

# Community Health Needs Assessment

2019



**Taylor Regional  
Hospital**

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## Introduction

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

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

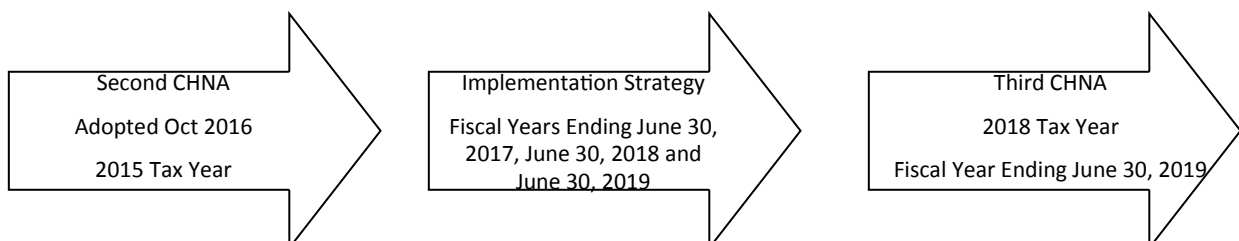
The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make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

This CHNA, which describes both a process and a document, is intended to document Taylor Regional Hospital's (Hospital, TRH) compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ An evaluation of the implementation strategy for fiscal years ending June 30, 2016, through June 30, 2019, which was adopted by the Hospital board of directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- ✓ Obtaining community input through:
  - ◇ A health survey which gathered a wide range of information which was widely distributed to members of the community.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2018. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



### Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Hospital and to document compliance with new federal laws outlined above. CHNA was conducted from June 2018 through August 2018.

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

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2015 CHNA was completed to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient data regarding patient origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through a community health survey. A community health survey was developed with assistance from the Taylor County Health Department and was widely distributed by the Taylor County Health Department, Taylor Regional Hospital and members of the Taylor County Wellness Coalition. The survey was completed by 827 individuals. Results and findings are described in the community health survey of this report.
- Information gathered in the above steps was analyzed and reviewed by the board of trustees and administration to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Hospital has to impact the need and the health needs on overall health for the community. Information gaps identified during the prioritization process have been reported

**General Description of Hospital**

Taylor Regional Hospital (Hospital) is a 90-bed, not-for-profit county-owned facility, located in Campbellsville, Kentucky. A board of directors governs the Hospital and ensures the medical services are available to the residents of Campbellsville and surrounding areas.

The Hospital proudly offers numerous services to meet the needs of Kentuckians close to home and has been serving the needs of the region since 1968. It has gone through several additions and renovations as well as service growth to meet the needs of the growing community it serves. Major services offered include a Level III Trauma Center (one of only four in the state of Kentucky), cancer center, wound care, rehabilitation center, emergency care and diagnostic services.

The Hospital is made up of an experienced team of dedicated staff and provides health care solutions with compassion and respect for the uniqueness of every individual. Guided by a values-based culture to consistently deliver clinical and service excellence to our patients, the Hospital strives for excellent care, every time.

**Mission Statement**

The mission of Taylor Regional Hospital is to provide outstanding health care to the people we serve.

**Vision Statement**

The vision of Taylor Regional Hospital is to be the preferred health care provider dedicated to enhancing the quality of life in our region.

**Our Values**

People: We value each individual and work together to explore new ways to improve quality of life for all.

Excellence: We pursue excellence in all we do.

Respect: We treat all individuals with the same compassion, dignity and privacy that we want for ourselves.

Integrity: We do the right things for the right reasons.

Learning: We commit to improving the knowledge of our community, patients, and team members by supporting personal and professional growth.

Stewardship: We accept the responsibility for the careful management of the people and resources entrusted to us.

### **Significant Community Benefit Programs**

Taylor Regional Hospital provides community support through the provision of care to persons who are unable to pay for services (financial assistance), numerous community health improvement activities as well as support of community organizations through contributions and sponsorships. Significant community benefit activities include:

**Transportation Services:** This service offers free rides for those needing transportation to the doctors, hospital or cancer center. Local businesses also provide support for this service through monthly gas and maintenance stipends. For the year ending June 30, 2018, there were 3,200 trips driven.

**Athletic Trainer Program:** Taylor Regional Hospital and the Campbellsville University Athletic Department teamed up on August 2, 3, 24, 2019 for their annual sports physicals. The stations consisted of height and weight; range of motion; heart rate and blood pressure; eyes; ear, nose and throat; abdominal and hernia. These stations were staffed by TRH with a variety of team members, (i.e.: physicians, physical therapist, athletic trainers, nurses, physician assistants, nurse practitioners), as well as team members from the hospital and physician offices.

Taylor Regional Hospital also provides Certified Athletic Trainers (ATC) to both Campbellsville and Taylor County High Schools. The ATCs provide services during daily practices and games accordingly. Services include pre and post-game preparation and injury prevention. Services are also provided during tournaments offered within our districts. The ATCs perform at a professional level and maintain a positive working relationship with the student athlete's parents, coaches, physicians and other healthcare professionals as needed for safe sports performance.

**Annual health fair:** Taylor Regional Hospital hosted its annual community health fair on June 8, 2019 at the Taylor County Intermediate School. Over 1,000 people attended the health fair. The hospital provided 678 persons with complete blood count tests for \$15 and 247 individuals were screened for prostate cancer. Multiple educational booths, giveaways and multiple screening opportunities were available.

### **Evaluation of Prior Implementation Strategy**

The implementation strategy for fiscal years 2017-2019 focused on four priorities to address identified health needs. Action plans for each of the priorities are summarized below. Based on the Hospital's evaluation for the fiscal year ending June 30, 2019, the Hospital has either met their goals or is still in the process of meeting their goals for each strategy listed.

### **Heart Disease and Stroke**

#### **Goal 1: Increase Awareness and Promote Prevention**

Taylor Regional offers multiple classes to the community and hospital staff each month. The majority of these classes are held at the hospital in the education classroom with the goal to improve knowledge and overall health of our region.

A class entitled, "STEMI Workshop: Time is Muscle," was offered in February 2018. It was taught by James M. Bridges, Jr. The class included the importance of identification of a STEMI.

TRH presented a "Stroke Update" class in March 2018 free of charge to the community. The objective of this class was recognition of stroke risk factors and discussion of FDA approved acute stroke treatments and was taught by Kari D. Moore from U of L Hospital.



In July 2018, “Introduction of Cardiac Medications,” was taught by Dr. Brandon Frank. This course was free to the community and offered information regarding beta blockers, calcium channel blockers and ace inhibitors.

TRH presented, “Basics of Cardiac Catheterizations,” class in February 2019 free of charge to the community. The objective of this class was to identify indications for a cardiac cath; review the procedure, post-op care and complications and was taught by Melissa Million, cardiac cath lab nurse.

## **Goal 2: Provide Stroke Services**

Taylor Regional Hospital continues to offer telehealth capabilities for an immediate stroke assessment by specialists through University of Louisville Stroke Team. This program began over three years ago and continues to be a great asset to the community.

## **Lack of Knowledge Regarding Preventative Health, Healthy Living and Available Insurance/Financial Assistance Resources**

### **Goal 1: Promote physical fitness and exercise throughout community.**

The hospital presented a “Couch to 5K” class in April 2017. This class was instructed by Richard Phillips with the purpose of informing participants how to prepare for a 5K run/walk event.

“The Healthy Power of Yoga” class was offered in May 2017 and December 2018 by Jessie Yates. This class taught the attendees how participating in yoga can help you balance and center your mental awareness while strengthening and toning core muscles.

In July 2019, “Spinning/Cycling 101” was offered free of charge to the community. The instructor was Ana Almeida. The objectives included recognition of what spinning is and the benefits of spinning.

The Taylor County Extension Office offers a group walking video with Leslie Sansone twice weekly, open to the public.

Taylor County Library offers Vinyasa Yoga, Pilates, mat and chair yoga classes that are open to the public.

A hiking group meets one time a week hiking through various trails within the county coordinated by Rob Collins and the extension office.

Throughout the year there are opportunities for the public to participate in Walk/Runs including I’m a Dam Runner 5k by Friends of Green River Lake and City of Campbellsville 4<sup>th</sup> of July 5k yearly. Campbellsville Running Club meets twice a week also.

Cyclists have opportunities to be involved in the Green River Century ride. This group is geared to long distance cyclists that travel through 5 counties. Bicycle Friendly Campbellsville has regular group rides also.

Campbellsville-Taylor County Trail Town adopted the Campbellsville-Taylor County Master Pedestrian Plan in 2019. This is a living document for Campbellsville and Taylor County with plans for pedestrian walkways and trails. The goal is to link these trails together for safety of walking/cycling. In addition, The Trace Pitman Greenway trail system was constructed recently and added loops to increase length in 2017.

**Goal 2: Increase knowledge of the importance of healthy lifestyles and promote healthy nutrition**

The hospital offered, “Eating for a Healthier You” class in January 2018 and January 2019. This class was taught by Carrie Phillips, RD LD and covered information about the USDA My Plate program and how to use it to plan nutritious menus.

TRH and Taylor County Health Department both offer 8 week long smoking cessation programs titled, “Freedom from Smoking,” annually. These classes are free to the community and available at different times of the year.

Taylor County Health Department hosted a parent awareness program on e-cigarettes and Juuling at TCMS in 2019.

The local health department and Kid Spot had health information for families in 2018 and 2019 at the Back to School Open House at Campbellsville Elementary School. Education was also provided in 2019 Back to School Open House at the Campbellsville Middle School and High School where the Agency for Substance Abuse Policy (ASAP) provided information.

Taylor County Farmers’ Market hosts a yearly Health fair in July that the Taylor County Health Department participates in.

**Prevention of Chronic Disease**

**Goal 1: Increase patient awareness of chronic diseases.**

A “Diabetes Review” class was held in August 2018. This class covered information about diabetes symptoms and management treatment options and was taught by Dr. David Montgomery.

Quarterly classes of Healthy Living with Diabetes is offered by the Taylor County Health Department.

Taylor County Health Department partnered with Taylor Regional Diabetes Support Group to provide education during July 2019 at TRH education classroom for the community. This program was open to the public and free of charge.

**Recruitment and Retention of Physicians**

**Goal 1: Actively recruit physician specialists and primary care physicians to the Taylor Regional community where physician shortages are identified.**

A total of 106 physicians/providers were recruited to Taylor Regional Hospital during the 2017-2019 time period. Highlights of some of those additions include: 1) Three to the Hospitalist program; 2) Two to the Care Center; 3) Two to the Urology practice; 4) One to the Pediatric practice; 5) Three to the Surgical practice; 6) Two to the OB/GYN practice; 7) One Primary care provider and 8) One to the Neurology practice. We are recruiting additional primary care providers and an Ear, Nose and Throat provider.

**Summary of Findings—2018 Tax Year CHNA**

Health needs were identified based on information gathered and analyzed through the 2018 CHNA conducted by the Hospital. These identified community health needs are discussed in greater detail later in this report and the prioritized listing is available at *Exhibit 26*.

These needs have been prioritized based on information gathered through the CHNA:

- Poor Nutrition
- Lack of Health Knowledge/Education
- Uninsured/Limited Insurance
- Cost/Expense of Health Care
- Recruitment & Retention of Physicians
- Prevention of Chronic Diseases
- Obesity/Overweight
- Healthy Behaviors/Lifestyle Choices
- Adult Smoking/Tobacco Use
- Heart Disease/Stroke
- Cancer
- High Blood Pressure
- Diabetes

The Hospital's next steps include developing an implementation strategy to address these priority areas.

### Community Served by the Hospital

The Hospital is located in the city of Campbellsville, Kentucky, in Taylor County. Campbellsville is approximately one and a half hours away from Bowling Green, Kentucky, Louisville, Kentucky and Lexington, Kentucky. Campbellsville is only accessible by secondary roads.

### Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the CHNA considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from July 1, 2017 through June 30, 2018, management has identified Adair, Green and Taylor Counties as the defined CHNA community. These counties represent nearly 87% of the inpatient discharges as reflected in *Exhibit 1* below. The CHNA will utilize data and input from these counties to analyze health needs for the community.

