# Community Health Needs Assessment 2015

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Community Health Needs Assessment Committee

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Dona Rains, Director of Community Outreach
Mike Muscarella, Director of Rehabilitation Programs
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Michelle Hayden, Executive Director of Finance
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Jamie Ehling, Planning Analyst

Purchase District Coalition for Health Members

Purchase District Health Department
Baptist Health Paducah
Lourdes Hospital
United Way of Paducah-McCracken County
City of Paducah
UK Extension Offices

Introduction

This Community Health Needs Assessment provides the foundation for Baptist Health Paducah and other local organizations to strategically plan services and improve the health of the community we serve. This document builds on Baptist Health Paducah’s first Community Health Needs Assessment published in August 2012.
Organization Description

Baptist Health Paducah

Baptist Health Paducah is a 349-bed tertiary acute care hospital serving about 200,000 patients per year from three states. It is accredited by the Joint Commission. With more than 1,600 employees and 200 physicians, compassionate care is provided with the most innovative technology available in the following service areas:

- Baptist Health Line – A free, 24-hour telephone hotline staffed by RNs
- Baptist Health Center for Cancer Care
  - Advanced Diagnostic and Screening Capabilities
  - Chemotherapy & Infusion
- Medical Oncology
  - Radiation Oncology including Stereotactic Radiation Therapy (SRT)
  - Surgical Services
- Baptist Health Home Care
- Baptist Health Rehabilitation
- Baptist Health Prime Care
- Baptist Heart Center
- Baptist Sleep Lab
- BaptistWorx™ Occupational Health and Wellness
- Bariatric Surgery and Weight Management Services
- Center for Digestive Health
- Child Development Center
- Critical Care Unit
- Diagnostic Imaging
- Emergency Services
- Express Care Clinics at Walmart
- Infection Control Department
- Laboratory Services
- Long Term Acute Care Hospital (LTACH)
- Maternal Fetal Medicine
- Neonatal Intensive Care Unit (Level II)
- Neurological Services
- Outpatient Services
- Rehabilitation Services
- Respiratory Care Services
- Surgical Services
- Transitional Care Unit
- Women’s and Children’s Services
Baptist Health

Baptist Health Paducah is part of Baptist Health, a not-for-profit, 501(c)(3) healthcare corporation that owns and operates seven hospitals with more than 2,100 licensed beds located in Paducah, Madisonville, Louisville, La Grange, Lexington, Richmond, and Corbin in the Commonwealth of Kentucky. It also manages the 285-bed Hardin Memorial Hospital in Elizabethtown, KY. In addition, Baptist Health Medical Group (BHMG), a wholly-owned subsidiary of Baptist Health, employs over 600 primary care physicians, specialty physicians, and mid-level providers and operates occupational health, physical therapy services, sports medicine, Express Care Clinics, and urgent care facilities. Baptist Health Home Care (BHHC) provides home health services in 37 counties in Kentucky and 6 in southern Illinois. Baptist Health has recently been named one of the Best Places to Work in Kentucky.

Baptist Health Paducah is the only hospital in western Kentucky with:

- Two da Vinci robotic surgical systems
- The Joint Commission certification as an Advanced Primary Stroke Center
- An active, 10-bed Neonatal Intensive Care Unit
- Center of Excellence in Minimally Invasive Gynecology designation
- Lung Cancer Screening Center designation by the American College of Radiology (ACR)

Baptist Health Paducah also holds the following designations and honors:

- October 2014 – Stroke program wins three awards: third consecutive Joint Commission certification; Get with the Guidelines Gold Plus Quality Achievement award; Target: Stroke Honor Roll.
- August 2014 – Consumer Reports – Baptist Health Paducah one of two Kentucky hospitals to receive highest rating for heart surgery.
- April 2014 – Get With the Guidelines Resuscitation Gold Quality Achievement Award.
- January 2014 – One of 197 hospitals nationwide to receive the National Cardiovascular Data Registry ACTION Registry® Get With the Guidelines Platinum Performance Achievement Award for heart attack treatment.
- December 2013 – Get With the Guidelines® Stroke Gold Plus Quality Achievement Award.
- November 2013 – Cycle IV Chest Pain Accreditation with PCI awarded by
Community Health Needs Assessment 2015

the Society for Cardiac Patient Care.

- October 2013 – Top Performer award - recognized in the top third of all Joint Commission-accredited hospitals as a Top Performer on Key Quality Measures® for heart attack, heart failure, pneumonia and surgical care.
- September 2013 – Platinum Award from Action Registry- GWTG. Achieved this award by providing outstanding cardiac care to patients.
- August 2013 – Gold Plus Award & Gold Stroke Award from the American Heart Association/American Stroke Association for meeting quality metrics over two or more consecutive 12-month periods.
- July 2013 – For the third consecutive year, Baptist Health Paducah has been recognized by WomenCertified® as one of America’s 100 Best Hospitals for Patient Experience.
- June 2013 – Baptist Health Paducah received its 5th consecutive accreditation by the Commission on Cancer (COC). The hospital achieved a gold level commendation by the COC for exceeding standards in seven elements of performance.
- May 2013 – Named a Best Hospital in Orthopedics by WomenCertified®
- March 2013 – Baptist Health Paducah is voted BEST PLACE TO WORK in The Paducah Sun’s Readers Choice awards.
- January 2013 – Baptist Health Paducah is named among Best Hospitals for Patient Experience in Obstetrics by WomenCertified®.

Community Served by Hospital

Based on the patient origin of discharges from October 1, 2013, through September 32, 2014, Baptist Health Paducah’s community has been defined as Ballard, Carlisle, Graves, Livingston, Marshall, and McCracken in Kentucky, and Massac in Illinois. The surrounding counties in the region have a similar composition as McCracken County.

McCracken County is located in western Kentucky. The county borders the Kentucky counties of Ballard, Carlisle, Graves, Marshall, and Livingston, as well as the Illinois counties of Massac and Pulaski. It is comprised of 268 square miles, 17 of which are water; it has a population density of 263 persons per square mile.

McCracken County is a Medically Underserved Area and Primary Medical Care Health Professions Shortage Area for Census Tracts 301-306. It is also a whole county Mental Health HPSA. Graves and Carlisle Counties are whole county Primary Medical Care Health Professions Shortage Areas.
Process for Determining Service Area

Baptist Health Paducah’s total service area includes 17 counties in three states. In 2014, 37.9 percent of Baptist Health Paducah’s patients were residents of McCracken County. Baptist Health Paducah is the market share leader in McCracken County with 54.9 percent of all medical surgical acute care hospital discharges. The Community Health Needs Assessment service area includes all contiguous counties that comprise the first 75 percent of Baptist Health Paducah’s inpatient discharges where the hospital received more than 20 percent market share for the area (see table below).

Reliance for BH Paducah, 10-1-13 to 9-30-14

<table>
<thead>
<tr>
<th>County</th>
<th>Baptist Health Paducah</th>
<th>Reliance for BH Paducah</th>
<th>Cumulative for BH Paducah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>11,551</td>
<td></td>
<td></td>
</tr>
<tr>
<td>McCracken - KY</td>
<td>4,382</td>
<td>37.9%</td>
<td>37.9%</td>
</tr>
<tr>
<td>Marshall - KY</td>
<td>1,205</td>
<td>10.4%</td>
<td>48.4%</td>
</tr>
<tr>
<td>Graves - KY</td>
<td>1,122</td>
<td>9.7%</td>
<td>58.1%</td>
</tr>
<tr>
<td>Massac - IL</td>
<td>916</td>
<td>7.9%</td>
<td>66.0%</td>
</tr>
<tr>
<td>Livingston - KY</td>
<td>514</td>
<td>4.4%</td>
<td>70.5%</td>
</tr>
<tr>
<td>Ballard - KY</td>
<td>334</td>
<td>2.9%</td>
<td>73.4%</td>
</tr>
<tr>
<td>Carlisle - KY</td>
<td>279</td>
<td>2.4%</td>
<td>75.8%</td>
</tr>
<tr>
<td>Calloway - KY</td>
<td>385</td>
<td>3.3%</td>
<td>79.1%</td>
</tr>
<tr>
<td>Caldwell - KY</td>
<td>374</td>
<td>3.2%</td>
<td>82.3%</td>
</tr>
<tr>
<td>Lyon - KY</td>
<td>332</td>
<td>2.9%</td>
<td>85.2%</td>
</tr>
<tr>
<td>Crittenden - KY</td>
<td>288</td>
<td>2.5%</td>
<td>87.7%</td>
</tr>
<tr>
<td>Johnson - IL</td>
<td>214</td>
<td>1.9%</td>
<td>89.6%</td>
</tr>
<tr>
<td>Fulton - KY</td>
<td>197</td>
<td>1.7%</td>
<td>91.3%</td>
</tr>
<tr>
<td>Obion - TN</td>
<td>133</td>
<td>1.2%</td>
<td>92.4%</td>
</tr>
<tr>
<td>Hickman - KY</td>
<td>130</td>
<td>1.1%</td>
<td>93.5%</td>
</tr>
<tr>
<td>Pope - IL</td>
<td>126</td>
<td>1.1%</td>
<td>94.6%</td>
</tr>
<tr>
<td>Hardin - IL</td>
<td>84</td>
<td>0.7%</td>
<td>95.4%</td>
</tr>
<tr>
<td>Pulaski - IL</td>
<td>84</td>
<td>0.7%</td>
<td>96.1%</td>
</tr>
<tr>
<td>Trigg - KY</td>
<td>60</td>
<td>0.5%</td>
<td>96.6%</td>
</tr>
<tr>
<td>Other</td>
<td>392</td>
<td>3.4%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: KHA InfoSuite, Inpatient Med/Surg Discharges, 10-1-13 to 9-30-14

