

*Community Health Needs Assessment
2016*



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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.

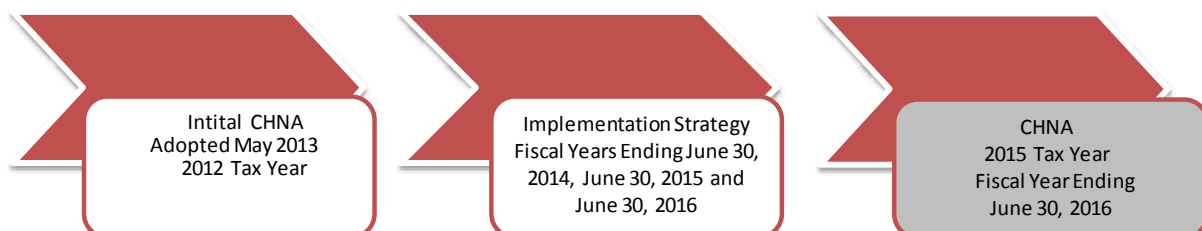
The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make 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, 2014, through June 30, 2016, which was adopted by the Hospital board of directors in 2013.
- ✓ 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:
 - Interviews with key stakeholders who represent a) persons with specialized knowledge in public health, b) populations of need or c) broad interests of the community.
 - 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 2015. 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.

The Hospital engaged **BKD, LLP** to assist in conducting a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. CHNA was conducted from September 2015 to January 2016.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of 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 2013 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 key informant interviews of 15 stakeholders and 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 963 individuals. Results and findings are described in the key stakeholder and community health survey of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes and 5) how important the issue is to the community.
- 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 impact 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 that 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 the 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 services 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, 2015, there were 2,480 trips driven.

Athletic Trainer Program: Taylor Regional Hospital and the Campbellsville University Athletic Department teamed up on August 7, 8 as well as 21 & 22, 2015 for their annual sports physicals. The athletics participated in day and a half station based physical examination. 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 13, 2015 at the Taylor county Elementary School. Nearly 1,000 people attended the health fair. The hospital provided to 642 persons with complete blood counts test for \$15 and 214 individuals were screened for prostate cancer.

Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ending June 30, 2014 – June 30, 2016, focused on three 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, 2015, the Hospital has either met their goals or is still in the process of meeting their goals for each strategy listed.

Healthy Living

Goal 1: Promote increased physical fitness and exercise.

Social media sites are regularly updated to focus on physical fitness and exercise opportunities within the community such as Run/Walk Taylor County Facebook page and Bicycle Friendly Campbellsville Facebook page. The Health Department partners with Kids Outdoor Day at Green River Lake State Park and the Taylor County Wellness Coalition is continuing to increase their membership.

A class entitled, "Commit To Be Fit" was offered in February and June of 2014. It was taught by a TRH Physical Therapist. The class included the importance of setting exercise goals and how physical activity can improve health, fitness and quality of life.

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

Diabetes education classes are available at the Health Department and appointments can be made to see a dietician for qualifying individuals. TRH presented “Nutrition & Diabetes Class” on December 18, 2014, free for the community.

Campbellsville High School held a health fair this year with nutrition education.

TRH is presenting a 1- week Smoking Cessation Program to residents at the “Healing Place. The residents all have admitted addiction issues of which smoking can be a gateway. The Cooper Clayton Stop Smoking Method, facilitated by TRH, may be able to reduce or even end the residents addiction to smoking thus helping end drug addiction in that residents life. These classes are offered free of charge. Fifteen residents are enrolled in the current class.

TRH offers a “Family & Friends CPR Class” once a quarter and prn free of charge to the community.

TRH presented “Nutrition & Diabetes Class” on December 18, 2014, free for the community.

TRH presented “Pediatric First Aid For Babysitters”, On November 20, 2014. This course was designed for babysitters ages 13 to 18. Information was presented pertaining to First Aid and CPR for infants and children. The class was offered free of charge. Pizza & snacks were provided to the participants.-

TRH offers a 12-week long Smoking Cessation Program beginning the first of January every year. This class is free of charge for members of the community.

Classes covering a variety of cancer topics are offered once a quarter and are advertised to the community. These classes are free of charge.

Goal 3: Promote employee based wellness programs to business and industry.

Worksite wellness program was developed at Lake Cumberland District Health Department and promotional brochures were distributed at the Chamber of Commerce meeting. Humana Vitality Health Assessments were conducted at numerous facilities throughout Taylor County.

Chronic Diseases Prevention & Management**Goal 1: Enhance patient awareness of chronic diseases (heart, stroke, diabetes, cancer).**

A six-week arthritis self-help program was conducted at the Taylor County Senior Citizen Center in January and February of 2015. Humana Vitality Health Assessments were conducted at numerous facilities throughout Taylor County.

Access to Services**Goal 1: Increase access to treatment, testing and medical appointments.**

The Hospital continued to provide transportation services to persons needing transportation to medical services. During the year ended June 30, 2015 transportation provided 2,480 trips through the hospital’s van service for individuals throughout the surrounding counties.

Goal 2: Charity care for uninsured/underinsured and low income residents.

The hospital provides financial assistance to patients who qualify for assistance as outlined in the hospital’s financial assistance policy.

Summary of Findings – 2015 Tax Year CHNA

Health needs were identified based on information gathered and analyzed through the 2016 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/Limited Access to Healthy Food Options
- Lack of Health Knowledge/Education
- Uninsured/Limited Insurance
- Cost/Expense of Health Care
- Recruitment & Retention of Physicians/Shortage of Primary Care Physicians
- Obesity
- Healthy Behaviors/Lifestyle Choices
- Poverty/Lack of employment opportunities
- Adult Smoking/Tobacco Use
- Heart Disease/Stroke
- Cancer
- More exercise/recreational facilities/physical inactivity (YMCA)

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, 2014, through June 30, 2015, management has identified Adair, Green and Taylor Counties as the defined CHNA community. These counties represent nearly 88% 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
7/1/2014 – 6/30/2015

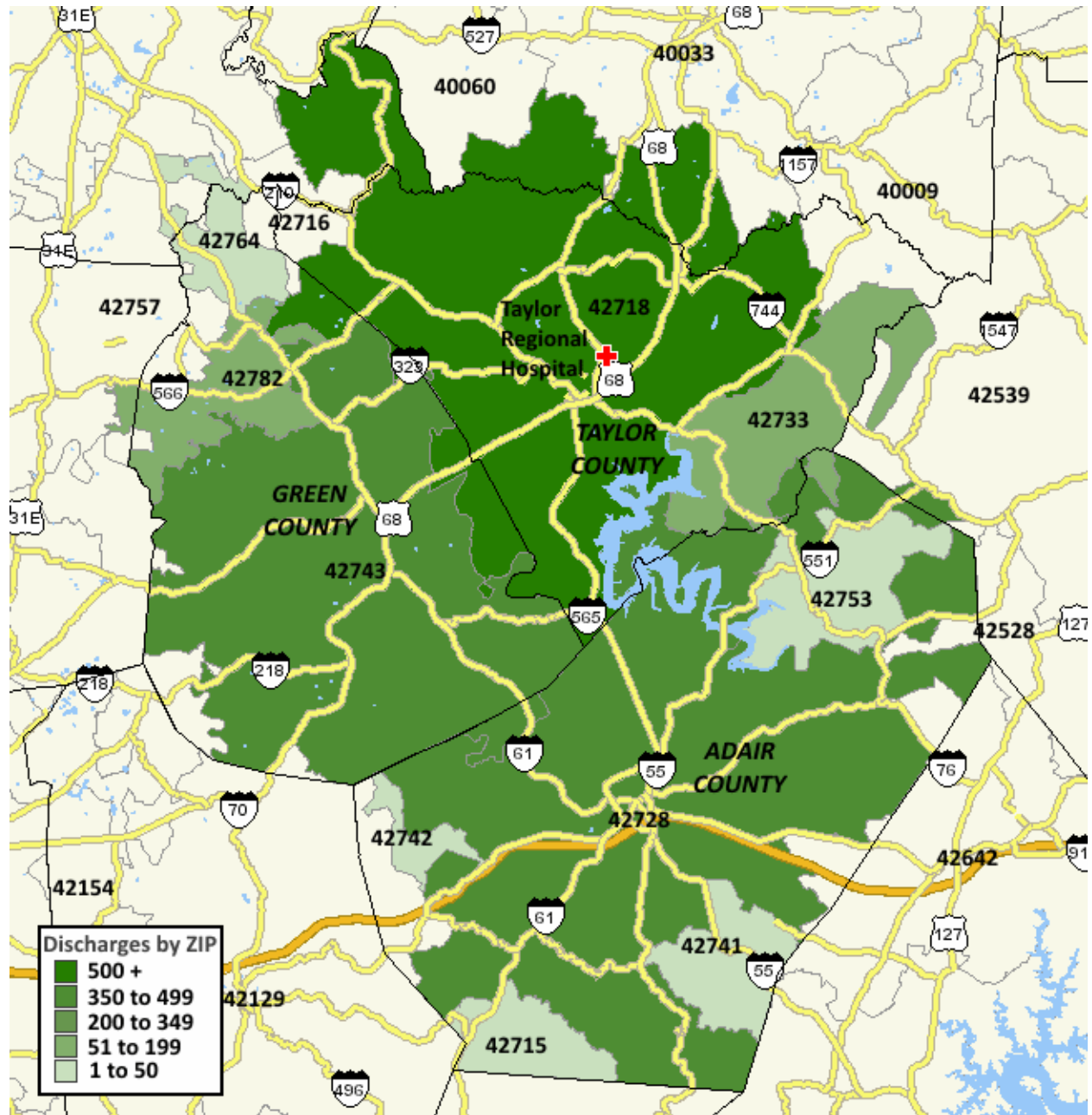
Zip Code	City	Discharges	Percent Discharges
Adair County:			
42728	Columbia	411	14.2%
42753	Knifley	25	0.9%
42741	Glens Fork	4	0.1%
42715	Breeding	2	0.1%
42742	Gradyville	1	0.0%
	Total Adair	442	15.3%
Green County:			
42743	Greensburg	365	12.6%
42782	Summersville	30	1.0%
42764	Mount Sherman	11	0.4%
	Total Green	406	14.0%
Taylor County:			
42718	Campbells ville	1,634	56.4%
42733	Elk Horn	53	1.8%
42758	Manns ville	3	0.1%
42719	Campbells ville	2	0.1%
	Total Taylor	1,692	58.4%
	Total Other Discharges	356	12.3%
	Total	2,896	100.0%

Source: Taylor Regional Hospital

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Hospital’s community by showing the community zip codes shaded by number of inpatient discharges. The map below displays the Hospital’s geographic relationship to the community, as well as significant roads and highways.



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**

DEMOGRAPHIC CHARACTERISTICS								
	Total Population				Adair	Green	Taylor	
Adair County	18,696	Total Male Population			9,244	5,489	11,841	
Green County	11,252	Total Female Population			9,452	5,763	12,744	
Taylor County	24,585							
Total Service Area	54,533							
Kentucky	4,361,333							
United States	311,536,591							

POPULATION DISTRIBUTION								
Age Distribution								
Age Group	Adair	Green	Taylor	Percent of Total Community	Kentucky	Percent of Total KY	United States	Percent of Total US
0 - 4	1,025	652	1,436	5.71%	278,866	6.39%	20,052,112	6.44%
5 - 17	3,065	1,846	4,057	16.45%	741,764	17.01%	53,825,364	17.28%
18 - 24	2,231	802	2,829	10.75%	420,124	9.63%	31,071,264	9.97%
25 - 34	2,060	1,209	2,795	11.12%	564,269	12.94%	41,711,276	13.39%
35 - 44	2,236	1,409	2,791	11.80%	572,542	13.13%	40,874,160	13.12%
45 - 54	2,680	1,710	3,444	14.37%	633,063	14.52%	44,506,268	14.29%
55 - 64	2,425	1,570	3,137	13.08%	552,830	12.68%	37,645,104	12.08%
65+	2,974	2,054	4,096	16.73%	597,875	13.71%	41,851,040	13.43%
Total	18,696	11,252	24,585	100.00%	4,361,333	100.00%	311,536,588	100.00%

RACE/ETHNICITY				
Race/Ethnicity	Race/Ethnic			Percent of Total Community
	Adair	Green	Taylor	
White Non-Hispanic	17,841	10,692	22,737	94.02%
Black Non-Hispanic	462	279	1,139	3.45%
Asian and Pacific Island Non-Hispanic	37	49	222	0.56%
All Others	356	232	487	1.97%
Total	18,696	11,252	24,585	100.00%

HISPANIC POPULATION								
	Adair	Green	Taylor	Percent of Total Community	Kentucky	Percent of Total KY	United States	Percent of Total US
Hispanic	327	104	456	1.63%	136,340	3.13%	51,786,592	16.62%
Non-Hispanic	18,369	11,148	24,129	98.37%	4,224,993	96.87%	259,750,000	83.38%
Total	18,696	11,252	24,585	100.00%	4,361,333	100.00%	311,536,592	100.00%

Source: Community Commons (ACS 2008-2012 data sets)

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 and illustrates different categories of race such as, white, black, Asian, other and multiple races. White non-Hispanics make up 94% 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 also 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**

County	Percent Urban	Percent Rural
Adair	24.54%	75.46%
Green	-	100.00%
Taylor	47.81%	52.19%
KENTUCKY	58.38%	41.62%
UNITED STATES	80.89%	19.11%

Source: Community Commons

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
Per Capita Income**

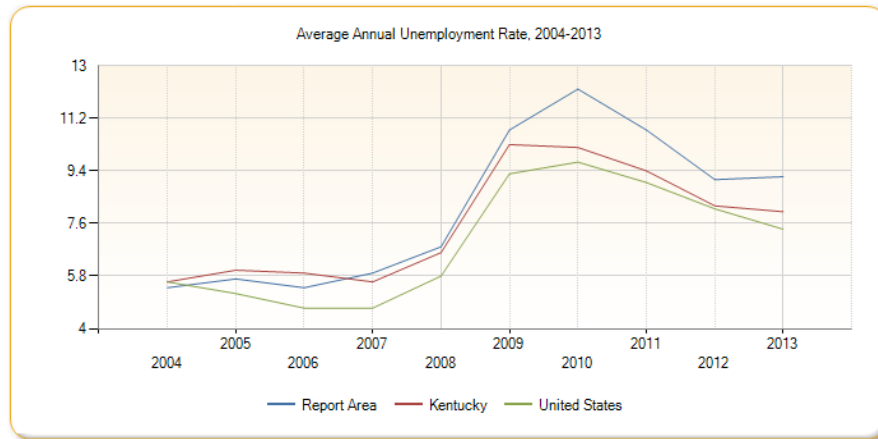
County	Total Population	Total Income (\$)	Per Capita Income (\$)
Adair	18,696	\$ 324,764,608	\$ 17,370
Green	11,252	\$ 202,356,304	\$ 17,984
Taylor	24,585	\$ 461,952,096	\$ 18,789
KENTUCKY	4,361,333	\$ 102,325,174,272	\$ 23,461
UNITED STATES	311,536,608	\$ 8,771,308,355,584	\$ 28,154

Source: Community Commons

Unemployment Rate

Exhibit 5 presents the average annual unemployment rate from 2004 – 2013 for the CHNA community as well as the trend for 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 2008 – 2013.