**Exhibit 1**  
**Taylor Regional Hospital: CHNA Community**  
**Summary of Inpatient Discharges by Zip Code**  
**7/1/17-6/30/18**

	Zip Code	City	Discharges	Percent Discharges
Adair County:				
	42728	Columbia	643	14%
	42753	Knifley	45	1%
	42741	Glens Fork	9	.19%
	42715	Breeding	8	.17%
	42742	Gradyville	<u>3</u>	.06%
		Total Adair	708	
Green County:				
	42743	Greensburg	579	12%
	42782	Summersville	58	1%
	42764	Mount Sherman	<u>13</u>	.27%
		Total Green	650	
Taylor County:				
	42718	Campbellsville	2,637	55%
	42733	Elkhorn	102	2%
	42758	Mannsville	11	.23%
	42719	Campbellsville	<u>12</u>	.25%
		Total Taylor	2,762	
		Total Other Discharges	<u>650</u>	14%
		Total	<u>4,770</u>	100%

## Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. Exhibit 2 below shows the total population of the community. It also provides the breakout of the Community between the male and female population, age distribution, race/ethnicity and the Hispanic population.

### Exhibit 2 Demographic Snapshot Taylor Regional Hospital

Report Area	Total Population
Report Location	55,754
Adair County, KY	19,304
Green County, KY	11,044
Taylor County, KY	25,406
Kentucky	4,424,376
United States	321,004,407

Report Area	Male	Female
Report Location	27,369	28,385
Adair County, KY	9,632	9,672
Green County, KY	5,356	5,688
Taylor County, KY	12,381	13,025

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract

### Total Population by Age Groups, Percent

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Report Location	5.95%	15.41%	11.72%	11.42%	10.97%	13.36%	13.53%	17.63%
Adair County, KY	5.29%	14.85%	13.23%	11.19%	11%	13.98%	13.5%	16.95%
Green County, KY	5.1%	16.17%	6.92%	10.83%	12.02%	14.43%	14.48%	20.05%
Taylor County, KY	6.83%	15.51%	12.67%	11.86%	10.49%	12.41%	13.15%	17.09%
Kentucky	6.2%	16.69%	9.62%	12.87%	12.6%	13.61%	13.21%	15.2%
United States	6.18%	16.74%	9.7%	13.72%	12.67%	13.42%	12.69%	14.87%

### Race/Ethnicity

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Report Location	93.29%	4.01%	0.55%	0.05%	0%	0.34%	1.77%
Adair County, KY	94.58%	3.63%	0.1%	0.14%	0%	0.65%	0.91%
Green County, KY	94.99%	3.07%	0.34%	0%	0%	0%	1.6%
Taylor County, KY	91.58%	4.7%	0.98%	0%	0%	0.24%	2.5%
Kentucky	87.3%	7.98%	1.35%	0.21%	0.05%	0.93%	2.18%
United States	73.01%	12.65%	5.35%	0.82%	0.18%	4.85%	3.14%

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract

**Non-Hispanic Population by Race Alone, Percent**

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Report Location	93.66%	4.07%	0.53%	0.05%	0%	0.04%	1.66%
Adair County, KY	95.19%	3.66%	0.1%	0.14%	0%	0.03%	0.88%
Green County, KY	94.96%	3.09%	0.34%	0%	0%	0%	1.61%
Taylor County, KY	91.91%	4.81%	0.94%	0%	0%	0.06%	2.28%
Kentucky	88.11%	8.16%	1.39%	0.19%	0.05%	0.12%	1.99%
United States	74.59%	14.91%	6.42%	0.79%	0.19%	0.27%	2.82%

Data Source: US Census Bureau, *American Community Survey*, 2013-17. Source geography: Tract

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race illustrates different categories of race such as, white, black, Asian, other and multiple races. White non-Hispanics make up 93.66% of the community.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table helps to understand why transportation is one of the highest ranking needs within the community.

**Exhibit 3**
**Taylor Regional Hospital: CHNA Community  
Rural/Urban Population**

Report Area	Total Population	Urban Population	Rural Population	Percent Urban	Percent Rural
Report Location	54,426	16,298	38,128	29.95%	70.05%
Adair County, KY	18,656	4,579	14,077	24.54%	75.46%
Green County, KY	11,258	0	11,258	0%	100%
Taylor County, KY	24,512	11,719	12,793	47.81%	52.19%
Kentucky	4,339,367	2,533,343	1,806,024	58.38%	41.62%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: US Census Bureau, *Decennial Census*, 2010. Source geography: Tract

### Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, uninsured population poverty and educational attainment for the CHNA community. These standard measures will be used to compare the socioeconomic status of the community to the state of Kentucky and the United States.

### Income and Employment

*Exhibit 4* presents the per capita income for the CHNA community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. All three counties within the CHNA community have a per capita income that is below the state of Kentucky or the United States.

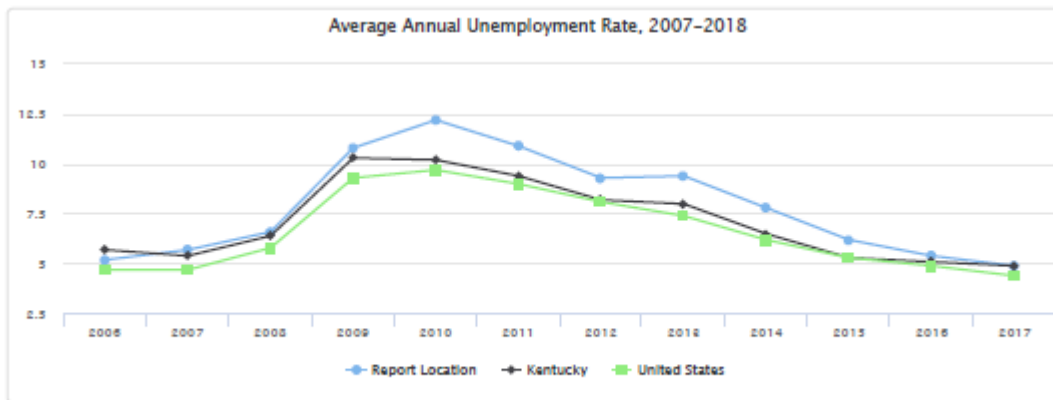
**Exhibit 4**  
**Taylor Regional Hospital**  
**Income**

Report Area	Total Households	Average Household Income	Median Household Income
Report Location	21,237	\$49,743.00	No data
Adair County, KY	7,101	\$46,862.00	\$36,575.00
Green County, KY	4,467	\$55,186.00	\$37,388.00
Taylor County, KY	9,669	\$49,346.00	\$36,455.00
Kentucky	1,724,514	\$64,436.00	\$46,535.00
United States	118,825,921	\$81,283.00	\$57,652.00

Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract

## Unemployment Rate

Exhibit 5 presents the average annual unemployment rate from 2007-2018 for the CHNA community as well as the trend of Kentucky and the United States. On average, the unemployment rate for the community is higher than the United States and the state of Kentucky from 2007-2018.



## Poverty

Exhibit 6 presents the percentage of total population below 100% FPL (Federal Poverty Level). Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health status. All counties within the community are slightly above the state poverty percent.

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Report Location	53,104	11,521	<b>21.7%</b>
Adair County, KY	17,963	3,860	21.49%
Green County, KY	10,903	2,068	18.97%
Taylor County, KY	24,238	5,593	23.08%
Kentucky	4,287,887	783,586	18.27%
United States	313,048,563	45,650,345	14.58%

Note: This indicator is compared to the state average.  
 Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract

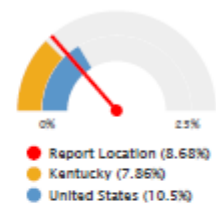


## Uninsured

*Exhibit 7* reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contributes to poor health status. *Table 7* shows over 4,700 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2013-2017 American Community Survey. In the report area 8.68% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 7.86%.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Report Location	54,963	4,769	8.68%
Adair County, KY	19,031	1,663	8.74%
Green County, KY	10,924	746	6.83%
Taylor County, KY	25,008	2,360	9.44%
Kentucky	4,340,343	341,351	7.86%
United States	316,027,641	33,177,146	10.5%

Percent Uninsured Population



Note: This indicator is compared to the state average.

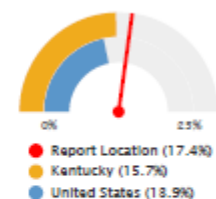
Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract

## Population Receiving SNAP Benefits (SAIPE)

This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits between the months of July 2014 and July 2015. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Report Location	55,457	9,663	17.4%
Adair County, KY	19,027	3,285	17.3%
Green County, KY	11,010	1,846	16.8%
Taylor County, KY	25,420	4,532	17.8%
Kentucky	4,425,092	692,409	15.7%
United States	321,396,328	44,567,069	13.9%

Percent Population Receiving SNAP Benefits



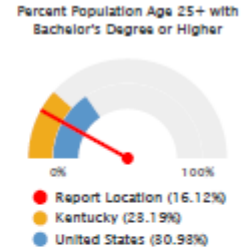
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, Small Area Income & Poverty Estimates, 2015. Source geography: County

**Education**

*Exhibit 9* presents the population with an Bachelor’s level degree or higher in each county versus Kentucky and the United States.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Percent Population Age 25+ with Bachelor's Degree or Higher
Report Location	37,304	6,014	16.12%
Adair County, KY	12,861	2,032	15.8%
Green County, KY	7,931	871	10.98%
Taylor County, KY	16,512	3,111	18.84%
Kentucky	2,986,199	692,568	23.19%
United States	216,271,644	66,887,603	30.93%



Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 9*, the percent of residents within the CHNA community obtaining a Bachelor’s degree or higher is below the state and national percentages.

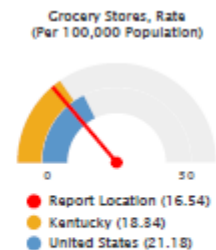
## Physical Environment of the Community

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

### Grocery Store Access

*Exhibit 10* reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Report Location	54,426	9	16.54
Adair County, KY	18,656	4	21.44
Green County, KY	11,258	1	8.88
Taylor County, KY	24,512	4	16.32
Kentucky	4,339,367	796	18.34
United States	308,745,538	65,399	21.18



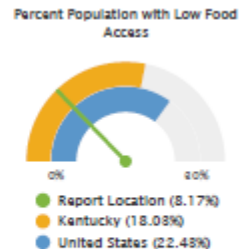
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, *County Business Patterns*. Additional data analysis by CARES, 2016. Source geography: ZCTA

## Food Access/Food Deserts

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. The information in *Exhibit 11* below is relevant because it highlights populations and geographies facing food insecurity. As seen below, all three counties within the community have favorable results when compared to Kentucky and the United States.

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Report Location	54,426	4,448	8.17%
Adair County, KY	18,656	1,194	6.4%
Green County, KY	11,258	1,254	11.14%
Taylor County, KY	24,512	2,000	8.16%
Kentucky	4,339,367	782,548	18.03%
United States	308,745,538	69,266,771	22.43%

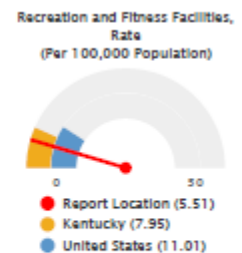


Note: This indicator is compared to the state average.  
 Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015. Source geography: Tract

## Recreation and Fitness Facility Access

This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 12* shows Adair and Green Counties do not have any fitness establishments available to the residents.

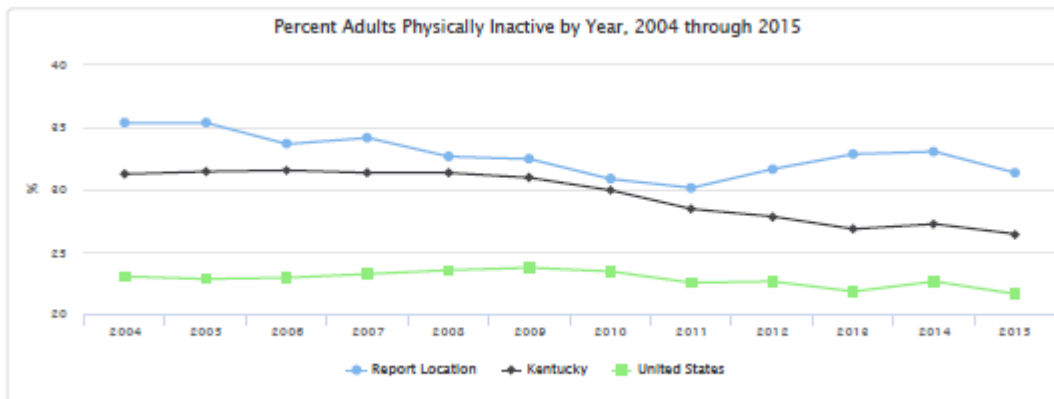
Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Report Location	54,426	3	5.51
Adair County, KY	18,656	0	0
Green County, KY	11,258	0	0
Taylor County, KY	24,512	3	12.24
Kentucky	4,339,367	345	7.95
United States	308,745,538	33,980	11.01



Note: This indicator is compared to the state average.  
 Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2016. Source geography: ZCTA

The trend graph below (*Exhibit 13*) shows the percent of adults who are physically inactive by year for the community and compared to Kentucky and the United States. Since 2004, the CHNA community has had a higher percentage of adults who are physically inactive compared to both the state of Kentucky and the United States. Although the trend has been decreasing over the years, the percent of adults physically inactive within the community has increased since 2011 and dropped off slightly in 2015.

