central City	3,557	10.0%	\$36,250	40.5	\$71,759
42408	Dawson Springs	2,651	7.4%	\$38,483	43.1	\$71,483
42450	Providence	1,720	4.8%	\$44,783	42.6	\$74,506
42442	Nortonville	1,237	3.5%	\$37,746	39.8	\$78,649
42455	Sebree	1,126	3.2%	\$46,447	38.7	\$89,521
42413	Hanson	1,009	2.8%	\$61,379	44.8	\$134,722
42404	Clay	988	2.8%	\$45,273	41.4	\$68,298
42409	Dixon	846	2.4%	\$44,730	41.7	\$78,023
42464	White Plains	761	2.1%	\$42,188	42.2	\$74,357
42325	Bremen	760	2.1%	\$40,089	41.1	\$76,800
42337	Drakesboro	640	1.8%	\$31,912	42.4	\$71,111
42456	Slaughters	638	1.8%	\$51,000	43.3	\$111,058
42410	Earlington	622	1.7%	\$44,600	39.4	\$63,333
42441	Nebo	596	1.7%	\$49,615	41.0	\$94,091
42436	Manitou	523	1.5%	\$64,722	44.1	\$154,063
42324	Belton	438	1.2%	\$42,381	44.5	\$87,727
42339	Dunmor	376	1.1%	\$41,053	44.5	\$87,353
42344	Graham	317	0.9%	\$37,283	41.0	\$65,208
42367	Powderly	315	0.9%	\$39,219	46.8	\$73,600
42323	Beechmont	310	0.9%	\$38,571	39.9	\$85,714
42440	Mortons Gap	235	0.7%	\$34,605	45.3	\$57,000
42321	Beech Creek	231	0.6%	\$37,500	40.3	\$84,000
42453	Saint Charles	196	0.5%	\$40,455	44.6	\$70,000
42326	Browder	121	0.3%	\$34,167	44.9	\$67,500
<b>Total</b>		<b>35,735</b>	<b>100.0%</b>	<b>\$43,227</b>	<b>41.6</b>	<b>\$87,956</b>

Demographics Expert 2.7

DEMO0021.SQP

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## 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 Death Rates	Hopkins	Muhlenberg	Webster	KY	USA
<b>Total</b>	<b>549.0</b>	<b>446.7</b>	<b>298.6</b>	<b>879.3</b>	<b>2,814.2</b>
Coronary Heart Disease	211.5	176.6	101.8	199.4	661.3
Cancer	119.7	102.3	58.2	192.2	627.5
COPD & Pneumonia	56.0	30.6	59.5	64.6	161.5
Accidents	-	-	-	42.6	119.2
Stroke	81.3	54.8	-	40.6	125.6
Diabetes	-	-	31.7	25.5	82.8
Suicide	11.2	-	-	15.8	50.9
Homicide	-	-	-	5.2	20.0
Motor Vehicle/100 K Miles	-	-	-	15.5	40.5
<b>All Other Causes</b>	<b>69.30</b>	<b>82.4</b>	<b>47.4</b>	<b>277.9</b>	<b>924.9</b>
	Significantly Below KY Rate				
	Significantly Above KY Rate				

Source: [wonder.cdc.gov](http://wonder.cdc.gov) CDC Compressed Mortality for 2012-2016

- Per CDC, Data is Statistically Unreliable

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, the three counties' low death rate due to cancer may show that residents are seeking and receiving care quickly for cancer-related events, or they may be doing a better job of caring for themselves, thus reducing the number of cancer-related events overall.

The data in the table is based on all deaths from the counties, Kentucky, and the U.S., from 2012 through 2016. Heart disease remains the No. 1 killer in the service area; however, the Centers for Disease Control has predicted that by 2020, the age-adjusted mortality rate for cancer will exceed that for cardiac-related deaths in more than half the counties in the U.S.

Noteworthy is the number of age-adjusted deaths due to neurological events (strokes) – higher in the service area counties than the average rate in Kentucky. This is likely to be the result of lifestyle choices that often lead to stroke that are still prevalent in the area.

### Cancer Incidence Rates

Cancer incidence rates are from the Kentucky Cancer Registry and cover a five-year span from 2011 to 2015. 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	Hopkins	Muhlenberg	Webster	KY
<b>All Cancers</b>	<b>492.2</b>	<b>527.0</b>	<b>517.6</b>	<b>563.6</b>
Lung	82.0	105.4	95.7	93.7
Prostate	78.3	93.5	54.7	108.8
Breast	120.4	123.0	137.6	151.4
Female Genitalia	50.1	48.7	74.1	63.1
Skin	36.6	40.7	37.2	43.8
Pancreas	12.2	12.0	16.2	13.4
<b>All Other Causes</b>	<b>112.6</b>	<b>103.7</b>	<b>102.1</b>	<b>89.4</b>

	Significantly Below KY Rates
	Significantly Above KY Rates

Source: Ky Cancer Registry, [cancer-rates.info/ky](http://cancer-rates.info/ky) 2011-2015

### 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 1.89 times that of Kentucky, although the rest of the area is similar to Kentucky as a whole.

Counties	Opium, Cocaine, Their Derivatives	Marijuana	Meth	Heroin	Other Drug, Synthetic Narcotics	Total Drug Arrests	2017 Population	Arrest Rate per 1,000
Hopkins	9	322	286	2	857	1,476	45,972	32.1
Muhlenberg	16	115	98	2	300	531	30,416	17.5
Webster	3	55	51	0	125	234	13,793	17.0
<b>Total</b>	<b>28</b>	<b>492</b>	<b>435</b>	<b>4</b>	<b>1,282</b>	<b>2,241</b>	<b>90,181</b>	<b>24.9</b>
Kentucky	3,209	17,407	9,958	3,282	41,854	75,710	4,452,578	17.0
% of Kentucky	0.9%	2.8%	4.4%	0.1%	3.1%	3.0%	2.0%	

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.

### **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 2017. 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 13 percent. Smoking contributes to heart disease, cancer, respiratory ailments and strokes. Webster County had some of the best rankings in the area, only scoring poorly on Health Behaviors, access to exercise opportunities, and in the number of healthcare providers per capita.