In addition to Baptist Health Paducah, patients in our service area have access to nine other hospitals (see page 13) scattered throughout the region.
**Mission, Vision, Faith-based Values and Strategic Plan**

All Baptist Health Paducah 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 the transformation to healthier communities.

**Faith-based Values**

- Integrity
- Respect
- Excellence
- Collaboration
- Compassion
- Joy

**Strategic Plan**

Baptist Health Paducah has a three-year strategic planning cycle. Five key strategies, each with four to eight goals, have been selected as areas of focus for our region. An action plan of specific objectives is maintained to address responsibility and the schedule of completion. The Key Strategies are:

**Quality and Safety**

- Growth
- Physician Alignment
- People and Culture
- Community Health Status
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 what resources are available within 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 Community Health Needs Assessment that can be replicated and continued for future assessments.

In addition to compliance with this Act, establishing the community’s health needs help to prioritize resource allocation and to determine what services are currently available in the area and how to best coordinate activities with other agencies. The process of a community health needs assessment ensures that needs are identified, efforts are not duplicated, and that the correct agencies to handle specific issues are involved in the process.
Executive Summary

To identify ways Ballard, Carlisle, Graves, Livingston, Marshall, and McCracken counties in Kentucky and Massac County in Illinois can improve the health of the community and in response to the Affordable Care Act (ACA), Baptist Health Paducah has conducted its second Community Health Needs Assessment. Through input from groups with healthcare knowledge, surveys, and secondary research, the Community Health Needs Assessment committee has been able to find insight into the needs of the area.

The most prevalent needs identified were obesity-related issues, access to healthcare, smoking, long-term acute care, and substance abuse.

- Thirty-one (31) percent of McCracken County residents are considered obese. The percentage is higher in almost all of the service area. Obesity and the many health problems and diseases associated with it have a major impact on the community.
- More than 4.8 percent of survey respondents are unable to visit a doctor when needed. Even with the ACA, there are still obstacles to receive care. Most respondents said they still were not able to afford healthcare because of high premium costs, co-pays and deductibles. Others said narrow networks kept them from visiting their physician of choice.
- Smoking in Kentucky continues to be one of the most pervasive and prevalent adverse health behaviors, yet there was no legislation on a statewide smoking ban in the last General Session of the Kentucky State Legislature. Smoking contributes to numerous health issues and causes many unnecessary deaths in the service area each year.
- Long term acute care hospitals (LTACH) furnish extended medical and rehabilitative care to individuals with clinically complex problems, such as multiple acute or chronic conditions, that need hospital-level care for relatively extended periods. This type of care has been shown to improve patient outcomes and reduce costs, yet there are currently no LTACH beds in the Purchase Area Development District; in fact, the closest facilities with LTACH beds are in Cape Girardeau, Missouri, 1.5 hours away and at the Medical Center at Bowling Green, more than two hours away.
- The 2013 Kentucky State Police Annual Report ranks the service area as one of the worst for drug arrests in Kentucky.

Baptist Health Paducah will use its resources and services to best meet the needs related to the first four issues, while other area providers address substance abuse.

This assessment is provided to area leaders and the community at large on the hospital Web site at www.baptisthealthpaducah.com.
Framework

This is the second Community Health Needs Assessment conducted by Baptist Health Paducah. This document builds on the research and conclusions of the first assessment. The health priorities identified in the first assessment remain, but additional priorities have been identified. Also, the service area has been expanded from one (1) county (McCracken) in the first assessment to seven (7) counties (Ballard, Carlisle, Graves, Livingston, Marshall, and McCracken in Kentucky and Massac in Illinois) in this document to better identify the community Baptist Health Paducah actually serves. The groups that first cooperated to discuss the health needs of the community now meet on a regular basis to gauge the effectiveness of their activities and to plan additional steps to continue improving the health status of people in the community.

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

The hospital’s service area is based on the nature of its communities (primarily urban, primarily rural), using the most recent patient origin data (October 2013 through September 2014), including more than 80 percent of its discharges in the zip codes chosen. Further information about this area is found in the section headed Process to Determine Service Area, on page 7.

The Purchase District Coalition for Health now meets on a regular basis. This group is comprised of representatives from the Purchase District Health Department, which serves Ballard, Carlisle, Fulton, Hickman, and McCracken counties in the Purchase Area Development District; the City of Paducah; UK County Extension Offices; United Way of Paducah-McCracken County; Lourdes Hospital and Baptist Health Paducah. Bringing these groups together may help avoid duplication of efforts in data collection and resource allocation. Through these contacts and public surveys, Baptist Health Paducah collected primary data and feedback on the health issues confronting its service area.

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

Finally, Baptist Health Paducah’s Community Health Needs Assessment committee met to consider all the information. They discussed the data presented and created a list of the health issues identified in both primary and secondary data sources. After robust interaction, the committee prioritized the list and discussed various ways the hospital
could help to meet these needs. This report incorporated their suggestions before presentation to the hospital and Baptist Health boards for approval.

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

With a relatively short driving distance to larger cities such as Nashville, Memphis, Louisville and St. Louis, McCracken County is the center of a labor market area spread over 4,396 square miles with a population of more than 250,000. The area’s healthy business climate boasts strong employment in transportation, wholesale/retail/services and manufacturing. With an emphasis on economic development and with the support of the local government, a positive impact can be seen on the health of the local community.
Population growth in the service area is flat; it is growing at less than 0.04 percent per year. The population of the area tends to be older and less affluent and more homogenous racially and ethnically than the U.S. as a whole.
Health Statistics and Rankings for the CHNA Service Area Counties