**Exhibit 13**



## Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

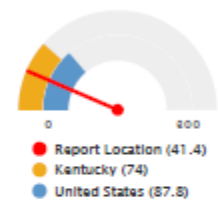
Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of knowledge regarding one or more health issues and can inform program interventions.

## Access to Primary Care

*Exhibit 14* shows the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and Dos, general practice MDs and Dos, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Report Location	55,504	23	41.4
Adair County, KY	19,204	7	36.45
Green County, KY	11,043	0	0
Taylor County, KY	25,257	16	63.35
Kentucky	4,413,457	3,264	74
United States	318,857,056	279,871	87.8

Primary Care Physicians, Rate per 100,000 Pop.



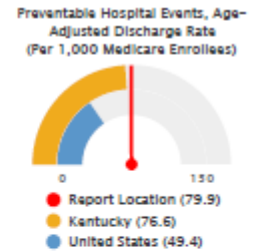
Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2014. Source geography: County

**Preventable Hospital Events**

*Exhibit 17* reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Report Location	5,412	432	79.9
Adair County, KY	1,620	129	79.7
Green County, KY	1,137	146	128.8
Taylor County, KY	2,655	156	59.1
Kentucky	340,140	26,041	76.6
United States	22,488,201	1,112,019	49.4



Note: This indicator is compared to the state average.  
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*, 2015. Source geography: County

### Health Status of the Community

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

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

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to **70%** of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating disease, infirmities and premature death.

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

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes



Lack of exercise

Cardiovascular disease  
Depression

Overstressed

Mental illness  
Alcohol/drug abuse  
Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

**Leading Causes of Death and Health Outcomes**

*Exhibit 18* reflects the leading causes of death for the Community and compares the rates to the state of Kentucky and the United States.

Exhibit 18  
Taylor Regional Hospital: CHNA Community  
Selected Causes of Resident Deaths: Crude Rate

	Adair	Green	Taylor	Kentucky	United States
Cancer	208.9	260.1	282.1	231.27	185
Heart Disease	123.3	243.9	168.8	124.89	114.1
Lung Disease	67.9	88.5	76.1	75.47	47.7
Stroke	44.9	68.6	68.2	46.09	43
Unintentional Injury	71	75.9	69.7	65.78	46.4
Suicide	16.7	18.1	15.8	16.86	13.3

*Note: This indicator is compared to the state average.*

*Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2013-17. Source geography: County*

The table above shows leading causes of death within each county as compared to the state of Kentucky and also the United States. The crude rate is shown per 100,000 residents. The rates highlighted in yellow represent the county and corresponding leading cause of death that is greater than the state and national rate. As the table indicates, almost all of the leading causes of death are greater than the Kentucky and national rates.

### Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- ✓ Health Outcomes—rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- ✓ Health Outcomes—rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
  - ◇ Health behaviors (nine measures)
  - ◇ Clinical care (seven measures)
  - ◇ Social and economic (eight measures)
  - ◇ Physical environment (five measures)

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

As seen in *Exhibit 19*, the relative health status of each county within the community will be compared to the state of Kentucky as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

	Green County	Top U.S. Performers	Kentucky	Rank (of 120)
Health Outcomes				40
Length of Life				58

Premature death	10,100	5,400	9,700
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Quality of Life				28
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Poor or fair health	19%	12%	21%
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Poor physical health days	4.5	3.0	4.8
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Poor mental health days	4.3	3.1	4.8
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Low birthweight	8%	6%	9%
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Source: Countyhealthrankings.org

	Adair County	Top U.S. Performers	Kentucky	Rank (of 120)
Health Outcomes				49
Length of Life				28

Premature death	9,100	5,400	9,700
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Quality of Life				69
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Poor or fair	23%	12%	21%
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Poor physical health days	4.9	3.0	4.8
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Poor mental health days	4.7	3.1	4.8
-------------------------	-----	-----	-----

Low birth-weight	<u>8%</u>	6%	9%
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Source: Countyhealthrankings.org

	Taylor County	Top U.S. Performers	Kentucky	Rank (of 120)
Health Outcomes				57
Length of Life				34

Premature death **9,300** 5,400 9,700

Quality of Life				78
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Poor or fair health 24% 12% 21%

Poor physical health days 5.0 3.0 4.8

Poor mental health days 4.7 3.1 4.8

Low birthweight **9%** 6% 9%

Source: Countyhealthrankings.org

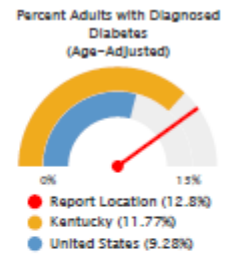
As can be seen from the summarized tables on the previous page, there are numerous areas of the community that have room for improvement when compared to the state statistics. However, there are also significant improvements made within each county from the prior CHNA report.

The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for each county and the community as a whole are compared to the state of Kentucky.

### Diabetes (Adult)

*Exhibit 21* reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Age-Adjusted Rate
Report Location	41,619	6,199	12.8%
Adair County, KY	14,347	2,396	14.6%
Green County, KY	8,492	1,155	11%
Taylor County, KY	18,780	2,648	12.3%
Kentucky	3,299,853	430,988	11.77%
United States	241,492,750	24,722,757	9.28%



Note: This indicator is compared to the state average.  
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015. Source geography: County

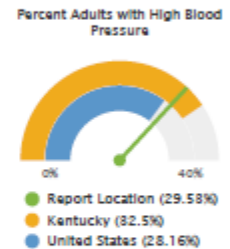
## High Blood Pressure (Adult)

Per *Exhibit 22* below, 12,422 or 29.53% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. The Community percentage of high blood pressure among adults is less than the percentage of Kentucky but higher than the percentage of the United States.

## High Blood Pressure (Adult)

12,422, or 29.53% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

Report Area	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Report Location	42,069	12,422	29.53%
Adair County, KY	14,420	4,874	33.8%
Green County, KY	8,790	2,154	24.5%
Taylor County, KY	18,859	5,394	28.6%
Kentucky	3,294,652	1,070,762	32.5%
United States	232,556,016	65,476,522	28.16%

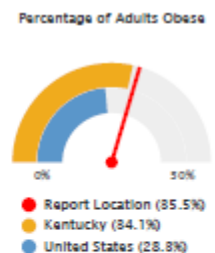


Note: This indicator is compared to the state average.  
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

## Obesity

35.5% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the Community per *Exhibit 23*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Green and Adair Counties both have a BMI percentage greater than the state rate and all counties have a BMI percentage greater than the national rate.

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Report Location	41,647	14,676	35.5%
Adair County, KY	14,360	5,414	38%
Green County, KY	8,471	3,109	36.8%
Taylor County, KY	18,816	6,153	32.9%
Kentucky	3,298,508	1,127,164	34.1%
United States	238,842,519	67,983,276	28.3%



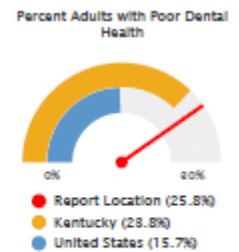
Note: This indicator is compared to the state average.  
 Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County



## Poor Dental Health

This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. *Exhibit 24* shows the total community has a greater percentage of adults with poor dental health than that of Kentucky and the United States.

Report Area	Total Population (Age 18+)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Report Location	41,878	10,824	25.8%
Adair County, KY	14,334	4,734	33%
Green County, KY	8,822	0	0%
Taylor County, KY	18,722	6,090	32.5%
Kentucky	3,294,652	782,958	23.8%
United States	235,375,690	36,842,620	15.7%



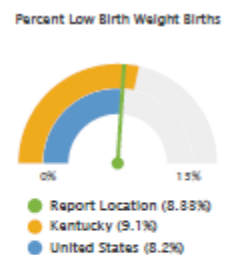
Low

Note: This indicator is compared to the state average.  
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2006-10. Source geography: County

## Birth Weight

*Exhibit 25* reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Report Location	4,466	372	8.33%
Adair County, KY	1,484	122	8.2%
Green County, KY	875	75	8.6%
Taylor County, KY	2,107	175	8.3%
Kentucky	400,946	36,486	9.1%
United States	29,300,495	2,402,641	8.2%



Note: This indicator is compared to the state average.  
 Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2006-12. Source geography: County

### Community Input—Community Survey

An electronic survey was distributed to individuals within the Hospital’s community. A total of 827 individuals participated in the survey and provided input on the following issues.

- ✓ Health and quality of life for residents of the community
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

### Methodology

Taylor Regional Hospital and Lake Cumberland District Health Department, which serves the area as a regional public health department, created and implemented a needs assessment survey. TRH also sought out and considered input from the local Wellness Coalition, on behalf of the medically underserved, low-income, and minority populations it serves. Both the Lake Cumberland District Health Department and the local Wellness Coalition assisted TRH with distribution of the previous CHNA, and with developing goals and implementation strategies.

A web-based survey tool, Survey Monkey, was utilized to conduct an electronic survey. Paper surveys, which were identical to the electronic survey, were also distributed to populations who may not have access to the internet or generationally are more likely to complete a paper survey. Electronic and paper surveys were circulated to the residents of the primary community. The survey was publicized on the local radio stations and at various health fairs.

The survey was distributed through:

- Links on Taylor Regional Hospital’s website and Facebook account
- Taylor County Health Department website and Facebook account
- Local businesses provided links to the survey on their websites
- Paper copies of the survey were available in physician offices and local businesses

There were 827 surveys completed. Socio-demographic characteristics such as age, education, income and employment status were fairly comparable to the most recent census data. Over 82 percent of the survey respondents were female and those individuals whose ages are 40-54 years had the most representation within their age bracket.

### Community Health Survey Results

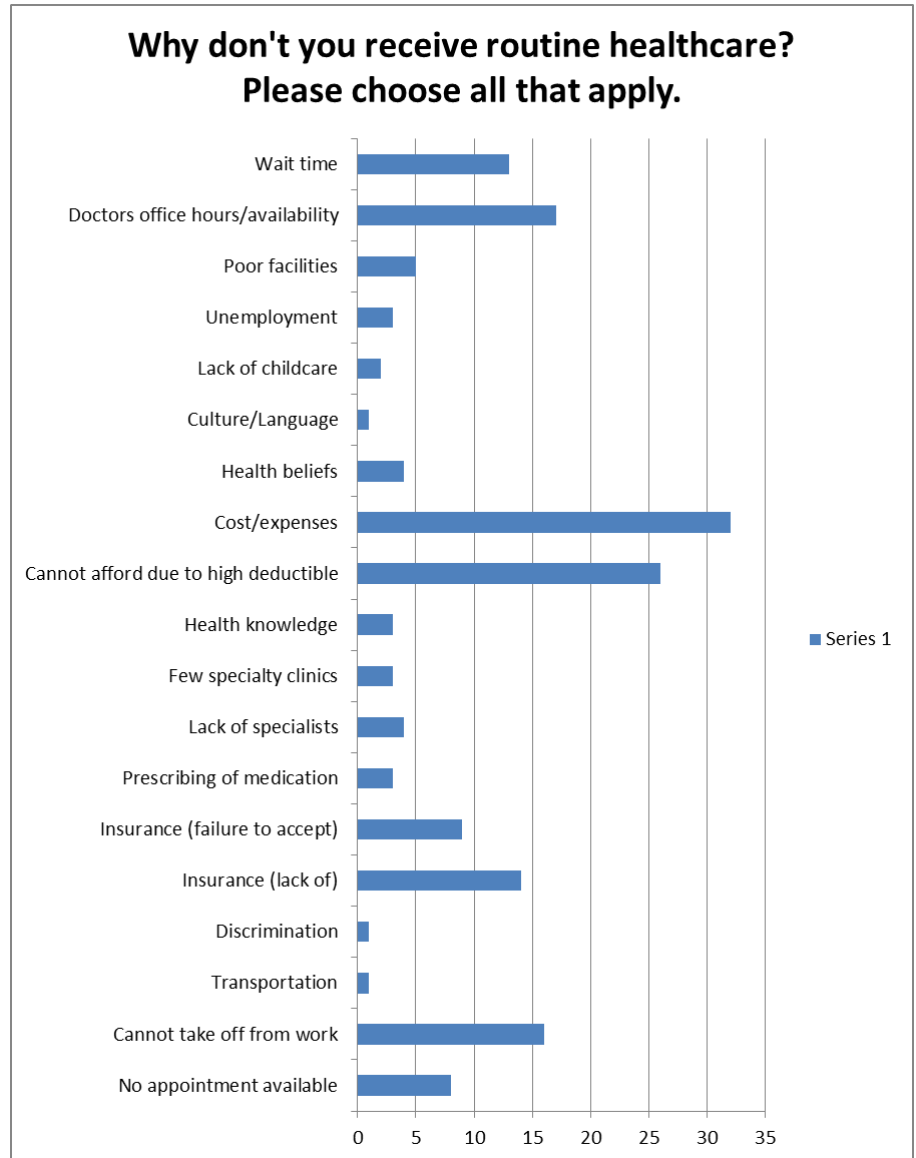
The survey itself was very detailed in nature and including numerous questions regarding demographic information, general health, and issues/barriers within the community. Please refer to *Appendix E* for a copy of the survey results. This technique reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community. The health needs indicated by the survey results are as follows:

- ***Assessment of Personal and Community Health***

When asked about personal health and the health of the community, 58 percent of participants indicated Taylor County was a “somewhat healthy” community. Twelve percent indicated it was a “healthy” or “very healthy” community while approximately 30 percent thought it was “unhealthy” or “very unhealthy.” In rating their personal health, majority of individuals (83 percent) believe they are “healthy” or “somewhat healthy.”