While several of these statistics are still not at the desired level, many of them moved in the right direction since the 2015 Community Health Needs Assessment. Hopkins County improved 18 places on the Quality of Life ranking and 25 places on Health Behavior ranking, while Webster County improved 15 places on the Health Outcomes ranking. All the Physical Environment rankings improved, including Muhlenberg County by 37 places. The percentage of uninsured people decreased by about 6 to 10 points in every county, due to the Affordable Care Act, which dramatically improved this statistic. Adult smoking declined two to six points across the counties. On the down side, the obesity percentage was higher for Hopkins and Muhlenberg counties.

	Hopkins	Muhlenberg	Webster	Kentucky
<b>Health Outcomes</b>	<b>50</b>	<b>65</b>	<b>38</b>	<b>46</b>
<b>Length of Life</b>	<b>60</b>	<b>89</b>	<b>56</b>	
Premature death	9,538	10,761	9,387	8,932
<b>Quality of Life</b>	<b>39</b>	<b>36</b>	<b>30</b>	
Poor or fair health	19%	21%	21%	21%
Poor physical health days	4.6	5.0	4.8	4.7
Poor mental health days	4.0	4.1	4.2	4.4
Low birthweight	9.2%	7.5%	7.3%	8.9%
<b>Health Factors</b>	<b>35</b>	<b>73</b>	<b>71</b>	<b>39</b>
<b>Health Behaviors</b>	<b>39</b>	<b>72</b>	<b>80</b>	
Adult smoking	20%	22%	22%	26%
Adult obesity	35%	38%	36%	33%
Food environment index	7.1	7.5	8.1	7.1
Physical inactivity	27%	31%	31%	28%
Access to exercise opportunities	58%	31%	1%	70%
Excessive drinking	14%	12%	13%	16%
Alcohol-impaired driving deaths	17%	20%	46%	28%
Sexually transmitted infections	437.4	468.3	386.6	401.9
Teen births	57.3	51.5	62.3	44.2
<b>Clinical Care</b>	<b>17</b>	<b>74</b>	<b>89</b>	
Uninsured	10%	11%	11%	10%
Primary care physicians	814:1	2837:1	6618:1	1495:1
Dentists	2201:1	3118:1	4390:1	1617:1
Mental health providers	1401:1	3898:1	6585:1	564:1
Preventable hospital stays	68.7	106.76	94.79	77.02
Diabetic screening	82%	86%	83%	86%
Mammography screening	57%	63%	58%	59%
<b>Social &amp; Economic Factors</b>	<b>52</b>	<b>69</b>	<b>37</b>	
High school graduation	88%	89%	88%	89%
Some college	54%	47%	46%	59%
Unemployment	5.72%	7.09%	5.18%	5.40%
Children in poverty	27%	26%	25%	25%
Children in single-parent households	33%	35%	26%	35%
Violent crime	124.3	67.3	57.6	214.7
Injury deaths	92.8	92.3	95.4	84.7
<b>Physical Environment</b>	<b>92</b>	<b>70</b>	<b>72</b>	
Air pollution - particulate matter	10.4	10.3	10.4	10.0
Drinking water violations	No	No	No	0%
Severe housing problems	13%	12%	13%	14%
Driving alone to work	88%	86%	82%	82%
Long commute - driving alone	26%	27%	39%	29%

Source: Robert Wood Johnson, CountyHealthRankings.org 2018 County Rankings

Data Collected: 12/14/17

## 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 750 paper surveys. The survey was widely publicized.

## Survey

A survey of area residents, including the hospital employee base, provided primary data. Participants were asked their county of residence, gender, race, education and income levels.

Five hundred sixty four (564) service area residents were surveyed (more people took the survey, but not all were residents of the service area) from the April 15, 2018, to June 15, 2018. To secure a 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 Qualtrics system at the University of Kentucky College of Public Health to host the survey and collect and analyze the data. There were also 750 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 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 60 questions and took approximately 10 to 15 minutes to complete. (Survey, Appendix B.) The following tables show the demographic composition of survey responders:

<b>Respondents by County</b>	<b>% of Total</b>	
Hopkins - KY	434	66.6%
Webster - KY	78	12.0%
Muhlenberg - KY	52	8.0%
Other	88	13.5%
<b>Total</b>	<b>652</b>	<b>100.0%</b>

<b>Respondents by Gender</b>	<b>% of Total</b>	
Male	87	15.4%
Female	475	84.2%
Transgender	0	0.0%
Non-gender conforming	2	0.4%
Blank	0	0.0%
<b>Total</b>	<b>564</b>	<b>100.0%</b>

<b>Respondents by Race/Ethnicity</b>	<b>% of Total</b>	
Prefer not to Answer	9	1.6%
Asian or Pacific Islander	2	0.4%
Black or African American	26	4.6%
Latino or Hispanic	3	0.5%
Native American	3	0.5%
White or Caucasian	511	90.6%
Multiracial	7	1.2%
Other	3	0.5%
<b>Total</b>	<b>564</b>	<b>100.0%</b>

<b>Respondents by Age</b>	<b>% of Total</b>	
Under 18	2	0.4%
18 - 35	206	36.5%
36 - 45	112	19.9%
46 - 55	121	21.5%
56 - 65	93	16.5%
Over 65	28	5.0%
Blank	2	0.4%
<b>Total</b>	<b>564</b>	<b>100.0%</b>

<b>Respondents by Education</b>	<b>% of Total</b>	
Less than 12 Years	22	3.9%
High School Graduate	71	12.6%
GED	28	5.0%
Technical Certificate	16	2.8%
Currently in College	77	13.7%
Some College, Didn't Complete	82	14.5%
Associate's Degree	98	17.4%
Bachelor's Degree	85	15.1%
Master's Degree	74	13.1%
Doctural Degree	10	1.8%
Blank	1	0.2%
<b>Total</b>	<b>564</b>	<b>100.0%</b>

<b>Respondents by Yearly Income</b>	<b>% of Total</b>	
No income	51	9.0%
Less than \$15,000	66	11.7%
\$15,000 - \$19,999	33	5.9%
\$20,000 - 24,999	34	6.0%
\$25,000 - \$29,999	39	6.9%
\$30,000 - \$39,999	41	7.3%
\$40,000 - \$49,999	41	7.3%
\$50,000 - \$64,999	58	10.3%
\$65,000 - \$84,999	59	10.5%
\$85,000 - \$120,000	84	14.9%
More than \$120,000	54	9.6%
Blank	4	0.7%
<b>Total</b>	<b>564</b>	<b>100.0%</b>

The survey respondents mirrored the racial/ethnicity composition of the overall population, but were preponderantly female, more wealthy, and had more educational attainment. They also skewed to the middle age ranges, with fewer elderly and almost no adolescent participation. By collecting e-mail addresses, it is clear a large number of participants were Baptist Health employees; this is not a bad thing because it means more persons who are familiar with the local healthcare situation took part in the survey.

