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Community Health Needs Assessment Committee

Name	Title
David Gray	Former President, Baptist Health Louisville
Clint Kaho	President, Baptist Health La Grange
Chuck Anderson, MD	Chief Medical Officer, Louisville
Matt McDanald, MD	Chief Medical Officer, La Grange
Karen Newman	Chief Nursing Officer, Louisville
Nathan Wilson	Chief Nursing Officer, La Grange
Randall Caldwell	Director, Patient Experience
Gayle Dickerson	Director, Case Management
Susan Arnold	Director of Pastoral Care
Julie Garrison	Regional Marketing/PR Manager
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Alexander Kerns	Director of Strategic Initiatives
Anne Sydnor	Director, Planning



Introduction

This Community Health Needs Assessment provides the foundation for Baptist Health La Grange and other local organizations to strategically plan services and improve the health of the community we serve. This document builds on Baptist Health La Grange's second Community Health Needs Assessment, published in August 2015.

Organization Description

Baptist Health La Grange

Baptist Health La Grange, a 120-bed acute care hospital and skilled nursing facility, is a wholly owned subsidiary of Baptist Health. Baptist Health La Grange became part of the Baptist Health system in 1992. Baptist Health La Grange can serve all of the primary healthcare needs of its service area. Ninety beds are licensed as acute care and 30 beds are licensed as skilled nursing beds. Baptist Health La Grange has a 24-hour emergency department, inpatient and outpatient surgery, laboratory, pharmacy, imaging capabilities, including a fixed MRI, a sleep disorders lab, physical, speech, and occupational therapy. There are medical office buildings on campus attached to the hospital. In June 2010, Baptist Health La Grange opened its first ambulatory care facility, Baptist Crestwood; this is a 12,500 square foot facility that has CT, digital mammography, radiology, bone density screening, physical therapy, and medical office space. It is located approximately nine miles away on the Crestwood Bypass.

Baptist Health

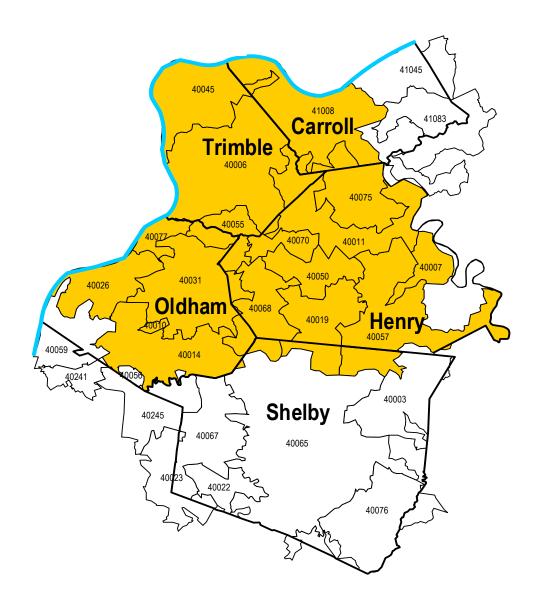
Baptist Health La Grange is part of Baptist Health, a not-for-profit, 501(c)(3) healthcare corporation that owns and operates eight hospitals with 2,353 licensed beds located in Paducah, Madisonville, Louisville, La Grange, Lexington, Richmond, and Corbin in the commonwealth of Kentucky and in New Albany, Indiana. It also manages the 285-bed Hardin Memorial Hospital in Elizabethtown, Kentucky (which is expected to 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, hospice and home care services, and urgent care facilities. Baptist Health Home Care (BHHC) provides home health services in 38 counties in Kentucky, six in southern Indiana, and six in southern Illinois.



Service Area

Baptist Health La Grange defines its service area for this Community Health Needs Assessment by looking at where the majority of its inpatients reside. During FY 2017, over eighty two percent (82.9%) of Baptist Health La Grange's inpatients came from Oldham, Henry, Carroll, and Trimble counties (see ZIP code map). Oldham County is a shared service area between Baptist Health Louisville and Baptist Health La Grange.

Baptist Health La Grange CHNA Service Area



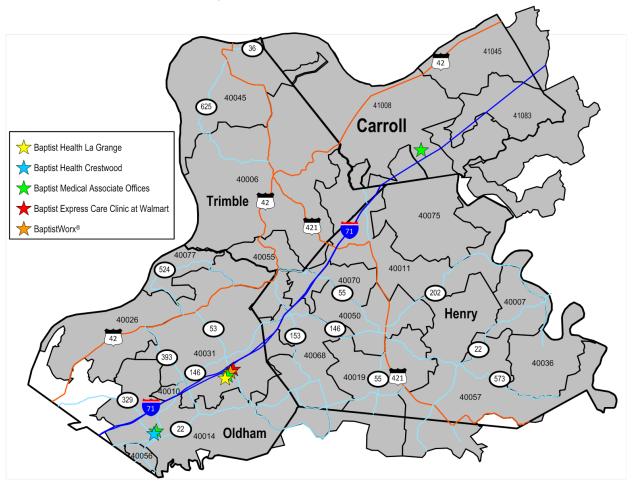


Total Discharges Patient Origin By County							
County	Discharges	% of Total					
Oldham County	789	38.1%					
Henry County	530	25.6%					
Carroll County	239	11.5%					
Trimble County	159	7.7%					
Total CHNA Service Area	1,717	82.9%					
* Other Areas	353	17.1%					
Total BH La Grange Discharges	2,070	100.0%					

*Other includes 47 other counties

Source: KHA InfoSuite, 10/1/2016 - 9/30/2017 discharges excluding normal newborns

Baptist Health Locations in Baptist Health La Grange Service Area





Mission, Vision, and Values

All Baptist Health La Grange 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

The Patient Protection and Affordable Care Act of 2010 included a provision that requires every taxexempt, non-governmental hospital to:

- Conduct a Community Health Needs Assessment (CHNA) at least every three years
- Adopt a Strategic Implementation Plan (SIP) that identifies how the needs identified in the assessment will be met and by whom
- Report to the Internal Revenue Service via its 990 tax form how it is meeting its implementation plan

The CHNA must show how broad input from the community served by the hospital was collected and must be made widely available to the public.