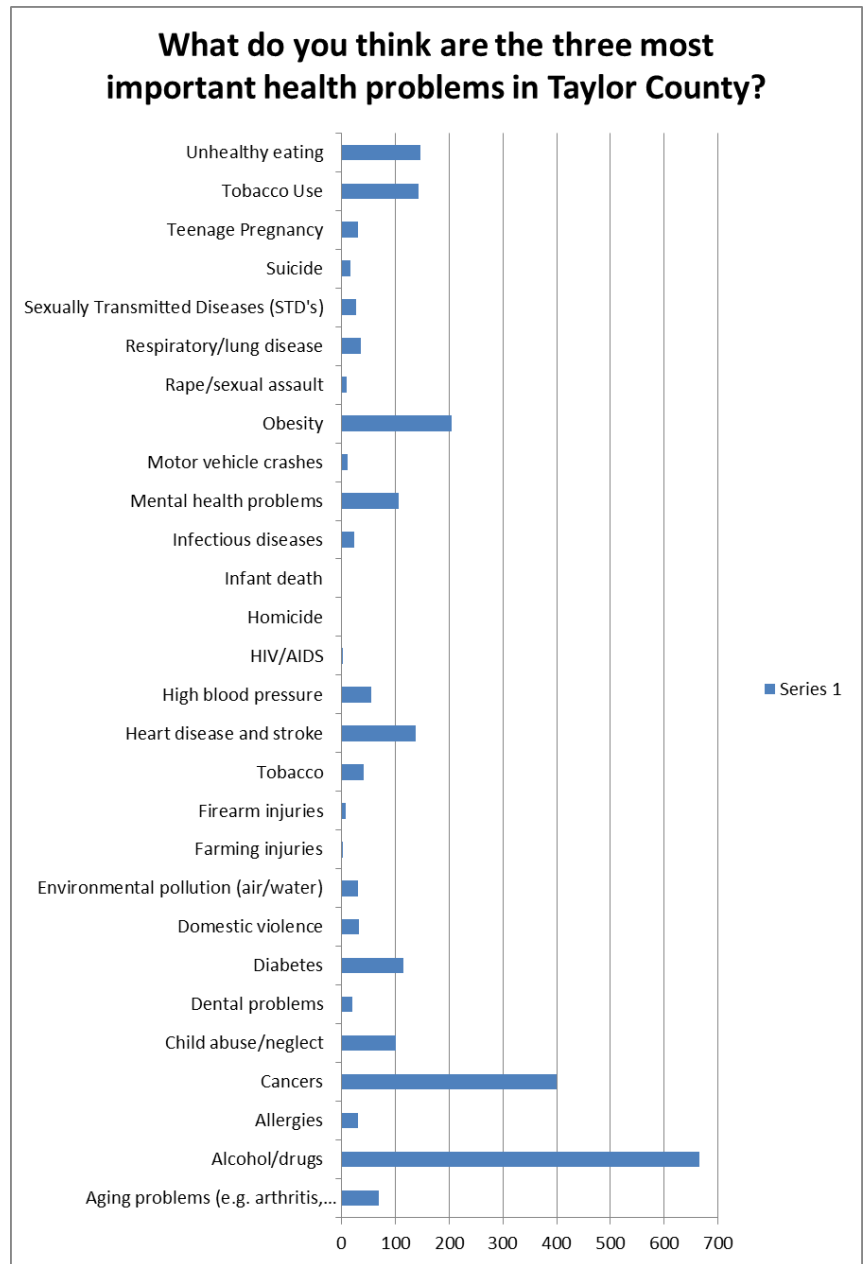
**Barriers to Health Care**

1. Cost/expense
2. High insurance deductible
3. Doctors office hours/availability
4. Cannot take off work
5. Lack of insurance
6. Wait time
7. Failure to accept insurance
8. No appointment available
9. Poor facilities
10. Lack of specialties/health beliefs



**Most Important “Health Problems” Within the Community**

1. Alcohol/drugs
2. Cancers
3. Obesity



### **Vulnerable Populations**

When asked what group of individuals needs the most help with access to health care in Taylor County, the following groups were identified;

1. Low income families
2. Elderly
3. Middle class

### **Health Issues of Vulnerable Populations**

According to Dignity Health's Community Need Index (See *Appendices*), the Hospital's community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socio-economic indicators of each community (income, cultural, education, insurance and housing). The zip codes that have the highest need in the community are 42728, 42718 and 42743.

### **Information Gaps**

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by Taylor Regional Hospital. However, there may be a number of medical conditions that are not specifically addressed in this report due to various factors including but not limited to publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents, and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input related to these specific populations during the course of the survey.

**Prioritization of Identified Health Needs**

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community.

**Leading Causes of Death**

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Hospital's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate results in a health need for the Hospital CHNA community.

**Health Outcomes and Factors**

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Hospital CHNA community. County rates and measurements for each behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30% of the national benchmark) resulted in an identified health need.

**Health Needs of Vulnerable Populations**

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5.

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community=5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
- 2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
- 3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
- 4) **How important the problem is to the community.** Needs identified through community surveys were rated for this factor.

Each need was ranked based on the four prioritization metrics. As a result, the following summary list of needs was identified.

	How many people are affected by the issue	What are the consequences of not addressing this problem?	What is the impact on vulnerable populations?	How important is it to the community?	Total Score
Lack of health knowledge/education	5	3	5	3	16
Obesity	5	4	2	5	16
Poor nutrition/limited access to health food options	2	4	5	4	15
Cost/expense of health care	4	3	3	5	15
Healthy behaviors/lifestyle choices	5	4	2	4	15
Mental health problems	3	3	5	4	15
Health risk assessments	4	3	2	5	14
Recruitment & retention of physicians	4	3	3	3	13
Poverty	4	3	3	3	13
Adult smoking/tobacco use	4	5	0	4	13
Heart disease/stroke	4	5	0	4	13
Diabetes	3	4	2	4	13
Doctors' office hours/availability/wait times	4	3	2	4	13
Bone density	3	3	2	5	13
Cancer	3	4	0	5	12
High blood pressure	3	4	2	3	12
Uninsured/limited insurance	2	3	3	3	11
Substance abuse/alcohol	3	3	0	5	11
Lung disease	3	3	0	3	9
Transportation	2	1	4	1	8
Child abuse/neglect	1	2	0	4	7
Teen birth rate	2	1	0	3	6
Suicide	1	3	0	2	6
Allergies	2	1	0	3	6
Domestic violence	1	1	0	2	4
Sexually transmitted infections	1	1	0	2	4
Motor vehicle crashes	1	1	0	2	4
Rape/sexual assault	1	1	0	2	4



### Management’s Prioritization Process

For the health needs prioritization process, the Health Center engaged a hospital leadership team to review the most significant health needs reported during the prior CHNA, as well as in *Exhibit 26* using the following criteria:

- ✓ Current area of hospital focus
- ✓ Established relationships with community partners to address the health need
- ✓ Organizational capacity and existing infrastructure to address the health need

Based on the criteria outlined above, the leadership team ranked each of the health needs using a “high/low” scale. As a result of the priority setting process the identified priority areas that will be addressed through Taylor Regional Hospital’s Implementation Strategy for fiscal years 2020-2022 will be:

Taylor Regional Hospital Priority	Correlated Community Health Need
Heart disease and stroke	Heart disease and stroke
Lack of knowledge regarding preventive health, healthy living and available insurance/financial assistance resources	Lack of health knowledge Poor nutrition Healthy behaviors/lifestyle choices Uninsured/lack of insurance
Prevention of chronic diseases	Cost expense of healthcare (certain screenings) Obesity Healthy behaviors/lifestyle choices Adult smoking Cancer Lung disease High blood pressure Heart disease Stroke Diabetes
Recruitment and retention of physicians	Recruitment and retention of physicians

There are certain needs which are not being addressed through the hospital’s implementation strategy. Significant needs in *Exhibit 26* which are not being addressed are listed below.

Poverty/lack of employment opportunities—this is outside the scope of the hospital’s resources. Organizations such as local government, Chamber of Commerce and Economic Development work towards providing employment opportunities. Green River Ministries and local churches provide assistance to the poor and needy.

Lack of mental health providers—this is outside the scope of hospital’s resources. Adanta Community Health Center provides clinics in Taylor and surrounding counties.

Alcohol/drugs—this is outside the scope of the hospital’s resources. The Healing Place, KY-ASAP and Taylor County Anti-Drug Coalition are addressing this need.

The hospital’s next steps include developing an implementation strategy to address the priority areas reported in the table above.

**Resources Available to Address Significant Health Needs**

**Healthcare Resources**

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

**Hospitals and Health Centers**

The Hospital has 90 acute beds and is one of the acute care hospitals located in the Community. Residents of the Community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

*Exhibit 27* summarizes health services available to the residents of the three counties in which the Community resides:

Exhibit 27

Taylor Regional Hospital: CHNA Community  
Summary of Area Hospitals and Health Centers

Facility	Address	County	Facility Type	Bed Size
TJ Health Columbia	901 Westlake Dr, Columbia KY 42728	Adair	Short term/ acute care	45
Jane Todd Crawford Hospital	206 Milby St, Greensburg, KY 42743	Green	Critical Access	25

**Other Health Care Facilities**

Short-term acute care hospital services are not the only health services available to members of the Hospital’s community. *Exhibit 28* provides a listing of community health centers and rural health clinics within the Hospital’s community.

## Exhibit 28

 Taylor Regional Hospital: CHNA Community  
 Summary of Area Hospitals and Health Centers

Facility	Facility Type	Address	County
TJ Health Columbia Clinic	Rural Health	902 Westlake Dr, Suite 101, Columbia, KY 42728	Adair
TJ Health Columbia Primary Care	Primary Care	810 Westlake Dr, Suite 101, Columbia KY 42728	Adair
TJ Health Greensburg	Rural Health	603 Columbia Hwy, Greensburg, KY 42743	Green
Green Co Primary Care	Primary Care	310 Industrial Park Rd, Greensburg, KY 42743	Green
Adair Family Med Center	Rural Health	937 Campbellsville Rd, Columbia, KY 42728	Adair

Source: CMS.gov

There are licensed facilities other than hospitals in Taylor County. These facilities include home health, hospice, adult day care, ambulatory surgery centers, rehabilitation agencies and private duty nursing providers. A complete inventory may be obtained through the Kentucky Cabinet for Health and Family Services at <http://chfs.ky.gov/ohp/con/inventory.htm>

### Physicians

Taylor Regional hospital regularly monitors physician supply and demand including recruitment and retention.

### Health Departments

The Lake Cumberland District Health Department offers General Preventive Health Clinics in 10 counties. Those counties include Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne.