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

#### **Important Health Issues- Personal & Community**

<b>Top 5 Personal Issues</b>	<b>Respondents</b>	<b>% of Total</b>
Access to Primary Care	393	69.7%
Access to Specialists	290	51.4%
High Blood Pressure	174	30.9%
Obesity	148	26.2%
Diabetes	137	24.3%

<b>Top 5 Community Issues</b>	<b>Respondents</b>	<b>% of Total</b>
Drug Use	231	41.0%
Obesity	221	39.2%
Available Behavioral Care	209	37.1%
Access to Primary Care	206	36.5%
Access to Specialists	164	29.1%

Cancer and heart disease were the sixth and seventh most mentioned family health issues. Only 17.9 percent of the respondents said they used tobacco products, which is slightly below the community's percentage from secondary data. Respondents ranked their own physical (61.7 percent said they were healthy or very healthy) and mental health (70.7 percent said they were healthy or very healthy) significantly higher than they believe the health status of the community (8.0 and 8.5 percent, respectively, said the community was healthy or very healthy) to be. On a positive note, 86.9 percent said they believed the health of the community could improve.

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

- Over 46 percent said they had a chronic medical condition for which they had to regularly take medicine and/or visit a doctor.
- Thirty-six percent have not seen a dentist for a routine check and cleaning in the last two years or longer; 3.5 percent had never seen a dentist.
- Almost 15 percent indicated they had to go without enough to eat at least occasionally with almost 5 percent who do not get enough to eat on a regular basis.
- Six percent lack a reliable and affordable source of transportation.
- Over 18 percent said they had had to choose between buying food and buying medicine at some point.
- Over 36 percent described themselves as overweight or obese.
- While half of the survey participants said they were raising children, over 36 percent of these respondents were in a single-caregiver situation.

The survey results 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 F. All hospital discharges by service line of service area residents by service line are shown in Appendix E. 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 26 licensed facilities other than hospitals in Hopkins, Muhlenberg, and Webster Counties, including ambulatory surgery centers, end stage renal disease facilities (dialysis centers), home health agencies, hospice services, rehabilitation agencies, rural health clinics, ambulatory care clinics, primary care centers, special health clinics, and networks.

### **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 is conducting a primary care strategic plan in 2018, including 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 guides 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 shows 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 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** – Five of the top six survey responses in the family health issues were related to access. These include access to primary care, access to specialists, availability of behavioral/mental health, and availability of substance abuse treatment.

2. **Obesity** – This was the second greatest concern in the community health 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 have a major impact on the community, including diabetes, heart disease, and cancer.
3. **Cancer** – While this rated as No. 7 on the family health issues in the survey, it was a greater concern to the committee members and from secondary data
4. **Management of Chronic Diseases** – Hypertension, diabetes, and heart disease ranked highly on the surveys and were combined by the committee into this category
5. **Child Abuse/Neglect and Bullying** – The committee identified this as an issue and noted that Senior Abuse and Neglect was also rated highly.
6. **Substance Abuse/Treatment** – This was the No. 1 rated community health concern. The 2016 Kentucky State Police Annual Report ranks the service area as one of the worst for drug arrests in Kentucky. Hopkins County is in the top 75th percentile in the state. This issue cannot be met by Baptist Health Madisonville as it does not have a substance abuse treatment program. This will have to be handled by other community agencies.

## Strategic Implementation Plan

Baptist Health Madisonville will develop its implementation strategy 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 within four and a half months after the end of the hospital’s fiscal year. The 2019-2021 Strategic Implementation Plan has been added below.

The committee reviewed the 2015-2017 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.

### Baptist Health Madisonville Strategic Implementation Plan 2019-2021

Identified Health Needs	Goals	Results
<b><i>Access: Improve access to primary care, specialty care, and behavioral health services.</i></b>	Complete primary care strategic plan	Primary care strategic plan completed in December 2018



Identified Health Needs	Goals	Results
	Use consultant to prepare master facility plan for Baptist Health Madisonville's service area, focusing on ambulatory care.	Plan shows capital needs for ambulatory care facilities and primary care provider needs for the next five years in the Baptist Health Madisonville service area
	Open Rural Health Clinics in Hopkinsville, Dawson Springs, and Powderly	Additional access points for primary and specialty care in offsite locations
	Partner with Health First, a Federally Qualified Health Clinic (FQHC), to provide women's health services	Dr. Weisenburger and Alyssa Stubblefield, APRN will provide women's health services in the FQHC
	Improve access to women's health care services in partnership with pharmacy in Greenville	Feasibility of providing services in a non-traditional venue
	Send letter to salons/barbers about primary care screening opportunities	Alert underserved populations of the availability of health screenings
	Send letter to churches about the congregational health model	Increase number of churches participating in congregational health screenings
	Increase number of health screenings	Participation in local street and health fairs to provide screenings
	Hold annual Nurse Pentathlon	Provide nursing education grants and community service projects through Foundation
	Evening hours in Family Medicine Residency clinic	Evening clinic hours available every other week
	Provide free sports physicals in Powderly, Princeton, and Madisonville	Increase number of children able to get sports physicals
	Provide virtual care services	Telehealth visits with medical providers to reduce need for transportation or expensive emergency department visits
	Provide teleneurology visits	Provide access to specialty service not otherwise available in community
	BluMine initiative to provide primary care for employers	Hospital will facilitate employers getting primary care for their employees