This report details the process used to gather, disseminate, and prioritize the information used in the assessment. Baptist Health La Grange worked closely with numerous institutions, agencies, and individuals representing public health, other hospitals, and community members.

Framework

Baptist Health La Grange determined its service area for the project using the most recent patient origin data (FY 2017), including over 82% of its discharges in the ZIP codes chosen. Further information about this area is found in the section headed *Service Area*, on page six.

A wide variety of community resources were consulted during this process. It began with meetings between the Baptist Health hospitals. During these meetings, updates to the 2015 CHNA were discussed. There are three health departments responsible for the counties Baptist Health La Grange serves: the Oldham County Public Health Department (OCHD); the North Central District Health Department (NCDHD), which serves both Henry and Trimble counties, and the Three Rivers District Health Department (TRDHD), which serves Carroll County. The OCHD developed a community health plan effective years 2016 through 2019. Their plan identifies three strategic initiatives to address during this three-year cycle: 1) Communication (including increasing communication between community service providers, increase awareness of agencies and services available, and capture and promote services provided by community partners), 2) Implementation and Sustainability and 3) Alternatives to Substance Abuse.

The TRDHD completed its Community Health Improvement Plan and Assessment, which established goals and strategies by county for the period 2014 through 2019. The North Central District has a detailed Mobilizing for Action through Partnerships and Planning (MAPP) on its website.



Baptist Health La Grange also solicited public opinion on community health needs using a survey distributed via social media, the Baptist Health La Grange website, and in paper form. Survey responses, coupled with the information from the respective health departments, were considered as primary data.

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

Finally, the Community Health Needs Assessment Committee met to consider all the information. They discussed the data presented and created a revised list of the health issues that were 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. This report was written and sent to all committee members for additional comments and suggestions. After these were incorporated, the CHNA was approved by the hospital and system boards.



Profile of the Community

Demographics and Socioeconomics

Baptist Health La Grange serves ZIP codes in Oldham, Henry, Trimble, and Carroll counties in Kentucky (see map on page 4). The following table shows the demographics and socioeconomic characteristics of Baptist Health La Grange's CHNA primary service area for the most recent period available.

					emographics Ex B Demographic	-			
			Are		0.	e Area by County 7-23-18			
						ock Group Code			
DEMOGRAPHIC C	CHARACTERISTICS				017	•			
		S	elected Area	USA			2018	2023	% Change
2010 Total Popula	ation		95,352	308,745,538		Total Male Population	53,024	54,948	3.69
2018 Total Popula	ation		102,017	326,533,070		Total Female Population	48,993	50,730	3.59
2023 Total Popula	ation		105,678	337,947,861		Females, Child Bearing Age (15-44)	17,478	18,076	3.49
% Change 2018 - 2	2023		3.6%	3.5%					
Average Househo	old Income		\$96,738	\$86,278					
POPULATION DIS	TRIBUTION					HOUSEHOLD INCOME DISTRIBUTION			
POPULATION DIS		Age	e Distribution			HOUSEHOLD INCOME DISTRIBUTION	Inco	me Distributio	
		<u> </u>			JSA 2018 %	_			USA
Age Group	2018	% of Total	e Distribution 2023	% of Total	of Total	2018 Household Income	HH Count %	of Total	USA % of Total
Age Group		<u> </u>				_			USA % of Total
Age Group 0-14	2018	% of Total	2023	% of Total	of Total	2018 Household Income	HH Count %	of Total	USA % of Total 10.9%
Age Group 0-14 15-17	2018 19,232	% of Total 18.9%	2023 17,405	<mark>% of Total</mark> 16.5%	of Total 18.7%	2018 Household Income <\$15K	HH Count %	6 of Total 8.4%	USA % of Total 10.99 9.59
Age Group 0-14 15-17 18-24	2018 19,232 4,731	% of Total 18.9% 4.6%	2023 17,405 4,913	% of Total 16.5% 4.6%	of Total 18.7% 3.9%	2018 Household Income <\$15K \$15-25K	HH Count % 2,932 2,657	6 of Total 8.4% 7.6%	USA % of Total 10.9% 9.5% 22.1%
Age Group 0-14 15-17	2018 19,232 4,731 9,690	% of Total 18.9% 4.6% 9.5%	2023 17,405 4,913 11,158	% of Total 16.5% 4.6% 10.6%	of Total 18.7% 3.9% 9.7%	2018 Household Income <\$15K \$15-25K \$25-50K	HH Count % 2,932 2,657 6,321	6 of Total 8.4% 7.6% 18.2%	USA % of Total 10.9% 9.5% 22.1% 17.1%
15-17 18-24 25-34	2018 19,232 4,731 9,690 10,723	% of Total 18.9% 4.6% 9.5% 10.5%	2023 17,405 4,913 11,158 12,560	% of Total 16.5% 4.6% 10.6% 11.9%	of Total 18.7% 3.9% 9.7% 13.4%	2018 Household Income <\$15K \$15-25K \$25-50K \$50-75K	HH Count % 2,932 2,657 6,321 5,960	6 of Total 8.4% 7.6% 18.2% 17.1%	USA
Age Group 0-14 15-17 18-24 25-34 35-54	2018 19,232 4,731 9,690 10,723 28,836	% of Total 18.9% 4.6% 9.5% 10.5% 28.3%	2023 17,405 4,913 11,158 12,560 26,340	% of Total 16.5% 4.6% 10.6% 11.9% 24.9%	of Total 18.7% 3.9% 9.7% 13.4% 25.5%	2018 Household Income <\$15K \$15-25K \$25-50K \$50-75K \$75-100K	HH Count % 2,932 2,657 6,321 5,960 4,839	6 of Total 8.4% 7.6% 18.2% 17.1% 13.9%	USA % of Total 10.9% 9.5% 22.1% 17.1% 12.3%