Baptist Health Paducah collected health statistics and outcome measures from a wide variety of sources. The most recent data came from the Robert Wood Johnson County Health rankings published in 2015. The tables on the following two pages show health outcomes, health behaviors, clinical care availability, socioeconomic factors and physical environment risks for each county in the service area. The numbers highlighted in green are significantly more favorable than the Kentucky average and the ones in red significantly less favorable. The rankings are based on the one hundred-twenty (120) counties in Kentucky and the one hundred two (102) counties in Illinois for Massac County. Three counties score above average in Health Outcomes, while four score below their state average with Massac County having the worst health outcomes in Illinois. Obesity in the area is close to the Kentucky average, but that average is very high compared to other states. The Foundation for a Healthy Kentucky’s 2015 report, Place Matters: Health Disparities in the Commonwealth, says that while this area of the state has average obesity, it has been trending upward over the last several years.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>McCracken</th>
<th>Marshall</th>
<th>Graves</th>
<th>Livingston</th>
<th>Ballard</th>
<th>Carlisle</th>
<th>Kentucky</th>
<th>Massac</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Life</td>
<td>58</td>
<td>38</td>
<td>61</td>
<td>56</td>
<td>50</td>
<td>85</td>
<td>102</td>
<td>96</td>
<td>102</td>
</tr>
<tr>
<td>Premature death</td>
<td>9,398</td>
<td>8,516</td>
<td>9,426</td>
<td>9,353</td>
<td>9,117</td>
<td>11,053</td>
<td>8,900</td>
<td>10,069</td>
<td>6,349</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>32</td>
<td>18</td>
<td><strong>12</strong></td>
<td><strong>78</strong></td>
<td><strong>105</strong></td>
<td>55</td>
<td>102</td>
<td>102</td>
<td>102</td>
</tr>
<tr>
<td>Poor physical health</td>
<td>19%</td>
<td>20%</td>
<td>22%</td>
<td>21%</td>
<td>24%</td>
<td>21%</td>
<td>33%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Poor mental health</td>
<td>3.9</td>
<td>4.3</td>
<td>4.4</td>
<td><strong>6.8</strong></td>
<td><strong>7.2</strong></td>
<td><strong>7.3</strong></td>
<td>4.8</td>
<td>7.7</td>
<td>3.4</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>9.10%</td>
<td>7.50%</td>
<td>7.40%</td>
<td>8.40%</td>
<td>11.30%</td>
<td><strong>9.10%</strong></td>
<td><strong>8.90%</strong></td>
<td><strong>8.40%</strong></td>
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<tr>
<td>Health Factors</td>
<td>26</td>
<td>19</td>
<td>41</td>
<td>58</td>
<td>39</td>
<td>22</td>
<td>95</td>
<td>101</td>
<td>89</td>
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<tr>
<td>Health Behaviors</td>
<td>19</td>
<td>24</td>
<td><strong>10</strong></td>
<td><strong>43</strong></td>
<td><strong>83</strong></td>
<td>50</td>
<td><strong>101</strong></td>
<td><strong>101</strong></td>
<td><strong>101</strong></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>23%</td>
<td>25%</td>
<td>21%</td>
<td>30%</td>
<td>31%</td>
<td>26%</td>
<td>28%</td>
<td>18%</td>
<td>28%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td><strong>34%</strong></td>
<td><strong>34%</strong></td>
<td><strong>30%</strong></td>
<td><strong>31%</strong></td>
<td><strong>34%</strong></td>
<td><strong>32%</strong></td>
<td><strong>35%</strong></td>
<td><strong>27%</strong></td>
<td><strong>35%</strong></td>
</tr>
<tr>
<td>Food environment index</td>
<td>7</td>
<td>8.3</td>
<td>7.4</td>
<td>8.2</td>
<td>8</td>
<td>8.3</td>
<td>7.2</td>
<td>7.9</td>
<td>7.8</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>28%</td>
<td>26%</td>
<td>30%</td>
<td>32%</td>
<td><strong>35%</strong></td>
<td>29%</td>
<td>29%</td>
<td><strong>31%</strong></td>
<td>23%</td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>78%</td>
<td>70%</td>
<td>52%</td>
<td>55%</td>
<td><strong>20%</strong></td>
<td><strong>28%</strong></td>
<td>72%</td>
<td>62%</td>
<td>89%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>12%</td>
<td>14%</td>
<td>11%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>31%</td>
<td>29%</td>
<td>19%</td>
<td>30%</td>
<td>20%</td>
<td>50%</td>
<td>29%</td>
<td>28%</td>
<td>37%</td>
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<tr>
<td>Sexually transmitted infections</td>
<td>508</td>
<td>195</td>
<td>362</td>
<td>127</td>
<td>420</td>
<td>397</td>
<td>394</td>
<td>341</td>
<td>526</td>
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<tr>
<td>Teen births</td>
<td>53</td>
<td>47</td>
<td>55</td>
<td>51</td>
<td>56</td>
<td>37</td>
<td>48</td>
<td>57</td>
<td>35</td>
</tr>
<tr>
<td>Clinical Care</td>
<td><strong>7</strong></td>
<td>32</td>
<td>68</td>
<td>80</td>
<td>33</td>
<td>37</td>
<td><strong>87</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>15%</td>
<td>15%</td>
<td>19%</td>
<td>17%</td>
<td>16%</td>
<td>19%</td>
<td>16%</td>
<td>12%</td>
<td><strong>15%</strong></td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,214:1</td>
<td>2,090:1</td>
<td>2,347:1</td>
<td>2,356:1</td>
<td><strong>4,167:1</strong></td>
<td><strong>2,517:1</strong></td>
<td>1,551:1</td>
<td><strong>3,809:1</strong></td>
<td>1,266:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>1,147:1</td>
<td><strong>4,444:1</strong></td>
<td><strong>3,121:1</strong></td>
<td><strong>3,959:1</strong></td>
<td><strong>4,166:1</strong></td>
<td><strong>5,001:1</strong></td>
<td>1,683:1</td>
<td><strong>2,512:1</strong></td>
<td>1,453:1</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>1,006:1</td>
<td><strong>6,221:1</strong></td>
<td><strong>2,081:1</strong></td>
<td><strong>3,120:1</strong></td>
<td>621:1</td>
<td>580:1</td>
<td>604:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>81</td>
<td>99</td>
<td>113</td>
<td>134</td>
<td>75</td>
<td>86</td>
<td>94</td>
<td>114</td>
<td>65</td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>87%</td>
<td>85%</td>
<td>86%</td>
<td><strong>80%</strong></td>
<td>89%</td>
<td>89%</td>
<td>85%</td>
<td>87%</td>
<td>85%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>70.00%</td>
<td>65.40%</td>
<td>63.20%</td>
<td>60.40%</td>
<td>58.50%</td>
<td>78.90%</td>
<td>60.10%</td>
<td>65.70%</td>
<td>64.40%</td>
</tr>
</tbody>
</table>

Although adult smoking was down 2 points in McCracken County from the last needs assessment, it is still very high in other counties; and smoking contributes to heart disease, cancer, respiratory ailments and strokes.
<table>
<thead>
<tr>
<th>Social &amp; Economic Factors</th>
<th>McCracken</th>
<th>Marshall</th>
<th>Graves</th>
<th>Livingston</th>
<th>Ballard</th>
<th>Carlisle</th>
<th>Kentucky</th>
<th>Massac</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>87%</td>
<td>92%</td>
<td>92%</td>
<td>95%</td>
<td>92%</td>
<td>95%</td>
<td>86%</td>
<td>77%</td>
<td>82%</td>
</tr>
<tr>
<td>Some college</td>
<td>62.90%</td>
<td>58.10%</td>
<td>52.10%</td>
<td>41.90%</td>
<td>57.00%</td>
<td>55.00%</td>
<td>58.10%</td>
<td>59.40%</td>
<td>66.70%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.00%</td>
<td>8.90%</td>
<td>9.20%</td>
<td>8.80%</td>
<td>8.80%</td>
<td>7.10%</td>
<td>8.30%</td>
<td>8.80%</td>
<td>9.20%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>29%</td>
<td>19%</td>
<td>29%</td>
<td>23%</td>
<td>26%</td>
<td>28%</td>
<td>26%</td>
<td>29%</td>
<td>21%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>4.9</td>
<td>3.9</td>
<td>5.1</td>
<td>4.1</td>
<td>4.7</td>
<td>5.1</td>
<td>4.4</td>
<td>4.8</td>
<td></td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>35%</td>
<td>27%</td>
<td>27%</td>
<td>32%</td>
<td>19%</td>
<td>23%</td>
<td>34%</td>
<td>33%</td>
<td>32%</td>
</tr>
<tr>
<td>Social associations</td>
<td>18.9</td>
<td>20.4</td>
<td>12.5</td>
<td>15.9</td>
<td>18</td>
<td>9.9</td>
<td>10.8</td>
<td>20.3</td>
<td>9.9</td>
</tr>
<tr>
<td>Violent crime</td>
<td>216</td>
<td>115</td>
<td>146</td>
<td>70</td>
<td>101</td>
<td>39</td>
<td>235</td>
<td>356</td>
<td>430</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>85</td>
<td>104</td>
<td>95</td>
<td>112</td>
<td>75</td>
<td>110</td>
<td>81</td>
<td>94</td>
<td>50</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>113</td>
<td>75</td>
<td>99</td>
<td>108</td>
<td>95</td>
<td>12</td>
<td>91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air pollution - particulate matter</td>
<td>13.7</td>
<td>14.2</td>
<td>14</td>
<td>14</td>
<td>13.4</td>
<td>13.6</td>
<td>13.5</td>
<td>13.6</td>
<td>12.5</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>47%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>23%</td>
<td>0%</td>
<td>9%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>13%</td>
<td>10%</td>
<td>15%</td>
<td>12%</td>
<td>12%</td>
<td>9%</td>
<td>14%</td>
<td>13%</td>
<td>19%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>86%</td>
<td>85%</td>
<td>83%</td>
<td>86%</td>
<td>85%</td>
<td>80%</td>
<td>83%</td>
<td>87%</td>
<td>74%</td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>13%</td>
<td>26%</td>
<td>33%</td>
<td>48%</td>
<td>32%</td>
<td>42%</td>
<td>28%</td>
<td>22%</td>
<td>40%</td>
</tr>
</tbody>
</table>