Identified Health Needs	Goals	Results
	Work with Hopkins and Webster County Area Technology Advisory Councils to provide beds and equipment for student training	Provide beds and other medical equipment for training area students in healthcare careers
	Support Hopkins County Community Health Clinic	Increase amount of care provided by the clinic and educational opportunities for medical students
	Make health referrals through Cancer Community Outreach Program	Increase number of patients with a designated primary care provider
<p><b><i>Obesity: Promote availability of healthy food choices and promote increased physical fitness and exercise</i></b></p>	<p>Promote and support local farmers' markets to the communities, including one on hospital campus</p>	<p>Increase opportunities for healthy nutritional choices</p>
	<p>Provide Wellness Park on hospital campus</p>	<p>Increase number of people using free walking path with fitness equipment stations</p>
	<p>Participate in Medical Fitness Week where community members measure steps for one week</p>	<p>Increase awareness of need for physical activity</p>
	<p>Open Pediatric Play Park that is accessible to children of all levels of ability</p>	<p>Increase opportunities for all children to exercise in a playground with accessible equipment</p>
	<p>Fund Project Fit America grants in area schools</p>	<p>Currently in 13 area schools in every county served. Promotes healthy activities and nutrition for children</p>
	<p>Participate in food drive for the Hopkins County/Muhlenberg County Elder Abuse Council</p>	<p>Increase amount of healthy food for elderly in Hopkins and Muhlenberg counties</p>
	<p>Promote the "Exercise is Medicine" program</p>	<p>Actively promote the "Exercise is Medicine" program where physicians can prescribe exercise with discounts to membership at the Fitness Formula locations</p>
	<p>Provide free memberships to Fitness Formula sites for child and parent who receive sports physicals</p>	<p>Increase the number of children and parents participating in regular exercise</p>

Identified Health Needs	Goals	Results
	Provide Survivor Fit program for cancer survivors and those in active treatment	Make \$25 memberships available to cancer survivors and those in active treatment
	Provide low-cost Fitness Formula locations in service area	Increase physical activity by providing fitness center locations in Madisonville, Princeton, Hopkinsville, and Powderly
<b><i>Cancer: Provide a variety of cancer support and screening programs in the community</i></b>	Provide low dose CT screenings and education to persons 55 and older who have smoked in the last fifteen years or are still smoking	Detect lung cancer before it advances to later stages
	Provide colonoscopy screenings and risk factor education	Detect colon cancer before it advances to later stages
	Provide free mammograms and risk factor education for uninsured and underinsured persons through Think Pink grant	Detect breast cancer before it advances to later stages
	Provide genetic screening through telehealth	Provide service not available in the community
	Foundation to provide scalp-cooling machines for chemotherapy patients	Reduces hair loss during chemotherapy
	Purchase new linear accelerator	Provide the most up-to-date radiation therapy technology to the community
	Participate in Kentucky LEADS, a lung cancer survivorship research study	Provide research into lung cancer survivorship and the role/needs of the caretaker
Promote and educate community about HPV vaccination	Increase the number of individuals who receive HPV vaccination	
<b><i>Management of Chronic Diseases: Reduce acute episodes due to uncontrolled chronic diseases and improve quality of life</i></b>	Provide Coumadin clinic	Monitor therapeutic medication levels
	Provide diabetes educator	Provide education for diabetes patients and newly diagnosed diabetics
	Provide Chronic Heart Failure (CHF) clinic	Reduce complications in patients with CHF
	Provide Meds-to-Beds program, delivering discharge prescriptions to patients at their bedside	Improve medication compliance, reduce readmissions, and improve patient satisfaction

Identified Health Needs	Goals	Results
	Provide inpatient palliative care program	Improve patients' quality of life
	Provide home palliative care services	Improve patients' quality of life
	Provide oral chemotherapy medication through retail pharmacy	Reduce the number of visits to the hospital campus for chemotherapy treatment
	Provide home health services	Improve patients' quality of life and reduce readmissions
	Provide a lung nodal clinic in FY 2020	Provide follow-up monitoring of potential cancerous masses
	Provide a patient-centered medical home through residency clinic	Improve monitoring and education about chronic illnesses
	Provide Community Health rotation for residency program	Teach physicians to provide chronic disease management to their patients
	Provide a cardiopulmonary rehabilitation program	Improve patients' recovery from cardiopulmonary events
<b><i>Child Abuse/Bullying: Reduce bullying activity in community</i></b>	Participate in Happy Feet program by providing athletic shoes and socks to underserved children in Hopkins and Webster Counties	Reduce bullying based on attire
	Participate in Hopkins County Mentoring and Preparing Students (MAPS)	Provide education for students about healthcare careers and interpersonal skills
	Host Shop-with-a-Doc program	Physicians go shopping with underserved youth so their attire is more acceptable and mentor them on the importance of education
<b><i>Substance Abuse/Treatment: Reduce substance abuse and increase treatment opportunities in the community</i></b>	Participate in Kentucky Hospital Association's Statewide Opioid Stewardship program	Reduce number of opioid prescriptions and improve safe opioid use
	Provide Camp Butterfly, a bereavement program for children who have lost someone to substance abuse or other causes	Improve children's coping mechanisms for loss to substance abuse

## Communications Plan

Results from the 2018 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 another local organization with a link to Baptist Health Madisonville's assessment.
- Providing the website address where the document can be accessed through media communications.

This 2018 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 2018 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 six areas that show the greatest need are:

1. Access to Health Care
2. Obesity
3. Cancer
4. Management of Chronic Diseases
5. Child Abuse/Neglect and Bullying
6. Substance Abuse/Treatment

Of these, the hospital will focus on the first five, leaving substance abuse/treatment to organizations and facilities with more resources in that area. Baptist Health Madisonville will continue to provide the highest quality care and commitment to improve the health of the community it serves.