EDUCATION LEVEL				RACE/ETHNICITY			
	Educatio	on Level Distril	bution		Race/Et	thnicity Distrib	ution
			USA				USA
2018 Adult Education Level	Pop Age 25+	% of Total	% of Total	Race/Ethnicity	2018 Pop	% of Total	% of Total
Less than High School	2,592	3.8%	5.6%	White Non-Hispanic	90,414	88.6%	60.4%
Some High School	5,251	7.7%	7.4%	Black Non-Hispanic	3,758	3.7%	6 12.4%
High School Degree	21,109	30.9%	27.6%	Hispanic	4,540	4.5%	6 18.2%
Some College/Assoc. Degree	19,258	28.2%	29.1%	Asian & Pacific Is. Non-Hispanic	1,300	1.3%	6 5.8%
Bachelor's Degree or Greater	20,154	29.5%	30.3%	All Others	2,005	2.0%	6 3.2%
Total	68,364	100.0%	100.0%	Total	102,017	100.0%	100.0 %

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There are 76,401 persons in the adult population (16+) with a labor force of 46,814. Residents are slightly wealthier and much more racially and ethnically homogenous than the U.S. as a whole. Most are employed with lower than state average unemployment.

Labor Force Characteristics Area: BH LAG CHNA Define Service Area by County 7-23-18 2018 ZIP Code Report Ranked on 2018 Total Population 16+ (Desc)

			2018 To Populatio		Total La Force		Unemploy Labor Fo		Femal Labor F	
ZIP Code	ZIP City Name	County	Count	%Down	Count	%Across	Count	%Across	Count	%Across
41008	Carrollton	Carroll	5,600	7.3%	3,207	57.3%	373	6.7%	1,384	48.7%
41083	Sanders	Carroll	1,146	1.5%	689	60.1%	65	5.7%	301	54.6%
41045	Ghent	Carroll	1,047	1.4%	627	59.9%	66	6.3%	280	55.1%
41098	Worthville	Carroll	942	1.2%	565	60.0%	56	5.9%	261	55.5%
40019	Eminence	Henry	3,275	4.3%	1,998	61.0%	170	5.2%	983	56.8%
40057	Pleasureville	Henry	2,601	3.4%	1,700	65.4%	105	4.0%	848	65.0%
40011	Campbellsburg	Henry	2,065	2.7%	1,262	61.1%	95	4.6%	615	57.3%
40068	Smithfield	Henry	1,873	2.5%	1,177	62.8%	53	2.8%	545	57.4%
40055	Pendleton	Henry	1,560	2.0%	977	62.6%	74	4.7%	447	57.8%
40050	New Castle	Henry	1,425	1.9%	815	57.2%	41	2.9%	369	48.3%
40075	Turners Station	Henry	975	1.3%	598	61.3%	47	4.8%	274	57.4%
40036	Lockport	Henry	244	0.3%	162	66.4%	10	4.1%	80	66.7%
40007	Bethlehem	Henry	161	0.2%	106	65.8%	6	3.7%	55	66.3%
40031	La Grange	Oldham	20,947	27.4%	10,669	50.9%	436	2.1%	4,791	58.0%
40014	Crestwood	Oldham	17,544	23.0%	12,365	70.5%	467	2.7%	5,759	64.5%
40026	Goshen	Oldham	4,224	5.5%	3,168	75.0%	92	2.2%	1,419	66.7%
40056	Pewee Valley	Oldham	2,605	3.4%	1,782	68.4%	97	3.7%	872	64.1%
40077	Westport	Oldham	657	0.9%	434	66.1%	25	3.8%	217	65.4%
40010	Buckner	Oldham	480	0.6%	331	69.0%	9	1.9%	135	57.4%
40070	Sulphur	Oldham	445	0.6%	265	59.6%	13	2.9%	113	51.1%
40006	Bedford	Trimble	4,080	5.3%	2,449	60.0%	360	8.8%	1,098	53.2%
40045	Milton	Trimble	2,505	3.3%	1,468	58.6%	159	6.3%	594	48.2%
Total		-	76,401	100.0%	46,814	61.3%	2,819	3.7%	21,440	58.9%

Demographics Expert 2.7

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Oldham County ZIP codes are above average in household income and home value. The remaining counties are all below average socioeconomically for household income and home value. The % down column represents what proportion each ZIP code is of the whole.