| Demographics             | Population | 65,373 | 31,107 | 37,451 | 9,359 | 8,332 | 5,001 | 4,395,295 | 15,073 | 12,882,135 |
|                         | % below 18 years of age | 21.80% | 20.20% | 24.40% | 19.90% | 22.30% | 22.40% | 23.10% | 22.20% | 23.50% |
|                         | % 65 and older | 17.80% | 20.60% | 17.00% | 19.80% | 18.70% | 20.00% | 14.40% | 19.70% | 13.50% |
|                         | % Non-Hispanic African American | 10.80% | 0.40% | 4.60% | 0.50% | 3.20% | 1.10% | 8.00% | 5.60% | 14.20% |
|                         | % American Indian and Alaskan Native | 0.30% | 0.20% | 0.40% | 0.50% | 0.20% | 0.70% | 0.30% | 0.40% | 0.60% |
|                         | % Asian | 0.90% | 0.30% | 0.50% | 0.30% | 0.30% | 0.30% | 1.30% | 0.40% | 5.10% |
|                         | % Native Hawaiian/Other Pacific Islander | 0.00% | 0.00% | 0.10% | 0.10% | 0.00% | 0.00% | 0.10% | 0.00% | 0.10% |
|                         | % Hispanic | 2.30% | 1.30% | 6.20% | 1.40% | 1.30% | 2.00% | 3.30% | 2.40% | 16.50% |
|                         | % Non-Hispanic white | 83.80% | 97.10% | 87.00% | 96.30% | 93.40% | 94.80% | 85.60% | 89.30% | 62.70% |
|                         | % not proficient in English | 0.50% | 0.30% | 1.60% | 0.30% | 0.00% | 0.10% | 1.00% | 0.30% | 4.80% |
|                         | % Females | 52.10% | 50.90% | 50.90% | 51.50% | 50.40% | 51.30% | 50.80% | 52.40% | 50.90% |
|                         | % Rural | 27.80% | 85.90% | 69.40% | 95.40% | 100.00% | 100.00% | 41.60% | 50.50% | 11.50% |

| Health Outcomes         | Diabetes | 10% | 11% | 12% | 13% | 14% | 12% | 12% | 12% | 9%     |
|                         | HIV prevalence | 176 | 44  | 97  | 122 | 145 | 101 | 300 |
|                         | Premature age-adjusted mortality | 462.1 | 435.1 | 457.1 | 492.7 | 492.4 | 509.1 | 446.1 | 496 | 324.5 |
|                         | Infant mortality | 6 | 6.3 | 6.9 | 7.1 |
|                         | Child mortality | 61.5 | 49.4 | 61.3 | 55 |

| Health Behaviors        | Food insecurity | 16% | 13% | 15% | 13% | 13% | 12% | 17% | 13% | 14% |
|                         | Limited access to healthy foods | 8% | 1% | 4% | 1% | 3% | 2% | 5% | 4% | 4% |
|                         | Motor vehicle crash deaths | 18 | 24 | 24 | 33 | 40 | 39 | 18 | 15 | 9 |
|                         | Drug poisoning deaths | 17 | 20 | 13 | 24 | 20 | 16 | 11 |

| Health Care            | Uninsured adults | 19% | 19% | 24% | 21% | 19% | 23% | 20% | 16% | 19% |
|                        | Uninsured children | 8% | 6% | 8% | 7% | 7% | 9% | 6% | 3% | 4% |
|                        | Health care costs | $10,327 | $11,047 | $10,631 | $11,516 | $10,559 | $9,984 | $10,578 | $10,416 | $10,011 |
|                        | Could not see doctor due to cost | 16% | 20% | 13% | 12% | 13% | 25% | 17% | 12% |
|                        | Other primary care providers | 404.01:00 | 1,830:1 | 2,675:1 | 936.01:00 | 4,166:1 | 2,501:1 | 1,025:1 | 15,073:1 | 2,185:1 |

| Social & Economic Factors | Median household income | $42,069 | $44,157 | $39,960 | $41,177 | $42,712 | $38,283 | $43,307 | $41,373 | $56,212 |
|                         | Children eligible for free lunch | 45% | 38% | 52% | 46% | 45% | 46% | 47% | 30% | 21% |
|                         | Homicides | 5 | 6 | 5 | 7 |

There are 120 counties in Kentucky and 102 counties in Illinois.

Source: Robert Wood Johnson Foundation County Health Rankings for 2015
While several of these statistics are still not at the desired level, many of them for McCracken County moved in the right direction since the 2012 Community Health Needs Assessment. The percentage of people reporting poor or fair health days decreased by 3 points, and the number of poor health days decreased by 0.4 days or 10 percent. The percentage of uninsured people decreased by 4 points in McCracken County, and this was prior to the Affordable Care Act, which dramatically improved this statistic during 2014 and 2015. On the positive side, diabetic monitoring climbed 6 points, and mammography screening went up 1 point.

Negative changes included: The percentage of persons reporting excessive drinking in McCracken County, up 2 points from the 2012 report; adult obesity, up 1 point; and the percentage of children living in poverty, up 6 points to 29 percent. Finally, the ratio of population in McCracken County to primary care physicians became higher even though the total population remained almost constant; this would indicate the number of primary care physicians decreased during this time. This would tend to make it more difficult to access primary care services if other care venues were not available (urgent care, express care, mid-level providers).

**Mortality**

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

<table>
<thead>
<tr>
<th>Mortality</th>
<th>McCracken</th>
<th>Marshall</th>
<th>Graves</th>
<th>Livingston</th>
<th>Ballard</th>
<th>Carlisle</th>
<th>Kentucky</th>
<th>Massac</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Causes</td>
<td>916.9</td>
<td>913.1</td>
<td>939.4</td>
<td>1021.3</td>
<td>951.0</td>
<td>914.2</td>
<td>913.5</td>
<td>934.5</td>
<td>742.4</td>
</tr>
<tr>
<td>Cardiac</td>
<td>355.8</td>
<td>336.9</td>
<td>274.8</td>
<td>331.3</td>
<td>340.9</td>
<td>302.7</td>
<td>274.5</td>
<td>298.2</td>
<td>235.4</td>
</tr>
<tr>
<td>Cancer</td>
<td>176.6</td>
<td>195.2</td>
<td>207.1</td>
<td>225.9</td>
<td>194.9</td>
<td>202.5</td>
<td>208.4</td>
<td>185.1</td>
<td>182.8</td>
</tr>
<tr>
<td>Respiratory</td>
<td>96.0</td>
<td>87.6</td>
<td>136.2</td>
<td>111.9</td>
<td>109.5</td>
<td>96.5</td>
<td>104.9</td>
<td>108.5</td>
<td>73.3</td>
</tr>
<tr>
<td>Accidents</td>
<td>84.0</td>
<td>99.2</td>
<td>85.0</td>
<td>106.5</td>
<td>82.4</td>
<td>115.7</td>
<td>81.1</td>
<td>87.8</td>
<td>49.9</td>
</tr>
<tr>
<td>Neurological</td>
<td>45.7</td>
<td>42.6</td>
<td>50.3</td>
<td>42.3</td>
<td>47.5</td>
<td>50.1</td>
<td>51.9</td>
<td>43.1</td>
<td>38.9</td>
</tr>
<tr>
<td>Diabetes</td>
<td>30.3</td>
<td>22.3</td>
<td>39.6</td>
<td>48.9</td>
<td>29.7</td>
<td>53.4</td>
<td>37.4</td>
<td>46.9</td>
<td>27.8</td>
</tr>
<tr>
<td>Mental Health/Suicide</td>
<td>22.1</td>
<td>37.1</td>
<td>34.1</td>
<td>29.1</td>
<td>32.0</td>
<td>0.0</td>
<td>41.0</td>
<td>48.6</td>
<td>37.4</td>
</tr>
<tr>
<td>Other</td>
<td>106.4</td>
<td>92.2</td>
<td>112.3</td>
<td>125.4</td>
<td>114.1</td>
<td>93.3</td>
<td>114.3</td>
<td>116.3</td>
<td>96.9</td>
</tr>
</tbody>
</table>


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

The data in the table is based on all deaths from the counties, Kentucky and Illinois, from 2008 through 2013. Massac County in Illinois exceeds the average level in Illinois in most categories and even exceeds Kentucky’s much higher averages in seven of the nine categories. Heart disease remains the number one killer in the service area; however, the Centers for Disease Control has predicted that by 2020, the age-adjusted mortality rate for cancer will exceed that for cardiac-related deaths in more than half the counties in the U.S.