## Appendix A – Data Sources

Behavioral Risk Factor Surveillance System Data, 2016. [www.cdc.gov/brfss](http://www.cdc.gov/brfss)

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

Centers for Disease Control and Prevention, National Center for Health Statistics, Final Natality Data, January 15, 2015. *Births: Final Data for 2013*. [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf)

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## Appendix B – 2018 Baptist Health Madisonville Public Survey Instrument

### Community Health Needs Assessment

#### Survey Instructions and Questions

Community health and wellness is a critical issue affecting the quality of life and economic prosperity of our region. We invite you to participate in a very important survey to help us understand our citizens and what you see as the most important issues that affect your health and that of your family and the community. The data we gather from this survey will help guide us as we work together to try to help build healthier and happier communities in western Kentucky. The survey should take no more than 10-15 minutes to complete and you will be providing a great public service if you will take the time to complete it and return it. Your participation is entirely voluntary and your responses will be completely anonymous. None of your answers will be connected to you in any way and your responses will be used only in combination with everyone else's.

If you complete this survey, you will be performing a very important public service, but as an additional incentive for those who complete the survey, we offer the opportunity to be entered into a drawing for a \$250 gift card. If you would like to be entered in the drawing, please include your contact information. Your information will not be connected in any way with your survey responses. It will be used solely for the purposes of entering you in the drawing and contacting you if you win. You must complete the survey to be entered into the drawing.

**E-mail Address:** \_\_\_\_\_ **OR**

**Name and Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### FOR PRINTED SURVEYS ONLY:

When you complete your survey, please place it in the postage-paid envelope that was included and drop in any mailbox.

1. **Your current zip code (use nine digit code, if known):** \_\_\_\_\_

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

3. **Your current age:**

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

**4. Your relationship status:**

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

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

- a. Yes
- b. No
- c. Not raising kids

**6. Your racial or ethnic identity:**

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

**7. 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, but didn't complete
- g. Associates degree
- h. Bachelor's degree
- i. Master's degree
- j. Doctoral degree

**8. 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 the kind of job I want to do long-term
- 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 one year, seeking full-time/part-time work
- j. Unemployed more than one year, seeking full-time/part-time work
- k. Unemployed, no longer seeking work
- l. Disabled

**9. 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





**10. 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 from public employer
- j. Other government support
- k. Student loans
- l. Support from family members

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

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6 or more

**12. Ages of children in your house (1,3,5,5,7, etc.):**

---

**13. Have any children in your house under age 16 dropped out of school?**

- a. Yes
- b. No

**14. 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, regularly, more than twice a month, on average
- e. No

**15. Have you had your electricity, water or heating fuel turned off in the past 12 months?**

- 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

**16. Have you had to go without a refrigerator in your house for more than a week in the past 12 months?**

- a. Yes
- b. No

**17. Do you have running water in your house?**

- a. Yes
- b. No

**18. Do you have mold, lead, or other environmental contaminants in or around your home?**

- a. Yes
- b. No
- c. Unknown

**19. Is your home air-conditioned in the summer?**

- a. Yes
- b. No

**20. How do you heat your home in winter?**

- a. Central furnace
- b. Electric space heaters
- c. Wood fireplace/stove
- d. Kerosene heaters

**21. 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 a vehicle, but it is often broken down
- e. No. I/we have a vehicle, but sometimes can't afford gas
- f. No. I/we do not have a vehicle and often can't get a ride

**22. 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

**23. Do transportation problems interfere with you or anyone in your household getting to appointments with your doctor or other needed health care providers?**

- a. Yes
- b. No

**24. What type 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

**25. 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 household
- c. Private insurance, paid by government subsidy
- d. Medicare
- e. Medicaid
- f. Do not have insurance
- g. Don't know

**26. 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

**27. 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

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

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

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

- a. No
- b. Yes, Sometimes
- c. Yes, Often
- d. Yes, Regularly

**30. Gender**

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

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

- a. Yes
- b. No

**32. How would you describe your weight?**

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

**33. 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"/>

**34. 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"/>

**35. 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

**36. If you don't eat fresh foods 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

**37. If you use tobacco, what kind?**

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

**38. Do you think e-cigs are a safe alternative to smoking?**

- a. Yes
- b. No

**39. 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

**40. If you use tobacco, would you like to quit, and if so, what is stopping you?**

- a. No
- 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.)

**41. 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 2 years
- c. 2-5 years
- d. Longer than 5 years
- e. Never had a routine check

**42. When was the last time you saw a doctor when you were sick or to manage a chronic condition (COPD, diabetes, etc)?**

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

**43. When was the last time you saw a dentist for 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

**44. Please select any of the following preventative tests you have had in the past one to two years:**

- 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. Blood lipid test
- l. Cholesterol test
- m. Blood glucose test (blood sugar)
- n. Hemoglobin A1C test (test for diabetes)
- o. Dental exam
- p. Dental cleaning
- q. Bone density test (for osteoporosis)
- r. Cardiovascular screening
- s. Hearing test
- t. Screening for STD (sexually-transmitted diseases)
- u. HIV test

**45. Where do you go for regular medical care?**

**Check 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

**46. If you have ever needed to see a provider but could not, why not? Check all that apply.**

- a. This has never happened to me
- b. No insurance
- c. My insurance would not cover or approve what I needed to go to a provider for
- d. The provider was not available at any time I could go because of my work schedule
- e. I couldn't 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. Could not get time off work to go
- i. Could not get an appointment
- j. Could not get transportation
- k. Could not get childcare
- l. Provider too far away

**47. For what type(s) of care have you had to travel more than 20-30 miles to get? Check all that apply.**

- a. Routine medical care
- b. Routine dental care
- c. Routine eye care
- d. Behavioral/Mental health care
- e. Substance abuse treatment
- f. Obstetrical care/care related to pregnancy

- g. Gynecological care
- h. Heart care
- i. Chronic condition care (like diabetes, COPD, high blood pressure, etc.)
- j. Cancer care
- k. Pediatric care
- l. Sleep disorder care
- m. Bariatric/weight control care
- n. Physical therapy
- o. Rehabilitation
- p. Have not left the area for any type of care

