

Community Health Needs Assessment 2020 - 2022



Saint Joseph Mount Sterling

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Table of Contents

Listing of Tables.....	4
Executive Summary.....	5
Acknowledgments.....	7
1. Introduction.....	8
1.1 CHNA Report Objective.....	8
1.2 CHI Saint Joseph Health - Saint Joseph Mount Sterling.....	8
1.3 CHNA Defined Community.....	9
Letter from CHI Saint Joseph Health CEO.....	10
2. Evaluation of Progress Since Prior CHNA.....	11
3. CHNA Process.....	13
3.1 CHNA Process Overview.....	13
3.2 Community Steering Committee.....	13
3.3 Collection of Montgomery County Data.....	14
4. Montgomery County Secondary Data.....	15
4.1 Hospital Utilization Data.....	21
5. Community Feedback.....	24
5.1 Community Survey.....	24
5.2 Focus Groups.....	27
5.3 Key Informant Interviews.....	30
6. Selected Priority Areas.....	32
7. Conclusion.....	33
Appendix.....	34

Listing of Tables

<i>Table 1. 2018 CHNA Community Steering Committee.....</i>	14
<i>Table 2. Demographics.....</i>	15
<i>Table 3. Health Care Providers Available.....</i>	17
<i>Table 4. Physical Environment.....</i>	18
<i>Table 5. Social and Economic Environment.....</i>	18
<i>Table 6. Clinical Care.....</i>	19
<i>Table 7. Health Behaviors.....</i>	19
<i>Table 8. Health Outcomes.....</i>	20
<i>Table 9. Hospital Outpatient Visits.....</i>	21
<i>Table 10. Hospital Outpatient Payer Mix.....</i>	22
<i>Table 11. Hospital Inpatient Discharges.....</i>	22
<i>Table 12. Hospital Inpatient Payer Mix.....</i>	23
<i>Table 13. Hospital Inpatient Diagnosis Related Group.....</i>	23

Executive Summary

Saint Joseph Mount Sterling is pleased to present its 2020-2022 Community Health Needs Assessment (CHNA). Catholic Health Initiatives (CHI) Saint Joseph Health contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) to conduct a CHNA in accordance with the Affordable Care Act (ACA) and section 501(r) of the Internal Revenue Code for nonprofit tax-exempt hospitals. This CHNA is the first report prepared by CEDIK for Saint Joseph Mount Sterling. This report will be used to create an implementation plan with wide community input to address the identified health needs for the community served by Saint Joseph Mount Sterling over the next three years.

Summary of Findings

Methodology

CEDIK facilitated the process of primary data collection through community surveys, focus groups and key informant interviews to create an implementation plan to address identified health needs. In addition, county specific secondary data was gathered to help examine the social determinants of health. Throughout the process, CEDIK and the community steering committee made it a priority to get input from populations that are often not engaged in conversations about their health needs or gaps in service. CEDIK conducted key informant interviews to probe more deeply into health and quality of life themes within the county. Current community resources and potential barriers to accessing resources were also identified in these interviews.

This CHNA report synthesizes community health needs survey data, focus groups with vulnerable populations, and key informant interview data with social and economic data as well as health outcomes data collected from secondary sources to help provide context for the community. Below are identified themes collected from the primary data collection:

Focus Group Visioning

Residents describe their vision of a vibrant, healthy Montgomery County as: mental health services available; no substance use or addiction; alcohol, tobacco and drug free; no vaping; public transportation; safe and affordable housing; a more walkable community; more trails; reduced obesity/diabetes related diseases; access to healthy, affordable foods; indoor recreation facility and indoor pool.

Focus Groups – Unmet Needs

CEDIK conducted focus groups with identified populations in Montgomery County that often are not asked to discuss their health needs to deepen the understanding of the health challenges they face. Focus group discussions revealed unmet needs: substance use, overdose, treatment – youth and adults; marijuana, heroin, meth, opioids, alcohol, mental and behavioral health (depression & anxiety); obesity/obesity-related diseases (diabetes); lack access to affordable, healthy foods and exercise opportunities; vaping by youth; cancer; transportation; need for walkable community; traveling outside of county for health care; lack of health and wellness education; high blood pressure; heart disease prevalent in African-American community; smoking and secondhand smoke; public health education; preventive care; after-hours care, access; health coordination; getting people to the resources; and cost.

Key Informant - Community Themes and Strengths

Saint Joseph Mount Sterling and CEDIK obtained additional primary data through two supplemental interviews with individuals knowledgeable about health and quality of life needs in Montgomery County. CEDIK organized the data into strengths, barriers and opportunities for change for Montgomery County.

Strengths included: caring professionals; community members really love their doctors; proud of EMS service; quality primary care and an increasing capacity; and Sterling Health Solutions has bilingual staff, increasing accessibility.

Challenges faced by residents include: transportation; lack of knowledge of available resources in the county; language barrier – non-English speaking and lack of health literacy; Medicaid-eligible residents can find it confusing; lack of childcare affects ability to get to appointments.

A number of opportunities were highlighted; need extended hours/after-hours care; health care is expensive; lack of knowledge on resources; residents are unaware of health department and FQHC services; lack of mental health professionals; no residential treatment center in county; change negative perception of hospital; and long ER wait times.

Prioritized Areas

The Montgomery County CHNA Steering Committee reviewed survey results, focus group and key informant interview results, as well as key secondary health data. The committee considered existing local, state and national priorities, conducted an open discussion and voted on specific strategic initiatives for the county. Members identified current resources and possible barriers to resources that residents may experience. This information can assist the hospital and CHI Saint Joseph Health as implementation plans are developed to address the prioritized health needs.

Montgomery County CHNA Steering Committee selected the following priority areas for action:

- **Partnering to provide more information and services**
- **Navigating the health care system**
- **Substance abuse**

A plan for addressing these priority areas will be described in Saint Joseph Mount Sterling 2020-2022 Implementation Strategy.

Acknowledgements

This Community Health Needs Assessment is a joint effort by the CHI system, Saint Joseph Mount Sterling and the Community and Economic Development Initiative of Kentucky (CEDIK).

Key informants shared their time and expertise to provide additional insights on strengths and needs in Montgomery County.

CEDIK at the University of Kentucky provided assistance with the collection and analysis of primary key informant data and compilation of this analysis. CEDIK works with stakeholders to build engaged communities and vibrant economies. If you have questions about CEDIK's assessment process, contact Melody Nall, CEDIK Extension Specialist: melody.nall@uky.edu or (859) 218-5949.

Saint Joseph Mount Sterling would like to thank CEDIK, all community partners and key informants for their contributions to the information compiled in this document.

1. Introduction

1.1 CHNA Report Objective

The purpose of a Community Health Needs Assessment (CHNA) is to understand health needs and priorities in a given community, with the goal of addressing those needs through the development of an implementation strategy. Saint Joseph Mount Sterling has produced this CHNA in accordance with the Affordable Care Act (ACA) and section 501(r) of the Internal Revenue Service tax code for nonprofit, tax-exempt hospitals. The results are meant to guide Saint Joseph Mount Sterling in the development of an implementation strategy and to help direct overall efforts to impact priority health needs.