Households by Socioeconomic Characteristics Area: BH LAG CHNA Define Service Area by County 7-23-18 2018 ZIP Code Report Ranked on 2018 Households (Desc)

					2018	Median	
			2018 Total Households		Median HH	Age of Total	Median Home
ZIP Code	ZIP City Name	County	Count	%Down	Income	Population	Value
40014	Crestwood	Oldham	7,597	23.1%	\$97,500	40.9	\$282,275
40014	La Grange	Oldham	7,419	23.1 <i>%</i> 22.5%	\$72,433	38.9	\$239,019
	Carrollton						
41008		Carroll	2,675	8.1%	\$46,065	38.0	\$111,610
40006	Bedford	Trimble	1,938	5.9%	\$52,237	42.0	\$133,850
40026	Goshen	Oldham	1,836	5.6%	\$108,795	41.0	\$282,593
40019	Eminence	Henry	1,641	5.0%	\$46,379	38.1	\$126,966
40057	Pleasureville	Henry	1,263	3.8%	\$53,416	41.8	\$140,723
40045	Milton	Trimble	1,235	3.8%	\$55,396	42.2	\$118,630
40056	Pewee Valley	Oldham	1,197	3.6%	\$82,859	42.9	\$250,246
40011	Campbellsburg	Henry	1,014	3.1%	\$52,232	40.8	\$127,902
40068	Smithfield	Henry	866	2.6%	\$67,426	46.0	\$218,996
40055	Pendleton	Henry	696	2.1%	\$67,714	43.7	\$185,331
40050	New Castle	Henry	694	2.1%	\$44,250	44.8	\$138,591
41083	Sanders	Carroll	526	1.6%	\$52,105	40.8	\$118,548
41045	Ghent	Carroll	487	1.5%	\$51,842	39.9	\$128,241
41098	Worthville	Carroll	476	1.4%	\$39 <i>,</i> 697	41.8	\$103,986
40075	Turners Station	Henry	468	1.4%	\$43,571	40.9	\$124,063
40077	Westport	Oldham	306	0.9%	\$75,510	44.9	\$255,696
40070	Sulphur	Henry	200	0.6%	\$62,609	43.8	\$176,829
40010	Buckner	Oldham	196	0.6%	\$116,667	40.0	\$370,755
40036	Lockport	Henry	121	0.4%	\$55,000	44.7	\$132,895
40007	Bethlehem	Henry	80	0.2%	\$50,000	45.3	\$128,846
Total		,	32,931	100.0%	\$71,779	40.5	\$213,198

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Mortality

The following table shows mortality rates by several leading causes of death in each county:

Age Adjusted Death Rates	Carroll	Henry	Oldham	Trimble	КҮ	USA
Total	1,121.4	922.5	734.0	994.7	917.2	730.6
Coronary Heart Disease	206.2	196.8	153.1	248.1	202.5	168.3
Cancer	250.9	209.2	157.0	212.4	197.9	161.0
COPD & Pneumonia	120.6	79.3	60.7	92.3	82.4	55.1
Accidents	55.0	26.9	20.0	23.2	28.4	23.3
Stroke	37.5	44.6	36.7	28.7	41.8	36.9
Diabetes	37.8	34.8	12.7	24.4	26.0	21.1
Suicide	*	*	10.6	*	16.3	13.0
Homicide	*	*	*	*	4.6	4.6
Motor Vehicle Accidents	34.4	18.8	8.5	34.3	18.2	11.9
All Other Causes	379.0	312.1	278.0	331.3	299.1	235.4
	Significantly P	elow KV Rate				

Significantly Below KY Rate

Significantly Above Ky Rate

Source: wonder.cdc.gov CDC Compressed Mortality for 2012-2016

* Per CDC, There is no output if the data is unavailable or statistically unreliable

These rates are age-adjusted and signify the number of persons who expired per 100,000 population. The numbers in green are significantly below the Kentucky rates, while the numbers shown in red are significantly higher. These may indicate areas that are doing better (or worse) in the care of specific conditions. Thus, Oldham County's low death rate due to cerebrovascular events (stroke) may show that residents are seeking and receiving care quickly for cerebrovascular-related events or they may be doing a better job of caring for themselves, thus reducing the number of cerebrovascular-related events overall. When compared to the previous CHNA survey report, some of the data in this chart has undergone some significant changes.



Cancer Incidence Rates

Cancer Incidence rates are from the Kentucky Cancer Registry and cover a five-year span. Carroll, County has a higher than average incidence rate for lung cancer. This may show that the residents are not seeking or receiving the care they are in need of due to poor health behaviors or environmental hazards.

Age Adjusted Cancer Incidence	Carroll	Henry	Oldham	Trimble	КҮ		
All Cancers	622.0	582.5	602.2	664.1	563.6		
Prostate	59.4	113.7	139.6	144.0	108.8		
Lung	125.4	91.9	70.5	89.3	93.5		
Breast	150.9	140.0	145.1	164.2	125.0		
Female Genitalia	56.1	40.0	40.0	82.3	52.2		
Skin	34.0	38.5	39.6	36.3	27.4		
Pancreas	*	*	16.4	*	13.3		
All Other Cancers	196.2 158.4 151.0 148.0 143.4						
	Significantly Below KY Rate						
	Significantly Above KY Rate						

Source: Ky Cancer Registry, https://www.kcr.uky.edu/2011-2015

* Denotes data is unavailable or statistically unreliable



Health Statistics and Rankings

Baptist Health La Grange 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, which were published in 2017. The following tables show health outcomes, health behaviors, clinical care availability, socioeconomic factors, and physical environment risks for each county in Baptist Health La Grange's service area. The rankings are based on the 120 counties in Kentucky. Oldham County is ranked No. 1. Access to primary care is an issue in all the counties. Carroll and Henry County have seen an increase in teen births since CY 2015.

Similar to the mortality and cancer incidence rates summaries, red highlights indicate a metric is significantly above Kentucky rates, and green highlights indicate a metric is significantly below Kentucky rates.