**48. Where do you get most of your healthcare-related information? Check 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. Church
- h. School
- i. Internet sites like WebMD or National Institutes of Health
- j. Public Library
- k. Other. Please specify: \_\_\_\_\_

**49. Have you ever been diagnosed by a healthcare provider with any of the following? Check 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. TB
- l. Sickle Cell disease



- m. Cancer. If so, what type? \_\_\_\_\_
- n. Lupus
- o. Multiple Sclerosis
- p. Kidney disease
- q. Behavioral or mental health issues
- r. Hepatitis
- s. HIV/AIDS
- t. Sexually-transmitted disease
- u. Serious Oral Health issues
- v. Serious allergies
- w. Glaucoma
- x. Hearing disorders
- y. Parkinson's disease
- z. Alzheimer's
- aa. Non-Alzheimer's dementia
- bb. Arthritis or other joint disorders
- cc. Migraines or other serious headache disorders
- dd. Liver disease
- ee. Gallstones
- ff. GI disorders

**50. In your opinion, what are the FIVE most important health issues TO YOU AND YOUR FAMILY (please choose only five)**

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

**51. In your opinion, what are the FIVE most important health issues facing YOUR COMMUNITY (please choose only five)**

- 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. Bullying at school or online
- j. Gun-related violence
- k. Rape/sexual assault
- l. Underage drinking
- m. Drug use
- n. Motor vehicle-related injuries
- o. Child abuse or neglect
- p. Elder abuse or neglect
- q. Availability of care for people with Alzheimer's or dementia
- r. Availability of long-term care for people

with chronic debilitating diseases (MS, ALS, Parkinson's, severe mental or physical disability, etc.)

- s. Obesity
- t. Diabetes
- u. High blood pressure
- v. Heart disease
- w. Cancer
- x. Teenage pregnancy
- y. STD's
- z. Domestic violence
- aa. Poverty
- bb. Industrial/farming accidents
- cc. Infectious diseases (hepatitis, HIV, TB, etc.)
- dd. Availability of home health care
- ee. Availability of care for senior citizens (long-term care, etc.)
- ff. Physical environment of the home (lead paint, mold, etc.)
- 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

**52. How would you rate the physical health of your community?**

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

**53. How would you rate the mental/behavioral health of your community?**

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

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

- a. Yes, currently or as an adult
- b. Yes, as a child
- c. No

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

- a. Yes
- b. No

**56. Describe your physical fitness:**

- a. I do exercise that gets my heart rate up at least 3 times a week
- b. I don't exercise because I don't want to
- c. I don't exercise because I feel I don't need to.
- d. I don't exercise because I don't have time.
- e. I don't exercise because I can't afford to join a gym

**57. Would you support a needle exchange program in your county to reduce the spread of hepatitis and HIV/AIDS?**

- a. Yes
- b. No
- c. Unsure, I don't have enough information

**58. Do you think gun violence is a current or potential community health concern?**

- a. Yes
- b. No



**59. 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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**60. Any additional comments you care to make:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Appendix C – 2015 – 2018 SIP Results

### Baptist Health Madisonville Strategic Implementation Plan 2015-2018

Identified Health Needs	Goals	Results
<b><i>Obesity: Promote availability of healthy food choices in the counties served</i></b>	<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>&gt; Provided nutrition facts and healthy recipes to members of Healthy U Community Wellness Program.</p> <p>&gt; Working with the nutrition expert at the Cooperative Extension Office to provide nutrition education at public health screening events and sponsored health fairs.</p> <p>&gt; Instituted a market/exchange for employee-grown produce at the hospital</p> <p>&gt; Goal completed, approached local schools about nutrition labeling and soft drink/snack machine relocation</p> <p>&gt; Provided nutrition information at Spring Into Health Fair.</p> <p>&gt; Provide perinatal education about nutrition in pregnancy centering classes.</p> <p>&gt; Promoting nutrition counseling in Family Medicine Residency Program</p> <p>&gt; Informational brochures distributed to pregnant and new mothers</p>
<b><i>Obesity: Promote increased physical fitness and exercise in the counties served</i></b>	<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>&gt; Support Baptist School Fitness Program which works on fitness and nutrition with elementary schools throughout the region. Provide Project Fit Grants to area elementary schools to support fitness programs</p> <p>&gt; "Tai Chi in the Wellness Park", targeting community and employees, was a complimentary 8 week course focused on general health and wellbeing and included low/no impact aerobic movements. Participants: 33</p> <p>&gt; "Healthy Heart, Healthy You", targeted community members and employees and provided initial and final cholesterol and blood pressure checks, in addition to weekly tasks and education on diet, exercise, and lifestyle changes to implement a healthier lifestyle. Participants: 44, total weight loss: 221.6lbs</p> <p>&gt; Sponsored "Back to School, Back on Track" program, aiming to encourage parents and children to work together towards healthier lifestyle choices, was held during the summers of 2015 &amp; 2016.</p> <p>&gt; 2015: participants - 39 adults, 14 children. Total weight loss: 48.4lbs</p> <p>&gt; 2016: participants - 125 adults, 29 children. Total weight loss: 278lbs</p> <p>&gt; "Stepping through the Bluegrass" offered to communities of Hopkins, Webster, and Muhlenberg counties, challenging participants to "walk" across the state of Kentucky by logging their daily physical activity in miles. Participants: 397</p> <p>&gt; "Keep Calm Walk On" Spring 2016 offered a 6 week program to community members and employees encouraging 30 minutes of walking daily. Participants: 183, total weight loss: 252.9lbs</p>