Noteworthy is the number of age-adjusted deaths due to neurological events (strokes) -- lower in our Kentucky counties than the average rate in Kentucky. This is likely to be the result of education about stroke symptoms and rapid treatment, since the lifestyle choices that often lead to stroke are still prevalent in the area.

**Drug Arrest Rates**

According to city and county law enforcement officers, 75 to 80 percent of the crime in this community is drug-related. The service area has a higher rate of arrests for illegal drugs per thousand population than Kentucky as a whole. In fact, McCracken County has an arrest rate almost 2.5 times that of Kentucky, and the service area is at 177.5 percent of the Kentucky rate.

<table>
<thead>
<tr>
<th>2013 Drug Arrests by County and Drug Type</th>
<th>Cocaine or Similar</th>
<th>Marijuna</th>
<th>Meth</th>
<th>Heroin</th>
<th>Other</th>
<th>Total</th>
<th>2013 Population</th>
<th>Arrest Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCracken</td>
<td>97</td>
<td>688</td>
<td>144</td>
<td>16</td>
<td>971</td>
<td>1,916</td>
<td>65,373</td>
<td>29.3</td>
</tr>
<tr>
<td>Marshall</td>
<td>3</td>
<td>127</td>
<td>70</td>
<td>6</td>
<td>236</td>
<td>442</td>
<td>31,107</td>
<td>14.2</td>
</tr>
<tr>
<td>Graves</td>
<td>50</td>
<td>271</td>
<td>98</td>
<td>7</td>
<td>458</td>
<td>884</td>
<td>37,451</td>
<td>23.6</td>
</tr>
<tr>
<td>Livingston</td>
<td>1</td>
<td>55</td>
<td>27</td>
<td>0</td>
<td>81</td>
<td>164</td>
<td>9,359</td>
<td>17.5</td>
</tr>
<tr>
<td>Ballard</td>
<td>0</td>
<td>21</td>
<td>12</td>
<td>0</td>
<td>41</td>
<td>74</td>
<td>8,332</td>
<td>8.9</td>
</tr>
<tr>
<td>Carlisle</td>
<td>0</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>9</td>
<td>26</td>
<td>5,001</td>
<td>5.2</td>
</tr>
<tr>
<td>Total</td>
<td>151</td>
<td>1,177</td>
<td>353</td>
<td>29</td>
<td>1,796</td>
<td>3,506</td>
<td>156,623</td>
<td>22.4</td>
</tr>
<tr>
<td>Kentucky</td>
<td>2,565</td>
<td>14,920</td>
<td>4,473</td>
<td>2,414</td>
<td>31,245</td>
<td>55,617</td>
<td>4,410,509</td>
<td>12.6</td>
</tr>
</tbody>
</table>

% of Kentucky: 5.9% Cocaine or Similar, 7.9% Marijuna, 7.9% Meth, 1.2% Heroin, 5.7% Other, 6.3% Total, 3.6% Arrest Rate per 1,000, 177.5%

Source: KY State Police, 2013 Annual Crime Report
Primary Data

Primary data was collected from a survey and from interaction with the other members of the Purchase District Coalition for Health. The United Way of Paducah-McCracken County, Lourdes Hospital and Baptist Health Paducah hosted a link to the online survey on their respective Web sites. The survey was widely publicized.

Survey

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

The Coalition surveyed 283 service area residents (318 people took the survey, but not all were residents of the service area) from the beginning of April 2015 to May 6, 2015. The group used Survey Monkey to design the survey and collect and analyze the data. In six to eight minutes, respondents answered 30 questions related to individual health and access to care; health services, challenges and risk factors; and sources of health information. (Survey, Appendix B.)

<table>
<thead>
<tr>
<th>County of Residence</th>
<th>Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCracken</td>
<td>191</td>
<td>67%</td>
</tr>
<tr>
<td>Graves</td>
<td>30</td>
<td>11%</td>
</tr>
<tr>
<td>Marshall</td>
<td>27</td>
<td>10%</td>
</tr>
<tr>
<td>Massac</td>
<td>15</td>
<td>5%</td>
</tr>
<tr>
<td>Ballard</td>
<td>9</td>
<td>3%</td>
</tr>
<tr>
<td>Livingston</td>
<td>9</td>
<td>3%</td>
</tr>
<tr>
<td>Carlisle</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total Service Area</strong></td>
<td><strong>283</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td><strong>35</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>318</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Respondents</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 to 44</td>
<td>121</td>
<td>43%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>139</td>
<td>49%</td>
</tr>
<tr>
<td>65+</td>
<td>15</td>
<td>5%</td>
</tr>
<tr>
<td>Did not respond</td>
<td>8</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>283</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Respondents</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>234</td>
<td>83%</td>
</tr>
<tr>
<td>Male</td>
<td>46</td>
<td>16%</td>
</tr>
<tr>
<td>(blank)</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>283</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Respondents within the service area were overwhelmingly female, and the age groups were working age adults. McCracken County residents responded more to the survey (67 percent) than their population relative to the other counties (38 percent) would suggest.

The data revealed the following positive findings:

- Nearly 94 percent of respondents described their overall health as excellent, very good or good.
- Almost 80 percent did not have to leave the Western Kentucky area to receive healthcare services in the last year.
Regarding health services, challenges and risk factors, the results:

- Almost 8 percent indicated they do not receive healthcare on a routine basis, and 4.8 percent are not able to visit a doctor when needed.
- Of those who indicated joint/back pain as a health challenge, 71 percent indicated they were overweight or obese.
- Nearly 79 percent were unaware of any health challenges not met by services in our area. Obesity (4.5 percent) and mental health issues (10.8 percent) were the two challenges identified most as unmet by services in our area.
- Lack of physical activity (30.5 percent), tobacco use (17.7 percent) and poor nutrition (7.1 percent) were the most identified health risk factors affecting respondents or someone in their home.
- Nearly 60 percent described themselves as overweight or obese. Of those with children (42 percent), more than 11 percent considered at least one of their children overweight or obese.
- Nearly 36 percent had not received a dental cleaning/x-rays in the past 12 months.

Based on the responses to the survey, respondents tended to be wealthier and better educated than the population as a whole.

**Community Healthcare Resources**

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

**Hospital-specific resources**

There are a number of hospitals in and near the service area. A list of these facilities is shown in Appendix A. All hospital discharges of service area residents by service line are shown in Appendix D. More than 15 percent of all discharges for the most recent year can be attributed to Cardiovascular Medicine and Cardiovascular & Thoracic Surgery. More people per capita use inpatient services than in Kentucky as a whole; there are 122.9 discharges per thousand population in the service area compared to 116.9 in Kentucky. In the U.S. in 2012, utilization averaged 106.0 discharges per thousand. High inpatient utilization in the region and in Kentucky is likely caused by poor lifestyle choices.
Other Licensed Facilities

According to the Kentucky Office of the Inspector General, there are 64 licensed facilities other than hospitals in Ballard, Carlisle, Graves, Livingston, Marshall and McCracken Counties, including ambulatory care facilities, dialysis centers, home health agencies, primary care centers, rehabilitation agencies, special health clinics and special medical technology clinics.

Health Departments

There are four separate Health Departments located in Baptist Health Paducah’s CHNA service area: Purchase District Health Department, which serves McCracken, Ballard and Carlisle counties; Graves County Health Department; Marshall County Health Department; and Pennyrile Health Department, which serves Livingston County. The Purchase Health Department was a member of the Purchase District Coalition of Health. These departments provide environmental, preventive, curative and health maintenance services to area citizens by direct health care, health education and counseling and enforcement of laws that protect health and the environment.