	Kentucky	Oldham	Trimble	Henry	Carroll
Health Outcomes	46	1	69	10	87
Length of Life	_	1	86	9	97
Premature death	8,932	5,287	10,582	7,246	11,576
Quality of Life	_	2	48	16	44
Poor or fair health	21%	14%	19%	20%	22%
Poor physical health days	4.7	3.5	4.7	4.5	5.1
Poor mental health days	4.4	3.4	4.1	4.1	4.2
Low birthweight	8.91%	8.13%	9.23%	6.69%	7.28%
Health Factors	39	1	28	26	89
Health Behaviors		1	23	21	95
Adult smoking	26%	17%	21%	21%	23%
Adult obesity	33%	28%	34%	32%	35%
Food environment index	7.1	8.5	7.1	7.7	5.4
Physical inactivity	28%	22%	28%	30%	32%
Access to exercise opportunities	70%	89%	54%	16%	69%
Excessive drinking	16%	17%	14%	14%	13%
Alcohol-impaired driving deaths	28%	38%	14%	8%	25%
Sexually transmitted infections	401.9	178.0	102.1	246.0	310.4
Teen births	44.2	12.6	45.6	50.3	70.7
Clinical Care		1	58	47	100
Uninsured	10%	6%	10%	10%	11%
Primary care physicians	1495:1	1477:1	2929:1	2595:1	2704:1
Dentists	1617:1	2595:1	8769:1	3905:1	2675:1
Mental health providers	564:1	1158:1	4385:1	2231:1	1337:1
Preventable hospital stays	77.02	54.15	72.29	67.18	131.28
Diabetic screening	86%	88%	83%	89%	82%
Mammography screening	59%	69%	51%	54%	48%
Social & Economic Factors		1	28	31	72
High school graduation	89%	96%	93%	97%	98%
Some college	59%	71%	53%	43%	36%
Unemployment	5.40%	4.00%	5.77%	4.78%	5.80%
Children in poverty	25%	7%	22%	27%	29%
Inadequate social support					
Children in single-parent households	35%	18%	32%	38%	36%
Violent crime	214.7	64.7	30.3	36.1	94.0
Injury deaths	84.7	43.5	86.6	84.0	121.4
Physical Environment		94	77	84	104
Air pollution - particulate matter	10	10.9	10.4	10.3	10.4
Drinking water violations	0%	No	No	No	No
Severe housing problems	14%	10%	9%	14%	24%
Driving alone to work	82%	85%	86%	82%	82%
Long commute - driving alone	29%	45%	47%	49%	19%

Source: Robert Wood Johnson, CountyHealthRankings.org 2017 County Rankings

Data extracted: 12/14/17



Primary Data

There are three health departments responsible for the counties Baptist Health La Grange serves: the Oldham County Public Health Department (OCHD); the North Central District Health Department (NCDHD), which serves both Henry and Trimble counties, and the Three Rivers District Health Department (TRDHD), which serves Carroll County. The OCHD developed a community health plan effective years 2016 through 2019. Their plan identifies three strategic initiatives to address during their three-year cycle: 1) Communication (including increasing communication between community service providers, increase awareness of agencies and services available and capture and promote services provided by community partners), 2) Implementation and Sustainability and 3) Alternatives to Substance Abuse.

The TRDHD completed its Community Health Improvement Plan and Assessment, which established goals and strategies by county for the period 2014 through 2019. The North Central District has a detailed MAPP on its website.

Baptist Health La Grange also solicited public opinion on community health needs using a survey distributed via social media, the Baptist Health La Grange website, and in paper form. Survey responses, coupled with the information from the respective health departments, were considered as primary data.

Community Healthcare Resources

There are a fairly limited number of healthcare resources in Baptist Health La Grange's service area, and even those are not distributed evenly. The Baptist Health La Grange Planning Department catalogued the various types and locations of these resources.

Hospitals

There are two hospitals in the service area and one psychiatric center: an acute care facility and a Critical Access Hospital, with a total of 115 licensed acute care beds and 30 skilled nursing beds. The following table lists both the hospitals in the service area.

Hospital	Туре	Licensed Beds	Location
Carroll County Memorial Hospital	CAH	25	Carrollton
Baptist Health La Grange	ACUTE	90	La Grange
Kentucky Correctional Psychiatric Center	PSY	97	La Grange

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



Carroll County Memorial Hospital (CCMH) is a Critical Access Hospital located off the Interstate 71 corridor on the Ohio River between Louisville and Cincinnati. This is a special hospital designation from the Centers for Medicare and Medicaid Services that acknowledges the need to have hospitals in rural communities that can serve basic needs and stabilize patients for transfers to tertiary facilities for more extensive care. In February 2012, the hospital was affiliated with Norton Healthcare. Management acknowledged they did so to better position CCMH to be able to manage the inevitable but unknown changes coming to the healthcare industry under healthcare reform, including the need for rural healthcare organizations to align themselves with tertiary partners. According to its website, the hospital employs more than 250 healthcare professionals and serves 14,000 people annually through outpatient services, 3,000 through inpatient services, 12,000 through its Emergency Department, and 27,000 through its physician services. Since the 2013 CHNA, it has increased its relationship with St. Elizabeth Healthcare for inpatient mental health needs and developed telehealth services with The Brook Hospital.

Other Licensed Facilities

According to the Kentucky Office of the Inspector General, there are 15 licensed facilities other than hospitals in Oldham County. The list of facilities includes three dialysis centers, two rehab agencies, one primary care clinic, one developmentally disabled group home, one diagnostic imaging center, one adult day health center, one mobile health service, two specialized health clinics, one limited service clinic, and two outpatient physical therapy centers. There is one licensed facility in Henry County, three in Trimble County and three in Carroll County, including a Rural Health Clinic.

The Hope Health Clinic is an indigent care clinic located on Baptist Health La Grange's campus that is run by a coalition of local ministers. It was closed 2014, but local groups including the hospital came together to revitalize it. It cares for indigent patients, including undocumented aliens living in the area, for Oldham, Henry, Trimble, and Carroll counties. The Hope Health Clinic was a recipient of a social innovation grant (which includes a federal portion) in 2015 for \$150,000 for two to three years to address both access and specific health outcomes.