Identified Health Needs	Goals	Results
<b>Obesity: Promote employee based wellness programs to business and industry</b>	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	<ul style="list-style-type: none"> <li>&gt; "Learn and Burn" - partnered with the Hopkins County - Madisonville Public Library to target community members to participate in weekly "Healthy speaking sessions" and weigh ins. Participants: 151, total weight loss: 604.9lbs</li> <li>&gt; Health Fair at Alliance Coal Mines (no info on # of people, what years, etc)</li> </ul>
<b>Heart Disease: Maintain the successful programs and activities implemented in the 2012 CHNA</b>	A. Promote environments that support prevention of heart disease, i.e, healthy eating, increased physical activity, tobacco-free lifestyle, and moderate alcohol use	<ul style="list-style-type: none"> <li>&gt; Goal completed - "heart healthy" meal options identified daily</li> <li>&gt; Education with Sports Medicine staff completed</li> </ul>
<b>Heart Disease: Decrease population risk factors through culturally appropriate support for health lifestyles</b>	B. Target heart healthy education and prevention interventions among those in high risk groups and groups with greater knowledge disparity	<ul style="list-style-type: none"> <li>&gt;Developing community health coalition with other stakeholders to promote equity and identify and address cardiovascular and other community health issues in our region.</li> <li>&gt;Sponsoring public cardiovascular screening events targeting at-risk populations.</li> <li>&gt;Supporting long-term cardiovascular fitness research program through U of L Trover Campus medical students.</li> <li>&gt;Education provided at all health screening events and health fairs.</li> <li>&gt;Education also provided in ULTC CV program and through activities of our coalition partners.</li> </ul>
<b>Heart Disease: Enhance patient awareness of heart and the skills needed for self management</b>	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	<ul style="list-style-type: none"> <li>&gt;Funded acquisition of new instruments to provide total lipid and blood glucose readings, along with BMI and blood pressure to all participants in our screening events. Building community health coalition with other stakeholders to promote equity and identify and address cardiovascular and other community health issues in our region. Coalition currently consists of 27 community health related stakeholders.</li> </ul>
<b>Heart Disease: Improve cardiovascular health through worksite wellness initiatives</b>	A. Encourage worksites to educate their employees about their benefit package, including preventive services	<ul style="list-style-type: none"> <li>&gt;Conducted health fair for employees of local city government. Conducted First United Bankd employee wellness program.</li> <li>&gt; Conducted "Stepping Through the Bluegrass" program with businesses and organizations in area. 397 participants logged activity.</li> </ul>

Identified Health Needs	Goals	Results
<b>Smoking Prevention/ Cessation:</b> <b>Decrease the number of youth who smoke cigarettes</b>	A. Engage youth in tobacco prevention education and advocacy	<ul style="list-style-type: none"> <li>&gt; Provided Tobacco Education to schools in Hopkins County (no info on # of people, what years, etc)</li> <li>&gt; Provided Tobacco Education to schools in Hopkins County (no info on # of people, what years, etc)</li> <li>&gt; Health Fair for Hopkins County Schools (no info on # of people, what years, etc)</li> <li>&gt; Instructors for Kick It: Smoking Cessation Program (no info on # of people, what years, etc)</li> <li>&gt; Health Fair for Middle Schools in Webster County (no info on # of people, what years, etc)</li> </ul>
<b>Smoking Prevention/ Cessation:</b> <b>Decrease the number of adults age 18 and older who smoke cigarettes and/or use smokeless tobacco</b>	A. Increase availability and access to cessation resources for adults including components targeting diverse/special populations	<ul style="list-style-type: none"> <li>&gt;Working with the Mahr Cancer Center, Hopkins County Health Department and Kentucky Cancer Program to provide smoking cessation education and resources at sponsored health screenings and fairs.</li> <li>&gt;Provide anti-smoking education through Baptist School Fitness Program. Targeted health screening events for high-risk demographic groups.</li> </ul>
<b>Smoking Prevention/ Cessation:</b> <b>Decrease the number of pregnant women who smoke cigarettes</b>	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	<ul style="list-style-type: none"> <li>&gt;Provide cessation education in pregnancy centering program. Working with Coalition member, Hopkins County Health Department HANS program for perinatal education.</li> <li>&gt;Smoking cessation information targeted in EMR for Family Medicine residency</li> <li>&gt;Working with Baptist School Fitness Program, area Schools and Hopkins County Health Department to provide anti-smoking education</li> </ul>
<b>Smoking Prevention/ Cessation:</b> <b>Create a sustainable infrastructure to increase coordination and collaboration of tobacco control efforts on the local and county levels</b>	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	<ul style="list-style-type: none"> <li>&gt; Completed, state-wide smoking ban supported</li> </ul>

Identified Health Needs	Goals	Results
<p><b>Diabetes:</b> <i>Increase awareness of prevention and control/self management of diabetes</i></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>&gt; Goal completed</p> <p>&gt; Goal completed</p> <p>&gt; Goal completed</p>
<p><b>Diabetes:</b> <i>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</i></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>&gt;Building Community Health Coalition to holistically address issues of community health and health equity in our region. Supported through grants from Good Samaritan Foundation and Robert Wood Johnson Culture of Health Leaders program.</p>
<p><b>Diabetes:</b> <i>Focus diabetes prevention efforts on reaching children and parents in an effort to prevent the development of the disease in children</i></p>	<p>A. Promote maternal and child health nutrition programs in school, prenatal classes/centering pregnancy programs, physician/provider visits, etc</p>	<p>Promote breastfeeding through active programs during National Breastfeeding Month. Emphasize breastfeeding during pregnancy centering classes and perinatal provider visits. Provide education at screenings and health fairs.</p>
<p><b>Diabetes:</b> <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>&gt; Goal completed; Healthy U programs promoted and provider offices provided information on Healthy U programs to promote for in-need patients</p> <p>&gt; Goal completed; Healthy U programs promoted and information provided regularly to provider offices</p>

## Appendix D – Baptist Health Madisonville FY 2017 Community Benefit Report Summary

Baptist Health Madisonville Community Benefit Report Fiscal Year 2017 Highlights	
Unreimbursed cost of charity care	\$3,203,321
Unreimbursed cost of Medicaid	\$409,245
Subsidized health services	\$6,556,394
Health improvements and other contributions	\$7,477,203
<b>Total Community Benefit</b>	<b>\$17,646,163</b>
Unreimbursed cost of Medicare	\$11,177,259
Unreimbursed cost of uncollectibles	\$716,959
<b>Total</b>	<b>\$29,540,381</b>

Baptist Health Madisonville provided over \$29.5 million in community benefits during fiscal year 2017.