Physicians

Baptist Health conducted a primary care strategic plan in 2014 and is conducting a specialty physician strategic plan, including a physician manpower study that counts the number of physicians by specialty in its service area as defined by Stark II regulations, which is slightly different than the CHNA service area. Using physician to population ratios and inventories of physicians in the area, shortages are determined by specialties. These plans guide Baptist Health Paducah to recruit and/or employ primary care and specialty physicians to the area.

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

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

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

These are our priorities issues, in descending order:

1. **Obesity prevention and illnesses related to obesity** – To increase the awareness of obesity as a health threat to service area residents and to encourage healthier living through diet, exercise and other means.

The hospital is providing additional support to meet this need through its new bariatric surgery and metabolic disease management program; Project Fit America fitness programs in area elementary schools and internal programs to improve employees’ health. The hospital will partner with United Way of Paducah-McCracken County, the Purchase District Health Department, the Paducah Park Services Department and Lourdes Hospital to develop the Fountain Gardens Outdoor Health Park and to implement the CATCH (Coordinated Approach to Child Health) program in five Paducah schools with a grant from the Foundation for a Healthy Kentucky.

Obesity can cause serious health problems, including:
- Type 2 diabetes
- Heart disease
- High cholesterol
- High blood pressure
- Several forms of cancer
- Asthma
- Osteoarthritis

Failing to diminish obesity in the community will lead to higher mortality rates, increased healthcare costs and decreased quality of life for residents.

The primary survey data showed 59.3 percent of respondents were overweight or obese. Lack of physical exercise was the number one response for health risk factors that affect me or someone in my family (30.5 percent) while poor nutrition was the third choice (7.1 percent). The secondary data showed similar percentages for lack of exercise (26 to 35 percent) and obesity at much higher levels (30 to 35 percent).
2. **Access to health care** – To ensure service area residents have appropriate access to health care services through primary care and specialist physician planning and office locations; ambulatory care facilities; new services; the hospital’s call center; and education and healthcare screenings.

The ability of individuals in a community to access health care resources to preserve or improve health is essential. Access to health care has an impact on:

- Overall health status
- Prevention of disease
- Quality of life
- Life expectancy

By improving access to care, whether through increased locations, reduced cost options, expanded hours of operation, new services or innovative programs, the overall health of the community should improve. Access to care includes all potential barriers to receiving necessary health care services. These include financial issues, lack of knowledge, transportation difficulties, physician shortages in some areas, service distribution and scheduling issues (e.g., when physician office hours conflict with work schedules). Baptist Health Paducah has the potential to affect all these areas.

3. **Smoking** – To reduce the number of smokers in the service area. This will ultimately reduce the incidence of heart disease, cancer, respiratory illnesses and stroke. Baptist Health Paducah supports a state-wide smoking ban in public places.

Smoking has been known for years to cause a wide variety of diseases and death. Kentucky ranks 50th in lung cancer deaths, 43rd in heart disease deaths and 44th in life expectancy, all partially attributable to the high percentage of smokers. The CDC ranks Kentucky as having the worst smoking-attributable adult mortality rate and the highest percentage of 12-17 year-old smokers in the U.S. Among adults aged 35+ years, more than 8,900 die as a result of tobacco use per year. This represents a smoking-attributable mortality rate of 170.6/100,000, higher than any other single cause of death except heart disease and cancer. Smoking alone kills more people each year than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined. For every person in Kentucky who dies from smoking, approximately 20 more are suffering from serious smoking-caused disease and disability, or other tobacco-caused health problems. Yet, Kentucky only spends 4.4 percent of the CDC recommendation on a tobacco control program.

On the other hand, quitting smoking reduces the risk for a heart attack after just one year; stroke risk can fall to about the same as a nonsmoker’s after two to five years; risks for cancer of the mouth, throat, esophagus and bladder are cut in half after five years; and the risk for dying of lung cancer drops by half after 10 years. Although tobacco use has been declining across all demographics, it is still a major health issue, especially in Kentucky, a
leading tobacco-producing state. Survey data showed that tobacco use was the second ranked health risk identified by respondents as affecting them or their families (18 percent).

Reducing the number of smokers will also reduce second-hand smoke, which has been shown to cause smoking-related illnesses in people who do not smoke.

4. **Long term acute care** – To provide an appropriate level of care to patients in the service area needing acute inpatient medical treatment for an extended period. LTACHs provide services at a lower cost and higher quality for patients with high acuity illnesses.

There are no Long Term Acute Care Hospital (LTACH) beds in Western Kentucky. The closest programs are in Cape Girardeau, Missouri, and Bowling Green, Kentucky, both of which are long distances away from the service area.

The American Hospital Association has published data that shows approximately 10 to 20 percent of patients recovering from critical illness experience persistent organ failures necessitating complex care for a prolonged period of time. Traditionally these patients spend their entire acute care experience in a general medical-surgical hospital, although this is not the best place for their recovery. The LTACH patient population is more severely ill than patients treated in general acute care hospitals. Data from general acute hospitals show those patients discharged to LTACHs have the highest medical severity when compared to patients in other settings. For example, 50 percent of inpatients sent to an LTACH have a severity of illness (SOI) level 4 (extreme severity) compared to only 37 percent of patients in ICUs. Since LTACH patients are typically far sicker, their average length of stay (ALOS) is much longer: 27.2 days for LTACHs, 5.1 days for general acute hospitals, and 6.7 days for ICUs in general acute hospitals.

By providing LTACH services, the service area residents will have access to a local, high quality facility that meet a large number of patients’ needs without having to leave the community to get them. Baptist Health Paducah plans to begin an LTACH demonstration period beginning in June 2015 with licensure of 37 beds expected in early 2016.

5. **Substance abuse prevention and treatment** – This particular issue presents a need that cannot be met by Baptist Health Paducah, but is met by services already in the community including those at Four Rivers Behavioral Health.

The use of illicit drugs or the abuse of prescription or over-the-counter medications for purposes other than those for which they are indicated or in a manner or in quantities other than directed, is a growing problem in the service area. Substance abuse includes alcohol abuse and drug abuse. Alcohol and drug abuse were identified in surveys and in the secondary data as key health concerns and in the risky behaviors that lead to health issues.
Four Rivers Behavioral Health is a private, not-for-profit agency providing comprehensive, integrated mental health, substance abuse and developmental disability services to promote the health and quality of life for consumers in Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Livingston, Marshall and McCracken counties. Any individual in need is eligible to receive services without regard to race, religion, disability, national origin or gender. It has locations in McCracken, Marshall and Graves counties in the service area, as well as one in Calloway County. Four Rivers provides a full range of substance abuse services for all ages, with intensive outpatient care, family therapy, residential continuing care and chemical dependency education and intervention.

Implementation Strategy

Baptist Health Paducah will develop its implementation strategy over the next several months. It will include the issue, the outcome objectives, timeframe for implementation, individuals or groups tasked with implementation, and the measurable indicators to show progress toward the goals. This document will be published and made available in the same manner as this Community Health Needs Assessment within four and a half months after the end of the hospital’s fiscal year.

Communication Plan

Results from the 2015 Community Health Needs Assessment will be communicated in the following methods:

- Posting the written report of the assessment on the hospital’s Web site.
- Posting on the Web site of another local organization with a link to Baptist Health Paducah’s assessment.
- Providing the Web site address where the document can be accessed through media communications.