Health Departments

As stated earlier in this document, there are three separate health departments in Baptist Health La Grange's CHNA service area: the Oldham County Health Department; the North Central District Health Department which serves Shelby, Spencer, Henry, and Trimble counties; and the Three Rivers District Health Department, which serves Carroll, Owen, Gallatin, and Pendleton counties.

The Oldham County Health Department's mission is to protect and promote a healthy community through education, enforcement, and empowerment. To accomplish this, they control communicable disease, encourage healthy lifestyles, provide preventative screenings, and reduce hazards in the environment. The clinic provides adult health vaccinations, cancer screening, a cardiovascular disease program, a dental program, diabetes care, family planning services, a new parent visitation program



called HANDS, immunizations, nutrition counseling, prenatal care, smoking cessation, sexually transmitted disease prevention, teen pregnancy and sexual disease counseling, tuberculosis screening, and well child exams, and administers the Women/Infant/Children (WIC) nutrition program for the county.

The North Central District Health Department and the Three Rivers Health Department provide similar services, although Three Rivers acknowledged it does not provide prenatal care, instead sending those patient to Tri-County OB/GYN, a practice with an office at Baptist Health La Grange.

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 from the CHNA service area. Using physician-to-population ratios and inventories of physicians in the area, shortages are determined. This plan guides Baptist Health La Grange to recruit and/or employ primary care to the area.

Committee Discussion

During the Community Health Needs Assessment Committee meeting, members expressed their thoughts about several health concerns in the area and where Baptist Health La Grange should concentrate its resources over the next three years. The committee included senior hospital leadership and specific department directors.

After studying the primary and secondary data, the committee discussed the issues. The team agreed that the opioid crisis is the top of mind community health issue. The committee also agreed that this health issue is creating additional stress on agencies throughout the community, including the hospital. The committee members briefly discussed the services Baptist Health La Grange already provides that are detailed in the annual Community Benefit Report (see Appendix D for the FY 2017 Baptist Health La Grange report).



Prioritized Health Issues

The committee identified a total of six (6) community health issues. Using a voting methodology, the team then identified the top three the hospital will focus on over the next three years. They are:

- Obesity
- Opioid Abuse
- Cancer

The other three issues identified are health literacy, cardiovascular disease and early intervention. The consensus of the team is many of these issues are related and efforts to combat one will result in improvements in one or more of the others.

Obesity was the top community need according to the final tally of votes. Obesity has a significant impact on other health issues such as cardiovascular disease, diabetes, pulmonary disease and joint deterioration. Through the combined efforts of medical professionals, schools, churches, and government agencies, we will be successful in educating and engaging individuals in caring for themselves. Kentucky has some of the highest rates in the nation for preventable health conditions and for behaviors that have been identified as unhealthy.

Opioid abuse has become an epidemic across the country. The committee ranked it as their second priority in terms of public health issues. Locally, we are seeing a similar surge of opioid usage admissions and emergency room visits. Similar to obesity, opioid abuse has an impact on overall health and can lead to other co-morbidities. In addition, the service area is seeing a greater presence of drug-addicted newborns who must be sent to neonatal intensive care units to treat withdrawal symptoms.

As cancer continues to be a leading cause of death in this service area, the committee ranked it as its third priority in terms of public health issues. Oldham County mortality levels are better than the state and national averages. The committee acknowledged the continued need for board-certified oncologists and easy access to cancer-related services, such as chemotherapy and radiation therapy.



Strategic Implementation Plan 2018-2021

Identified Health Needs	Goals	Action Item(s)	Measure(s)
Obesity	Enhance public understanding of their own obesity risk with a focus on the importance of lifestyle changes to improve health outcomes	Assess BHMG primary care patient population with a BMI > 25	How many assessed
		Refer patients to diabetes prevention program	How many referrals
		Promote health weight survey on website	How many people took the healthy weight survey on website
		Engage in community partnerships	Number of partnerships engaged
Opioid Abuse	Equip providers with knowledge, skills, tools and attitudes to safely prescribe opioids for analgesia	Utilize regulatory guidelines for prescribing opioids for acute and chronic pain as a foundation for recommendations to employed BHMG providers as well as other providers with medical staff privileges	How many medical providers were reached
		Develop recommendations for opioid usage monitoring	
		Develop opioid prescribing guidelines, with an initial focus on providers who are prescribing opioids for pain outside of active cancer treatment, palliative	Were they developed and communicated
		Review, compare and contrast accreditation requirements (TJC, HFAP, CMS DNV) current state/federal/professional association guidelines related to pain management to assist in policy development	Was a policy developed
		Evaluate current state of practices/programs/approaches used throughout Baptist Health to address opioid crisis and begin standardization across the system	Was the evaluation completed and standardization implemented
Cancer	Enhance education and screening opportunities	Assess # of patients eligible for screening (colonoscopy, mammogram, lung screening, etc.) who actually received the screening	# of patients eligible # of patients screened
		Enhance education opportunities for screening	# of health fairs / other community events where we participate
		Coordinate with regional public health departments and American Cancer Society	# of initiatives; # of partnerships
		Promote online cancer risk assessment tools	# of hits to these locations on our website



Communications Plan

The IRS guidelines for a Community Health Needs Assessment call for making the results of the process widely available. To meet this requirement, Baptist Health La Grange will publish this document on its website and make hard copies available to the public upon request. These results will be incorporated into Baptist Health's annual IRS tax form 990 submission.

Conclusions

Baptist Health La Grange will continue to use this Community Health Needs Assessment to allocate resources to improve the health of its service area. The committee will be working over the next three years to implement the actions items outlined in the Strategic Implementation Plan and assess, via the identified key measures, our success.