## Appendix E – Area Discharges by Service Line

### *Discharges & Inpatient Days for Calendar Year 2017*

Service Line	Discharges	Inpatient Days	% of Total
<b>Total</b>	<b>10,883</b>	<b>52,363</b>	<b>100.0%</b>
28: MEDICINE - PULMONARY	2,221	11,955	20.4%
30: MEDICINE - GENERAL	1,755	7,695	16.1%
21: MEDICINE - CARDIOVASCULAR DISEASE	1,081	4,663	9.9%
31: OBSTETRICS DEL	1,038	2,665	9.5%
10: SURGERY - GENERAL	904	6,668	8.3%
02: SURGERY - ORTHOPEDICS	706	2,478	6.5%
23: MEDICINE - NEURO SCIENCES	646	3,556	5.9%
01: SURGERY - CARDIOVASCULAR & THORACIC	637	3,175	5.9%
25: MEDICINE - NEPHROLOGY/UROLOGY	596	2,749	5.5%
33: NEONATOLOGY	397	2,397	3.6%
22: MEDICINE - ORTHOPEDICS	216	1,517	2.0%
24: MEDICAL - ONCOLOGY	152	871	1.4%
04: SURGERY - NEURO SCIENCES	133	569	1.2%
03: SURGERY - SPINAL FUSION	101	388	0.9%
06: SURGERY - NEPHROLOGY/UROLOGY	75	310	0.7%
32: OBSTETRICS ND	68	201	0.6%
09: SURGERY - GYNECOLOGY	67	133	0.6%
05: SURGERY - ONCOLOGY	38	181	0.3%
26: MEDICINE - OTOLARYNGOLOGY	32	97	0.3%
07: SURGERY - OTOLARYNGOLOGY	10	34	0.1%
11: SURGERY - MAJOR ORGAN TRANSPLANT	4	45	0.0%
08: SURGERY - OPHTHALMOLOGY	4	12	0.0%
27: MEDICINE - OPHTHALMOLOGY	2	4	0.0%

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

This is the equivalent of **120.6** discharges per thousand (1,000) population. Kentucky's rate was **124.2** per thousand population (the fifth highest in the U.S.) and the U.S. rate was **103.0** per thousand in 2015 (<http://apprisehealthinsights.com/public-reports/state-comparison/adjusted-admissions-per-1000/>). The slightly lower rate for the service area than for Kentucky may reflect individuals leaving the state for hospitals in Tennessee, which would not be reflected in the data shown above. Tennessee does not share updated discharge information with Kentucky, so 2014 data is the most recent available.

## Appendix F – 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 18<sup>th</sup> 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. Methodist Hospital**

Facility Type: Acute Care

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

*38.4 miles from Baptist Health Madisonville*

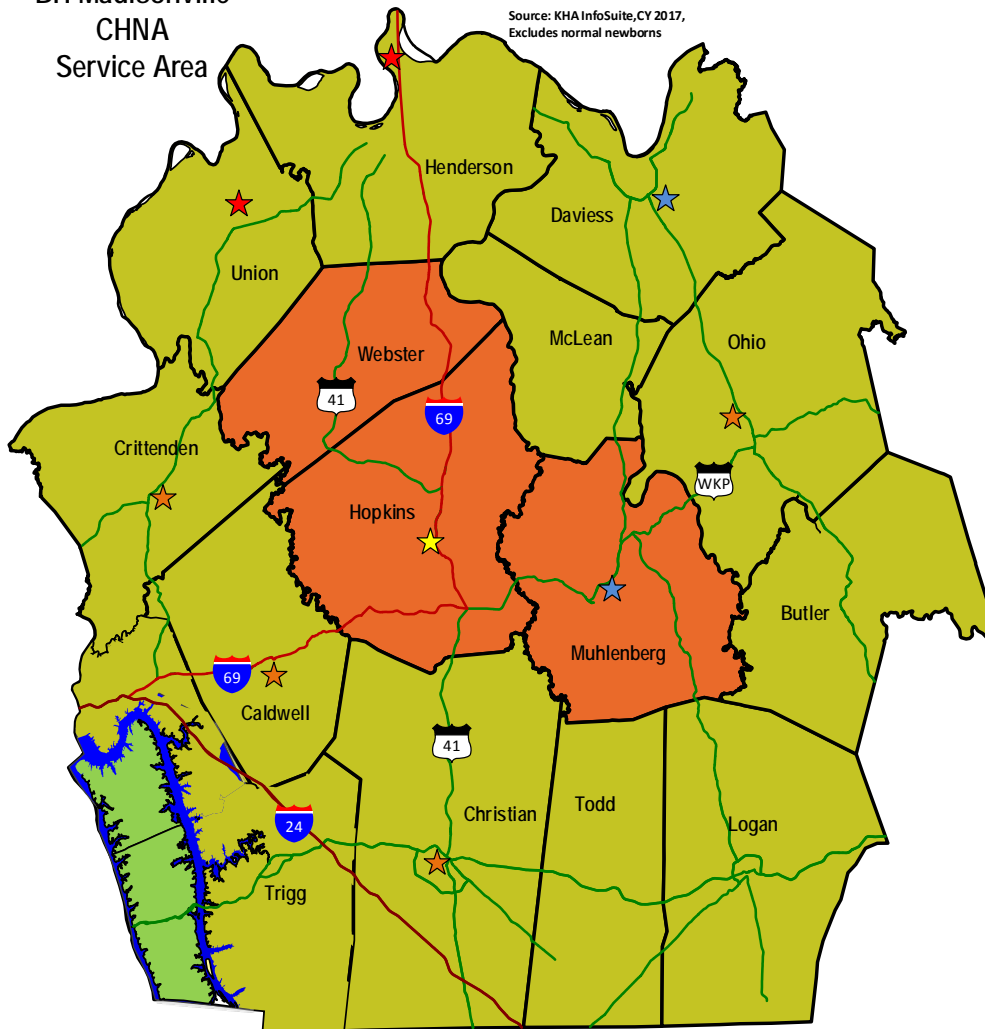
**8. Methodist Union Hospital**

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**



- ★ 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
- ★ Methodist Hospital, Henderson, Independent
- ★ Methodist Union, Union, Independent