This 2015 Community Health Needs Assessment will remain available until a subsequent assessment is made available.
## Appendix A - Index of Hospitals

### Kentucky

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Facility Type</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baptist Health Paducah</strong></td>
<td>Acute Care</td>
<td>2501 Kentucky Avenue, Paducah, KY 42003</td>
<td>270-575-2100</td>
</tr>
</tbody>
</table>

1. **Lourdes Hospital**  
   Facility Type: Acute Care  
   1530 Lone Oak Road, Paducah, KY 42003  
   Phone: 270-444-2444  
   *2.29 miles from Baptist Health Paducah*

2. **Jackson Purchase Medical Center**  
   Facility Type: Acute Care  
   1099 Medical Center Circle, Mayfield, KY 42066  
   Phone: 270-251-4100  
   *24.68 miles from Baptist Health Paducah*

3. **Murray-Calloway County Hospital**  
   Facility Type: Acute Care  
   803 Poplar Street, Murray, KY 42071  
   Phone: 270-762-1100  
   *50.10 miles from Baptist Health Paducah*

4. **Livingston Hospital & Healthcare Services**  
   Facility Type: Critical Access  
   131 Hospital Drive, Salem, KY 42078  
   Phone: 270-988-2299  
   *35.50 miles from Baptist Health Paducah*

5. **Marshall County Hospital**  
   Facility Type: Critical Access  
   615 Old Symsonia Road, Benton, KY 42025  
   Phone: 270-527-4800  
   *29.78 miles from Baptist Health Paducah*

6. **Crittenden County Hospital**  
   Facility Type: Acute Care  
   520 West Gum Street, Marion, KY 42064  
   Phone: 270-965-5281
7. **Caldwell County**  
101 Hospital Drive  
Princeton, KY 42445  
Phone: 270-365-0300  

45.17 miles from Baptist Health Paducah

8. **Trigg County Hospital**  
254 Main Street  
Cadiz, KY 42211  
Phone: 270-522-3215  

49.61 miles from Baptist Health Paducah

9. **Parkway Regional Hospital (Closed Spring 2015)**  
2000 Holiday Lane  
Fulton, KY 42041  
Phone: 270-472-2522  

47.12 miles from Baptist Health Paducah

**Illinois**

10. **Massac Memorial Hospital**  
28 Chick Street  
Metropolis, IL 62960  
Phone: 618-524-2176  

13.6 miles from Baptist Health Paducah
Appendix B – 2015 Survey

2015 Community Health Needs Survey

Please complete this survey to help us meet the healthcare needs of our community. Your answers will be used for research purposes only and will remain anonymous. Phone (270) 575-2772 if you have any questions or concerns.

1. How would you describe your overall health?
   __ Excellent
   __ Very good
   __ Good
   __ Fair
   __ Poor

2. Where do you go for routine health care?
   __ Emergency room
   __ Physician’s office
   __ Local clinic
   __ I do not receive routine health care.

3. How long ago was your last physical examination?
   __ 12 months or less
   __ From one to two years ago
   __ From two to five years ago
   __ Longer than five years ago

4. In the past 12 months, how many times were you hospitalized?
   __________

5. Are you able to visit a doctor when needed?
   YES  NO

6. If you are unable to visit a doctor when needed, why?
   (Mark all that apply.)
   __ Cannot afford it
   __ Do not have enough time
   __ No transportation
   __ No specialist here for my condition
   __ Other

7. What type of health care coverage do you have?
   __ Medicare
   __ Medicaid
   __ Commercial health insurance
   __ Other
   __ No health care coverage

8. For what type of health services have you sought care outside of western Kentucky in the last year? Mark any that apply with an X.
   __ Bariatric weight loss
   __ Cancer
   __ Heart or stroke
   __ Inpatient rehab
   __ Mental health
   __ Pediatric/infant care

9. Rank in order of prevalence the most significant health challenges you face, with 1 being the most significant.
   __ Abuse (physical or sexual)
   __ Asthma
   __ Cancer
   __ Dental issues
   __ Diabetes
   __ Emphysema, COPD or other lung disease
   __ Heart disease or stroke
   __ Joint/back pain
   __ Mental health issues
   __ Obesity
   __ Smoking
   __ Other: ______________________

10. Of the health challenges listed below, which are NOT met by current services in our area? Mark any unmet challenge with an X.
   __ Abuse (physical or sexual)
   __ Asthma
   __ Cancer
   __ Dental issues
   __ Diabetes
   __ Emphysema, COPD or other lung disease
   __ Heart disease or stroke
   __ Joint/back pain
   __ Mental health issues
   __ Obesity
   __ Smoking
   __ Other: ______________________

11. Do any of these health risk factors affect you or someone in your household? Mark all that apply with an X.
   __ Alcohol abuse or overuse
   __ Illicit drug use
   __ Lack of physical activity
   __ Poor nutrition
   __ Prescription drug abuse
   __ Sexual risk behaviors
   __ Tobacco use
   __ Other: ______________________
12. How would you describe your weight?
   __ Underweight
   __ About the right weight
   __ Overweight
   __ Obese

13. If you are overweight or obese, what measures would you consider for weight loss? (Mark all that apply.)
   __ Diet and exercise
   __ Physician-supervised weight loss program
   __ Surgical procedures
   __ None. I am not interested in losing weight.

14. Do you have any children in your household less than 18 years of age?  YES  NO

15. Do you consider at least one of your children overweight or obese?  YES  NO

16. Mark with an X all statements that apply to you.
   __ I eat at least 5 servings of fruit and vegetables each day.
   __ I eat fast food more than once per week.
   __ I do not exercise often enough.
   __ I smoke cigarettes.
   __ I chew tobacco.
   __ I use illegal drugs.
   __ I abuse or overuse prescription drugs.
   __ I consume more than 4 alcoholic drinks (FEMALE) or more than 5 alcoholic drinks (MALE) per day.
   __ I use sunscreen or protective clothing before planned time in the sun.
   __ I receive a flu shot each year.
   __ I receive a pneumonia vaccine each year.
   __ I have access to a health wellness program through my employer.

17. Which of the following healthcare screenings or preventive procedures have you had in the last year? (Mark all that apply.)
   __ Mammogram (Women)
   __ Pap smear (Women)
   __ PSA/prostate cancer screening (Men)
   __ Flu shot
   __ Pneumonia vaccine
   __ Colon/rectal exam
   __ Blood pressure check
   __ Blood sugar check
   __ Skin cancer screening
   __ Cholesterol screening
   __ Vision screening
   __ Hearing screening
   __ Cardiovascular screening
   __ Bone density test
   __ Dental cleaning/x-rays

18. Gender:  MALE  FEMALE

19. County of residence: _______________________

20. Age: ______

21. Race/Ethnicity (check one):
   __ Hispanic
   __ African American
   __ Caucasian
   __ Native American
   __ Asian/Pacific Islander
   __ Other: _______________________

22. Employment status
   __ Employed full-time
   __ Employed part-time
   __ Full-time student
   __ Part-time student
   __ Full-time homemaker
   __ Unemployed (seeking employment)
   __ Unemployed due to disability or illness
   __ Retired

23. Household income range (check one):
   __ $0 - $24,999
   __ $25,000 - $49,999
   __ $50,000 - $74,999
   __ $75,000 - $99,999
   __ $100,000 or more

24. Highest education level completed:
   __ Some high school
   __ High school
   __ Technical school
   __ Some college
   __ Associate degree
   __ Bachelor degree
   __ Master degree
   __ Doctorate
Appendix C – Sources of Data


Kentucky Hospital Association, InfoSuite data, October 2013 through September 2014.