A large array of services are provided by the Lake Cumberland District Health Department including assessments and screenings, as well as education and wellness resources for children, personal, teen and in the workplace in order to help individuals take a proactive approach toward healthy living.

Some of these services include child and adult immunizations, well child exams, fluoride varnishing, family planning (birth control), prenatal care (limited service areas), Women, Infants & Children food program (WIC), medical nutrition therapy, diabetes screening and counseling, HIV and STD screenings and breast and cervical cancer screenings. They also offer non-clinical services such as disaster preparedness and environmental services.

Services are provided by medical professionals—physicians, nurse practitioners, registered nurses, LPNs, and registered dietitians—who adhere to the guidelines set forth by the Department of Public Health, ensuring that care is provided at the highest professional standard.

Many of the services are covered by Medicare, Medicaid and other insurances. In the case individuals are uninsured or their insurance doesn't pay for the service, the majority of the services are offered on a sliding fee scale basis.

## APPENDICES

APPENDIX A  
Analysis of Data

**Issues of Uninsured Persons, Low-Income Persons and Minority/Vulnerable Populations**

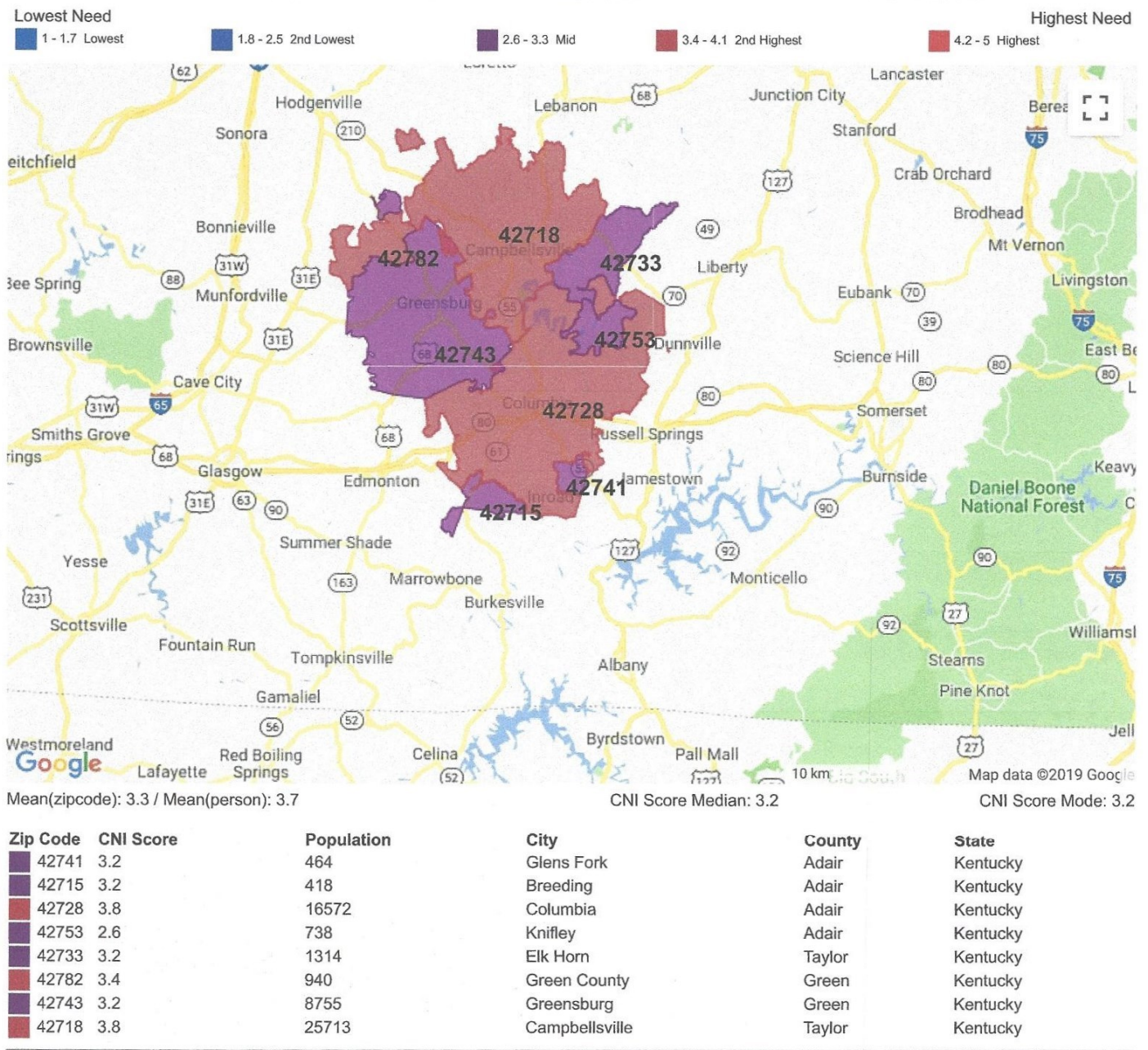
Population	Issues
Uninsured/working poor population	Transportation Access to primary care physicians High cost of health care prevents needs from being met Education Affordability of healthy/nutritious food Lack of mental health services Cost and access to prescription drugs Lower rates of preventative screenings
Elderly	Affordability of assisted living services Lack of health knowledge/support regarding how to access services Cost of prescriptions
Addicts	Lack of mental health services Lack of financial resources Lack of good employment opportunities

APPENDIX B  
SOURCES



Data Type	Source	Year(s)
Discharges by Zip Code	Hospital	FY2018
Population Estimates	US Census Bureau, American Community Survey	2013-2017
Demographics-Race/Ethnicity	US Census Bureau, American Community Survey	2013-2017
Demographics-Income	US Census Bureau, American Community Survey	2013-2017
Unemployment	<i>US Department of Labor, Bureau of Labor Statistics</i>	2019
Poverty	US Census Bureau, American Community Survey	2013-2017
Uninsured Status	US Census Bureau, American Community Survey	2013-2017
SNAP Benefits	US Census Bureau, Small Area Income & Poverty Estimates	2015
Education	US Census Bureau, American Community Survey	2013-2017
Physical Environment-Grocery Store Access	US Census Bureau, County Business Patterns. Additional data analysis by CARES.	2016
Physical Environment-Food Access/Food Deserts	US Dept of Agriculture, Economic Research Service, USDA-Food Research Atlas.	2015
Physical Environment-Recreation and Fitness Facilities	US Census Bureau, County Business Patterns. Additional data analysis by CARES.	2016
Physical Environment-Physically Inactive	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2015
Clinical Care-Access to Primary Care	US Dept of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.	2014
Clinical Care-Lack of a Consistent Source of Primary Care		
Clinical Care-Population Living in a Health Professional Shortage Area		
Clinical Care-Preventable Hospital Events	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care	2015
Leading Causes of Death	Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.	2013-2017
Health Outcomes and Factors	<a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a>	2019
Health Care Resources	<a href="http://Engagementnetwork.org">Engagementnetwork.org</a> & <a href="http://www.cms.gov">www.cms.gov</a>	

APPENDIX C  
DIGNITY HEALTH COMMUNITY NEED INDEX  
(CNI) REPORT



APPENDIX D  
COUNTY HEALTH RANKINGS

Taylor Regional Hospital: CHNA Community  
County Health Rankings—Health Factors

	Adair County	Adair County 2019	Change	Kentucky 2019	Top Performers 2019
<b>Health Behaviors</b>	77	75	↑		
Adult smoking	34%	23%	↓	24%	14%
Adult obesity	33%	38%	↑	34%	26%
Food environment index	7.4	7.4		6.9	8.7
Physical inactivity	32%	36%	↑	27%	19%
Access to exercise opportunities	58%	70%	↑	71%	91%
Excessive drinking	N/A	15%		16%	13%
Alcohol-impaired driving deaths	26%	21%	↓	27%	13%
Sexually transmitted infections	284.0	257.5	↓	413.2	152.8
Teen birth rate	39.0	26	↓	36	14
<b>Clinical Care</b>	104	70	↑		
Uninsured adults	20%	7%	↓	6%	6%
Primary care physicians	2,668:1	2,750:1	↑	1,520:1	1,050:1
Dentists	6,244:1	4,870:1	↓	1,530:1	1,260:1
Mental health providers	781:1	540:1	↓	490:1	310:1
Preventable hospital stays (per 100,000)	112.0 (per 1,000)	5,036	↑	6,168	2,765
Diabetic screening	83%	N/A		---	---
Mammography screening	43.8%	38%	↓	38%	49%
Flu vaccinations	N/A	26%		43%	52%
<b>Social and Economic Factors</b>	77	76	↑		
High school graduation	90%	97%	↑	90%	96%
Some college	46.6%	49%	↑	61%	73%
Unemployment	8.3%	6.3%	↓	4.9%	2.9%
Children in poverty	39%	34%	↓	22%	11%
Income inequality	5.3	5.1	↓	5.1	3.7
Children in single-parent households	23%	25%	↑	34%	20%
Social associations	4.3	4.7	↑	10.6	21.9
Violent crime rate	66	40	↓	222	63
Injury deaths	72	89	↑	91	57
<b>Physical Environment</b>	58	16	↑		
Air pollution-particulate matter days	13.5	10.4	↓	10.7	6.1
Drinking water safety	0.0%	0.0%		---	---
Severe housing problems	14%	12%	↓	14%	9%
Driving alone to work	83%	85%	↑	82%	72%
Long commute driving home	28%	25%	↓	30%	15%