1.2 Saint Joseph Mount Sterling

Saint Joseph Mount Sterling is a 42-bed community hospital located just off Interstate 64 in Mount Sterling, KY. An investment of \$60 million opened the current facility in 2011, but the legacy of its mission dates back to 1918. The hospital primarily serves Bath, Bourbon, Clark, Menifee, Montgomery, Nicholas, Powell and Rowan counties.

In February 2019, CHI Saint Joseph Health replaced the KentuckyOne Health name as part of a new vision and strategic plan to focus operations in central and eastern Kentucky. The new name also renews the health system's commitment to the caring and innovative legacy of the Sisters of Charity of Nazareth.

Facilities that make up CHI Saint Joseph Health include Saint Joseph Hospital, Saint Joseph East, Saint Joseph Berea, Saint Joseph Jessamine RJ Corman Ambulatory Care Center, Saint Joseph London, Saint Joseph Mount Sterling, Flaget Memorial Hospital in Bardstown, Women's Hospital at Saint Joseph East, Continuing Care Hospital, as well as CHI Saint Joseph Health Partners Clinically Integrated Network and CHI Saint Joseph Medical Group provider practices in central and eastern Kentucky. While these facilities are part of CHI Saint Joseph Health, they will retain their individual names.

In 2017, KentuckyOne Health announced that it would transition ownership of its Louisville operations, to focus on operations in central and eastern Kentucky. In doing so, the organization will be better positioned to continue focusing on quality patient care, continue to invest in opportunities for growth and improve the overall health and wellness of individuals across Kentucky.

KentuckyOne Health facilities in the Louisville region remain in negotiations for purchase, and at this time retain the KentuckyOne Health name. These facilities include Jewish Hospital, Frazier Rehab Institute, Sts. Mary & Elizabeth Hospital, Medical Center Jewish East, Medical Center Jewish South, Medical Center Jewish Southwest, Medical Center Jewish Northeast, Jewish Hospital Shelbyville, and KentuckyOne Health Medical Group provider practices in Louisville.

CHI Saint Joseph Health, part of Catholic Health Initiatives, is one of the largest and most comprehensive health systems in the Commonwealth of Kentucky with 135 locations in 20 counties, including hospitals, physician groups, clinics, primary care centers, specialty institutes and home

health agencies. In total, the health system serves patients in 35 counties statewide. CHI Saint Joseph Health is dedicated to building healthier communities by elevating patient care through an integrated physical and behavioral health delivery system. CHI Saint Joseph Health embodies a strong mission and faith-based heritage and works through local partnerships to expand access to care in the communities it serves.

1.3 CHNA Defined Community

For the purposes of its CHNA, Saint Joseph Mount Sterling has defined Montgomery County as its primary service area. Montgomery County will serve as the unit of analysis for this CHNA, and health needs discussed will pertain to residents of Montgomery County.



Dear Community Resident,

CHI Saint Joseph Health and Saint Joseph Mount Sterling are committed to building a healthier community and we appreciate your input regarding your health care concerns and needs through the Community Health Needs Assessment to help us attain this goal. The information in this report will help to guide us in identifying health needs in our community and prioritizing allocation of resources to meet those needs.

Kentucky and many of the communities we serve face daunting health challenges. Added to the challenge is the fact that many areas are medically underserved. We are committed to providing the highest quality care close to home, reducing the incidence of disease, promoting health equity, advancing care delivery, and shaping and leading health policy. We are grateful for the partnerships we have in this community that aid us in working to improve the lives of people in the communities we serve. This cooperative effort helps us to truly live our mission of a healing ministry and better serve our community.

The information in this report was gathered through surveys and focus groups conducted in our community, as well as from other data, such as discharge information and facts about our communities including population and economics. The report provides a snapshot of the information we have gathered, how we have responded and the progress we have made in addressing the challenges we face.

Our goal is to lead the transformation of health care to achieve optimal health and well-being for the individuals and communities we serve, especially those who are poor and vulnerable. We are committed to serving our community and addressing the health needs here.

Thank you,

A handwritten signature in blue ink that reads "Bruce Tassin". The signature is fluid and cursive, with a prominent initial "B".

Bruce Tassin
CEO, Saint Joseph Health

2. Evaluation of Progress Since Prior CHNA

The following section describes the evaluation of impact of the previous community health needs assessment conducted by Saint Joseph Mount Sterling in 2017 to cover FY2017-2019.

Needs Identified in 2017-2019 CHNA and Impact of Actions

The health needs addressed in Saint Joseph Mount Sterling's FY2017-2019 CHNA included: alcohol and drug use, tobacco use and community safety. The hospital's actions toward improving these health needs over the previous CHNA coverage period are described below.

• Substance Abuse (Tobacco, Alcohol, & Drug)

- Continued to collaborate on Montgomery Health Department MC ADAPT committee to address issues surrounding alcohol and drug use in Montgomery County.
- Advocated for legislation that would prohibit smoking in indoor workplaces and public places, including restaurants, bars, and hotels.
- Advocated for increase in cigarette tax. The state legislature passed a 50 cent tax increase on tobacco.
- Continued to support legislation allowing the Kentucky Harm Reduction Coalition to dispense Naloxone.
- Letters written to four Montgomery County community leaders to request support for Clean Air Ordinance/Sept. 2016 (Took survey from Montgomery County Health Department on Clean Air Ordinance 10/05/2016) Efforts to promote this have been met with resistance.
- Compiled resource list of agencies and services available for patients and families.
- Continued community health worker in the ED.
- Collaborated with Montgomery County Health Department to provide smoking cessation classes.

• Obesity (Diet & Exercise)

- Continued to participate in Montgomery County Health Department Physical Activity and Nutrition (PAN) Committee to address issues surrounding diet and exercise in Montgomery County.
- Collaborated with the Montgomery County Health Department and sponsored a program for teenage girls to learn the benefits of healthy eating and exercise.
- Education and information on diet and exercise provided at events, health fairs and screenings.
- Continued expansion of employee and community education about the benefits of healthy eating and active living through Healthy Spirit.
- Each month, shared Harvest of the Month flyer for posting, article and recipes.
- Offered individual and group diabetes education courses.

- Due to financial challenges, Walk With a Doc was discontinued in 2017.
- Annually, all KentuckyOne Health employees completed a LEARN Security Awareness module that includes an active shooter.
- **Teen Health (Sexual Activity)**
 - Continued to collaborate on Montgomery Health Department teen pregnancy committee to address issues surrounding teen pregnancy in Montgomery County.
 - Promoted community programs addressing adoption and foster placement.
 - Catholic Health Initiatives (parent company of CHI Saint Joseph Health), American Hospital Association and Massachusetts General Hospital worked collaboratively to secure recognition for diagnostic codes that will allow health care providers to identify victims of human trafficking that seek health care.

Evaluation of Written Comments

A link was provided on [former] KentuckyOne Health website: <http://www.kentuckyonehealth.org/health-community-contact-us> to solicit feedback about the community health needs assessment.

The site was accessed a total of three times; none of the information shared was related to the implementation strategies. Saint Joseph Mount Sterling has solicited feedback with a convenient tool, but has not received any written comments to evaluate.

Learning from Previous CHNA

Saint Joseph Mount Sterling appreciates the opportunity to evaluate past community health needs assessments and use the knowledge gleaned from them to improve the next assessment with the goal of making our community a better place to live, work and play.