Appendix A – Data Sources

Health Departments

Oldham County Public Health Department http://oldhamcountyhealthdepartment.org/

North Central District Health Department (Shelby and Spencer counties) http://www.ncdhd.com/

Three Rivers District Health Department http://www.trdhd.com/

Kentucky Department of Public Health http://chfs.ky.gov/dph/

National Sources

Robert Wood Johnson Foundation County Health Ranking and Roadmap http://www.countyhealthrankings.org

Centers for Disease Control and Prevention http://www.cdc.gov/

Rural Assistance Center http://www.raconline.org/states/kentucky.php

U.S. Department of Health and Human Services – *Healthy People 2020* <u>http://healthypeople.gov/2020/</u>

U.S. Department of Health and Human Services – Community Health Status Indicators http://www.communityhealth.hhs.gov/homepage.aspx



State Sources

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

Foundation for a Healthy Kentucky's Kentucky Health Facts http://www.kentuckyhealthfacts.org/

Kentucky Department of Public Health's Center for Performance Management <u>http://chfs.ky.gov/dph/CenterforPerformanceManagement.htm</u>

Kentucky Public Health Association http://www.kpha-ky.org/

Kentucky Hospital Association http://www.kyha.com/

Kentucky Office of the Inspector General <u>http://chfs.ky.gov/os/oig/</u>

Kentucky State Data Center http://ksdc.louisville.edu/

Seven Counties Services, Inc. http://www.sevencounties.org/

Kentucky Cancer Registry https://www.kcr.uky.edu/



Appendix B – 2018 Baptist Health La Grange Public Survey Instrument

1. In wh	nich county do you primarily reside?	
O Bull	litt	Oldham
🔵 Car	roll	Shelby
O Her	ıry	Spencer
◯ Jeff	ferson	C Trimble
Oth	er (please specify)	
	ou have a primary care provider?	
Yes		
O No		
	nat settings do you receive medical care (select ergency Room	t an that apply)?
Eme		t an that apply)?
Eme Hea Prin Urg	ergency Room alth Department nary Care Provider's office lent or Express Care Clinic ual Care / Telemedicine	ι απιτιάι αρριγ) <i>?</i>
Email	ergency Room alth Department nary Care Provider's office lent or Express Care Clinic	ι απιτιάι αρριγ) <i>?</i>
Email Heat Prin Urg Virtu 4. How	ergency Room alth Department mary Care Provider's office ent or Express Care Clinic ual Care / Telemedicine would you describe your overall health? cellent	ι απιτιάι αρριγ) <i>?</i>
Emu Hea Prin Urg Virtu 4. How	ergency Room alth Department nary Care Provider's office ent or Express Care Clinic ual Care / Telemedicine would you describe your overall health? cellent	ι απιτιάι αμριγ) <i>?</i>



Alcohol overuse High blood pressure Cancer Joint pain or back pain Drug addiction Mental health issues Diabetes Overweight/obesity Lung disease Stroke Heart disease I do not have any health challenges Other (please specify) 6. Are you receiving the medical care you need? Yes No 7. What issues prevent you from accessing the care you need (select all that apply)? No issues prevent you from accessing the care you need (select all that apply)? Outrural/religious beliefs Language barriers Don't know how to find doctors No insurance and unable to pay for the care Don't understand the need to see a doctor Transportation Fear (e.g., not ready to face/discuss health problem) Unable to pay co-pays/deductibles
Image: Constraint of the second se
Diabetes Overweight/obesity Lung disease Stroke Heart disease I do not have any health challenges Other (please specify)
Lung disease Stroke Heart disease I do not have any health challenges Other (please specify) Image: Constraint of the specified of the
Heart disease I do not have any health challenges Other (please specify) 6. Are you receiving the medical care you need? Yes No 7. What issues prevent you from accessing the care you need (select all that apply)? No issues prevent me from accessing the care 1 need Lack of availability of doctors Cultural/religious beliefs Don't know how to find doctors Don't know how to find doctors Don't understand the need to see a doctor Fear (e.g., not ready to face/discuss health problem)
Other (please specify) 6. Are you receiving the medical care you need? Yes No 7. What issues prevent you from accessing the care you need (select all that apply)? No issues prevent me from accessing the care I need Lack of availability of doctors Cultural/religious beliefs Don't know how to find doctors Don't know how to find doctors Don't understand the need to see a doctor Fear (e.g., not ready to face/discuss health problem) Unable to pay co-pays/deductibles
 Yes No 7. What issues prevent you from accessing the care you need (select all that apply)? No issues prevent me from accessing the care I need Lack of availability of doctors Cultural/religious beliefs Language barriers Don't know how to find doctors No insurance and unable to pay for the care Don't understand the need to see a doctor Transportation Fear (e.g., not ready to face/discuss health problem) Unable to pay co-pays/deductibles
 Yes No 7. What issues prevent you from accessing the care you need (select all that apply)? No issues prevent me from accessing the care I need Lack of availability of doctors Cultural/religious beliefs Language barriers Don't know how to find doctors No insurance and unable to pay for the care Don't understand the need to see a doctor Transportation Fear (e.g., not ready to face/discuss health problem) Unable to pay co-pays/deductibles



9. Which of the following preventive pro	ocedures have you had in the past 12 months (select all that apply)
Blood pressure check	Hearing screening
Blood sugar check	Mammogram (if female)
Bone density test	Pap smear (if female)
Cardiovascular screening	Physical exam
Cholesterol screening	Prostate cancer screening (if male)
Colon/rectal exam	Skin cancer screening
Dental cleaning/X-rays	Vision screening
Flu shot	None of the above
10 Within the past three years, have w	ou suffered from opioid substance abuse?
Yes	
L1. Do you see housing as an issue in y	your area?
Yes	
No	
12. What is your current housing situati	on?
Own an apartment/condominium/house/etc	2
Rent an apartment/condominium/house/etc	
Other (please specify)	
13. What is your regular source of trans	sportation?
Bicycle	Public transportation
Car	Walk
Motorcycle	
Other (please specify)	
-	
L	