Taylor Regional Hospital: CHNA Community  
County Health Rankings—Health Factors

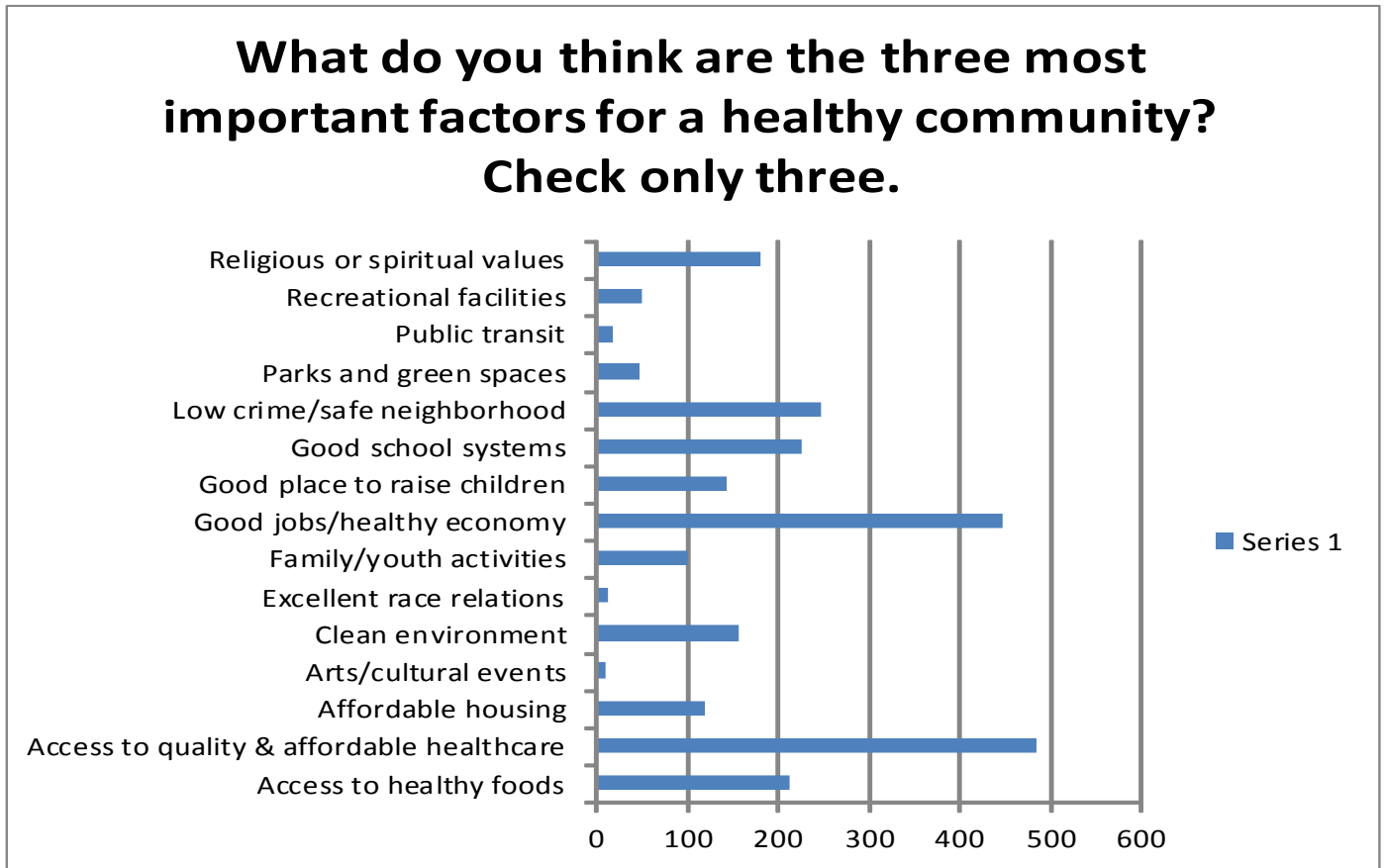
	Green County 2015	Green County 2019	Change	Kentucky 2019	Top Performers 2019
<b>Health Behaviors</b>	44	49	↓		
Adult smoking	31%	21%	↓	24%	14%
Adult obesity	32%	37%	↑	34%	26%
Food environment index	7.5	7.7	↑	6.9	6.9
Physical inactivity	32%	32%		27%	27%
Access to exercise opportunities	48%	0%	↓	71%	71%
Excessive drinking	N/A	14%		16%	13%
Alcohol-impaired driving deaths	18%	21%	↑	27%	13%
Sexually transmitted infections	203	163.5	↓	413.2	152.8
Teen birth rate	40	43	↑	36	14
<b>Clinical Care</b>	73	81	↓		
Uninsured adults	21%	8%	↓	6%	6%
Primary care physicians	N/A	N/A		1,520:1	1,050:1
Dentists	2,795:1	2,770:1	↓	1,530:1	1,260:1
Mental health providers	1,118:1	690:1	↓	490:1	310:1
Preventable hospital stays (per 100,000)	98 (per 1,000)	7,439	↑	6,168	2,765
Diabetic screening	88%	N/A		N/A	N/A
Mammography screening	55.9%	36%	↓	38%	49%
Flu vaccinations	N/A	42%		43%	52%
<b>Social and Economic Factors</b>	57	33	↑		
High school graduation	95%	96%	↑	90%	96%
Some college	39.6%	47%	↑	61%	73%
Unemployment	8.2%	4.6%	↓	4.9%	2.9%
Children in poverty	32%	26%	↓	22%	11%
Income inequality	5.6	5.0	↓	5.1	3.7
Children in single-parent households	29%	21%	↓	34%	20%
Social associations	17.7	17.2	↓	10.6	21.9
Violent crime rate	53	32	↓	222	63
Injury deaths	72	101	↑	91	57
<b>Physical Environment</b>	57	35	↑		
Air pollution-particulate matter days	13.5	10.7	↓	10.7	6.1
Drinking water safety	0.0%	0.0%			
Severe housing problems	13%	13%		14%	9%
Driving alone to work	82%	81%	↓	82%	72%
Long commute driving home	45%	43%	↓	30%	15%

Taylor Regional Hospital: CHNA Community  
County Health Rankings—Health Factors

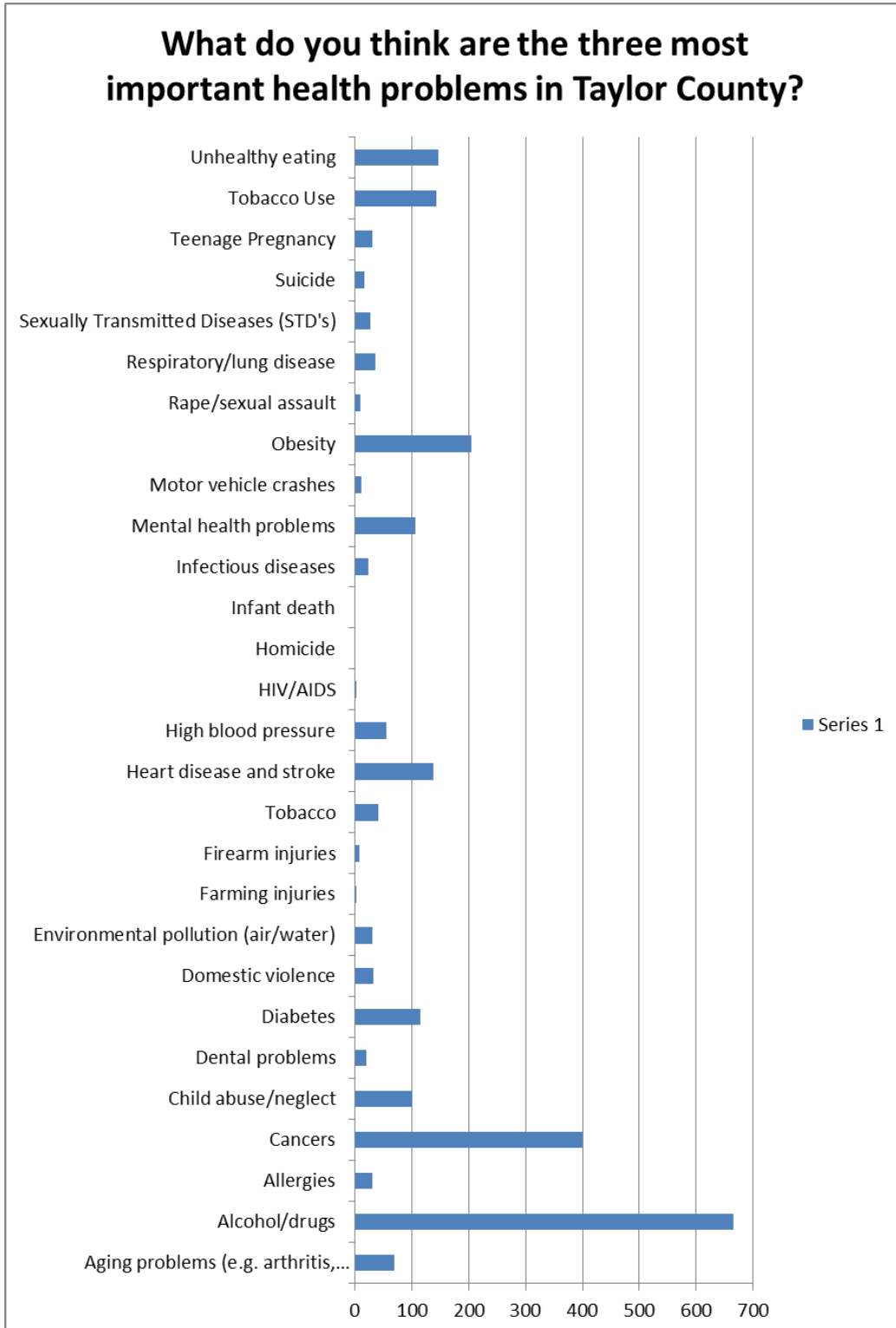
	Taylor County 2015	Taylor County 2019	Change	Kentucky 2019	Top Performers 2019
<b>Health Behaviors</b>	25	62	↓		
Adult smoking	23%	24%	↑	24%	14%
Adult obesity	35%	33%	↓	34%	26%
Food environment index	7.4	6.9	↓	6.9	8.7
Physical inactivity	31%	31%		27%	19%
Access to exercise opportunities	77%	82%	↑	71%	91%
Excessive drinking	12%	14%	↑	16%	13%
Alcohol-impaired driving deaths	16%	22%	↑	27%	13%
Sexually transmitted infections	344	369.8	↑	413.2	152.8
Teen birth rate	49	41	↓	36	14
<b>Clinical Care</b>	30	38	↓		
Uninsured adults	18%	6%	↓	6%	6%
Primary care physicians	1,300:1	1,590:1	↑	1,520:1	1,050:1
Dentists	3,521:1	3,180:1	↓	1,530:1	1,260:1
Mental health providers	685:1	550:1	↓	490:1	310:1
Preventable hospital stays (per 100,000)	90 (per 1,000)	5,054	↑	6,168	2,765
Diabetic screening	90%	N/A		N/A	N/A
Mammography screening	64.1%	41%	↓	38%	49%
Flu vaccinations	N/A	38%		43%	52%
<b>Social and Economic Factors</b>	48	43	↑		
High school graduation	99%	96%	↓	90%	96%
Some college	45.9%	55%	↑	61%	73%
Unemployment	7.8%	4.7%	↓	4.9%	2.9%
Children in poverty	32%	26%	↓	22%	11%
Income inequality	5	4.9	↓	5.1	3.7
Children in single-parent households	40%	47%	↑	34%	20%
Social associations	19.8	17.3	↓	10.6	21.9
Violent crime rate	177	161	↓	222	63
Injury deaths	94	93	↓	91	57
<b>Physical Environment</b>	40	32	↑		
Air pollution-particulate matter days	13.4	10.7	↓	10.7	6.1
Drinking water safety	0.0%	0.0%		0.0%	0.0%
Severe housing problems	15%	15%		14%	9%
Driving alone to work	82%	82%		82%	72%
Long commute driving home	19%	20%	↑	30%	15%