Exhibit 5



Data Source: U.S. Department of Labor, Bureau of Labor Statistics. 2015 – May. Source geography: County

Poverty

Exhibit 6 presents the percentage of total population below 100% FPL (Federal Poverty Level). Poverty is a key driver a 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.

Exhibit 6	Total Population	Population in Poverty	Percent of Population in Poverty
Total CHNA Community	52,323	10,906	20.84%
Adair County	17,623	3,368	19.11%
Green County	11,119	2,432	21.87%
Taylor County	23,581	5,106	21.65%
Kentucky	4,230,912	796,202	18.82%
United States	303,692,064	46,663,432	15.37%

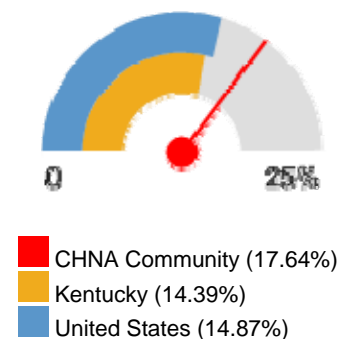
Data Source: U.S. Census Bureau, American Community Survey. 2009-13. Source geography: Tract

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 9,500 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2010-2014 American Community Survey. However, the 2015 uninsured rate is estimated to be 12% for all three counties, per www.enrollamerica.org, which indicates the uninsured population has decreased by approximately 3,000 persons in in the CHNA Community; primarily the result of the Affordable Care Act.

Exhibit 7	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Total CHNA Community	53,881	9,503	17.64%
Adair County	18,444	3,637	19.72%
Green County	11,135	1,678	15.07%
Taylor County	24,302	4,188	17.23%
Kentucky	4,273,751	614,786	14.39%
United States	306,448,480	45,569,668	14.87%

Percent Uninsured Population



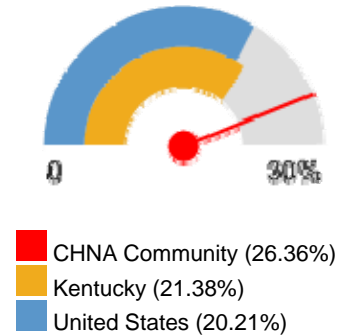
Data Source: U.S. Census Bureau, American Community Survey, 2009-13. Source geography: Tract

Medicaid

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This 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. *Exhibit 8* shows all of the counties within the CHNA Community rank unfavorably compared to the state of Kentucky or the United States.

Exhibit 8	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Total CHNA Community	53,881	44,378	11,697	26.36%
Adair County	18,444	14,807	4,037	27.26%
Green County	11,135	9,457	2,679	28.33%
Taylor County	24,302	20,114	4,981	24.76%
Kentucky	4,273,751	3,658,965	782,301	21.38%
United States	306,448,480	260,878,816	52,714,280	20.21%

Data Source: U.S. Census Bureau, American Community Survey, 2009-13. Source geography: Tract

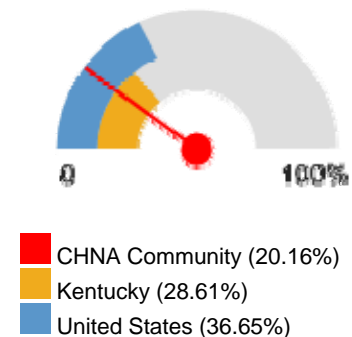
Percent of Insured Population Receiving Medicaid


Education

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

Exhibit 9	Total Population Age 25	Population Age 25 With Associate's Degree or Higher	Percent Population Age 25 With Associate's Degree or Higher
Total CHNA Community	36,590	7,376	20.16%
Adair County	12,375	2,539	20.52%
Green County	7,952	1,279	16.08%
Taylor County	16,263	3,558	21.88%
Kentucky	2,920,579	835,463	28.61%
United States	206,587,856	75,718,936	36.65%

Data Source: U.S. Census Bureau, American Community Survey, 2009-13. Source geography: Tract

Percent Population Age 25 With Associate's Degree or Higher


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 an Associate'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.

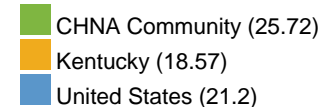
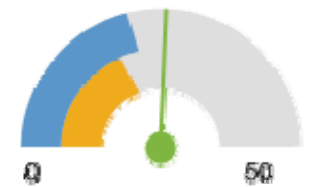
Grocery Store Access

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.

Exhibit 10	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Total CHNA Community	54,426	14	25.72
Adair County	18,656	6	32.16
Green County	11,258	2	17.77
Taylor County	24,512	6	24.48
Kentucky	4,339,367	806	18.57
United States	312,732,537	66,286	21.20

Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013.
Source geography: County

**Grocery Stores, Rate
(Per 100,000 Population)**



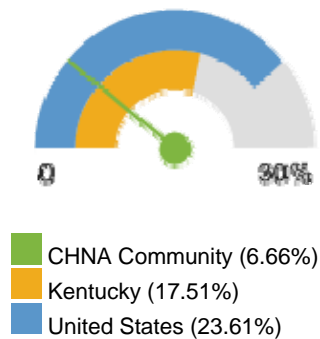
Food Access/Food Deserts

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.

Exhibit 11	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Total CHNA Community	54,426	3,627	6.66%
Adair County	18,656	1,068	5.72%
Green County	11,258	731	6.49%
Taylor County	24,512	1,828	7.46%
Kentucky	4,339,367	759,659	17.51%
United States	308,745,538	72,905,540	23.61%

Data Source: U.S. Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Percent Population With Low Food Access



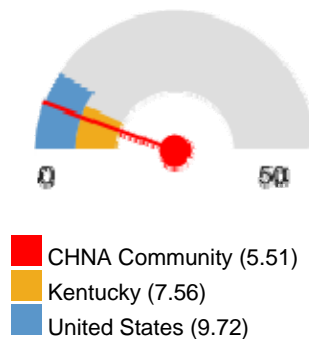
Recreation and Fitness Facility Access

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.

Exhibit 12	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Total CHNA Community	54,426	3	5.51
Adair County	18,656	0	0.00
Green County	11,258	0	0.00
Taylor County	24,512	3	12.24
Kentucky	4,339,367	328	7.56
United States	312,732,537	30,393	9.72

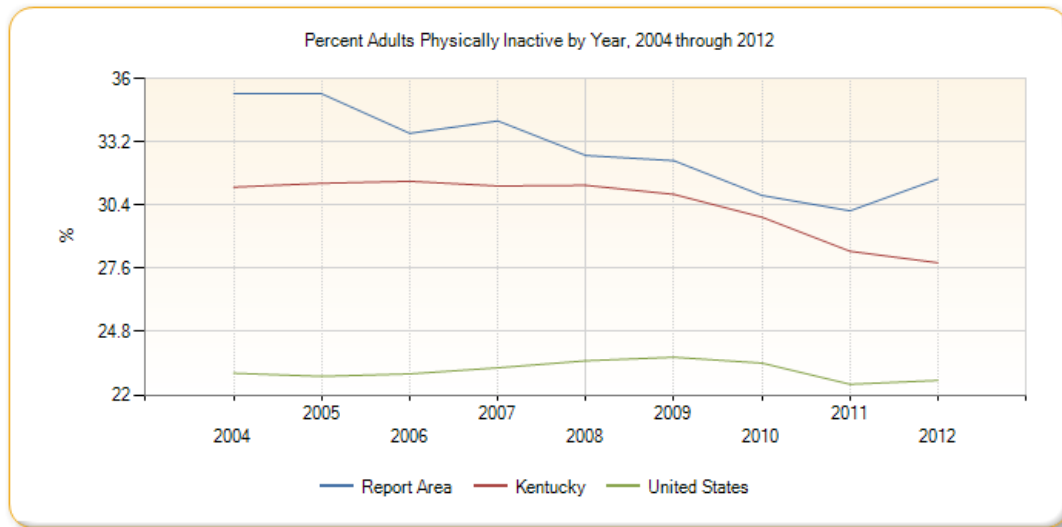
Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County

Recreation and Fitness Facilities, Rate (Per 100,000 Population)



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 increased between 2011 and 2012.

Exhibit 13



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

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 access or 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.

Exhibit 14	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Population
Total CHNA Community	54,681	26	47.55
Adair County	18,675	7	37.48
Green County	11,315	No data	No data
Taylor County	24,691	19	76.95
Kentucky	4,380,415	2,824	64.47
United States	313,914,040	233,862	74.50

Data Source: U.S. Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

Lack of a Consistent Source of Primary Care

Exhibit 15 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Exhibit 15	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Total CHNA Community	29,105	4,279	14.7%
Adair County	10,599	652	6.15%
Green County	no data	no data	no data
Taylor County	18,506	3,627	19.60%
Kentucky	3,311,523	635,011	19.18%
United States	236,884,668	52,290,932	22.07%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As *Exhibit 16* below shows, 100% of the residents from Adair County are living in a health professional shortage area.

Exhibit 16	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Total CHNA Community	54,426	18,656	34.28%
Adair County	18,656	18,656	100.00%
Green County	11,258	0	0.00%
Taylor County	24,512	0	0.00%
Kentucky	4,339,367	1,044,970	24.08%
United States	308,745,538	105,203,742	34.07%

Data Source: U.S. Department of Health Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015. Source geography: HPSA

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.

Exhibit 17	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Total CHNA Community	7,524	740	98.40
Adair County	2,296	257	112.02
Green County	1,593	155	97.78
Taylor County	3,635	327	90.07
Kentucky	474,007	44,747	94.40
United States	58,209,898	3,448,111	59.24

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. 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 diseases, 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	227.70	239.94	270.62	225.19	185.81
Heart Disease	302.88	322.86	247.65	228.40	197.50
Lung Disease	63.37	74.10	63.96	65.86	44.86
Stroke	59.07	75.86	67.24	48.03	42.90
Unintentional Injury	47.26	49.40	72.16	57.41	39.87
Suicide	15.04	19.41	9.84	14.64	12.10

Source: Community Commons 2007-2011

The table above shows leading causes of death within each county as compared to the state of Kentucky and also to 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 the "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 Factors--rankings are based on weighted scores of four types of factors:
 - 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).

As seen in *Exhibits 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.

**Exhibit 19.1
Taylor Regional Hospital: CHNA Community
County Health Rankings – Health Outcomes**

		Adair County 2012	Adair County 2015	Change	Kentucky 2015	Top U.S. Performers 2015
<i>Mortality</i>	*	34	11	↓		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		8,424	7,301	↓	8,900	5,200
<i>Morbidity</i>	*	78	69	↓		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		35%	32%	↓	21%	10%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		5.4	5.7	↑	4.8	2.5
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		4.8	5.0	↑	4.3	2.3
Low birth weight – Percent of live births with low birth weight (<2500 grams)		8.9%	8.2%	↓	9.1%	5.9%

* Rank out of 120 Kentucky counties

Note: N/A indicates unreliable or missing data

Source: *Countyhealthrankings.org*

**Exhibit 19.2
Taylor Regional Hospital: CHNA Community
County Health Rankings – Health Outcomes**

		Green County 2012	Green County 2015	Change	Kentucky 2015	Top U.S. Performers 2015
<i>Mortality</i>	*	44	21	↓		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		8,753	7,943	↓	8,900	5,200
<i>Morbidity</i>	*	71	60	↓		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		26%	24%	↓	21%	10%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		5.8	5.3	↓	4.8	2.5
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		5.4	5.1	↓	4.3	2.3
Low birth weight – Percent of live births with low birth weight (<2500 grams)		8.6%	8.6%		9.1%	5.9%

* Rank out of 120 Kentucky counties

Note: N/A indicates unreliable or missing data

Source: *Countyhealthrankings.org*

**Exhibit 19.3
Taylor Regional Hospital: CHNA Community
County Health Rankings – Health Outcomes**

	Taylor County 2012	Taylor County 2015	Change	Kentucky 2015	Top U.S. Performers 2015
<i>Mortality</i>	*	47	64	↑	
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,953	9,543	↑	8,900	5,200
<i>Morbidity</i>	*	16	35	↑	
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	23%	22%	↓	21%	10%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.0	4.6	↑	4.8	2.5
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.0	4.2	↑	4.3	2.3
Low birth weight – Percent of live births with low birth weight (<2500 grams)	7.5%	8.3%	↑	9.1%	5.9%

* Rank out of 120 Kentucky counties

⌘ 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data

Source: *Countyhealthrankings.org*

The above tables show the percentage of adults reporting fair or poor health has improved for all three counties over the last three years. However, several of the morbidity indicators have declined since 2012.

A number of different health factors shape a community’s health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from 2012 to current year and challenges faced by each county in the Hospital’s community. The improvements/challenges shown below in Exhibit 20 were determined using a process of comparing the rankings of each County’s health outcomes in the current year to the rankings in the prior CHNA. If the current year rankings showed an improvement or decline of 4% or four points, they were included in the charts below. Please refer to *Appendix D* for the full list of health factor findings and comparisons between prior year information reported and current year information.

Exhibit 20
Adair County:

Improvements	Challenges
Physical Inactivity - Percent of adults age 20 and over reporting no leisure time physical activity decreased from 39% to 32%	Primary Care Physicians - ratio of population to primary care physicians increased from 1,791 to 2,668
Teen Birth Rate - rate per 1,000 female population decreased rate from 50 to 39	Sexually Transmitted Infections - chlamydia rate per 100,000 increased from 231 to 284
Preventable Hospital Stays - hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees decreased from 213 to 112	Mammography Screenings - percent of female Medicare enrollees that receive mammography screening decreased from 53.8% to 43.8%
High School Graduation - percent of ninth grade cohort that graduates in 4 years increased from 80% to 90%	Children in Poverty - percent of children under age 18 in poverty increased from 35% to 39%
Violent Crime Rate - rate per 100,000 population decreased from 80 to 66	

Green County:

Improvements	Challenges
Physical Inactivity - Percent of adults age 20 and over reporting no leisure time physical activity decreased from 38% to 32%	Adult Smoking - percent of adults that report smoking at least 100 cigarettes and that they currently smoke increased from 25% to 31%
Teen Birth Rate - rate per 1,000 female population decreased rate from 51 to 40	Sexually Transmitted Infections - chlamydia rate per 100,000 increased from 112 to 203
Diabetic Screening - percent of Medicare enrollees that receive HbA1c screening increased from 83% to 88%	
High School Graduation -percent of ninth grade cohort that graduates in 4 years increased from 91% to 95%	
Unemployment Rate - percent of population age 16+ unemployed but seeking work decreased from 12% to 8%	

Taylor County:

Improvements	Challenges
Adult Smoking - percent of adults that report smoking at least 100 cigarettes and that they currently smoke decreased from 28% to 23%	Excessive Drinking - percent of adults that report excessive drinking in the past 30 days increased from 8% to 21%
Diabetic Screening - percent of Medicare enrollees that receive HbA1c screening increased from 86% to 90%	Sexually Transmitted Infections - chlamydia rate per 100,000 increased from 266 to 344
High School Graduation - percent of ninth grade cohort that graduates in 4 years increased from 89% to 99%	Mammography Screenings - percent of female Medicare enrollees that receive mammography screening decreased from 68% to 64%
Primary Care Physicians - ratio of population to primary care physicians decreased from 1,427 to 1,300	
Violent Crime Rate - rate per 100,000 population decreased from 197 to 177	

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.