Last assessment, fewer priorities were selected so that resources could be concentrated more effectively and this practice will continue. Also, in the interest of the unification of our statewide health system, consistency with assessments, including processes, were put in place across CHI Saint Joseph Health and this, too, will continue as a best practice.

CHI Saint Joseph Health has not been immune to the many financial challenges facing health care organizations across the country. As a result, the organization was forced to make some very difficult decisions during the 2017-2019 community health needs assessment period. Those decisions included a reduction in staff for population health/healthy communities, who led this effort, making it challenging to address all priorities and strategies.

Next Steps

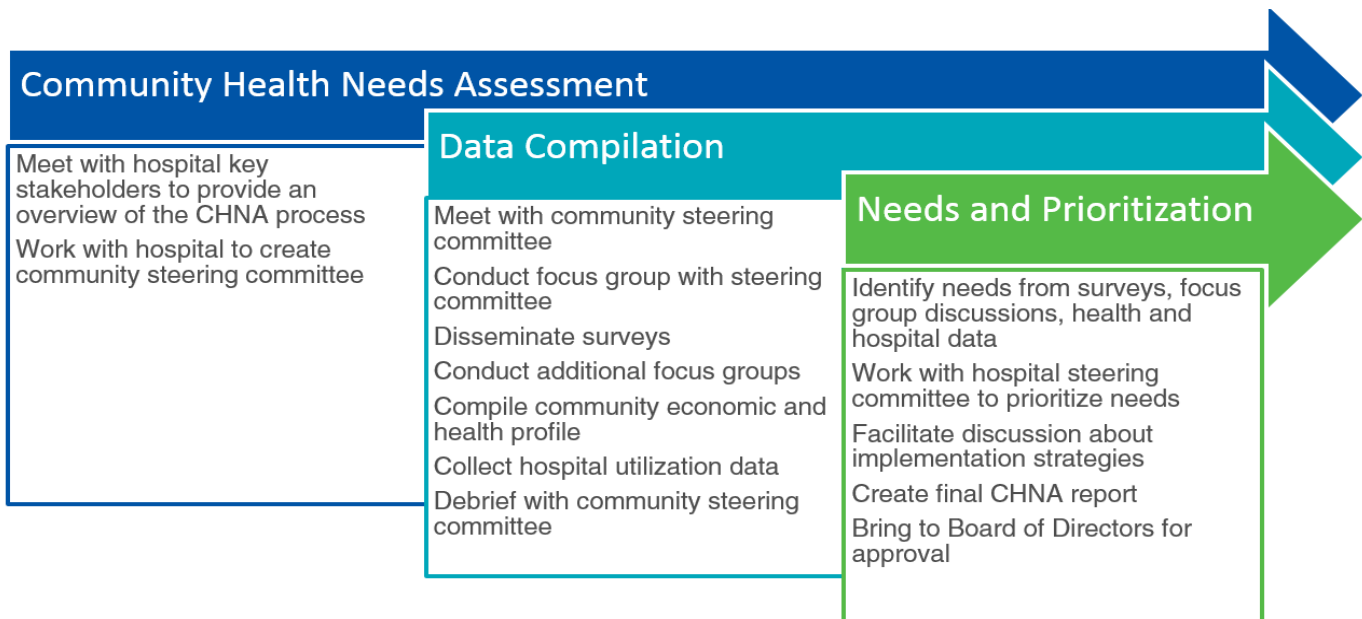
Saint Joseph Mount Sterling will use the findings in the community health needs assessment to guide the coordinated efforts in addressing the identified health priorities. This community health needs assessment will be made public and widely available no later than June 30, 2019. The efforts to address these identified health priorities will be described in an accompaniment to this document known as the Saint Joseph Mount Sterling Implementation Strategies. This will be made public and widely available no later than November 15, 2019.

3. CHNA Process

3.1 CHNA Process Overview

Here is an overview of the CHNA process that CEDIK uses based on the IRS guidelines:

Figure 1. CHNA Process Overview.



3.2 The Community Steering Committee

The Community Steering Committee plays a vital role in the CHNA process. Individuals that represent agencies and organizations in Montgomery County agreed to assist with the collection of community input from a broad representation of the county, and in particular, populations that are not often engaged in conversations about their health needs. CEDIK provided a list of potential agencies and organizations that the hospital and health department could utilize to recruit members to the committee. (See next page for the list of community members who served on the committee.)

The Community Steering Committee met twice as a group and each time a hospital and health department representative opened the meetings with appreciation of the members' service, the purpose of the CHNA and the importance of the members' active involvement and input. CEDIK presented the CHNA process at the first meeting and the important role of the steering committee in the distribution and collection of the community surveys (including a shareable mobile survey link and paper surveys), identifying locations and contacts for potential focus groups and key informant interviews. To conclude the meeting, the CEDIK facilitator conducted the first formal focus group discussion with the committee.

After five weeks of survey distribution and collection, the steering committee met for the second time to review survey results, focus group and key informant interview results as well as key secondary health data. Members identified current resources and barriers to the resources that community members may experience that can assist both the hospital and the health department, as implementation plans are developed to address the prioritized health needs.

Table 1. 2020-2022 CHNA Community Steering Committee.

Name	Organization
Alex Conrad	Sterling Health Solutions (FQHC)
Gina Brien	Montgomery County Health Department
Robin Barber	Montgomery County Fire/EMS
Janet Kenney	Community "HCC"
Jeffrey Liles	Healthy Communities Coalition
Carissa Adams	Montgomery County Health Department
Andy Baker	Traditional Bank
Danielle King	Mount Sterling Clinic/Health Department
Danielle Root	Graduate Student
Allison Napier	Montgomery County Health Department
Sr. Janet Carr	Saint Joseph Mount Sterling

3.3 Collection of Montgomery County Data

The assessment process included collecting secondary data related to the health of the community. Social and economic data, as well as health outcomes data, were collected from secondary sources to help provide context for the community. Data sources are listed next to the tables and further information (when available) is in the Appendix.

4. Montgomery County Secondary Data

Below is the demographic, social, economic and health data that were compiled for Montgomery County. Demographic data were retrieved from the Census Bureau's American FactFinder website.

Table 2. Demographics.

Indicator	Montgomery County	Kentucky
2017 Population Estimates	27,928	4,454,189
2017 Households	11,927	1,984,150
Percent Population Change 2010-2017	5.4%	2.6%
2017 Population by Race		
White	26,023	3,839,352
Black/African American	789	369,787
American Indian/Alaska Native	82	11,179
Asian	7	68,723
Native Hawaiian/Pacific Islander	28	3,296
Some Other Race	253	67,417
2+ Races	368	96,749
2017 Population by Ethnicity		
Hispanic/Latino	660	165,200
Not Hispanic/Latino	25,839	4,291,303
2017 Population by Age		
Age < 18	6,684	1,005,336
Age 18+	20,866	3,451,167
Age 25+	18,653	3,018,439
Age 65+	4,135	727,138
Median Age		39.1

Table 2. Demographics, continued.