APPENDIX E  
EXCERPTS FROM COMMUNITY HEALTH SURVEY RESULTS



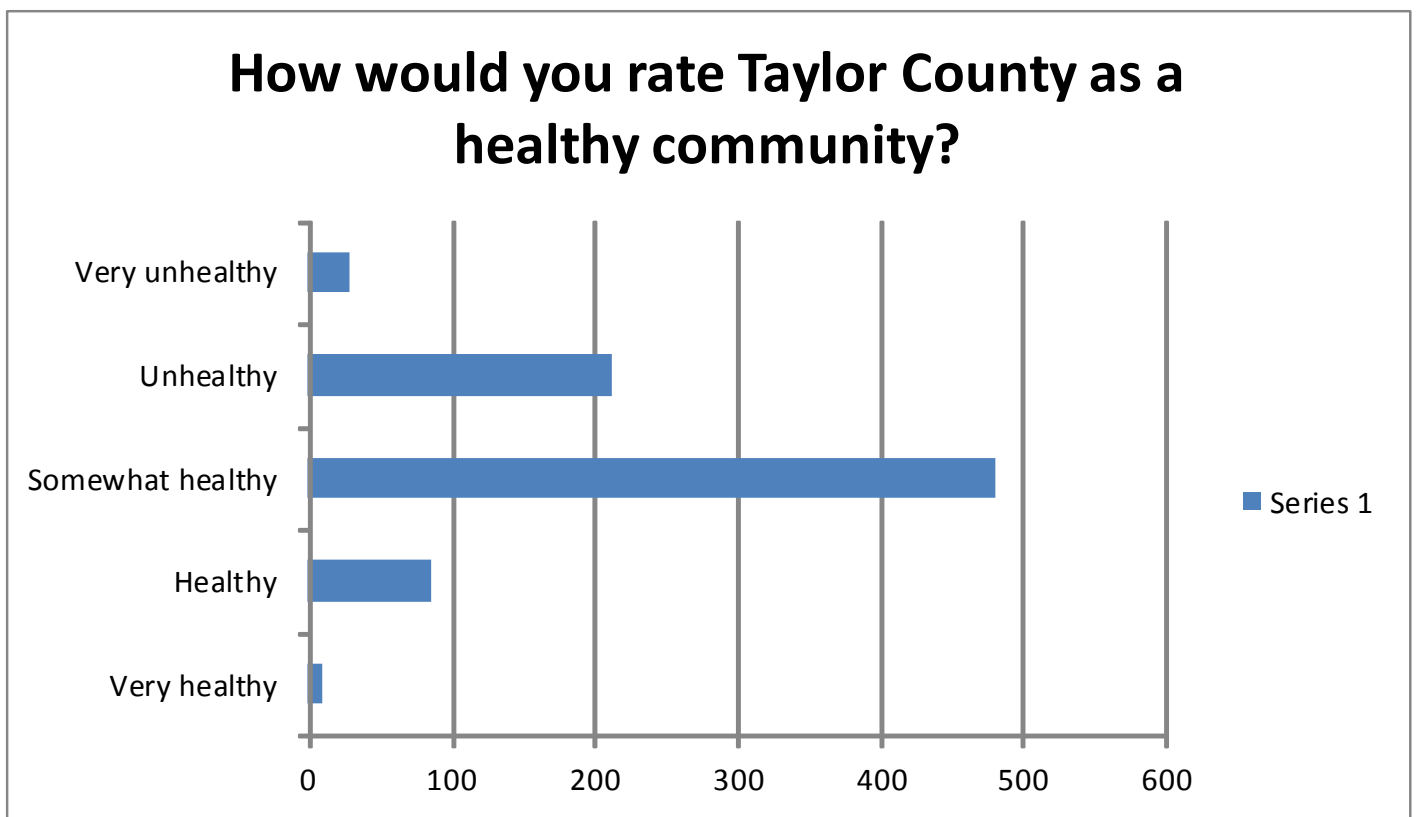


Total answered: 209

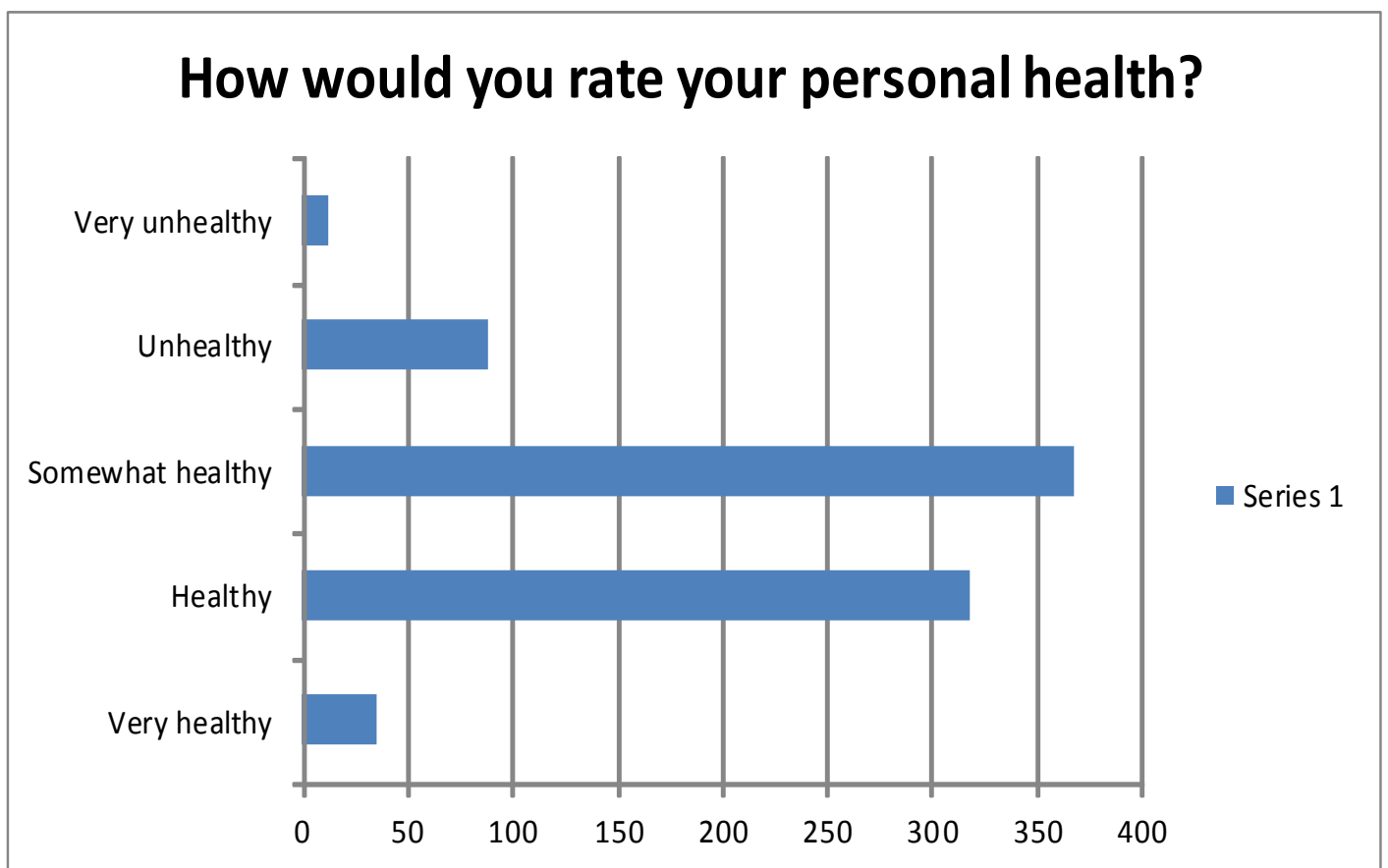


total answered: 199

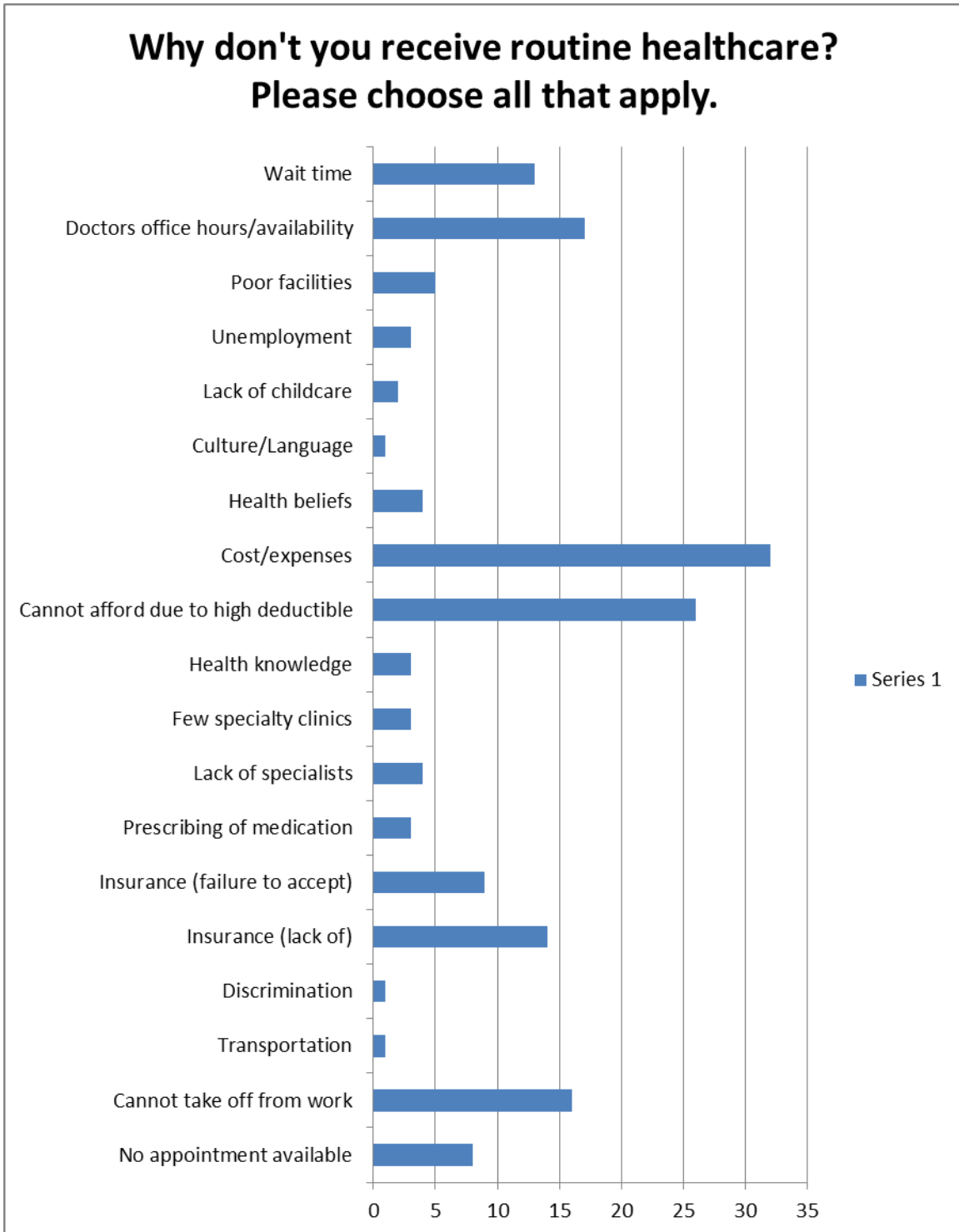
To-



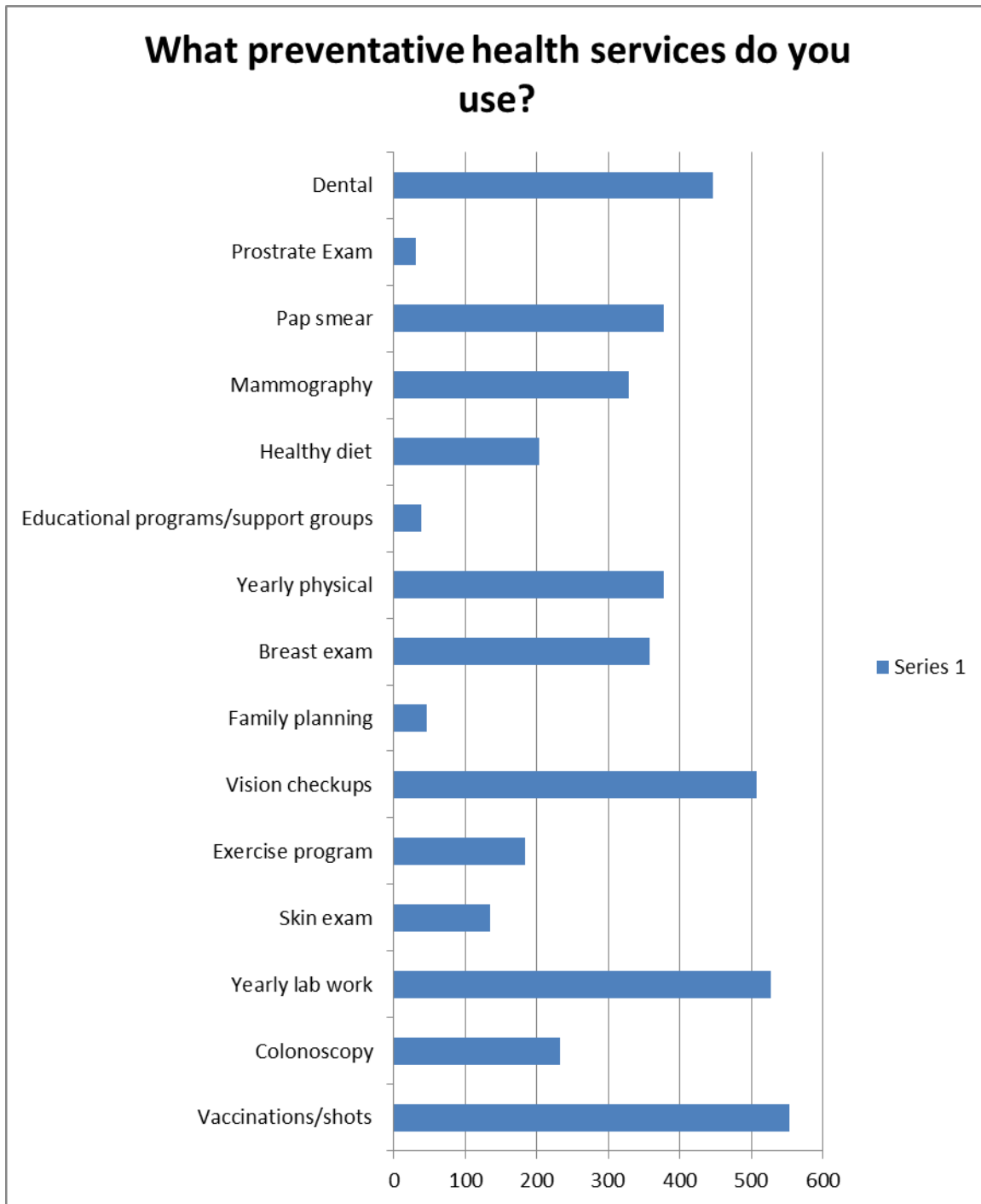
Total answered: 819



Total answered: 821

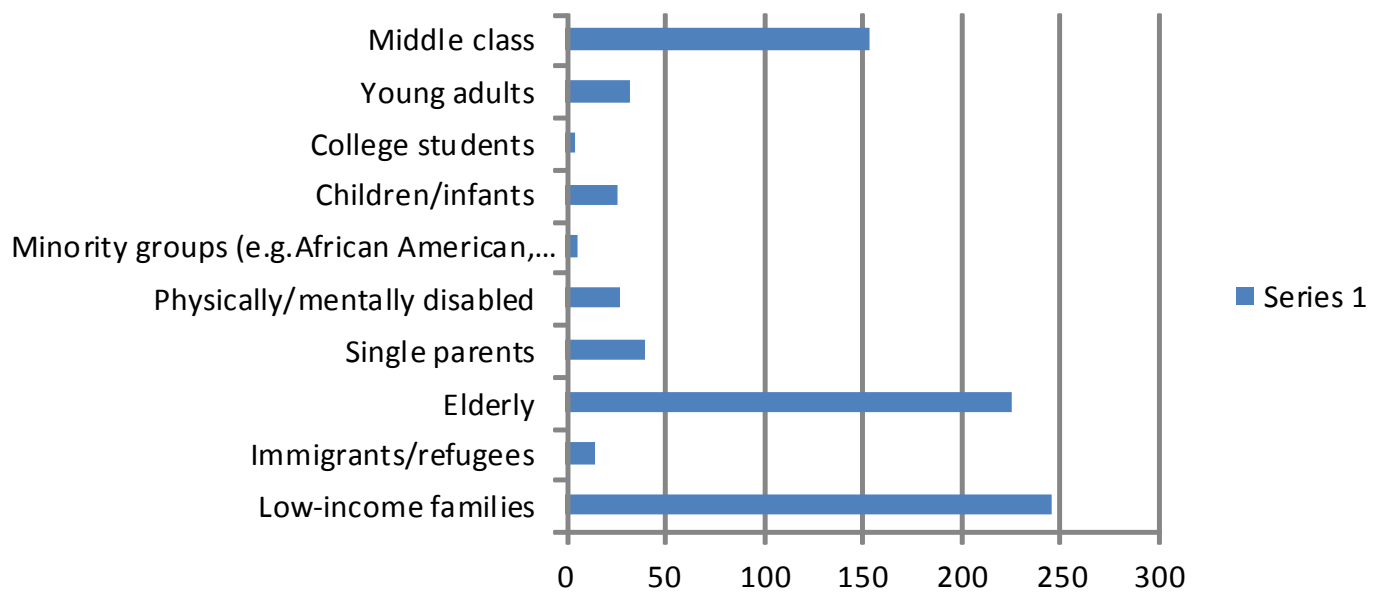


Total answered: 68