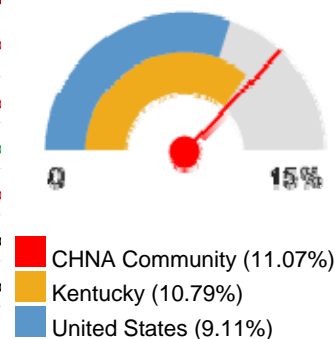
The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for each county and the community as a whole are compared to the state of Kentucky.

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.

Exhibit 21	Total Population Age 20	Population With Diagnosed Diabetes	Population With Diagnosed Diabetes, Crude Rate	Population With Diagnosed Diabetes, Age-Adjusted Rate
Total CHNA Community	40,749	5,195	12.75%	11.07%
Adair County	13,911	1,711	12.30%	10.80%
Green County	8,537	1,050	12.30%	10.20%
Taylor County	18,301	2,434	13.30%	11.70%
Kentucky	3,250,667	383,077	11.78%	10.79%
United States	234,058,710	23,059,940	9.85%	9.11%

Percent of Adults With Diagnosed Diabetes (Age-Adjusted)



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

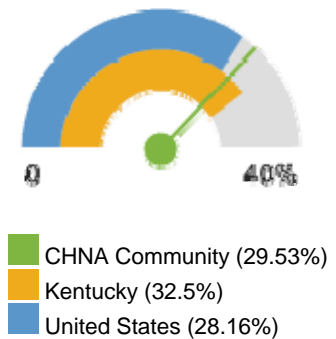
High Blood Pressure (Adult)

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 and the United States.

Exhibit 22	Total Population (Age 18)	Total Adults With High Blood Pressure	Percent Adults With High Blood Pressure
Total CHNA Community	42,069	12,422	29.53%
Adair County	14,420	4,874	33.80%
Green County	8,790	2,154	24.50%
Taylor County	18,859	5,394	28.60%
Kentucky	3,294,652	1,070,762	32.50%
United States	232,556,016	65,476,522	28.16%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County

Percent of Adults With High Blood Pressure



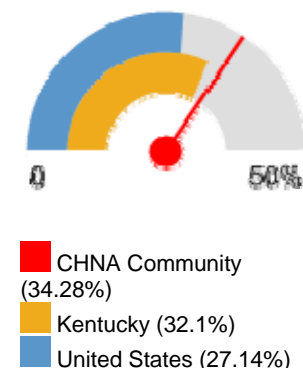
Obesity

34.28% 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 Taylor Counties both have a BMI percentage greater than the state rate and all counties have a BMI percentage greater than the national rate.

Exhibit 23	Total Population Age 20	Adults With BMI > 30.0 (Obese)	Percent Adults With BMI > 30.0 (Obese)
Total CHNA Community	40,844	13,973	34.28%
Adair County	13,925	4,428	31.70%
Green County	8,542	2,819	32.90%
Taylor County	18,377	6,726	36.90%
Kentucky	3,248,518	1,048,808	32.10%
United States	231,417,834	63,336,403	27.14%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Percent Adults With BMI > 30.0 (Obese)

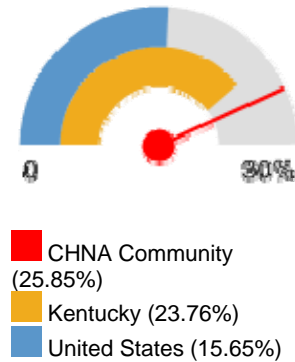


Poor Dental Health

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 health than that of Kentucky and the United States.

Exhibit 24	Total Population (Age 18)	Total Adults With Poor Dental Health	Percent of Adults With Poor Dental Health
Total CHNA Community	41,878	10,824	25.85%
Adair County	14,334	4,734	33.03%
Green County	8,822	No data	No data
Taylor County	18,722	6,090	32.53%
Kentucky	3,294,652	782,958	23.76%
United States	235,375,690	36,842,620	15.65%

Percent of Adults With Poor Dental Health



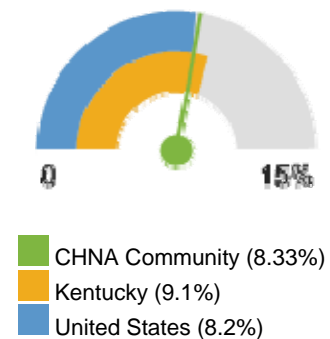
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County

Low 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.

Exhibit 25	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Total CHNA Community	4,466	372	8.3%
Adair County	1,484	122	8.2%
Green County	875	75	8.6%
Taylor County	2,107	175	8.3%
Kentucky	400,946	36,486	9.1%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Percent of Low Birth Weight Births



Data Source: U.S. 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 – Key Stakeholder Interviews

Interviewing key stakeholders (community members who represent the broad interest of the community, persons representing vulnerable populations or persons with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county’s health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Interviews were performed with 15 key stakeholders. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

All interviews were conducted by BKD personnel using a standard questionnaire. A copy of the interview instrument is included in the *Appendices*. Participants provided comments on the following issues:

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

Feedback was also solicited regarding certain action plans related to Taylor’s implementation strategy for July 1, 2013 through June 30, 2016.

Interview data was initially recorded in narrative form. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. This technique does not provide a quantitative analysis of the leaders’ opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Informant Profiles

Key informants from the community (see *Appendix E* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ Local city and county government
- ✓ Industry
- ✓ Financial institutions
- ✓ Social service agencies
- ✓ Local school systems
- ✓ Public health agencies
- ✓ Other medical providers
- ✓ Taylor Regional Medical Center

Key Stakeholder Interview Results

The questions on the interview instrument are grouped into five major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in their respective county. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Sixty percent (9 out of 15) of the key stakeholders rated the health and quality of life in their county as "average" or "fair". Three of the key stakeholders rated the health and quality of life as "less than average" or "poor". The remaining three stakeholders rated the health and quality of life as "good" or "very good". Key stakeholders repeatedly noted that the increase in health services available in the community have positively impacted the health and quality of life in the community. Stakeholders noted that unhealthy habits such as smoking, lack of exercise and poor nutrition contribute to poor health in the community.

When asked whether the health and quality of life had improved, declined or stayed the same, 8 of the 15 stakeholders expressed they thought the health and quality of life had improved over the last three years. When asked why they thought the health and quality of life had improved, key stakeholders noted that the increase in the amount of insured individuals was making a positive impact. They also noted the walking trail was having a positive impact as well as a slight increase in access to physical activity with the addition of 5k events, marathons and similar events to participate in. Key stakeholders noted the Hospital is very active in promoting health. They attributed the improvement in health to continued expansion of TRH services, especially the addition of specialists available. Several stakeholders noted the increase in industry and employers moving to Taylor County as improving the overall quality of life for residents.

Stakeholders who felt the health and quality of life had declined pointed to the overall unhealthy culture as one of the main reasons for the decline. They also stated that a lack of health care education and the shortage of available primary care providers have a negative impact on the community. It was repeatedly noted that while the types of services and specialists has increased, many of these services and specialists are only available on a limited basis. They also noted that it is becoming increasingly difficult for persons to understand how to access much needed services, particularly for the elderly.

Key stakeholders suggested family oriented programs at the schools may be a good way to communicate with many low-income families regarding health issues. Increased outreach through the schools was recommended to get parents educated on important health issues affecting their children.

"We need more specialists to come and stay instead of coming from out of town."

"The variety of specialists available is great, but many are only offered once a week, leading to long waits."

“The Cancer Center has been very instrumental for making improvements in healthcare.”

“The annual health fair has great participation.”

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. BKD also asked the key stakeholders to provide their opinions as to why they thought these populations were underserved or in need. BKD asked each key stakeholder to consider the specific populations they serve or usually work with.

Respondents noted that persons living with low-incomes or in poverty are most likely to be underserved due to lack of access to services. Lack of financial resources prevents persons with low-income from seeking medical care. When individuals struggle to get by financially it also affects them mentally, leading to a lower quality of life. Persons living with low incomes also have less access to healthy food.

The elderly was identified as a population that is faced with challenges accessing care due to limited transportation, isolation and fixed incomes. Some elderly individuals worry about not being able to afford what is left after Medicaid payments and also worry about affording medications. It was also pointed out by a couple of the stakeholders that the issue of overmedicating should be addressed for the elderly. Lastly, it was noted that the lack of education and technology skills lead to much confusion among the elderly in accessing care.

Key stakeholders also identified individuals with drug and substance abuse addictions as having a lower quality of life in addition to the health issues associated with addiction.

“The poor/indigent do not have the resources and education for optimal health.”

“The elderly and disabled are isolated and need companionship.”

“Some elderly need an assisted living environment but cannot pay for it.”

“Individuals struggling with addiction do not take care of themselves or their families.”

3. Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. Responses include limited access to recreational/exercise facilities, lack of transportation, shortage of primary care physicians, lack of education surrounding health and wellness as well as available resources for those needing health related services. Key stakeholders indicated that lack of employment opportunities has negatively impacted rates of poverty in the community.

Transportation was felt by several of the respondents to be a major barrier, particularly for elderly and disabled individuals who require special needs that are not addressed with the van service provided by the hospital.

Several key stakeholders felt there was a shortage of primary care physicians, noting that it is often difficult to get an appointment with a primary care physician. It was also noted that more outpatient centers with extended hours would be extremely beneficial for the community.

Lack of healthy food was stated as a barrier to improving health in the community. Several key stakeholders also mentioned the lack of physical activity in individuals as a major barrier, along with the attitude and culture of people where preventive care and healthy habits are not a priority for many residents in the community. Bad habits are passed down from generation to generation and there are not enough resources to bring about a change.

The cost of health services and lack of insurance was also noted as a barrier for many persons in the community. Lack of access to services due to cost prohibits persons from seeking medical and dental care.

Most of the key stakeholders noted the need for additional recreational/exercise facilities in the community and felt that a YMCA would be beneficial to the community. Stakeholders also felt the opportunities for community education regarding general health and nutrition would be greatly improved with a YMCA facility.

“The average person cannot live off minimum wage.”

“The delay in getting transportation services for residents makes it difficult to get care without using an ambulance.”

“We need more outpatient clinics for people getting sick outside of regular hours. This would decrease the number of people going to the emergency room for nonemergency conditions.”

“People don’t think exercising is a priority”

“YMCA would be a great asset for all ages.”

4. Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The issues identified most frequently were:

- Obesity/Physical Inactivity
- Cancer
- Shortage of Primary Care Providers

Stakeholders repeatedly stated obesity (and related lack of physical activity) was the most critical health need because it affects many other aspects of health. It was also noted that diabetes and heart disease are other conditions that impact the health of the community. Substance abuse and addiction were noted by a number key stakeholders. Stakeholders noted that illegal drug use had worsened over the last three years and it was having a notable impact on families, employers, and the criminal justice system.

The key stakeholders were also asked to identify the most critical issue the hospital should address over the next three to five years. Responses included:

- Continue to establish partnerships with other organizations to increase outreach.
- Expand education on risks of tobacco use.
- More education and awareness regarding available resources and preventive programs.
- Continue education outreach in schools.
- Continue to expand programs and services including hours and locations of clinics.
- Strive to attract and retain physicians to the community.
- Continue discussions and progress towards building a YMCA.
- Investigate opportunities to provide resources for the elderly in the community.

“Obesity is not just an issue for adults. It is a problem among children as well.”

“We need to take care of our elderly. They are going without food because of their medications.”

“It would be beneficial to have more opportunities for health fairs and screenings.”

“We need more community events that promote exercise.”

*“The hospital should fight hard to attract and acquire more qualified personnel.
The facilities are admirable, but we need more physicians.”*

5. Feedback on Taylor Regional Hospital's implementation strategy for July 1, 2013 through June 30, 2016.

In an effort to evaluate the effectiveness of TRH's current implementation strategy, several questions were asked related to specific priorities and action plans included in the implementation strategy for July 1, 2013 through June 30, 2016 regarding access to care, healthy living and chronic disease prevention and management.

- **Access to Care:** Key stakeholders were asked whether or not access to health services has improved over the last three years. All of the key stakeholders responded that they felt access to health care has improved in the past 3 years as a result of the Affordable Care Act, despite any of their adverse opinions of the Act. They also mentioned the Hospital's shuttle service that assists individuals with getting to their appointments as a great strength of the community's access to care. As discussed in earlier paragraphs, there is still an access issue for physician specialists and primary care physicians, but overall stakeholders are pleased with the number of specialists available.

"The public library provides free internet that people can use to access educational resources for health care."

"There is no excuse for not coming to an appointment with the Hospital's van service that does not have income requirements, etc."

"The hospital is a strong foundation of the community."

- **Healthy Living:** Key stakeholders were asked if they were familiar with the Taylor County Wellness Coalition. Half of the stakeholders were familiar with or had heard of the Wellness Coalition. The Wellness Coalition is still in the process of expanding its name and forming relationships.

A few of the stakeholders mentioned an increase in the number of marathons and similar activities that have been promoted to increase physical fitness and exercise in the entire family.

10 of the 14 key stakeholders had participated in or knew someone who had participated in community education classes offered by the hospital.

"Taylor County is great, friendly place to live. We are blessed to be in a town that has a hospital that offers the services that Taylor Regional Hospital does."

- **Chronic Diseases Prevention and Management:** Key stakeholders were very complimentary of the health fair that is provided by TRH, which provides low cost lab results and health related activities to the community. A few of the stakeholders suggested having more frequent fairs to increase the number of individuals reached.

"The health fair is the greatest asset for getting education to people."

"The health fair is a huge success!"

Key Findings

A summary of themes and key findings provided by the key informants follows:

- Quality of health is not necessarily due to a lack of access. People's attitudes and choices lead to poor health.
- More accessible outpatient care is needed. Convenient hours need to be offered to patients.
- Education on health issues, preventative care and nutritional information is limited. There is a need for community outreach programs aimed to educate patients and those within and around the community.
- Almost one-third of the key stakeholders stated substance abuse was a critical health issue within the community.
- Obesity is seen as the most critical health issue in the community due to the overall negative impact it has on one's health.
- Specific populations lack general knowledge regarding health services and/or how to access those health services.
- There is a need for more exercise and recreational facilities. Most of the key stakeholders were very supportive of the efforts to start a YMCA in Taylor County.
- It was consistently stated by key stakeholders that the hospital should strive to recruit and retain physicians to the area
- An increased focus should be made on care for the elderly.
- Taylor Regional Hospital is seen as a very positive force in the community. Many of the key stakeholders had very positive opinions regarding the quality of services as well as the level of services which were being provided by Taylor Regional Hospital.

Community Input – Community Survey

An electronic survey was distributed to individuals within the Hospital’s community. A total of 963 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

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 station and at various health fairs.