Indicator	Montgomery County	Kentucky
2018 Population by Language Spoken at Home		
Speak Only English at Home	25,322	3,962,001
Speak Spanish at Home	365	108,146
Speak Asian/PI Language at Home	5	33,650
Speak Indo-European Language at Home	62	56,705
Speak Other Language at Home	0	20,211
2018 Average Household Size	2.61	2.49
2018 Median Household Income	\$42,172	\$46,535
2018 Households by Race and Household Income		
2018 Median HH Income, White	\$42,474	\$49,987.00
2018 Median HH Income, Black/Af Amer	\$27,006	\$33,715.00
2018 Median HH Income, Am Ind/AK Native	-	\$40,630.00
2018 Median HH Income, Asian	-	\$69,456.00
2018 Median HH Income, Native HI/PI	-	\$44,666.00
2018 Median HH Income, Some Other Race	-	\$39,924.00
2018 Median HH Income, 2+ Races	-	\$41,864.00
2018 Households by Ethnicity and Household Income		
2018 Median HH Inc, Hisp/Lat	-	\$40,951
2018 Median HH Inc, Not Hisp/Lat	\$42,734	\$48,744
2018 Families Below Poverty	7,286	168,059
2018 Families Below Poverty with Children	3,515	123,698
2018 Population 25+ with Less Than High School Graduation	3,054	457,101
2018 Percent Civ Labor Force Unemployed	4.5%	6.99%

The following health care providers available data were retrieved from Kentucky Health Facts accessed at <http://www.kentuckyhealthfacts.org/>. For specific data sources see appendix.

Table 3. Healthcare Providers Available.

Indicator	Montgomery County	Kentucky
All Physicians	26	10,115
Primary Care Physicians	18	4,241
Physician Specialists	8	5,874
Registered Nurses	226	47,948
Nurse Practitioners	12	2,797
Physician Assistants	6	772
Pharmacists	28	4,524
Dentists	12	2,461

The following community health status data were retrieved from County Health Rankings & Roadmaps accessed February 2019 at <http://www.countyhealthrankings.org/>. For specific data sources see appendix.

Table 4. Physical Environment.

Indicator	Montgomery County	Kentucky	National Level
Average Daily Density of Air Pollution - PM 2.5	9.7	10.3	8.7
Presence of Drinking Water Violations	Yes	Yes	Yes
Percentage of Severe Housing Problems with at least one of the following: Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities	15.0%	14.4%	19.0%
Percentage of Workforce Driving Alone to Work	82.0%	82.2%	76.0%
Percentage of Workforce Commuting Alone for More than 30 Minutes	28.0%	29.0%	35.0%

Table 5. Social and Economic Environment.

Indicator	Montgomery County	Kentucky	National Level
Graduation Rate of 9th Grade Cohort in 4 Years	89.0%	89.2%	83.0%
Percentage Rate of Ages 25-44 with Some Post-Secondary College	56.0%	60.3%	65.0%
Percent of Unemployed Job-Seeking Population 16 Years and Older	6.3%	5.0%	4.9%
Percent of Children in Poverty	26.0%	24.4%	20.0%
Income Inequality Ratio	5	5.1	5
Percent of Single-Parent Households	40.0%	34.6%	34.0%
Percent of Children Qualifying for Free or Reduced Lunches	61.0%	59.4%	52.0%
Violent Crime Rate per 100,000 Population	145	215	380
Injury Death Rate per 100,000 Population	76	88	65
Firearm Fatalities Rate per 100,000 Population	9	15	11

Table 6. Clinical Care.

Indicator	Montgomery County	Kentucky	National Level
Percent Uninsured Adults	9.0%	8.2%	13.0%
Percent Uninsured Children	4.0%	4.3%	5.0%
Primary Care Provider Ratio	1970:1	1507:1	1320:1
Dentist Ratio	1740:1	1561:1	1480:1
Mental Health Provider Ratio	270:1	525:1	470:1
Other Primary Care Provider Ratio	842:1	885:1	1230:1
Preventable Hospital Stays	49	77	49
Percent of Population Receiving Mammography Screening	57.0%	58.9%	63.0%

Table 7. Health Behaviors.

Indicator	Montgomery County	Kentucky	National Level
Percent Adult Smokers	24.0%	24.5%	17.0%
Percent Obese Adults with BMI \geq 30	33.0%	33.7%	28.0%
Food Environment Index	7.2	7.0	7.7
Percent Physically Inactive Adults	30.0%	28.1%	23.0%
Percent of Population with Access to Exercise Opportunities	65.0%	72.4%	83.0%
Percent of Adult Excessive Drinking	14.0%	15.8%	18.0%
Percent Alcohol-Impaired Driving Deaths	14.0%	27.6%	29.0%
Chlamydia Rate Newly Diagnosed per 100,000 Population	243.9	395	478.8
Teen Birth Rate Ages 15-19 per 1,000 Population	52	38	27
Percent of Population Food Insecure	17.0%	15.8%	13.0%
Percent of Population Limited Access to Healthy Foods	5.0%	5.6%	6.0%
Drug Overdose Mortality Rate	36	28	17
Motor Vehicle Mortality Rate	15	17	11

Table 8. Health Outcomes.

Indicator	Montgomery County	Kentucky	National Level
Years of Potential Life Lost Rate	10,200	9,047	6,700
Child Mortality Rate	90	58.5	50
Percent of Live Births with Low Birth Weight	9.0%	8.9%	8.0%
Percent of Population in Fair/Poor Health	23.0%	21.3%	16.0%
Physically Unhealthy Days	4.9	4.8	3.7
Percent of Population in Frequent Physical Distress	15.0%	15.6%	11.0%
Mentally Unhealthy Days	4.7	4.8	3.8
Percent of Population in Frequent Mental Distress	15.0%	15.4%	12.0%
Percent of Population who are Diabetic	13.0%	12.8%	10.0%
HIV Prevalence Rate	79	180	362

4.1 Hospital Utilization Data

The tables below provide an overview of Saint Joseph Mount Sterling patients and in particular where they come from, how they pay, and why they visited. These data were obtained from the Kentucky Hospital Association.

Table 9. Hospital Outpatient Visits, 1/1/17 - 12/31/17.

County of Origin	Visits	Total Charges	Average Charges
Montgomery - KY	31,877	\$57,382,668.31	\$1,800.13
Bath - KY	9,849	\$19,392,567.85	\$1,968.99
Menifee - KY	4,809	\$9,879,962.63	\$2,054.47
Powell - KY	3,875	\$9,588,494.98	\$2,474.45
Rowan - KY	1,408	\$3,838,986.76	\$2,726.55
Clark - KY	1,371	\$3,835,657.58	\$2,797.71
Fleming - KY	1,143	\$3,229,613.02	\$2,825.56
Nicholas - KY	971	\$2,050,801.60	\$2,112.05
Morgan - KY	868	\$2,013,743.36	\$2,319.98
Bourbon - KY	614	\$1,088,434.80	\$1,772.70

Table 10. Hospital Outpatient Payer Mix, 1/1/17 - 12/31/17.