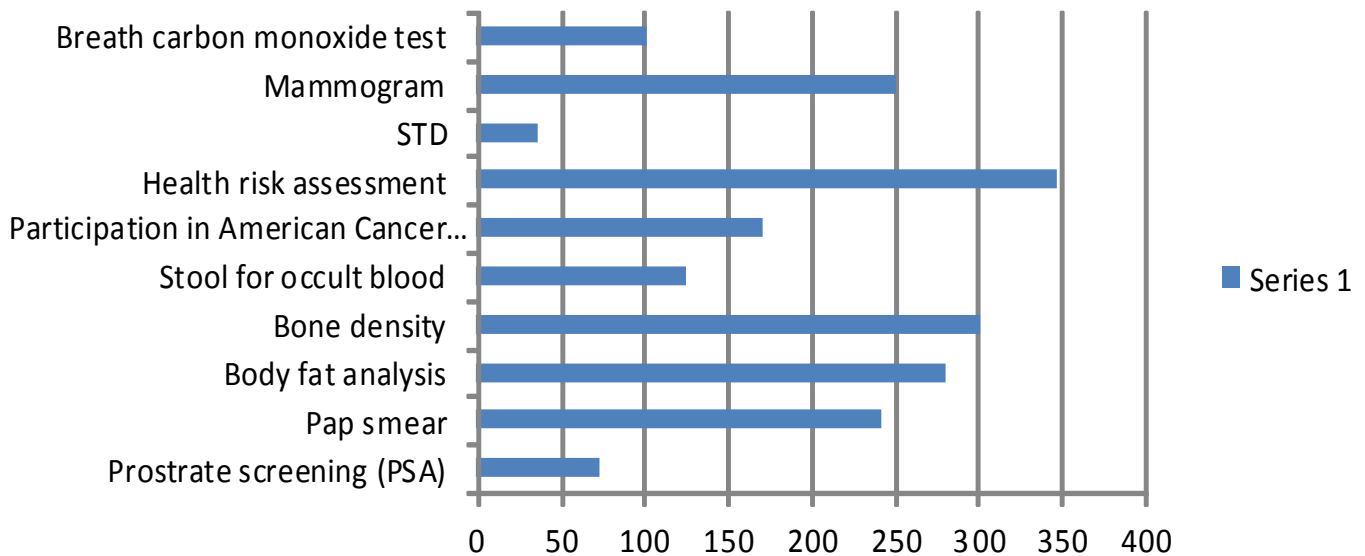
Total answered: 321

## What group needs the most help with access to health care in Taylor County?

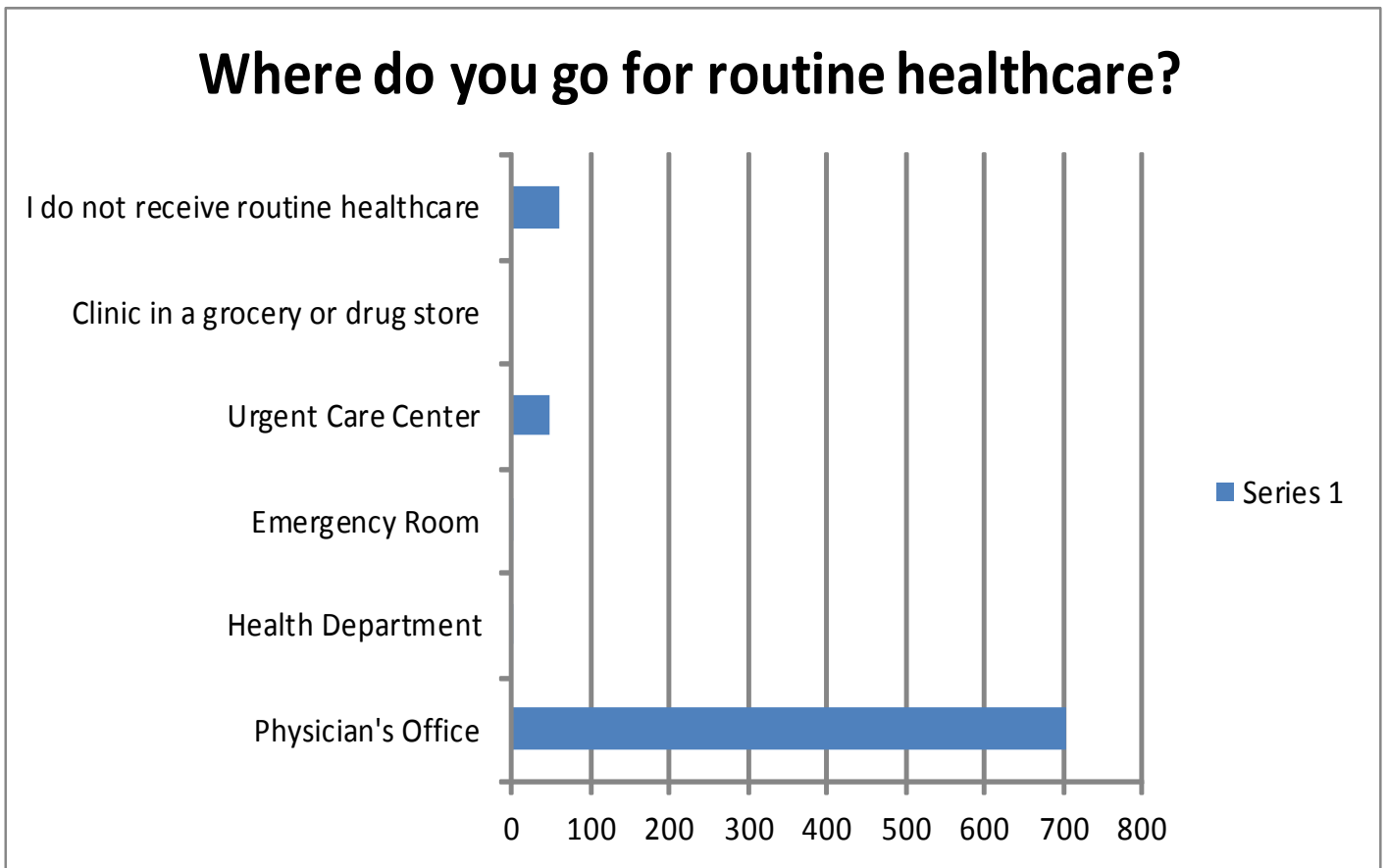


Total answered: 779

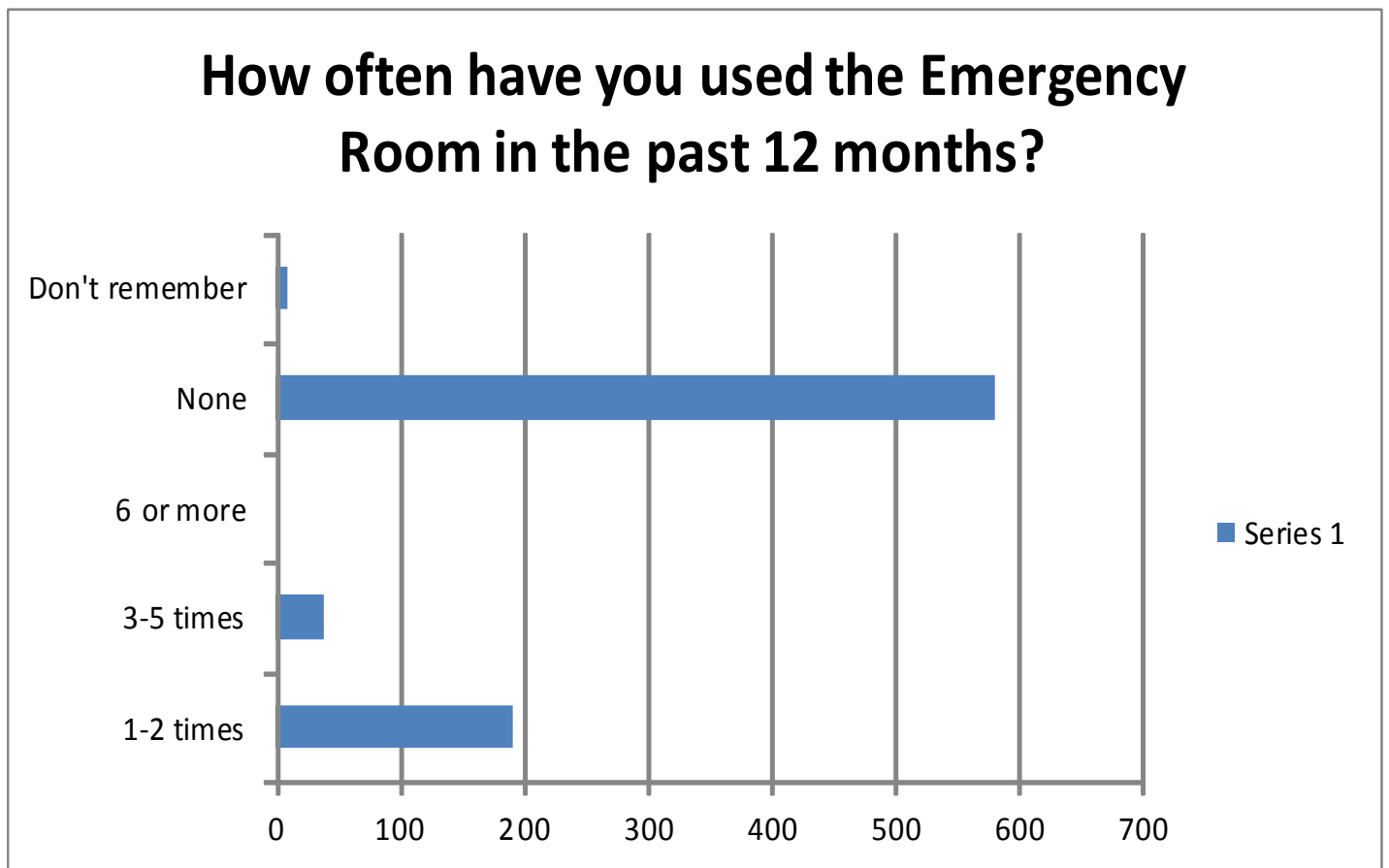
**If the following screenings were available  
which ones would you be interested in  
doing? Choose all that apply.**







Total answered: 825



Total answered: 821