The survey was distributed through:

- Links on Taylor Regional Hospital’s website and Facebook account
- Taylor County Extension Office
- 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 963 surveys completed. Socio-demographic characteristics such as age, education, income and employment status were fairly comparable to the most recent census data. Over 72 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

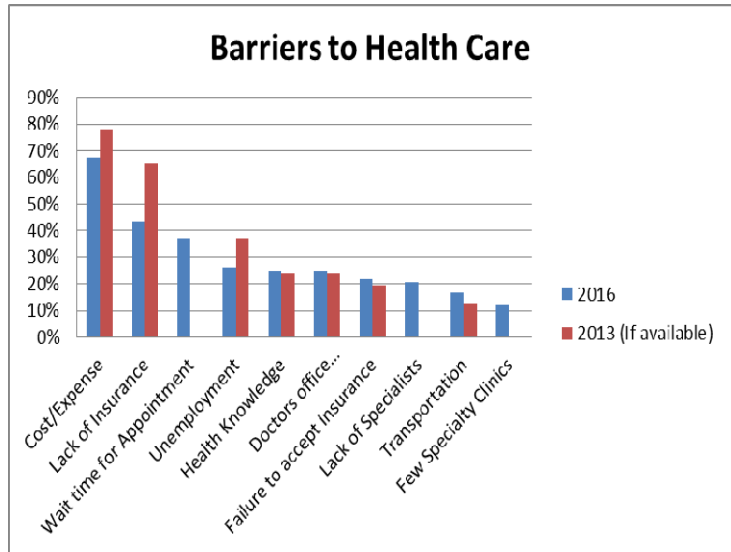
The survey itself was very detailed in nature and including numerous questions regarding demographic information, general health, and issues/barriers within the community. Please refer to *Appendix E* for a copy of the survey results. This technique reveals community input for some of the factors affecting 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, 61 percent of participants indicated Taylor County was a “somewhat healthy” community. Sixteen percent indicated it was a “healthy” or “very healthy” community while approximately 23 percent thought it was “unhealthy” or “very unhealthy”. In rating their personal health, majority of individuals (82 percent) believe they are “healthy” or “somewhat healthy”.

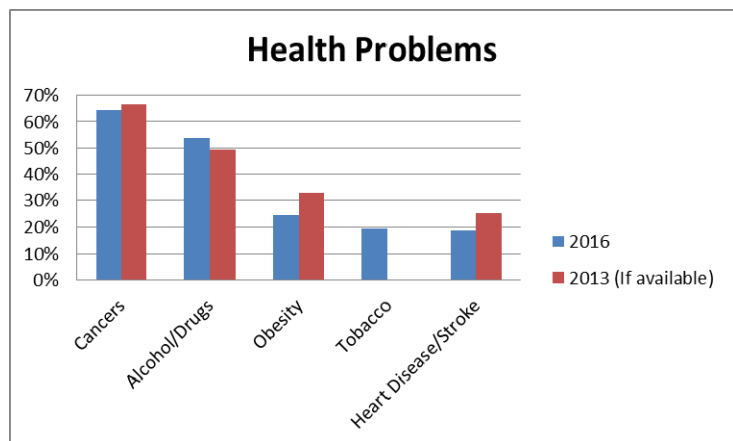
- **Barriers to Health Care**

1. Cost/expense
2. Insurance (lack of)
3. Wait time
4. Unemployment
5. Health knowledge
6. Doctor’s Office Hours/Availability
7. Failure to Accept Insurance
8. Lack of Specialists
9. Transportation
10. Few Specialty Clinics



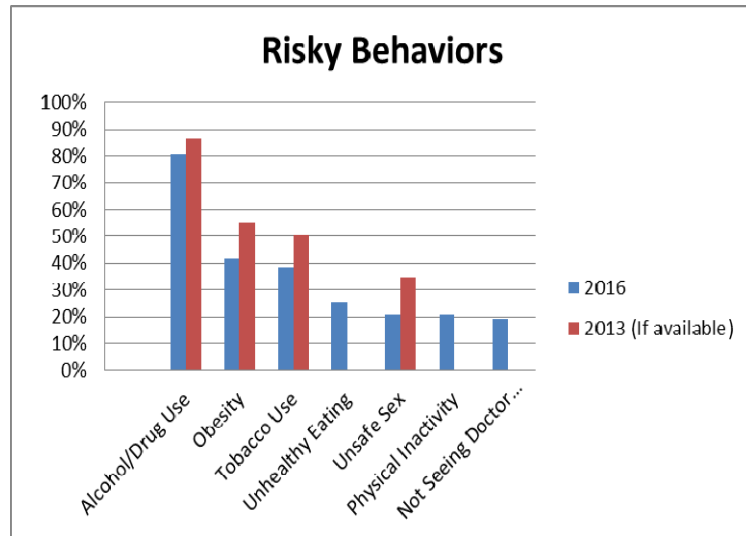
- **Most Important “Health Problems” Within the Community**

1. Cancers
2. Alcohol/drugs
3. Obesity
4. Tobacco
5. Heart disease/stroke



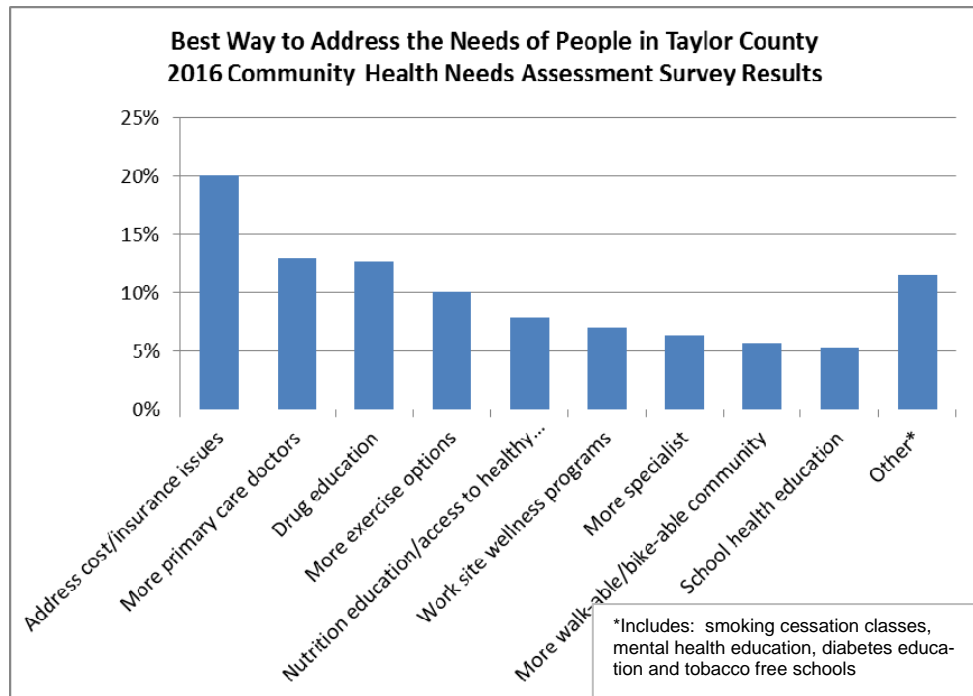
- **Risky Behaviors**

1. Alcohol/drug use
2. Obesity
3. Tobacco use
4. Unhealthy eating
5. Unsafe sex
6. Physical Inactivity
7. Not Seeing a Doctor for Routine Check-Ups



- **Best Way to Address the Needs of People in Taylor County**

1. Address cost and lack of insurance issues
2. More primary care doctors
3. Drug education
4. More exercise options
5. Nutrition education and access to healthy foods
6. Work site wellness programs





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

- ***Class/ Program Suggestions***

Survey respondents gave their suggestions for class and/or program ideas that would be helpful to residents of the community. The top responses indicated people would like to see drug and alcohol prevention and education classes and a YMCA within the community or an option for low-cost or free exercise classes.

Individuals also suggested programs for improving the health and education of children. Ideas such as parent classes on the kid safety, summer food programs for kids (similar to the weekend backpack program) and recreational facilities and activities for young kids, especially on the weekends, were mentioned.

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.

Certain key stakeholders were selected due to their positions working with low-income and uninsured populations. Several key stakeholders were selected due to their work with minority populations. Based on information obtained through key stakeholder interviews and the community health survey, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

Uninsured/Working Poor Population

- Transportation
- Access to care/lack of insurance
- High cost of healthcare 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

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 publicly 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 through Key Stakeholder Interviews.

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 resulted 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 health 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.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

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 five 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 interviews and/or focus groups were rated for this factor.
- 5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, primary causes for inpatient hospitalization, health outcomes and factors and primary data) identified the need.

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

**Exhibit 26
Taylor Regional Hospital
Prioritization of Health Needs**

	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?	How Many Sources Identified the Need?	Total Score *
Poor Nutrition/Limited Access to Healthy Food Options	3	4	5	3	4	19
Lack of Health Knowledge/Education	5	3	5	3	3	19
Uninsured/Limited Insurance	3	3	3	4	4	17
Cost/Expense of Health Care	3	3	3	5	3	17
Recruitment & Retention of Physicians/Shortage of Primary Care Physicians	4	3	3	4	3	17
Obesity	5	4	0	4	4	17
Healthy Behaviors/Lifestyle Choices	5	4	0	3	4	16
Poverty/Lack of employment opportunities	3	3	3	3	3	15
Adult Smoking/Tobacco Use	4	5	0	3	3	15
Heart Disease/Stroke	4	5	0	3	3	15
Cancer	3	4	0	5	3	15
More exercise/recreational facilities (YMCA)/Physical Inactivity	5	3	0	3	3	14
Lack of Mental Health Providers	3	3	5	2	1	14
Substance Abuse/Alcohol-Impaired Driving Deaths	3	3	0	5	3	14
Children in Poverty/Homelessness	5	3	3	2	1	14
Transportation	3	1	4	2	2	12
Lack of Convenient Ambulatory Care	4	3	0	3	2	12
Lung Disease	3	3	0	1	1	8
Lack of Dental Providers	3	3	0	1	1	8
Children in Single-Parent Households	5	1	0	1	1	8
Preventable Hospital Stays	2	3	0	1	1	7
Violent Crime Rate	1	1	0	1	1	4
Sexually Transmitted Infections	1	1	0	1	1	4
Teen Birth Rate	1	1	0	1	1	4
Unintentional Injury	1	1	0	0	1	3
Mammography Screenings	1	1	0	0	1	3
Suicide	1	1	0	0	1	3

*Highest potential score = 25

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 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 2017-2019 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 Physical Inactivity Lung Disease Sexually Transmitted Infections Teen Birth Rate
Recruitment and Retention of Physicians	Recruitment and Retention of Physicians Shortage of Primary Care Providers

There are certain needs which are not being addressed through the hospital’s implementation strategy. Significant needs (those that scored 14 or higher) 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.

More exercise/recreational facilities-The Taylor County Wellness Coalition and Taylor County Health Department are responding to this need.

Lack of Mental Health Providers- This is outside the scope of the hospital's resources. Adanta Community Mental Health Center provides clinics in Taylor and surrounding counties.

Substance Abuse/Alcohol Impaired Driving Deaths -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.

Children in Poverty/Homelessness- This is outside the scope of the hospital's resources. Adanta Community Mental Health Center provides programs in Taylor and surrounding counties.

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
Westlake Regional Hospital	901 Westlake Drive, Columbia KY 42728	Adair	Short Term/Acute Care	49
Jane Todd Crawford Hospital	206 Milby Street, Greensburg KY 42743	Green	Critical Access	25

Source: Costreportdata.com

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
Greensburg Health Center	Rural Health Clinic	2680 Campbellsville Road, Greensburg, KY 42743	Green
Green County Primary Care	Rural Health Clinic	706 Columbia Highway, Greensburg, KY 42743	Green
Adair Family Medical Center	Rural Health Clinic	1463 Campbellsville Road, Columbiak KY 42728	Adair
Jane Todd Primary Care	Rural Health Clinic	704 Columbia Highway, Greensburg, KY 42743	Green
Taylor Rural Health, LLC	Rural Health Clinic	805 Burkesville Street, Columbia KY 42728	Adair
Westlake Family Practice	Rural Health Clinic	902 Westlake Drive, Suite 101, Columbia, KY 42728	Adair
Westlake Primary Care Center	Rural Health Clinic	810 Jamestown Street, 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. Key stakeholders indicated the need for specialists in the following areas:

- Pulmonology
- Dermatology
- Pediatricians
- Orthopedic

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

**Taylor Regional Hospital
Analysis of CHNA Data**

Analysis of Health Status-Leading Causes of Death

	(A)		(B)		
	U.S. Age Adjusted Death Rates	10% of U.S. Adjusted Death Rate	County Rate	County Rate Less U.S. Adjusted	If (B)>(A), then "Health Need"
Adair County:					
Cancer	185.8	18.6	227.7	41.9	Health Need
Heart Disease	197.5	19.8	302.9	105.4	Health Need
Lung Disease	44.9	4.5	63.4	18.5	Health Need
Stroke	42.9	4.3	59.1	16.2	Health Need
Unintentional Injury	39.9	4.0	47.3	7.4	Health Need
Suicide	12.1	1.2	15.0	2.9	Health Need
Green County:					
Cancer	185.8	18.6	239.9	54.1	Health Need
Heart Disease	197.5	19.8	322.9	125.4	Health Need
Lung Disease	44.9	4.5	74.1	29.2	Health Need
Stroke	42.9	4.3	75.9	33.0	Health Need
Unintentional Injury	39.9	4.0	49.4	9.5	Health Need
Suicide	12.1	1.2	19.4	7.3	Health Need
Taylor County:					
Cancer	185.8	18.6	270.6	84.8	Health Need
Heart Disease	197.5	19.8	247.7	50.2	Health Need
Lung Disease	44.9	4.5	64.0	19.1	Health Need
Stroke	42.9	4.3	67.2	24.3	Health Need
Unintentional Injury	39.9	4.0	72.2	32.3	Health Need
Suicide	12.1	1.2	9.8	-2.3	

Analysis of Health Outcomes and Factors

	(A)			(B)	
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Adair County:					
Adult Smoking	14.0%	4.2%	34.0%	20.0%	Health Need
Adult Obesity	25.0%	7.5%	33.0%	8.0%	Health Need
Food Environment Index	8.4	3	7.4	1	
Physical Inactivity	20.0%	6.0%	32.0%	12.0%	Health Need
Access to Exercise Opportunities	92.0%	27.6%	58.0%	34.0%	Health Need
Excessive Drinking	10.0%	3.0%	N/A		
Alcohol-Impaired Driving Deaths	14.0%	4.2%	26.0%	12%	Health Need
Sexually Transmitted Infections	138	41	284	146	Health Need
Teen Birth Rate	20	6	39	19	Health Need
Uninsured	11.0%	3.3%	20.0%	9.0%	Health Need
Primary Care Physicians	1045	314	2668	1623	Health Need
Dentists	1377	413	6244	4867	Health Need
Mental Health Providers	386	116	781	395	Health Need
Preventable Hospital Stays	41	12	112	71	Health Need
Diabetic Screen Rate	90.0%	27.0%	83.0%	7.0%	
Mammography Screening	70.7%	21.2%	43.8%	26.9%	Health Need
Violent Crime Rate	59	18	66	7	
Children in Poverty	13.0%	3.9%	39.0%	26.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	23.0%	3.0%	
Green County:					
Adult Smoking	14.0%	4.2%	31.0%	17.0%	Health Need
Adult Obesity	25.0%	7.5%	32.0%	7.0%	
Food Environment Index	8.4	3	7.5	1	
Physical Inactivity	20.0%	6.0%	32.0%	12.0%	Health Need
Access to Exercise Opportunities	92.0%	27.6%	48.0%	44.0%	Health Need
Excessive Drinking	10.0%	3.0%	N/A		
Alcohol-Impaired Driving Deaths	14.0%	4.2%	18.0%	4%	
Sexually Transmitted Infections	138	41	203	65	Health Need
Teen Birth Rate	20	6	40	20	Health Need
Uninsured	11.0%	3.3%	21.0%	10.0%	Health Need
Primary Care Physicians	1045	314	N/A		
Dentists	1377	413	2795	1418	Health Need
Mental Health Providers	386	116	1118	732	Health Need
Preventable Hospital Stays	41	12	98	57	Health Need
Diabetic Screen Rate	90.0%	27.0%	88.0%	2.0%	
Mammography Screening	70.7%	21.2%	55.9%	14.8%	
Violent Crime Rate	59	18	53	-6	
Children in Poverty	13.0%	3.9%	32.0%	19.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	29.0%	9.0%	Health Need
Taylor County:					
Adult Smoking	14.0%	4.2%	23.0%	9.0%	Health Need
Adult Obesity	25.0%	7.5%	35.0%	10.0%	Health Need
Food Environment Index	8.4	3	7.4	1	
Physical Inactivity	20.0%	6.0%	31.0%	11.0%	Health Need
Access to Exercise Opportunities	92.0%	27.6%	77.0%	15.0%	
Excessive Drinking	10.0%	3.0%	12.0%	2.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	16.0%	2%	
Sexually Transmitted Infections	138	41	344	206	Health Need
Teen Birth Rate	20	6	49	29	Health Need
Uninsured	11.0%	3.3%	18.0%	7.0%	Health Need
Primary Care Physicians	1045	314	1300	255	
Dentists	1377	413	3521	2144	Health Need
Mental Health Providers	386	116	685	299	Health Need
Preventable Hospital Stays	41	12	90	49	Health Need
Diabetic Screen Rate	90.0%	27.0%	90.0%	0.0%	
Mammography Screening	70.7%	21.2%	64.1%	6.6%	
Violent Crime Rate	59	18	177	118	Health Need
Children in Poverty	13.0%	3.9%	32.0%	19.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	40.0%	20.0%	Health Need