Indicator	Visits	Total Charges	Average Charges
Medicare	13,905	\$29,899,717.98	\$2,150.29
WellCare of Kentucky Medicaid Managed Care	10,613	\$20,264,323.40	\$1,909.39
Blue Cross Blue Shield	9,884	\$19,193,452.51	\$1,941.87
Medicare Managed Care	7,035	\$15,758,460.67	\$2,240.01
Aetna Better Health of KY Medicaid Managed Care	3,284	\$6,015,336.65	\$1,831.71
Commercial – PPO	3,005	\$5,626,022.36	\$1,872.22
Anthem Medicaid Managed Care	2,204	\$4,286,715.65	\$1,944.97
Humana Medicaid Managed Care	1,993	\$3,755,002.80	\$1,884.10
Passport Medicaid Managed Care	1,988	\$3,492,587.10	\$1,756.83
Commercial – Other	1,555	\$3,073,128.09	\$1,976.29

Table 11. Hospital Inpatient Discharges, 1/1/17 - 12/31/17.

Payer	Discharges	Total Charges	Average Charges
Montgomery - KY	907	\$16,238,603.84	\$17,903.64
Bath - KY	281	\$4,996,564.45	\$17,781.37
Menifee - KY	148	\$2,353,441.74	\$15,901.63
Powell - KY	116	\$2,292,802.52	\$19,765.54
Rowan - KY	84	\$1,466,280.21	\$17,455.72
Fleming - KY	65	\$1,092,932.28	\$16,814.34
Clark - KY	64	\$1,548,076.38	\$24,188.69
Morgan - KY	29	\$497,744.44	\$17,163.60
Nicholas - KY	27	\$477,427.68	\$17,682.51
Bourbon - KY	23	\$447,658.55	\$19,463.42

Table 12. Hospital Inpatient Payer Mix, 1/1/17 - 12/31/17.

Payer	Discharges	Total Charges	Average Charges
Medicare	593	\$13,929,142.11	\$23,489.28
WellCare of Kentucky Medicaid Managed Care	292	\$3,734,764.11	\$12,790.29
Medicare Managed Care	278	\$6,169,116.23	\$22,191.07
Blue Cross Blue Shield	187	\$2,796,004.36	\$14,951.89
Aetna Better Health of KY Medicaid Managed Care	108	\$1,170,839.62	\$10,841.11

Table 13. Hospital Inpatient Diagnosis Related Group, 1/1/17 - 12/31/17.

Payer	Discharges	Total Charges	Average Charges
Joint Replacement	249	\$6,991,986.34	\$28,080.27
Septicemia	174	\$4,176,083.43	\$24,000.48
Normal Delivery	174	\$1,089,044.58	\$6,258.88
Newborn Care	124	\$307,474.17	\$2,479.63
Pulmonary Edema	88	\$2,020,767.55	\$22,963.27
Newborn w Problems	74	\$246,829.64	\$3,335.54
Heart Failure	61	\$1,625,370.81	\$26,645.42
Kidney Disease	51	\$987,939.52	\$19,371.36

5. Community Feedback

To gather Montgomery County resident feedback, CEDIK facilitated the process of primary data collection through community surveys, focus groups and key informant interviews. Throughout the process, CEDIK and the community steering committee made it a priority to get input from populations that are often not engaged in conversations about their health needs or gaps in service. This CHNA report synthesizes community health needs survey data with focus group feedback and key informant interview commentary that focuses on vulnerable populations.

5.1 Community Survey

536 respondents completed the “Montgomery County Community Health Needs Assessment Survey” in fall 2018. The survey was implemented in paper and electronic format. The respondents were asked questions about their health care habits and challenges, and also about the health care needs of the community. The survey ended with a section on demographics. The survey is included in the Appendix. A summary of the survey results can be found on the next page.

As the results illustrate, the highest percentage of respondents were satisfied with their ability to access health care services in their county, drive less than 20 to 50 miles to see a specialist and have commercial/private insurance or are covered under Medicare.

Low crime rate/safe neighborhood, good jobs/healthy economy, and good school systems were identified as the top three most important factors for a “Healthy Community” and most respondents consider that the community meets those needs.

Overall, the respondents identified more substance abuse prevention and treatment services as the single most important thing that the community can do to have a positive effect on health.

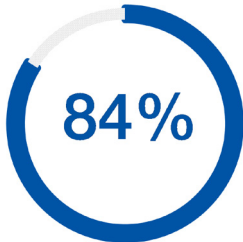


CHI Saint Joseph Health

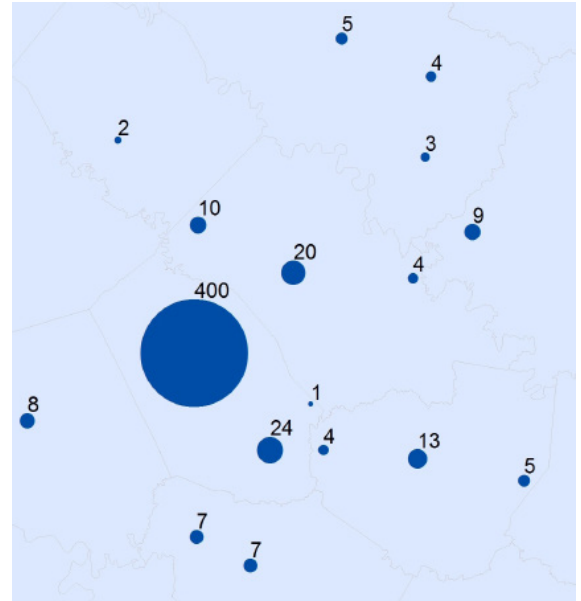
Saint Joseph Mount Sterling

Fall 2018 Survey Results

536 Surveys*

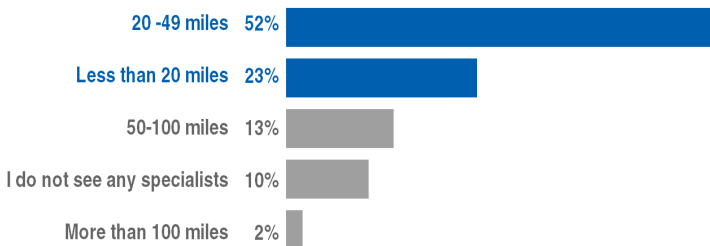


Respondents who are satisfied with their ability to access health care services in their county.



Where most respondents live.

How far respondents have to travel to see a specialist:



Routine health care accessed by respondents:

Physician's office	70%
Emergency room	9%
Clinic in a grocery or drug store	2%
Health department	3%
Urgent care center	10%
Other	3%
I do not receive routine health care	3%

No appointment available (41%), Other (21%), Cannot take off from work (9%), Cannot afford it (9%), No insurance (9%), No specialist in my community (6%), No transportation (4%)

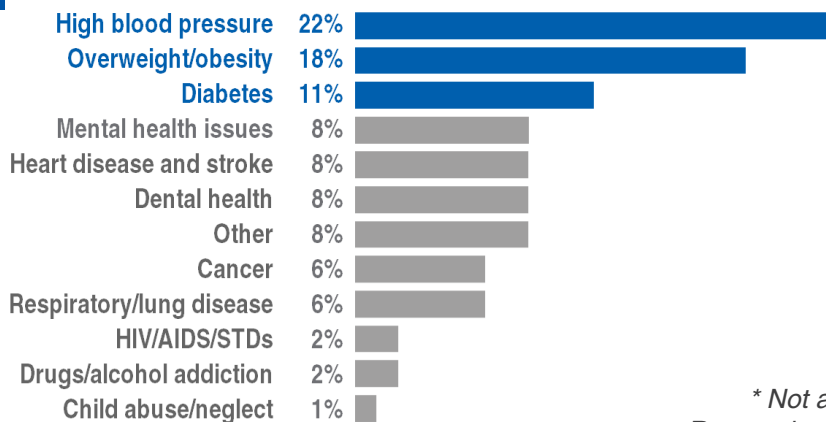
Respondent's transportation access:



Respondent eligibility:

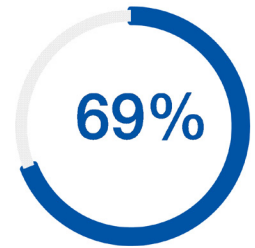
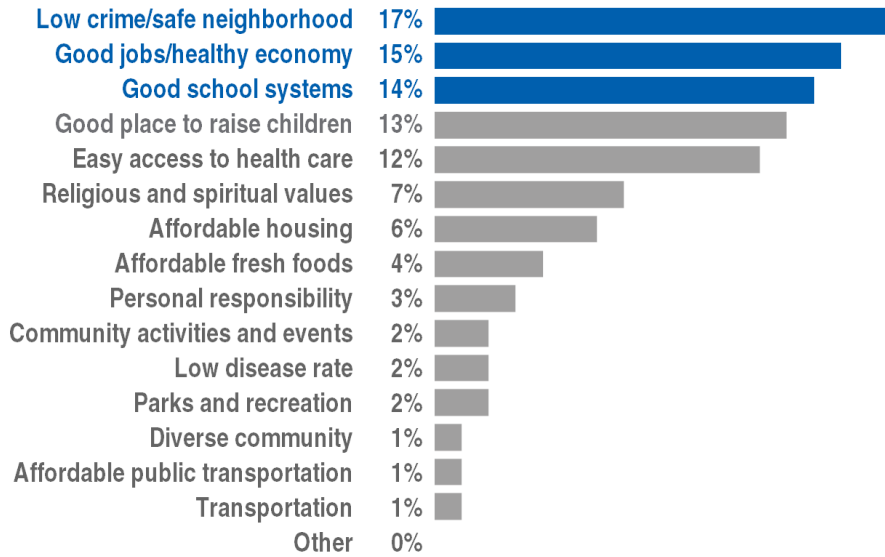
Medicare	25%
Medicaid	19%
Public Housing Assistance	1%
SNAP (food stamp program)	7%
VA	6%
Commercial/private insurance	42%

Top three health challenges respondents face:



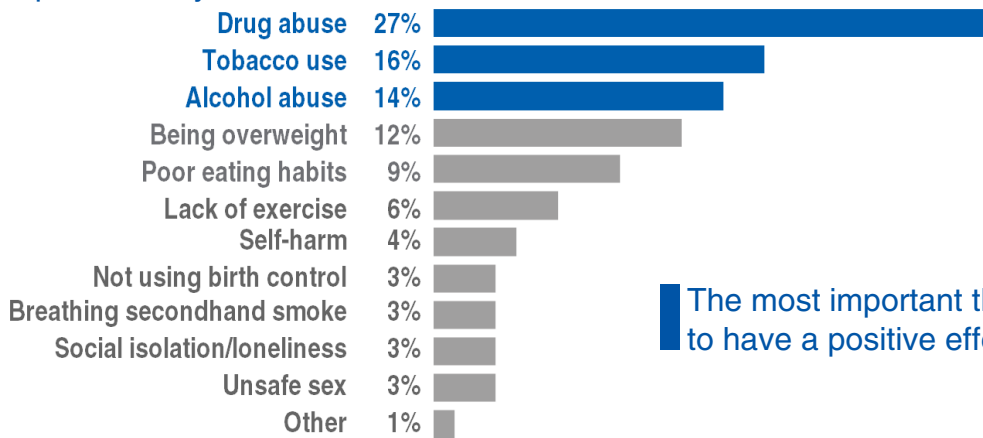
* Not all survey respondents answered every question. Respondents = total number of responses for each question.

Top three most important factors for a healthy community:

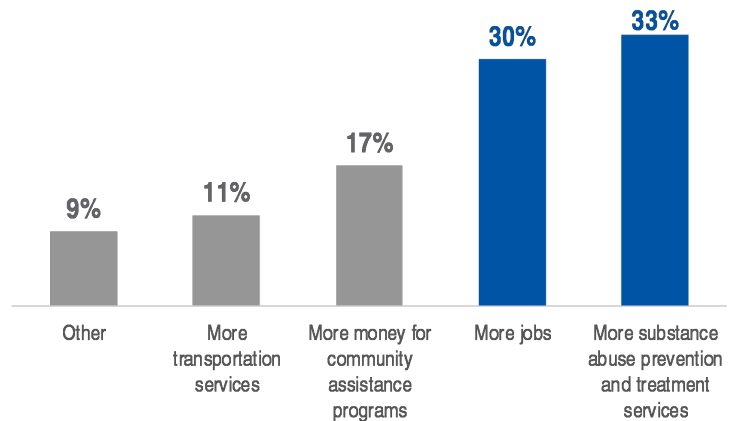


Respondents feel that the community meets those needs they identified as most important.

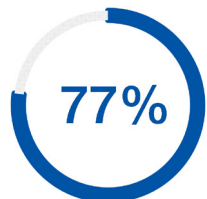
Top three risky behaviors:



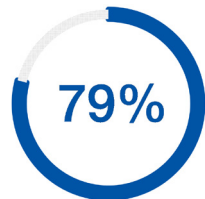
The most important thing your community can do to have a positive effect on health:



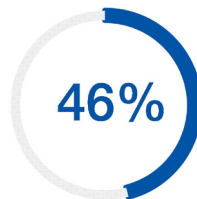
Respondent Demographics



Of Respondents are female.



Of Respondents work at least part time.
11% of respondents are retired.



Of Respondents are parents to at least one child under 18 years old.
88% live in respondents' home.



Of Respondents provide unpaid care to a family member or friend who is unable to take care of themselves due to a medical condition.

5.2 Focus Groups

In order to collect primary data from community residents, focus groups were conducted in Montgomery County and in the area that Saint Joseph Mount Sterling patients reside. These groups were conducted as separate meetings or in conjunction with other regularly scheduled meetings in the county. Fifty-five individuals participated in a total of four focus groups. Representation from seniors, schools, industry, youth community center, federally qualified health center and underserved populations in the service area were invited to share their thoughts, opinions and health care needs. Below is an aggregated list of ideas generated from all focus groups.

Resident's vision for a healthy community

- Mental health services available
- No substance use or addiction
- Alcohol, tobacco and drug free
- No vaping
- Public transportation
- Safe and affordable housing
- A more walkable community
- More trails
- Reduced obesity/obesity-related diseases
- Diabetes
- Access to healthy, affordable foods
- Indoor recreation facility
- Indoor pool

What are the most significant health needs in Montgomery County?