## Appendix D – Area Discharges by Service Line

### Service Area Inpatient Healthcare Needs

**October 2013 through September 2014**

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Discharges</th>
<th>Inpatient Days</th>
<th>% of Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine - General</td>
<td>3,681</td>
<td>9,634</td>
<td>17.5%</td>
</tr>
<tr>
<td>Medicine - Pulmonary</td>
<td>3,039</td>
<td>14,889</td>
<td>14.4%</td>
</tr>
<tr>
<td>Medicine - Cardiovascular Disease</td>
<td>2,218</td>
<td>8,132</td>
<td>10.5%</td>
</tr>
<tr>
<td>Obstetrics Deliveries</td>
<td>1,750</td>
<td>4,938</td>
<td>8.3%</td>
</tr>
<tr>
<td>Surgery - Orthopedics</td>
<td>1,508</td>
<td>5,811</td>
<td>7.1%</td>
</tr>
<tr>
<td>Surgery - General</td>
<td>1,384</td>
<td>9,634</td>
<td>6.6%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>1,198</td>
<td>6,537</td>
<td>5.7%</td>
</tr>
<tr>
<td>Medicine - Nephrology/Urology</td>
<td>1,124</td>
<td>4,978</td>
<td>5.3%</td>
</tr>
<tr>
<td>Surgery - Cardiovascular &amp; Thoracic</td>
<td>1,015</td>
<td>5,177</td>
<td>4.8%</td>
</tr>
<tr>
<td>Medicine - Neuro Sciences</td>
<td>1,006</td>
<td>4,134</td>
<td>4.8%</td>
</tr>
<tr>
<td>Neonatology</td>
<td>563</td>
<td>4,023</td>
<td>2.7%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>517</td>
<td>6,048</td>
<td>2.5%</td>
</tr>
<tr>
<td>Surgery - Spinal Fusion</td>
<td>376</td>
<td>944</td>
<td>1.8%</td>
</tr>
<tr>
<td>Medical - Oncology</td>
<td>373</td>
<td>2,330</td>
<td>1.8%</td>
</tr>
<tr>
<td>Medicine - Orthopedics</td>
<td>330</td>
<td>1,295</td>
<td>1.6%</td>
</tr>
<tr>
<td>Surgery - Neuro Sciences</td>
<td>209</td>
<td>1,058</td>
<td>1.0%</td>
</tr>
<tr>
<td>Obstetrics Non-deliveries</td>
<td>172</td>
<td>560</td>
<td>0.8%</td>
</tr>
<tr>
<td>Surgery - Gynecology</td>
<td>154</td>
<td>443</td>
<td>0.7%</td>
</tr>
<tr>
<td>Surgery - Nephrology/Urology</td>
<td>148</td>
<td>638</td>
<td>0.7%</td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td>116</td>
<td>1,080</td>
<td>0.5%</td>
</tr>
<tr>
<td>Medicine - Otolaryngology</td>
<td>91</td>
<td>224</td>
<td>0.4%</td>
</tr>
<tr>
<td>Surgery - Oncology</td>
<td>69</td>
<td>263</td>
<td>0.3%</td>
</tr>
<tr>
<td>Surgery - Otolaryngology</td>
<td>28</td>
<td>90</td>
<td>0.1%</td>
</tr>
<tr>
<td>Medicine - Ophthalmology</td>
<td>12</td>
<td>51</td>
<td>0.1%</td>
</tr>
<tr>
<td>Surgery - Major Organ Transplant</td>
<td>6</td>
<td>56</td>
<td>0.0%</td>
</tr>
<tr>
<td>Surgery - Ophthalmology</td>
<td>4</td>
<td>13</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21,091</strong></td>
<td><strong>92,980</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Source: KHA InfoSuite, Discharges & Inpatient Days by Service Line, 10-1-13 to 9-30-14

All Hospitals with discharges of residents from the service area

This is the equivalent of 122.9 discharges per thousand (1,000) population. Kentucky’s rate is 116.9 per thousand population and the U.S. rate was 106.0 per thousand in 2012. The higher rate could be a function of unhealthy behaviors and poor health status.
## Appendix E - Existing Services

<table>
<thead>
<tr>
<th>Identified Need</th>
<th>Existing Program to Address Need</th>
</tr>
</thead>
</table>
| Obesity prevention and illnesses related to obesity                           | 1. Project Fit America sponsor  
2. Sponsor of NFL George Wilson youth camps  
3. On-campus Zumba program offered to hospital employees  
4. Sponsor of Kohl's Cares Carnival of Health Program for middle schools  
5. Nutritional tips provided to community groups  
6. Farmers Market available to employees in hospital cafeteria  
7. Free cholesterol and blood pressure screenings  
8. Kentucky Oaks Mall Walker Club sponsor  
9. Diabetic support group  
10. Stroke support group  
11. Arthritis support group  
12. Community hip and knee screening at Baptist Health Rehab Center  
13. Fountain Gardens Outdoor Health Park in association with the Purchase District Coalition for Health and the City of Paducah |
| Access to health care                                                          | 1. Fund St. Nicholas Foundation  
2. Baptist Express Care Clinics in Walmart (2)  
3. Prescription program for those with inability to pay  
4. Transportation for cancer care  
5. Transitional care clinic for discharged patients with no physician  
6. Funding support of WKCTC Nursing Program  
7. Baptistworx  
8. Baptist Healthline 24/7 Nursing Line |
| Long term acute care                                                          | 1. Partnering with ContinueCARE Hospital to offer LTACH services at Baptist Health Paducah, demonstration period beginning in June 2015 with licensure of 37 beds expected in early 2016. |
| Smoking                                                                       | 1. Cooper Clayton Smoking Cessation Program  
2. Employee assistance in smoking cessation  
3. Lung cancer screening program (screening center ACR designation) |
| Substance abuse prevention and treatment                                       | 1. Annual Addiction Symposium for physician education  
2. Employee Assistance Program (EAP) |

---

**Smoking**

1. Cooper Clayton Smoking Cessation Program  
2. Employee assistance in smoking cessation  
3. Lung cancer screening program (screening center ACR designation)
<table>
<thead>
<tr>
<th>Identified Health Needs</th>
<th>Goals</th>
<th>Action Item(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity prevention and illnesses related to obesity</td>
<td>Increase the awareness of obesity as a health threat to service area residents</td>
<td>Bariatric Program Implementation to serve the obese and provide options for persons desiring to loose weight and become healthy. Participate in annual health fairs in the community to calculate height, weight, and BMI while instructing the community members on healthy lifestyles and options for services both medically and with support groups. These programs are focused on the schools and work places to reach children and adults. Participate in monthly community support groups for medical weight loss, bariatric surgical weight loss, and the Mall Walker’s Program, Monday through Friday, 7 a.m. to 8:30 a.m. Maintain BaptistHealthWeightLoss.com web site for public information. 14 Schools in Project Fit continuation with youth Purchase Area Health Connections’ Wellness Park in conjunction with the City of Paducah and the Purchase Area Health Connections coalition. Develop a wellness park and implement educational instruction to the neighborhood elementary school operated by the Paducah City Schools emphasizing physical activity and healthy nutrition. Will implement the CATCH program in the elementary school which includes preassessments and post assessments. Work with the Chamber of Commerce and Leadership Paducah to present healthier lifestyles to the Leadership class who then take this back to their workplaces. Present at educational programs for the public and clinicians on healthy lifestyle interventions. Healthier Together is an employee program to help with education to improve BMI, smoking, stress relief, behavioral health, obesity, and to help employees obtain a balanced lifestyle promoting health. Yearly biometric testing and regular monthly emails along with quarterly on-site hospital visits.</td>
</tr>
<tr>
<td>Identified Health Needs</td>
<td>Goals</td>
<td>Action Item(s)</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Access to healthcare</strong></td>
<td>Ensure service area residents have appropriate access to health care services through primary care and specialist physician planning and office locations</td>
<td>Continuing to support St. Nicholas Foundation to assist with their relationship with KYCARE, the FQHC and their mission to serve those uninsured, underinsured, or at risk.</td>
</tr>
<tr>
<td></td>
<td>Evaluate ambulatory care facilities and new service mixes to build as appropriate</td>
<td>Develop a family practice medical clinic in Paducah.</td>
</tr>
<tr>
<td></td>
<td>Utilize the hospital’s call center to promote education and healthcare screenings</td>
<td>Continue addiction continuing education for clinicians, sponsoring the Diabetes Expo, sponsoring diabetes education for clinicians, sponsoring of the Childbirth Fair.</td>
</tr>
<tr>
<td><strong>Smoking</strong></td>
<td>Reduce the number of smokers in the service area</td>
<td>Support patients who smoke by offering them access to smoking cessation classes and information on healthy alternatives from using tobacco products.</td>
</tr>
<tr>
<td></td>
<td>Reduce the incidence of heart disease, cancer, respiratory illnesses, and stroke</td>
<td>Healthier Together is an employee program to help with education to improve BMI, smoking, stress relief, behavioral health, obesity, and to help employees obtain a balanced lifestyle promoting health. Yearly biometric testing and regular monthly emails along with quarterly on-site hospital visits.</td>
</tr>
<tr>
<td></td>
<td>Support a state-wide smoking ban in public places</td>
<td>Assist employees in the hospital with incentives to quit smoking with educational opportunities and support.</td>
</tr>
<tr>
<td><strong>Long term acute care</strong></td>
<td>Provide an appropriate level of care to patients in the service area needing acute inpatient medical treatment for an extended period</td>
<td>Develop a Long Term Acute Care Hospital in association with the hospital and educate physicians and clinicians on optimal transitions for their patients.</td>
</tr>
<tr>
<td></td>
<td>Educate healthcare providers and the public about how LTACHs provide services at a lower cost and higher quality for patients with high acuity illnesses</td>
<td>Promote presentations and educational opportunities for clinicians to improve the understanding of the services our LTACH offers patients and families.</td>
</tr>
</tbody>
</table>

**December 2015**

Baptist Health Paducah Strategic Implementation Plan 2015-2017