Analysis of Primary Data

Key Informant Interviews

Poverty
Lack of Convenient Ambulatory Care
Substance Abuse
Lack of Health Knowledge/Education
Healthy Behaviors/Lifestyle Choices
Obesity
Poor Nutrition/Lack of Healthy Food Options
Transportation
Cost/expense of health care
Recruitment & retention of physicians
Shortage of primary care physicians
Lack of employment opportunities
More exercise/recreational facilities (YMCA)
Physical Inactivity

Community Health Survey

Cancer
Alcohol/Drugs
Obesity
Heart disease/stroke
Unhealthy eating
Cost/expense of health care
More exercise/recreational facilities (YMCA)
Uninsured/Limited Insurance
Unemployment
Health knowledge

***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

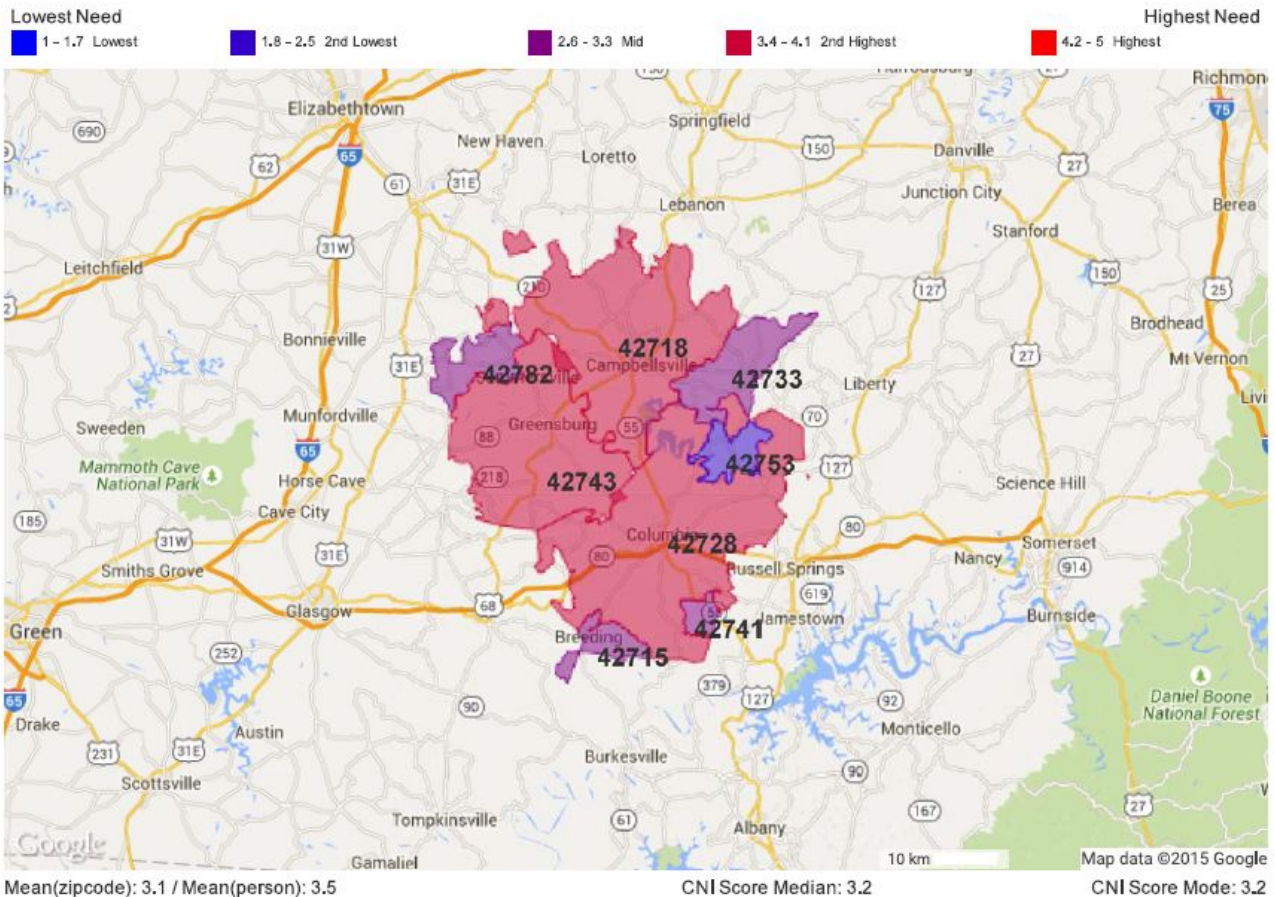
Lack of mental health services
Lack of financial resources
Lack of good employment opportunities

APPENDIX B

SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2015
Population Estimates	ACS 2008-2012 Data Sets	2015
Demographics -Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2015
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2015
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2009 - 2013
Uninsured Status	Community Commons via US Census Bureau, Small area Health Insurance Estimates http://www.communitycommons.org/	2009 - 2013
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Education	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Physical Environment - Grocery Store Access	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2010
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease control and Prevention http://www.communitycommons.org/	2012
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2012
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2011 - 2012
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2015
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/	2012
Leading Causes of Death	Community Commons via CDC national Vital Statistics System http://www.communitycommons.org/	2007 - 2011
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ & Community Commons http://www.communitycommons.org/	2015 & 2006 - 2012
Health Care Resources	Community Commons & www.CMS.gov	

APPENDIX C
DIGNITY HEALTH COMMUNITY NEED INDEX
(CNI) REPORT



Zip Code	CNI Score	Population	City	County	State
42741	2.8	572	Glens Fork	Adair	Kentucky
42715	3.2	385	Breeding	Adair	Kentucky
42728	3.6	16032	Columbia	Adair	Kentucky
42753	2	727	Knifley	Adair	Kentucky
42733	3	1291	Elk Horn	Taylor	Kentucky
42782	3.2	880	Greensburg	Green	Kentucky
42743	3.4	8632	Greensburg	Green	Kentucky
42718	3.6	24840	Campbellsville	Taylor	Kentucky

APPENDIX D
COUNTY HEALTH RANKINGS

**Taylor Regional Hospital: CHNA Community
County Health Rankings – Health Factors**

	Adair County 2012	Adair County 2015	Change	Kentucky 2015	Top Performers 2015
Health Behaviors					
	* 107	77	↓		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	34.0%	34.0%		26.0%	14.0%
Adult obesity – Percent of adults that report a BMI ≥ 30	36.0%	33.0%	↓	33.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	N/A	7.4		7.2	8.4
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	39.0%	32.0%	↓	29.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	N/A	58.0%		72.0%	92.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	10.0%	N/A		12.0%	10.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	N/A	26.0%		29.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K	231.0	284.0	↑	394.0	138.0
Teen birth rate – Per 1,000 female population, ages 15-19	50.0	39.0	↓	48.0	20.0
Clinical Care					
	* 112	104	↓		
Uninsured adults – Percent of population under age 65 without health insurance	23.0%	20.0%	↓	16.0%	11%
Primary care physicians – Ratio of population to primary care	1,791:1	2,668:1	↑	1,551:1	1,045:1
Dentists – Ratio of population to dentists	N/A	6,244:1		1,683:1	1,377:1
Mental Health Providers – Ratio of population to mental health	N/A	781:1		621:1	386:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	213.0	112.0	↓	94.0	41
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	80.0%	83.0%	↑	85.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	53.8%	43.8%	↓	60.1%	70.7%
Social and Economic Factors					
	* 61	77	↑		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	80.0%	90.0%	↑	86.0%	N/A
Some college – Percent of adults aged 25-44 years with some post-secondary education	48.2%	46.6%	↓	58.1%	71.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	10.5%	8.3%	↓	8.3%	4.0%
Children in poverty – Percent of children under age 18 in	35.0%	39.0%	↑	26.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	N/A	5.3		5.1	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	25.0%	23.0%	↓	34.0%	20%
Social associations – Number of membership associations per 10,000 population	N/A	4.3		10.8	22.0
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)	80.0	66.0	↓	235.0	59.0
Injury Deaths – Number of deaths due to injury per 100,000	N/A	72.0		81.0	50.0
Physical Environment					
	* 31	58	↑		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	-	13.5		13.5	9.5
Drinking water safety – Percentage of population exposed to water exceeding a violation limit during the past year	-	0.0%		9.0%	0%
Severe housing problems – Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	14.0%		14.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work	N/A	83.0%		83.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	N/A	28.0%		28.0%	15%

* Rank out of 120 Kentucky counties

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

**Taylor Regional Hospital: CHNA Community
County Health Rankings – Health Factors**

	Green County 2012	Green County 2015	Change	Kentucky 2015	Top Performers 2015
Health Behaviors					
	*	21	44	↑	
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	25.0%	31.0%	↑	26.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30	32.0%	32.0%	↑	33.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	N/A	7.5		7.2	8.4
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	38.0%	32.0%	↓	29.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	N/A	48.0%		72.0%	92.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	7.0%	N/A		12.0%	10.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	N/A	18.0%		29.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K	112.0	203.0	↑	394.0	138.0
Teen birth rate – Per 1,000 female population, ages 15-19	51.0	40.0	↓	48.0	20.0
Clinical Care					
	*	89	73		
Uninsured adults – Percent of population under age 65 without health insurance	22.0%	21.0%	↓	16.0%	11%
Primary care physicians – Ratio of population to primary care physicians	2,883:1	N/A		1,551:1	1,045:1
Dentists – Ratio of population to dentists	N/A	2,795:1		1,683:1	1,377:1
Mental health providers – Ratio of population to mental health providers	N/A	1,118:1		621:1	386:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	99.0	98.0	↓	94.0	41
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	83.0%	88.0%	↑	85.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	57.7%	55.9%	↓	60.1%	70.7%
Social and Economic Factors					
	*	65	57		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	91.0%	95.0%	↑	86.0%	N/A
Some college – Percent of adults age 25-44 years with some post-secondary education	42.0%	39.6%	↓	58.1%	71.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	12.0%	8.2%	↓	8.3%	4.0%
Children in poverty – Percent of children under age 18 in poverty	32.0%	32.0%		26.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	N/A	5.6		5.1	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	32.0%	29.0%	↓	34.0%	20%
Social associations – Number of membership associations per 10,000 population	N/A	17.7		10.8	22.0
Violent Crime Rate – Violent crime rate per 100,000 population (age-adjusted)	N/A	53.0		235.0	59.0
Injury Deaths – Number of deaths due to injury per 100,000 population	N/A	72.0		81.0	50.0
Physical Environment					
	*	44	57		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	-	13.5		13.5	9.5
Drinking Water Safety – Percentage of population exposed to water exceeding a violation limit during the past year	-	0.0%		9.0%	0%
Severe housing problems – Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	13.0		14.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work	N/A	82.0%		83.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	N/A	45.0%		28.0%	15%

* Rank out of 120 Kentucky counties

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

**Taylor Regional Hospital: CHNA Community
County Health Rankings – Health Factors**

	Taylor County 2012	Taylor County 2015	Change	KY 2015	Top Performers 2015
Health Behaviors					
	*	25	25		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	28.0%	23.0%	↓	26.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30	33.0%	35.0%	↑	33.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	N/A	7.4		7.2	8.4
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	28.0%	31.0%	↑	29.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	N/A	77.0%		72.0%	92.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	8.0%	12.0%	↑	12.0%	10.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	N/A	16.0%		29.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population	266.0	344.0	↑	394.0	138.0
Teen birth rate – Per 1,000 female population, ages 15-19	52.0	49.0	↓	48.0	20.0
Clinical Care					
	*	32	30	↓	
Uninsured adults – Percent of population under age 65 without health insurance	18.0%	18.0%		16.0%	11%
Primary care physicians – Ratio of population to primary care physicians	1,427:1	1,300:1	↑	1,551:1	1,045:1
Dentists – Ratio of population to dentists	N/A	3,521:1		1,683:1	1,377:1
Mental health providers – Ratio of population to mental health providers	N/A	685:1		621:1	386:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	92.0	90.0	↓	94.0	41
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	86.0%	90.0%	↑	85.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	67.6%	64.1%	↓	60.1%	70.7%
Social & Economic Factors					
	*	70	48	↓	
High school graduation – Percent of ninth grade cohort that graduates in 4 years	89.0%	99.0%	↑	86.0%	N/A
Some college – Percent of adults age 25-44 years with some post-secondary education	43.7%	45.9%	↑	58.1%	71.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	10.8%	7.8%	↓	8.3%	4.0%
Children in poverty – Percent of children under age 18 in poverty	35.0%	32.0%	↓	26.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	N/A	5.0		5.1	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	41.0%	40.0%	↓	34.0%	20%
Social associations – Number of membership associations per 10,000 population	N/A	19.8		10.8	22.0
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	197.0	177.0	↓	235.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population	N/A	94.0		81.0	50.0
Physical Environment					
	*	2	40		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	-	13.4		13.5	9.5
Drinking water safety – Percentage of population exposed to water exceeding a violation limit during the past year	-	0.0%		9.0%	0%
Severe housing problems – Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	15.0%		14.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work	N/A	82.0%		83.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	N/A	19.0%		28.0%	15%

* Rank out of 120 Kentucky counties

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

APPENDIX E
KEY STAKEHOLDER INTERVIEW PROTOCOL
& ACKNOWLEDGEMENTS

KEY INFORMANT INTERVIEW

Community Health Needs Assessment for:

Interviewer's Initials: _____

Date: _____ Start Time: _____ End Time: _____

Name: _____ Title: _____

Agency/Organization: _____

of years living in _____ County: _____ current position: _____

E-mail address: _____

Introduction: Good morning/afternoon. My name is [interviewer's name]. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over – up to 50 minutes total - once we get into the interview. **(Check to see if this is okay).**

[Name of Organization] is gathering local data as part of developing a plan to improve health and quality of life in Taylor County. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next I'll be asking you a series of questions about health and quality of life in Taylor County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Taylor County?