- Substance use, overdose, treatment – youth and adults
- Marijuana, heroin, meth, opioids
- Alcohol
- Mental and behavioral health (depression & anxiety)
- Obesity/obesity-related diseases (diabetes)
- Lack access to affordable, healthy foods and exercise opportunities
- Vaping by youth
- Cancer
- Transportation
- Walkable community, traveling outside of county for health care
- Lack of health and wellness education

- High blood pressure, heart disease prevalent in African-American community
- Overwhelmed foster care system (drug epidemic) Smoking and secondhand smoke
- Public health education
- Preventive care
- After-hours care
- Access
- Health coordination
- Getting people to the resources
- Cost
- Teen pregnancy
- STDs and STIs increasing

What is your perception of the current health care system including hospital, health department, clinics, physicians, EMS and other essential services* in Montgomery County?

(*Essential services include public utilities, access to healthy food, access to housing, etc.)

Responses sorted into strengths and opportunities for improvement in the health care system.

Strengths of the health care system in Montgomery County

- Caring professionals
- Community members really love their doctors
- Proud of EMS service
- “Quality primary care that is constantly increasing”
- Quality primary care and an increasing capacity
- Sterling Health Solutions has bilingual staff – increasing accessibility

Opportunities for improving the healthcare system in Montgomery County

- Need extended hours/after-hours care
- Health care is expensive
- Lack of knowledge on resources
- Residents are unaware of health department and FQHC services
- Lack of mental health professionals
- No residential treatment center in county
- Change negative perception of hospital
- Long ER wait times

- “I’ve never had a bad experience, but I’ve heard...”
- “Have to travel away from here to get good care – Richmond or Lexington.”

What can be done to better meet health needs of residents in Montgomery County?

- Knowledge of available resources – resource guide (online or through health department)
- Streamlined communication and collaboration, community wide
- Transportation – to/from services
- Specialty doctors (endocrinology, urology, rheumatology, immunology, infectious disease)
- Community health workers
- Health education – Preventative health, health literacy, healthy lifestyles, mental health
- Active community/social space
- “More places like this” (Dubois Community Center – open all the time)
- Dubois provides diversity and inclusion
- Walk-in clinic, after-hours care
- Affordable, quality childcare
- Collaboration with community groups/leaders
- Smoking cessation courses
- Mental health treatment
- Youth specialists
- Current resources are at capacity
- Nutrition
- Education
- Access to healthy and affordable foods

5.3 Key Informant Interviews

As a mechanism to examine needs that surfaced in focus group discussions, the hospital and health department leadership provided contact information for potential key informant interviews to be conducted. Two key informant interviews were conducted for Saint Joseph Mount Sterling. A summary of their responses highlighting comments, identifying the strengths of the community, challenges/barriers in broader healthcare system and opportunities for improving the community's health are below.

What are the most significant health problems in Montgomery County (related to health)?

- Substance use
- Lack of transportation to health care and food
- Mental health

Strengths of health care system in Montgomery County

- Sterling Health Solutions (FQHC) in the county
- Saint Joseph Mount Sterling – caring staff and quality care
- Availability of physician clinics
- Health department – Leader in Community Health Worker program in the state, HANDS program, community education, Freedom from Smoking, Diabetes Prevention program, Youth programs – Reducing the Risk, Too Good for Drugs
- Food access – summer feeding programs, farmers market

Barriers to health care or living healthy in Montgomery County

- Transportation
- Lack of knowledge of available resources in the county
- Language barrier – non-English speaking and lack of health literacy
- Medicaid eligible residents can find it confusing
- Lack of childcare affects ability to get to appointments

What could be done to better meet Montgomery County resident's health needs?

- Mental health and substance use services expanded
- Resource guide and 211 for the community
- Harm reduction syringe exchange program
- Expanded mental health services
- Better sidewalks making a more walkable community
- Physicians that take new patients
- Increased access to care – through cost, transportation, language and health care
- More community health workers to assist patients navigate health care and other essential services
- More education on lung and heart disease
- Assist and support grandparents raising grandchildren (ripple effect of substance use)

6. Selected Priority Areas

Saint Joseph Mount Sterling hosted the second CHNA steering committee meeting on February 4, 2019, for members of the community steering committee to review findings from the community surveys, focus groups, key informant interviews and county specific secondary health data.

The process of priority selection followed the Association for Community Health Improvement (ACHI) recommendations to consider:

- The magnitude of the problem (i.e., the number of people or the percentage of a population impacted).
- The severity of the problem (i.e., the degree to which health status is worse than the national norm).
- A high need among vulnerable populations.
- The community's capacity/willingness to act on the issue.
- The ability to have a measurable impact on the issue.
- Community resources already focused on the issue.
- Whether the issue is a root cause of other problems.

Members of the committee discussed the findings and based on all of the information identified the following as areas of needs to address in the next three years:

- Partnering to provide more information and services
- Navigating the health care system
- Substance abuse

7. Conclusion

Montgomery County is a community with many assets, with a caring community spirit being an important driver in the approach to community health improvements through collaborative efforts. While there are many areas of need in the county, this report identifies priority areas that CHI Saint Joseph Health and Saint Joseph Mount Sterling will use for guidance in planning its community benefit efforts and strategic direction for addressing health needs related to: partnering to provide more information and services; navigating the healthcare system; and substance abuse. Further investigation may be necessary for determining and implementing the most effective interventions.

An implementation strategy will be developed and rolled out over the next three years; periodic evaluation of goals/objectives for each identified priority will be conducted to assure that progress is on track per the implementation plan.

Community feedback to the report is an important step in the process of improving community health. Please send your comments to Neva H. Francis, MA, RN, Vice President of Healthy Communities. Email: NevaFrancis@catholichealth.net

Appendix

Source listing for secondary data used in this report.

Health Care Providers Available

Indicator	Original Source
All Physicians	Kentucky Board of Medical Licensure
Primary Care Physicians	Kentucky Board of Medical Licensure
Physician Specialists	Kentucky Board of Medical Licensure
Registered Nurses	Kentucky Board of Nursing
Nurse Practitioners	Kentucky Board of Nursing
Physician Assistants	Kentucky Board of Medical Licensure
Pharmacists	Kentucky Board of Pharmacy
Dentists	Kentucky Board of Dentistry

Physical Environment

Indicator	Original Source	Year
Average Daily Density of Air Pollution - PM 2.5	Environmental Public Health Tracking Network	2014
Presence of Drinking Water Violations	Safe Drinking Water Information System	2017
Percentage of Severe Housing Problems with at least one of the Following; Overcrowding, High Housing Costs, or Lack of Kitchen or Plumbing Facilities	Comprehensive Housing Affordability Strategy (CHAS) data	2011-2015
Percentage of Workforce Driving Alone to Work	American Community Survey, 5-year estimates	2013-2017
Percentage of Workforce Commuting Alone for More than 30 Minutes	American Community Survey, 5-year estimates	2013-2017

Social and Economic Environment

Indicator	Original Source	Year
Graduation Rate of 9th Grade Cohort in 4 Years	State Sources and EDFacts	Varies
Percentage of Ages 25-44 with Some Post-Secondary College	American Community Survey, 5-year estimates	2013-2017
Percent of Unemployed Job-Seeking Population 16 Years and Older	Bureau of Labor Statistics	2017
Percent of Children in Poverty	Small Area Income and Poverty Estimates	2017
Income Inequality Ratio	American Community Survey, 5-year estimates	2013-2017
Percent of Single-Parent Households	American Community Survey, 5-year estimates	2013-2017
Percent of Children Qualifying for Free or Reduced Lunch	National Center for Education Statistics	2016-2017
Violent Crime Rate per 100,000 Population	Uniform Crime Reporting - FBI	2014 & 2016
Injury Death Rate per 100,000 Population	CDC WONDER mortality data	2013-2017
Firearm Fatalities Rate per 100,000 Population	CDC WONDER mortality data	2013-2017