14. Have either you or an immediate family member (spouse, parent, grandparent, child, brother, or si	ster)		
been diagnosed with any of the following health conditions (select all that apply)?			
Alcoholism			
Anxiety			
Arthritis			
Autism			
Breast cancer			
Cervical cancer			
Colon cancer			
COPD			
Depression			
Diabetes			
Drug addiction			
Emphysema			
Heart disease/heart attack			
Heart failure			
High blood pressure			
High cholesterol			
Liver disease			
Lung cancer			
Multiple Sclerosis			
Obesity			
Peripheral artery disease			
Prostate cancer			
Skin cancer			
Stroke			
None			
Other (please specify)			
L			





15. What type of insurance do members of your household have (select all that apply)?
Insurance provided through your employer
Medicare
Medicaid
No insurance coverage (uninsured)
Private insurance
Other (please specify)
16. What is needed to improve the health of your family and neighbors (select all that apply)?
Free or affordable health screenings
Healthier food
Job opportunities
Mental health services
Recreation facilities
Safe places to walk/play
Specialty physicians
Substance abuse rehabilitation services
Transportation
Wellness services
I don't know
Other (please specify)



17.	What health issues would you like additional education/information about (select all that apply)?
	Blood pressure
	Cancer
	Cholesterol
	Dental screenings
	Diabetes
	Disease outbreak prevention
	Drug and alcohol abuse
	Eating disorders
	Emergency preparedness
	Exercise/physical activity
	Falls prevention in the elderly
	Heart disease
	HIV/AIDS & STDs
	Routine well checkups
	Mental health/depression
	Nutrition
	Prenatal care
	Smoking cessation
	Suicide prevention
	Vaccination/immunizations
	None
	Other (please specify)



18. Please choose all the statements below that apply	y to y	/ou:
I abuse or overuse prescription drugs		
I have access to a wellness program through my employer		
I eat at least five servings of fruit and vegetables per day		
I eat fast food more than once per week		
I exercise at least three times per week		
I have more than four alcoholic drinks per day		
I receive a flu shot each year		
I smoke cigarettes or use other nicotine products		
I use illegal drugs		
I use sunscreen or protective clothing for planned time in the sun	e	
None of the above apply to me		
19. What is your age?		
0-14	\bigcirc	35-54
0 15-17	\bigcirc	55-64
18-24	\bigcirc	65+
25-34		
20. What is your sex?		
O Male		
Female		
21. What is your annual household income?		
C Less than \$15,000	\bigcirc	\$50,000 - \$75,000
\$15,000 - \$25,000	\bigcirc	\$75,000 - \$100,000
\$25,000 - \$50,000	\bigcirc	Over \$100,000
22. What is the highest level of education you have a	ttaine	ed?
C Less than high school	\bigcirc	Some college/Associates degree
Some high school	\bigcirc	Bachelor's degree or higher
High school degree		



23. How would you describe your race?	
White non-hispanic	Asian & Pacific islander non-hispanic
Black non-hispanic	Other
Hispanic	



Appendix C – 2015 – 2018 SIP Results

Baptist Health La Grange Strategic Implementation Plan 2015-2018

Identified Health Needs	Goals	Results
Health Literacy	Increase public awareness of the overall healthcare environment (what is available, where, when, etc.)	 > From 2015 to 2017 had annual hits to the site of 28,662, 93,473 and 83,164 > After successful EPIC implementation in 2015 had successful signups with almost 30% in 2016 and 34% in 2017
	Educate public to better understand how, when and where to access appropriate levels of care	> From 2015 to 2017 there were 558, 5,638 and 9,205 page views
	Enhance public understanding of their own personal health status with a focus on medication management and the impact of lifestyle choices	 Participated in health fairs: 6 in 2015, 24 in 2016 and 26 in 2017 Had 4, 959 and 1,162 page views from 2015 to 2017
Cancer	Assess strategies for access to care to ensure patient care services are convenient and close to home	 > Had 143 page views in 2015; 1,057 in 2016 and 1,199 in 2017 > Tracking on the site was not available until April 2015 > Completed 7 colorectal HRA screenings in 2015, 3 in 2016 and 3 in 2017



Identified Health Needs	Goals	Results
Cancer (cont.)	Enhance cancer education and screening opportunities	> Partnered with Guardian Network to match patients with clinical trials
	Participate in cutting edge research trials to facilitate development of cancer fighting medications	
Cardiovascular Disease	Expand public awareness of disease root causes and common associated conditions to increase public awareness of healthier lifestyle and cardiovascular disease prevention	 > Had 106 page views to the heart care section in 2015; 1,057 in 2016 and 1,199 in 2017 > Tracking on the site was not available until April 2015
		 Participated in 6 health fairs in 2015, 24 health fairs in 2016 and 26 health fairs in 2017 Initiated a Community Outreach Council in 2015



Appendix D – 2017 Baptist Health La Grange Community Benefit Report Summary

Baptist Health La Grange Community Benefit Report Fiscal Year 2017 Highlights		
Unreimbursed cost of charity care	1,486,150	
Unreimbursed cost of Medicaid	1,002,805	
Subsidized health services	2,735,615	
Health improvements and other contributions	53,015	
Total Community Benefit	5,277,585	
Unreimbursed cost of Medicare	3,985,362	
Unreimbursed cost of uncollectibles	674,535	
Total	9,937,482	

Baptist Health La Grange provided over \$9.9 million in community benefits during fiscal year 2017.