2. In your opinion, has health and quality of life in Taylor County improved, stayed the same, or declined over the past few years?
3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?
4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?
5. What barriers, if any, exist to improving health and quality of life in Taylor County?
6. In your opinion, what are the most critical health and quality of life issues in _____ Taylor County?
7. What needs to be done to address these issues?
8. The prior CHNA indicated the following as the most significant health needs. Is there anything that is not on the list that should be?

Cancer
Physical Inactivity
Adult Obesity
Heart Disease
Diabetes
Transportation
Stroke/Cerebrovascular Disease
Adult Smoking
Lack of Recreational Facilities
Shortage of Primary Care Physicians
Addiction/Substance Abuse
Uninsured Adults
Health Knowledge and Education
Unemployment
Sexually Transmitted Infections
Teen Birth Rate

What do you think is most critical health need included on the list above or other of the community?

9. Do you think access to Health Services has improved over the last 3 years? Why or why not?
10. Are you familiar with the Taylor County Wellness Coalition?

11. Do you participate or know someone who participates in community education classes offered by TRH?
12. Are there any physician specialist which are needed in the community? If so, what specialties are needed?
13. Are there people or groups of people in Taylor County whose health or quality of life may not be as good as others? Who are these persons or groups?
14. Are there people or groups of people who have a more difficult time obtaining necessary/preventive medical services? If so, who are these persons or groups? Why do you think they have a more difficult time? What can be done to improve the situation?
15. What is the most important issue that the hospital should address in the next 3-5 years? The hospital needs to address tearing down silos. The hospitals have to realize they are the big bullies. The big bully needs to convene everyone for collaboration.

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in _____ County. Before we conclude the interview,

Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

Ruthie Bender, Educator, Taylor County Health Department

Sharon Campbell, APRN, Central Kentucky Primary Care Associates

Roger Cook, Superintendent, Taylor County Schools

Mike Deaton, Superintendent, Campbellsville Independent Schools

Jackie Hodges, Educator, Taylor County Health Department

Mark Johnson, President, Citizens Bank and Trust

Henry Lee, President, Taylor County Bank

Ron McMahan, Executive Director/Economic Development, Taylor County

Cindy O'Banion, Administrator, Grandview Nursing Home

Lora Perkins, Jackson Street Towers

Chris Reynolds, President, Campbellsville Apparel

Eddie Rogers, Judge Executive, Taylor County

Rickey Sparkman, Regional President, Community Trust Bank

Fran Stevens, Taylor Regional Hospital

Max Wise, Kentucky State Senator

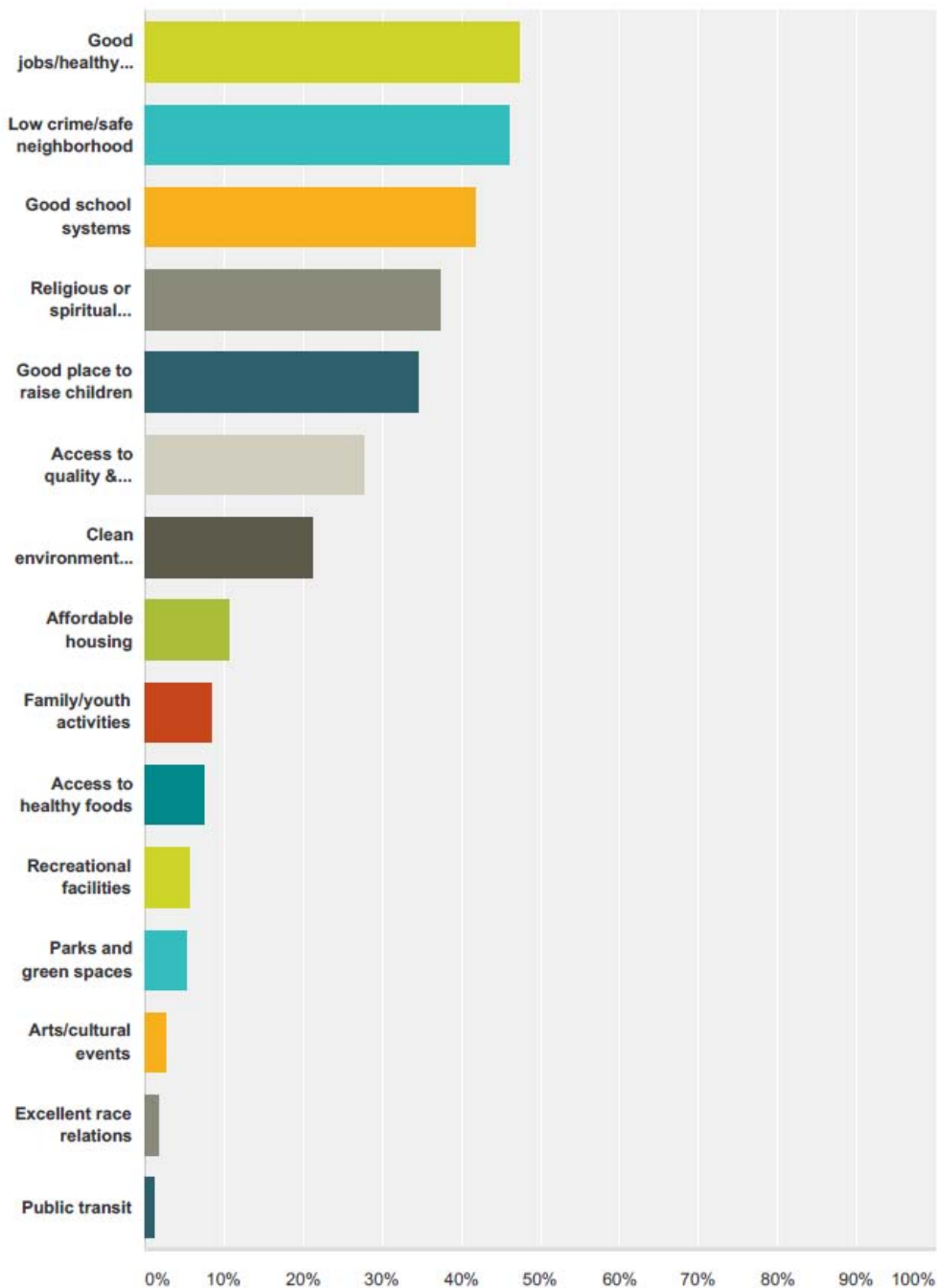
APPENDIX F

EXCERPTS FROM COMMUNITY HEALTH SURVEY RESULTS

Taylor County Community Health Survey 2015

Q10 What do you think are the THREE most important factors for a "Healthy Community?" (Those factors which most improve the quality of life in a community)

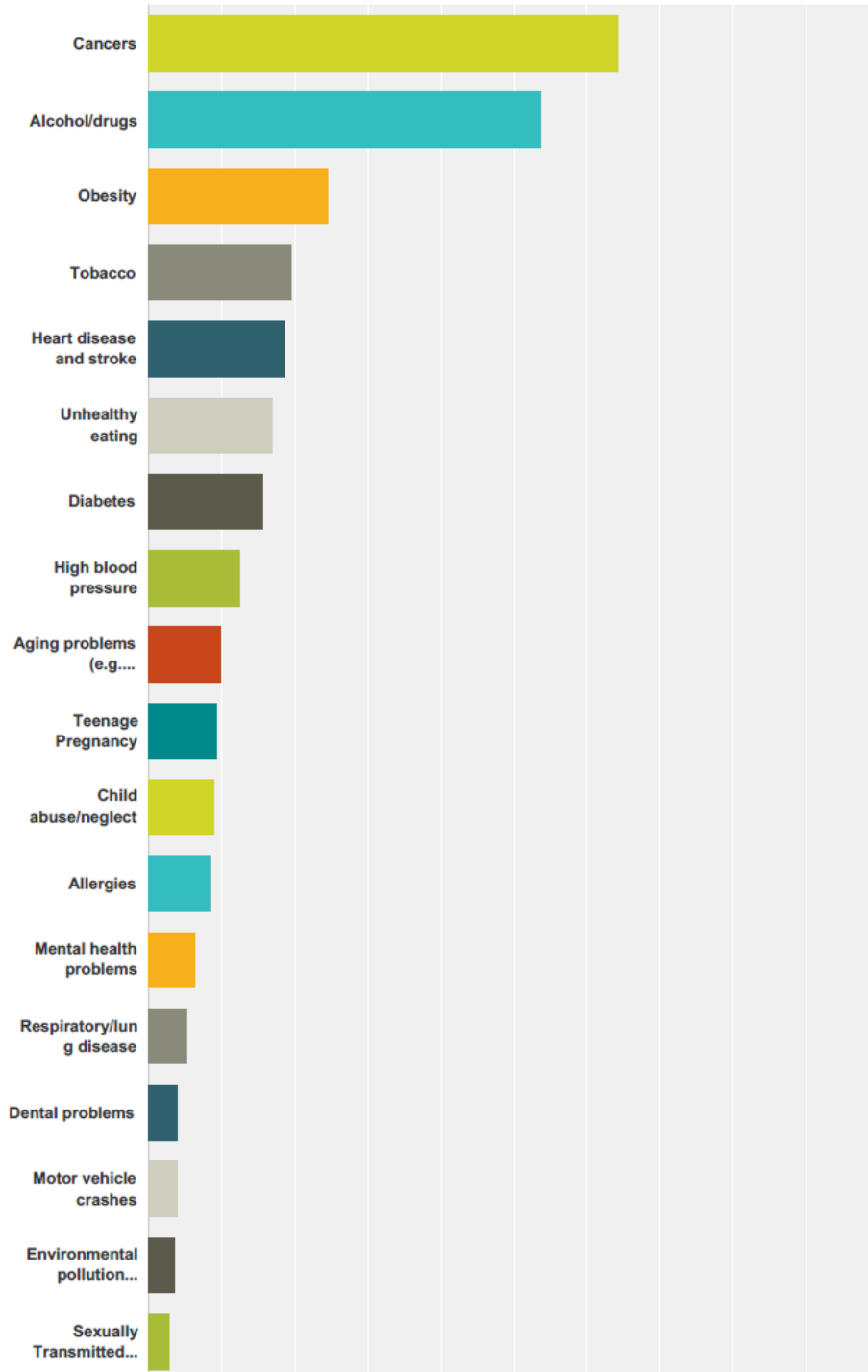
Answered: 914 Skipped: 49



Taylor County Community Health Survey 2015

Q11 What do you think are the THREE most important "health problems" in Taylor County?

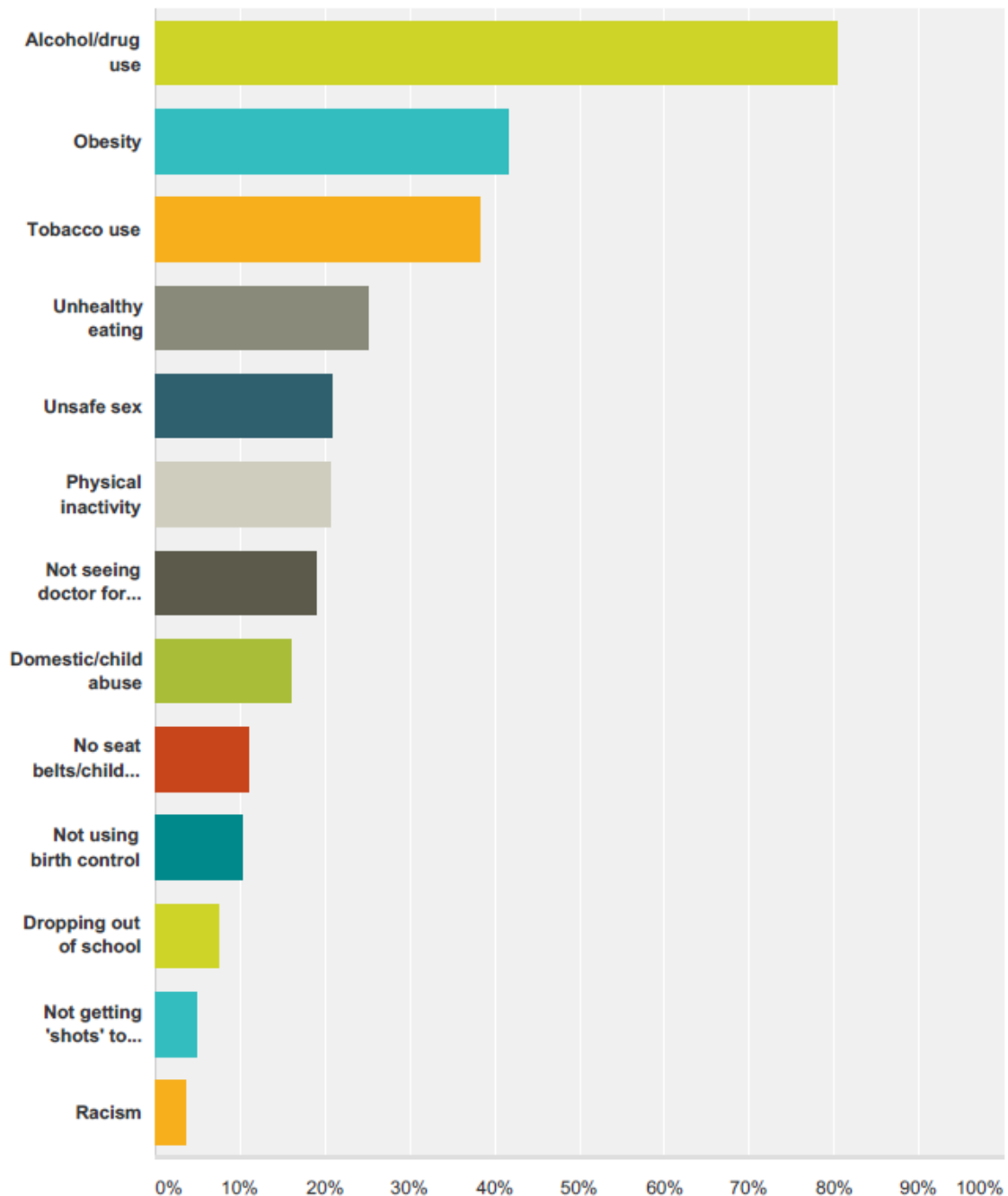
Answered: 914 Skipped: 49



Taylor County Community Health Survey 2015

Q12 What are the THREE most "risky behaviors" in Taylor County?