Clinical Care

Indicator	Original Source	Year
Percent Uninsured Adults	Small Area Health Insurance Estimates	2016
Percent Uninsured Children	Small Area Health Insurance Estimates	2016
Primary Care Provider Ratio	Area Health Resource File/American Medical Association	2016
Dentist Ratio	Area Health Resource File/National Provider Identification file	2017
Mental Health Provider Ratio	CMS, National Provider Identification file	2018
Other Primary Care Provider Ratio	CMS, National Provider Identification file	2017
Preventable Hospital Stays	Mapping Medicare Disparities Tool	2016
Percent of Population Receiving Mammography Screening	Mapping Medicare Disparities Tool	2016

Health Behaviors

Indicator	Original Source	Year
Percent Adult Smokers	Behavioral Risk Factor Surveillance System	2016
Percent Obese Adults with BMI >30	CDC Diabetes Interactive Atlas	2015
Food Environment Index	USDA Food Environment Atlas, Map the Meal Gap	2015 & 2016
Percent Physically Inactive Adults	CDC Diabetes Interactive Atlas	2015
Percent of Population with Access to Exercise Opportunities	Business Analyst, Delorme map data, ESRI, & U.S. Census Files	2010 & 2018
Percent of Adult Excessive Drinking	Behavioral Risk Factor Surveillance System	2016
Percent Alcohol-Impaired Driving Deaths	Fatality Analysis Reporting System	2013-2017
Chlamydia Rate Newly Diagnosed per 100,000 Population	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2016
Teen Birth Rate Ages 15-19 per 1,000 Population	National Center for Health Statistics - Natality files	2011-2017
Percent of Population Food Insecure	Map the Meal Gap	2016
Percent of Population with Limited Access to Healthy Foods	USDA Food Environment Atlas	2015
Drug Overdose Mortality Rate	CDC WONDER mortality data	2015-2017
Motor Vehicle Mortality Rate	CDC WONDER mortality data	2011-2017

Health Outcomes

Indicator	Original Source	Year
Years of Potential Life Lost Before Age 75 Lost Rate per 100,000 Population	National Center for Health Statistics - Mortality Files	2015- 2017
Child Mortality Rate	CDC WONDER mortality data	2014- 2017
Percent of Live Births with Low Birth Weight	National Center for Health Statistics - Nativity files	2011- 2017
Percent of Population in Fair/Poor Health	Behavioral Risk Factor Surveillance System	2016
Physically Unhealthy Days (Out of Last 30)	Behavioral Risk Factor Surveillance System	2016
Percent of Population in Frequent Physical Distress	Behavioral Risk Factor Surveillance System	2016
Mentally Unhealthy Days (Out of Last 30)	Behavioral Risk Factor Surveillance System	2016
Percent of Population in Frequent Mental Distress	Behavioral Risk Factor Surveillance System	2016
Percent of Population Who are Diabetic	CDC Diabetes Interactive Atlas	2015
HIV Prevalence Rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2015

**Saint Joseph Mount Sterling
Community Health Needs Assessment Survey**

1. Please tell us your zip code:

2. Are you or anyone in your household satisfied with your ability to access health care services in your county?

- Yes
- No

3. Where do you or anyone in your household go for routine healthcare? Please choose all that apply:

- Physician's office
- Emergency room
- Clinic in a grocery or drug store
- Health department
- Urgent care center
- Other _____
- I do not receive routine healthcare

4. If you answered "I do not receive routine healthcare" to the above question, please select all that apply as to why:

- No appointment available
- No specialist in my community
- No transportation
- Cannot take off from work
- Cannot afford it
- No insurance
- Other _____

5. How far do you or anyone in your household travel to see a specialist?

- Less than 20 miles
- 20-49 miles
- 50-100 miles
- More than 100 miles
- I do not see any specialists

6. What do you or anyone in your household use for transportation?

- My own vehicle
- Family/friend vehicle
- Taxi/cab
- Other _____

7. Please select the top THREE health challenges you or anyone in your household face. Choose only three:

- Cancer
- Diabetes
- Mental health issues
- Heart disease and stroke
- High blood pressure
- HIV/AIDS/STDs
- Overweight/obesity
- Respiratory/lung disease
- Drugs/alcohol addiction
- Dental health
- Child abuse/neglect
- Other _____

8. Are you or anyone in your household currently eligible for any of the following?

- Medicare
- Medicaid
- Public Housing Assistance
- SNAP (food stamp program)
- VA
- Commercial/private insurance

9. Please select the top THREE most important factors for a Healthy Community. Choose only three:

- Good place to raise children
- Low crime/safe neighborhood
- Good school systems
- Easy access to healthcare
- Community activities and events
- Affordable housing
- Low disease rate
- Personal responsibility
- Diverse community
- Good jobs/healthy economy
- Religious or spiritual values
- Affordable public transportation
- Transportation, other than public
- Affordable fresh foods
- Parks and recreation
- Other _____

10. Do you think your county meets those factors?

- Yes
- No

11. What is the ONE most important thing your community can do to have a positive effect on health?

- More jobs
- More money for community assistance programs
- More transportation services
- More substance abuse prevention and treatment services
- Other _____

12. Please select the top THREE risky behaviors (i.e., behaviors that potentially exposes people to harm) in your community. Choose only three:

- Alcohol abuse
- Being overweight
- Not using birth control
- Tobacco use
- Breathing secondhand smoke
- Social isolation/loneliness
- Self-harm (e.g., cutting, suicide attempts)
- Lack of exercise
- Drug abuse
- Poor eating habits
- Unsafe sex
- Other _____

13. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

14. Do you provide unpaid care for a family member or friend who is unable to take care of themselves due to a medical condition?

- Yes
- No

15. Are you a parent or guardian of a child (or children) under the age of 18?

- Yes
- No

16. If you answered "Yes" to the question above, is the child (or children) living with you:

- All the time
- Most of the time
- Half of the time
- Some of the time
- Not at all

17. What is your gender?

- Male
- Female

18. What ethnic group do you identify with?

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

19. What is your highest level of education?

- Less than High School
- Vocational School
- High School degree or GED
- College Degree (Associate's or Bachelor's)
- Master's degree or above
- Other _____

20. What is your annual household income?

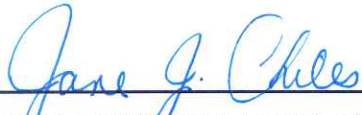
- \$0-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000 or more
- Don't know
- Prefer not to answer

21. What is your current employment status?

- Unemployed
- Student
- Employed part-time
- Employed full-time
- Retired
- Other _____

Approval

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



*Chair, CHI Saint Joseph Health
Board of Directors*



DATE



*President and Chief Executive Officer,
CHI Saint Joseph Health*



DATE