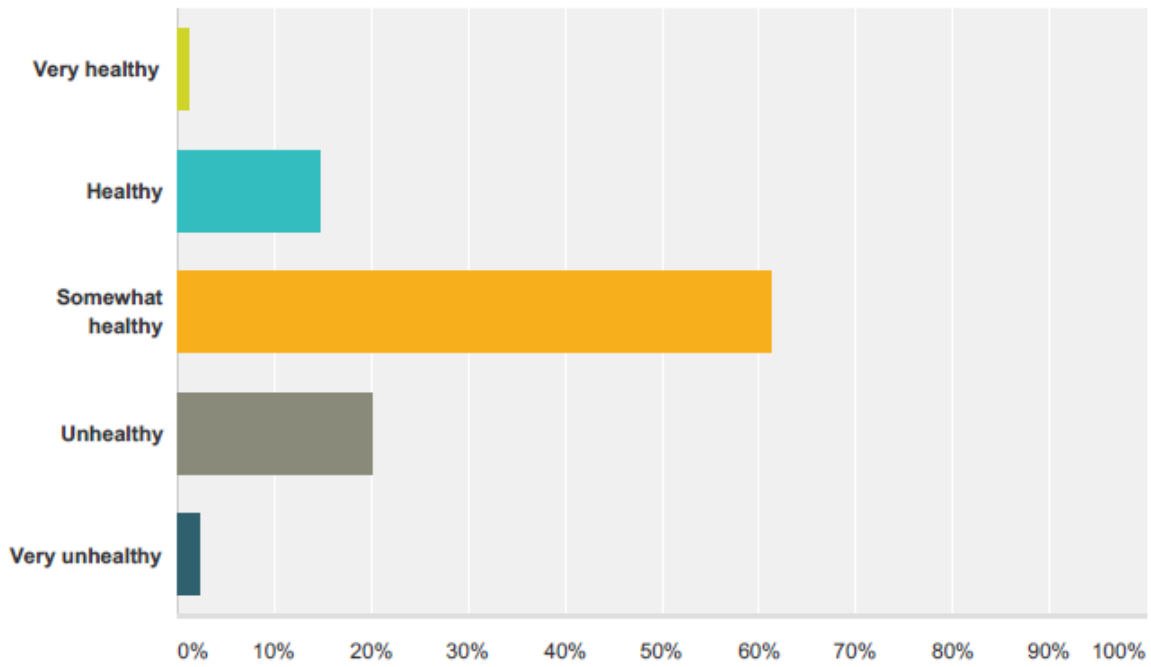
Answered: 914 Skipped: 49



Taylor County Community Health Survey 2015

**Q13 How would you rate Taylor County as a
"Healthy Community?"**

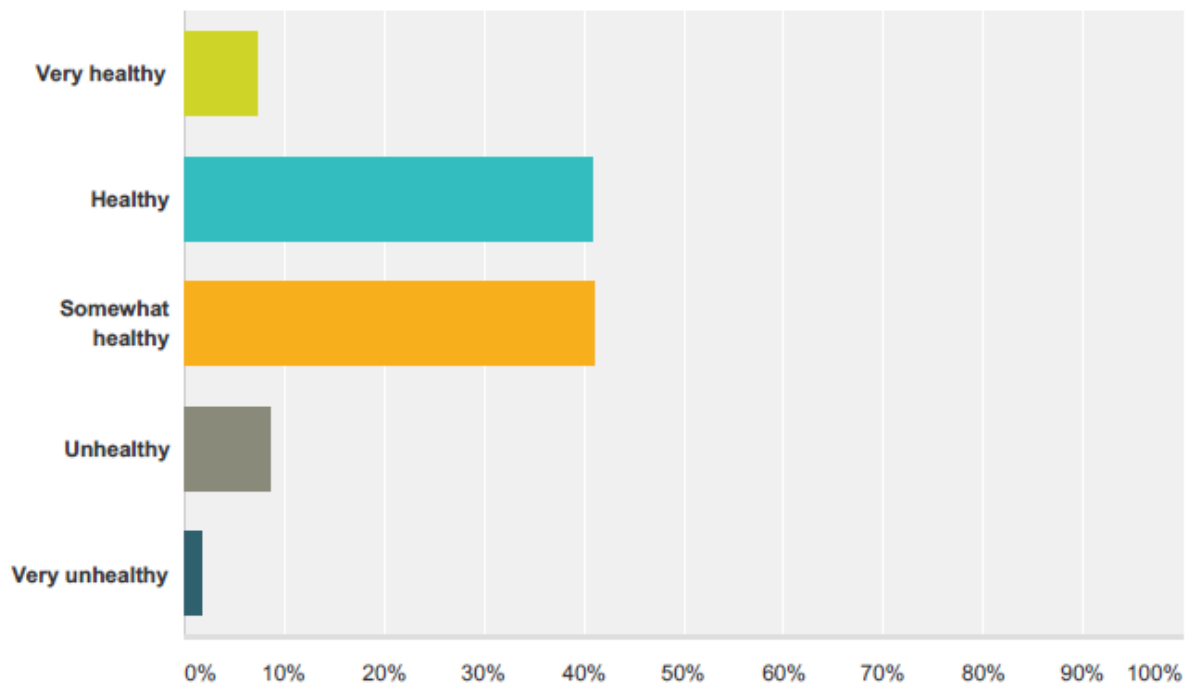
Answered: 912 Skipped: 51



Taylor County Community Health Survey 2015

Q14 How would you rate your personal health?

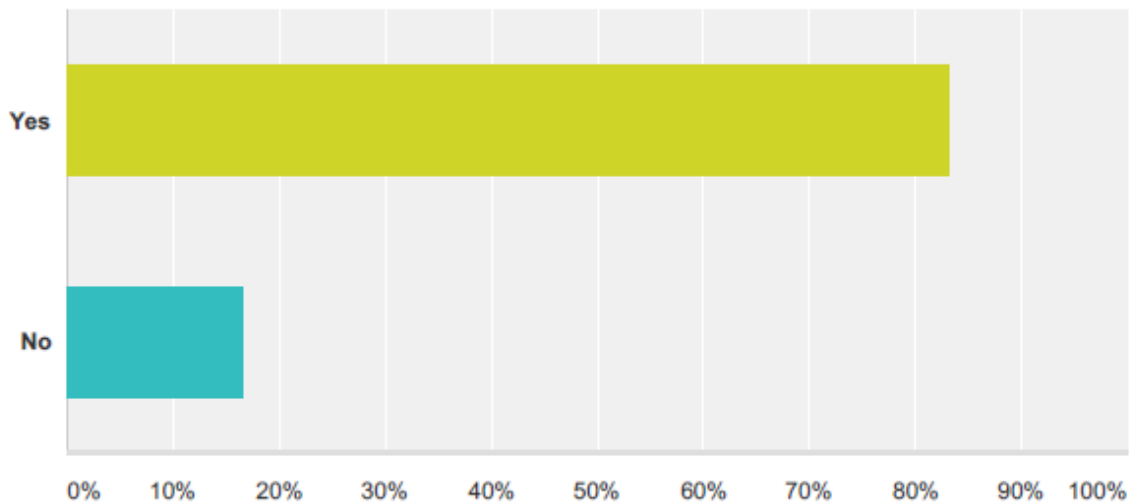
Answered: 911 Skipped: 52



Taylor County Community Health Survey 2015

**Q15 Have you seen a primary care doctor in
the last 12 months?**

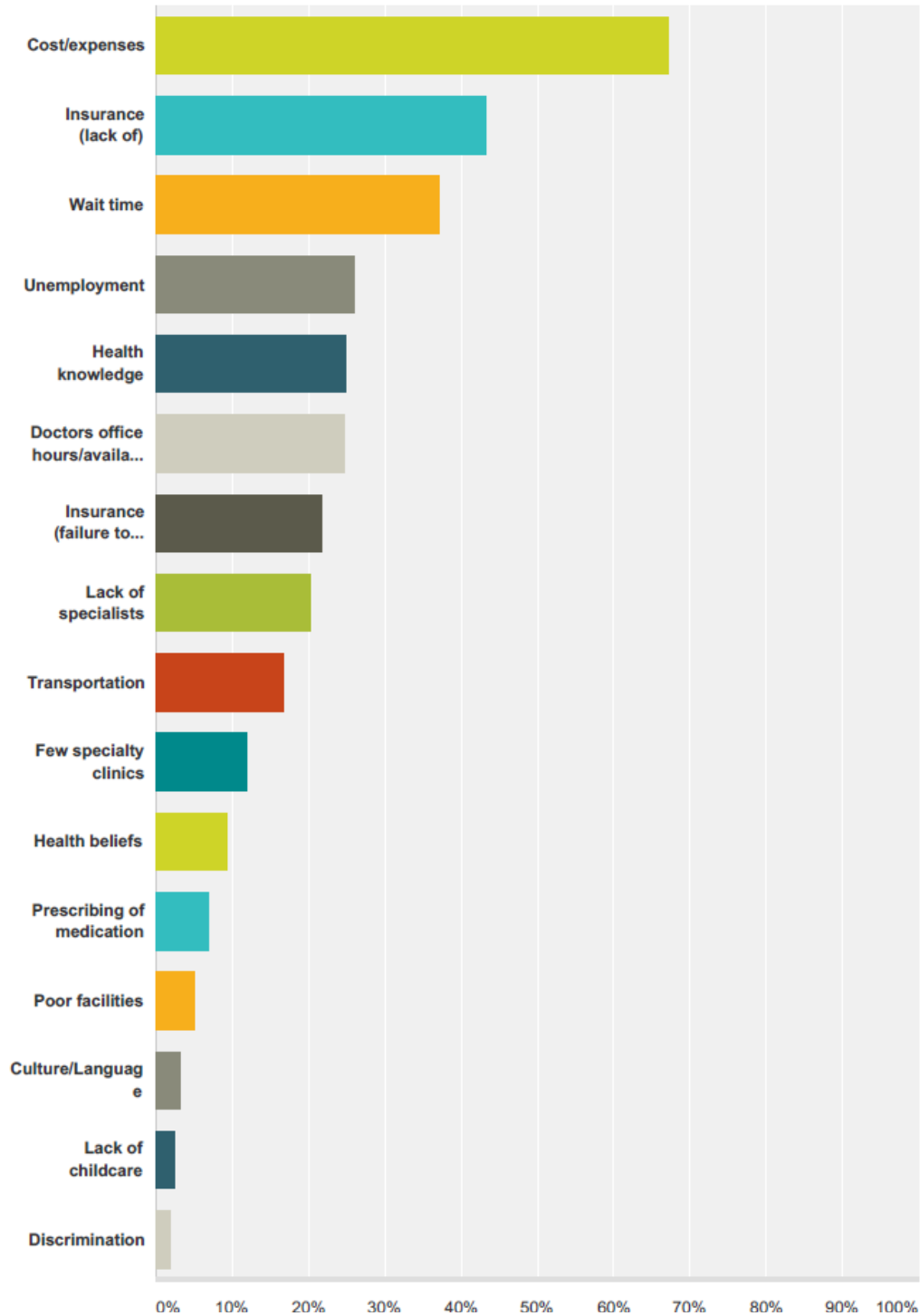
Answered: 905 Skipped: 58



Taylor County Community Health Survey 2015

**Q19 Check the items below that you feel are
a barrier to health care in Taylor County.**

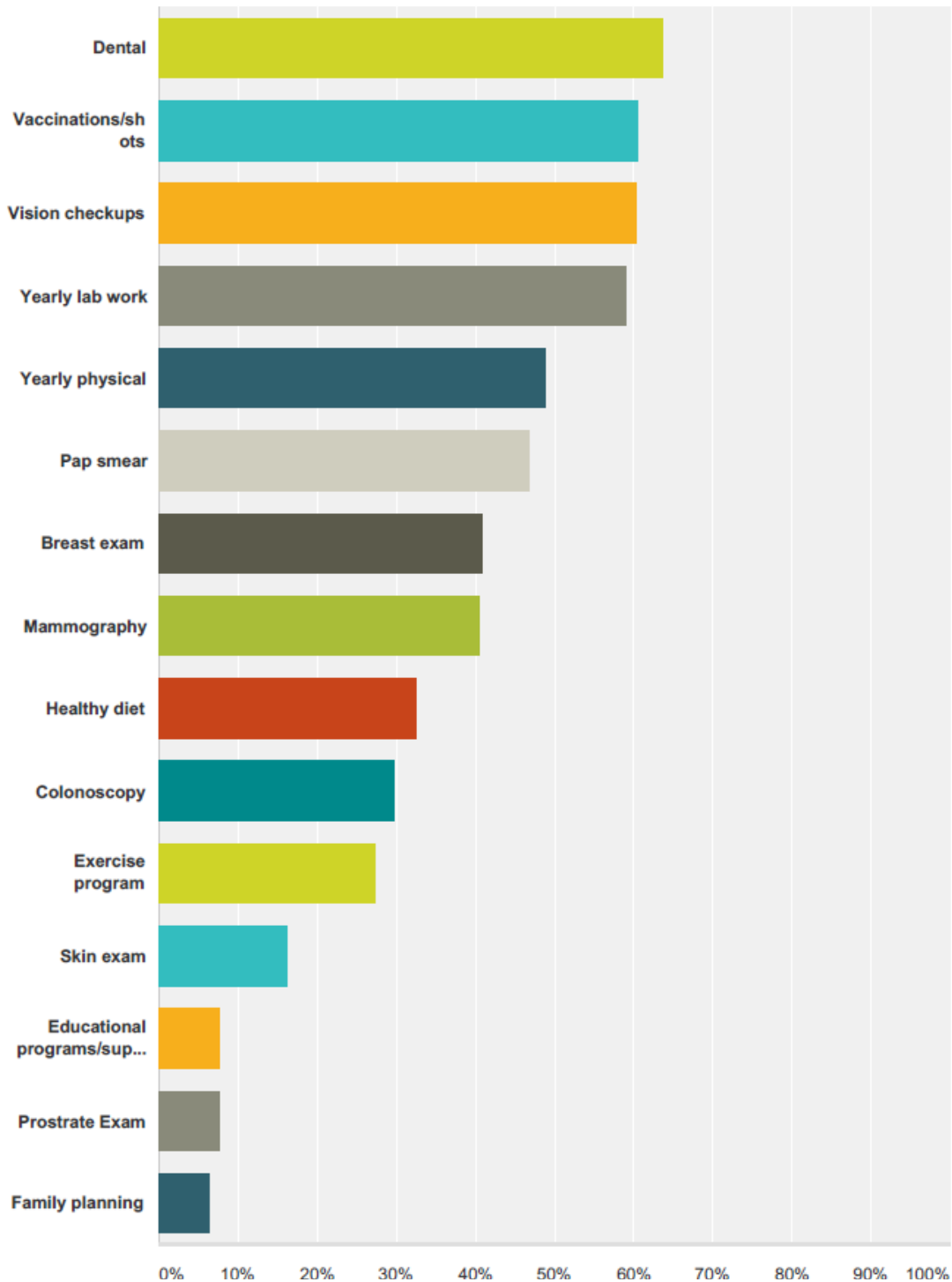
Answered: 893 Skipped: 70



Taylor County Community Health Survey 2015

Q20 What preventative health services do you use?

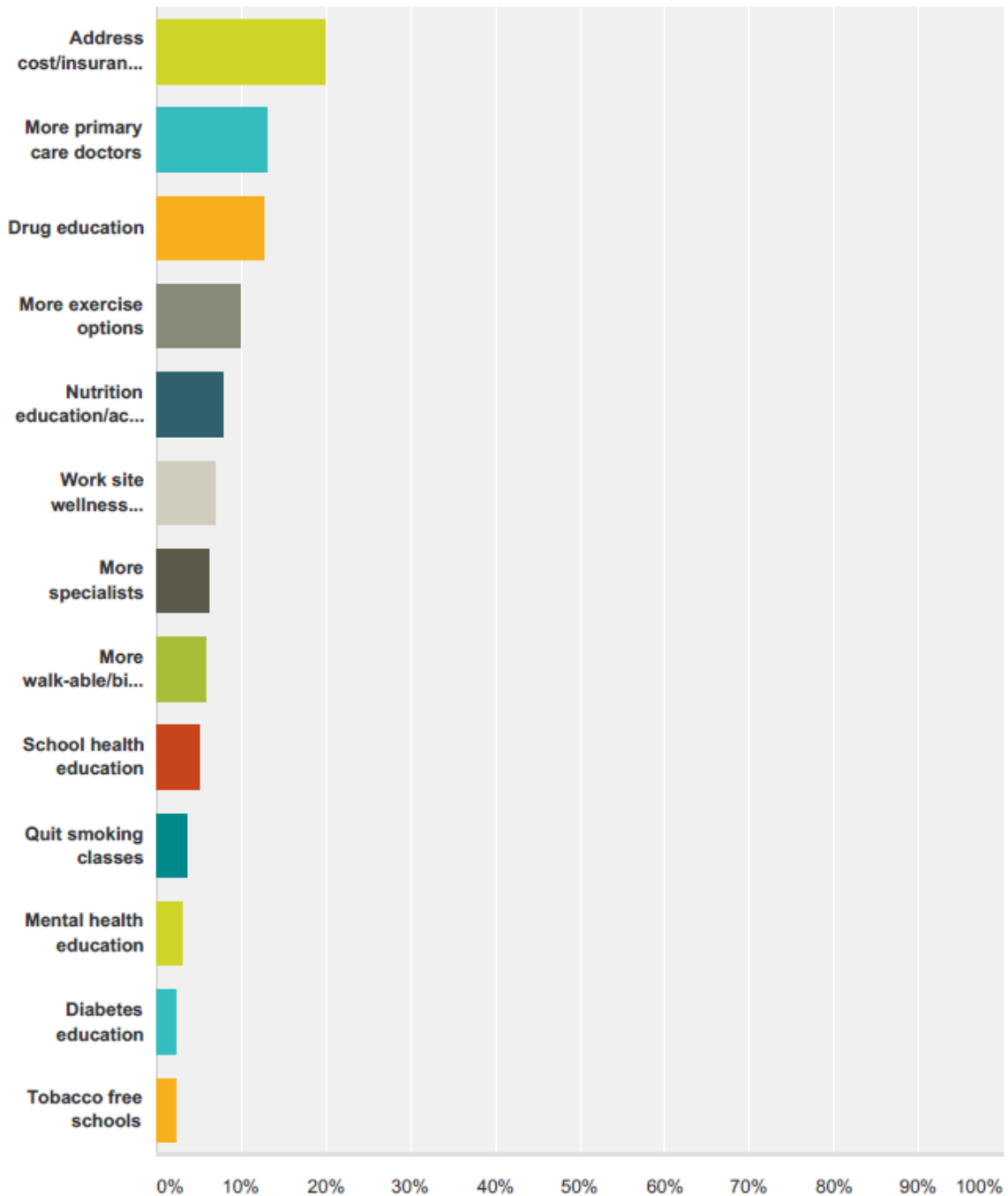
Answered: 882 Skipped: 81



Taylor County Community Health Survey 2015

Q22 In your opinion, what is the best way to address the health needs of people in Taylor County? (Choose only one)

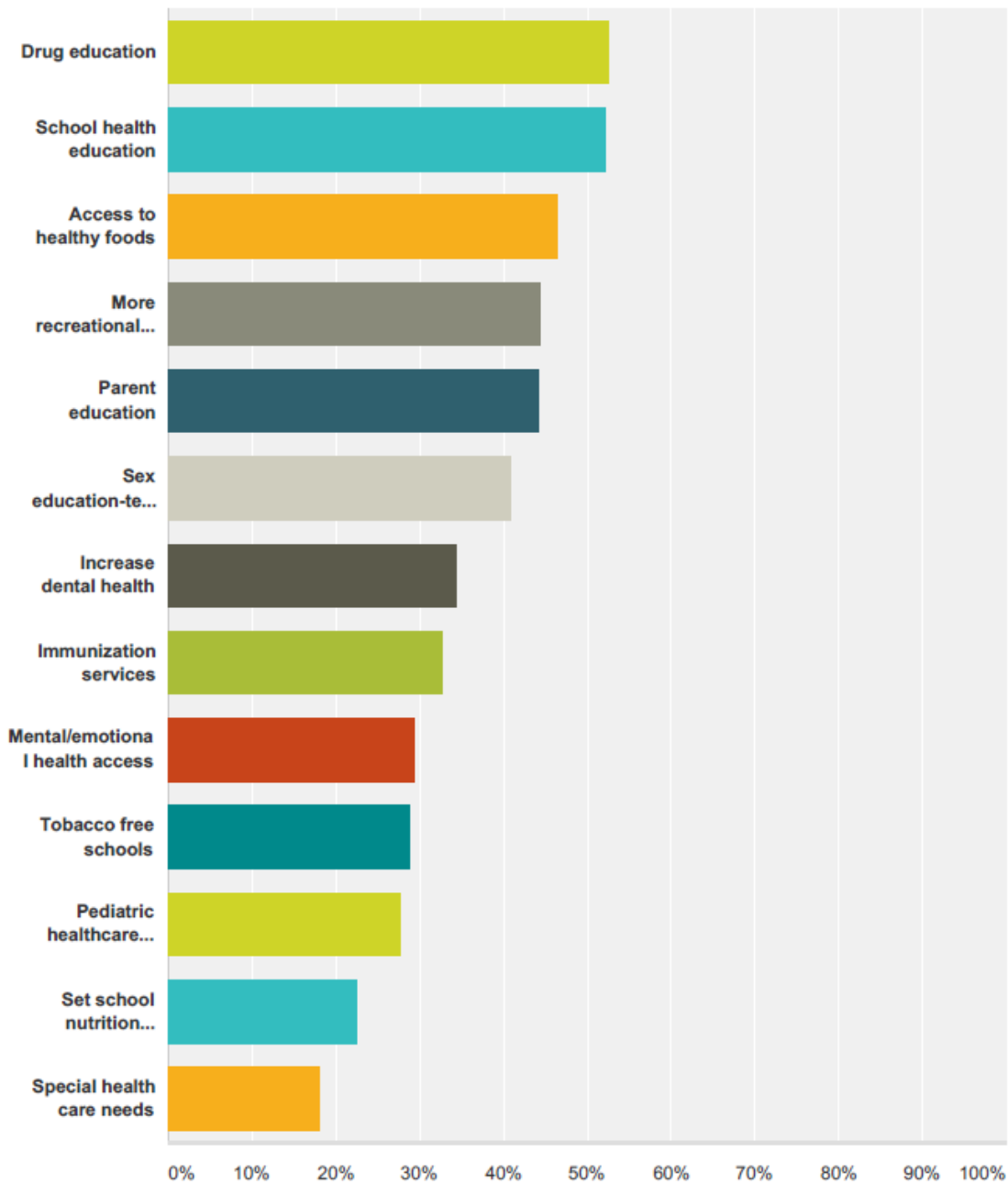
Answered: 865 Skipped: 98



Taylor County Community Health Survey 2015

Q24 To improve the health of children what can we do? (Choose all that apply)

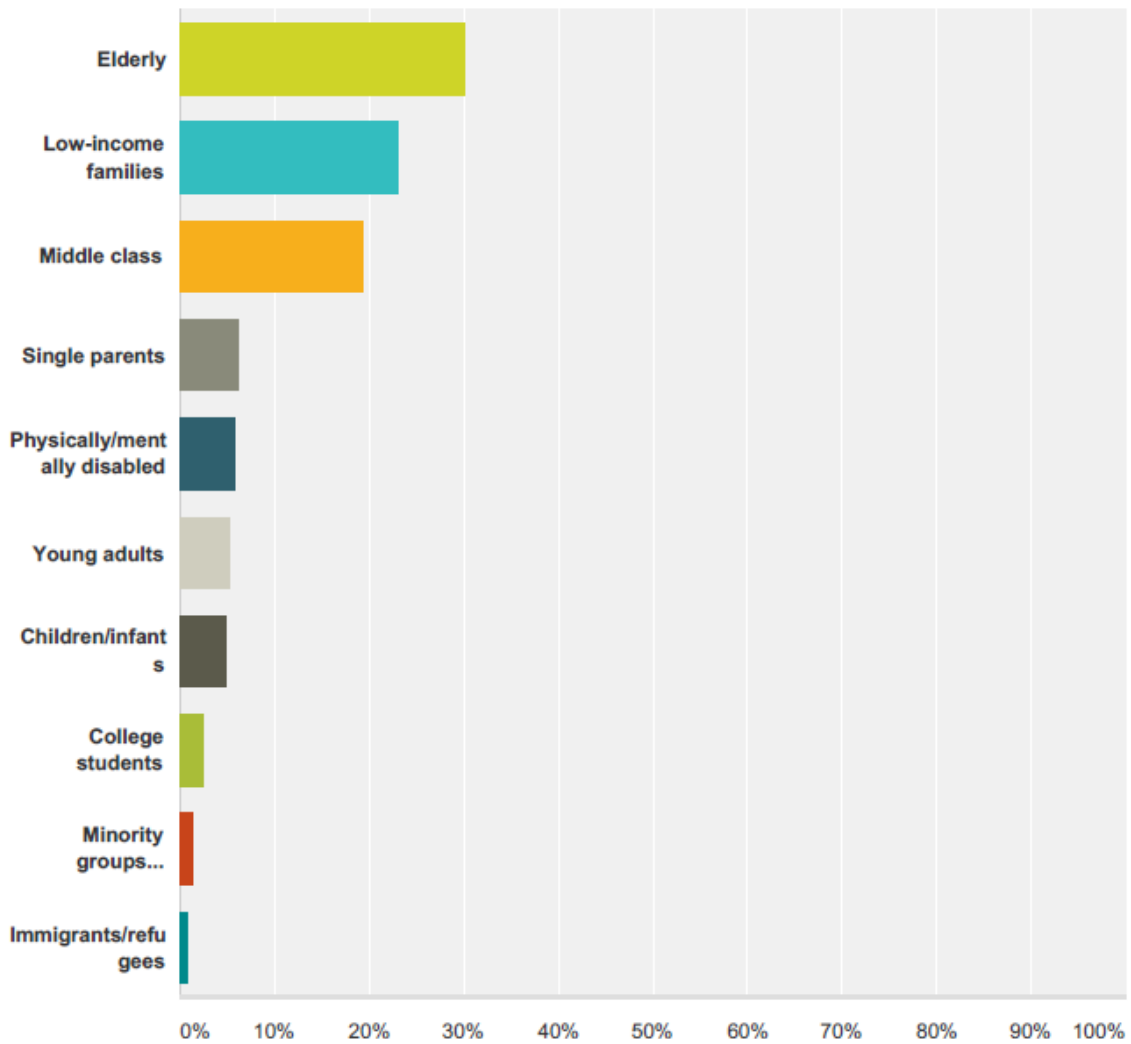
Answered: 869 Skipped: 94



Taylor County Community Health Survey 2015

**Q23 What group needs the most help with access to health care in Taylor County?
(Choose only one)**

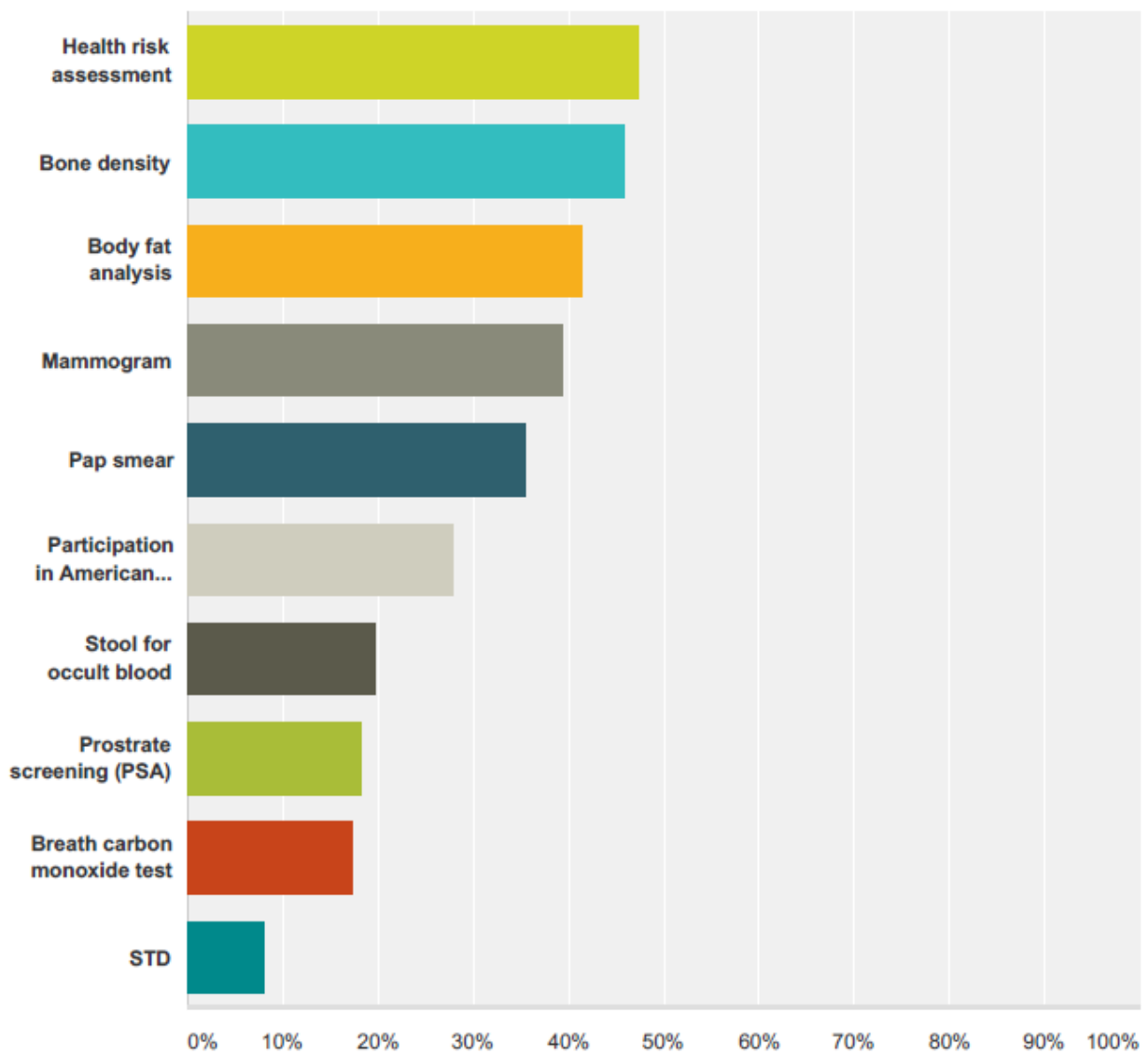
Answered: 858 Skipped: 105



Taylor County Community Health Survey 2015

Q25 If the following screenings were available which ones would you be interested in doing? (Choose all that apply)

Answered: 804 Skipped: 159



Taylor County Community Health Survey 2015

Q26 Which of the following do you use for recreation? (Choose all that apply)

Answered: 644 Skipped: 319

