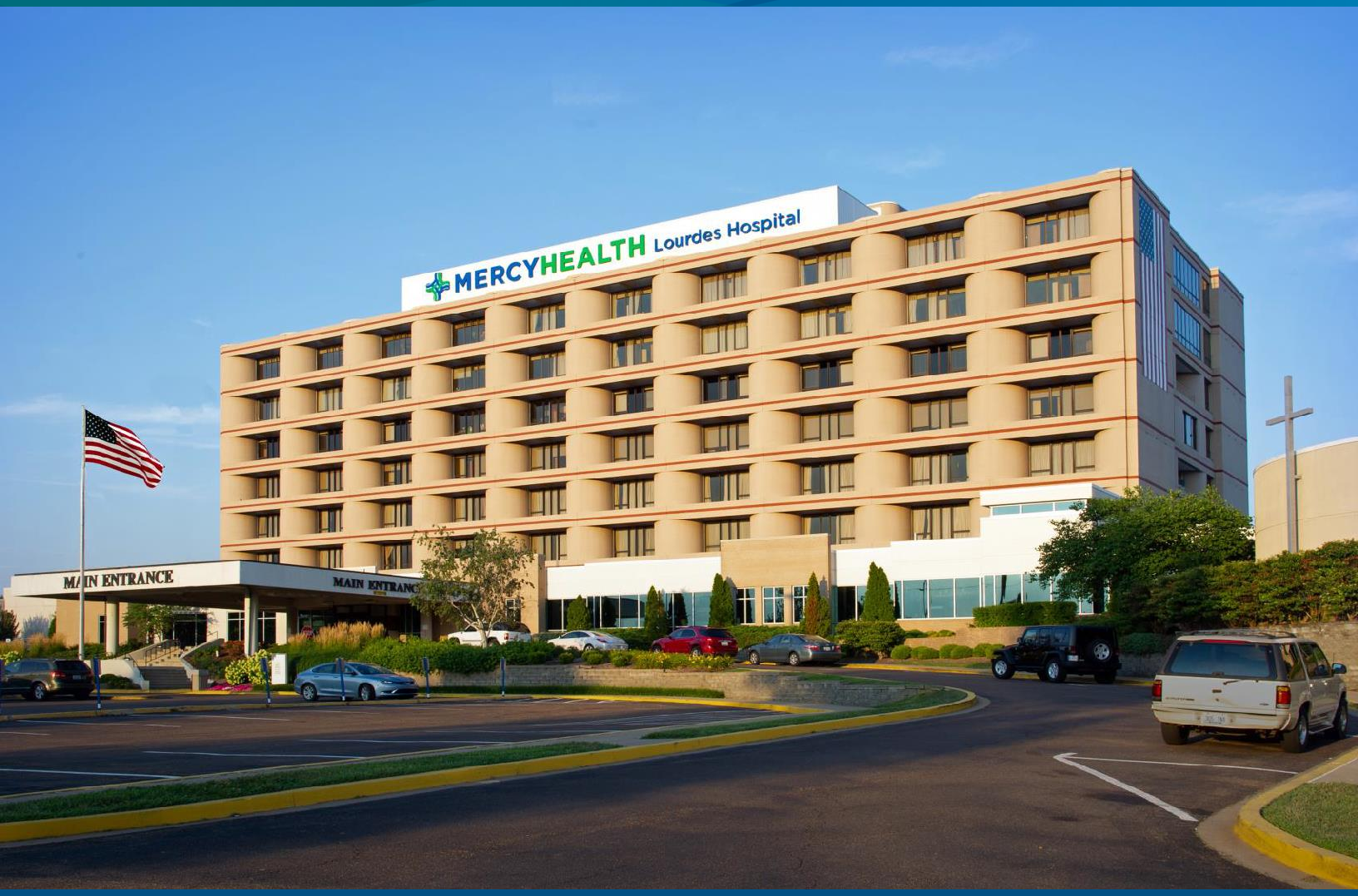
Human Dignity | Integrity | Compassion | Stewardship | Service



2022 Community Health Needs Assessment

Mercy Health – Lourdes Hospital

2022 Community Health Needs Assessment

Mercy Health – Lourdes Hospital

Adopted by the Mercy Health – Lourdes Hospital Board of Trustees, November 4, 2022

As a ministry of which Mercy Health – Lourdes Hospital is a member, Bon Secours Mercy Health has been committed to the communities it serves for nearly two centuries. This long-standing commitment has evolved intentionally, based on our communities' most pressing health needs.

Every three years we evaluate those needs through a comprehensive Community Health Needs Assessment (CHNA) process. The most recent assessments, completed by Mercy Health – Lourdes Hospital, include quantitative and qualitative data that guide both our community investment, community benefit, and strategic planning. The following document is a detailed CHNA for the Mercy Health – Lourdes Hospital.

Mercy Health is dedicated to our Mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and by brining good help to those in need, especially people who are poor, dying, and underserved.

Mercy Health – Lourdes Hospital has identified the greatest needs in our community by listening to the voices of the community. This ensures our resources for outreach, prevention, education, and wellness are directed towards opportunities where the greatest impact can be realized.

Written comments regarding the health needs that have been identified in the current CHNA should be directed to Leigh Ann Ballegeer, Director of Community Health, Mercy Health – Lourdes Hospital (laballegeer@mercy.com | 270-444-2969).

Mercy Health – Lourdes Hospital

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MERCYHEALTH

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Executive Summary

Overview

- Mercy Health – Lourdes Hospital is a 359-bed, regional hospital located in Paducah, KY. It serves as a regional referral center for a wide geographic region, including more than a dozen counties in western Kentucky, southern Illinois, southeast Missouri, and northwest Tennessee. For the purposes of this assessment, the CHNA service area is focused on McCracken, Marshall, and Graves Counties in western Kentucky.

- This report is prepared in consultation with the Community Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky College of Agriculture, Food and Environment.

- CEDIK facilitated the process of primary data collection by conducting focus groups and key informant interviews and by analyzing results of a community needs survey created and administered by Purchase Area Health Connections, a local health network (https://purchasehealthconnections.com).

- In addition, county-specific secondary data was gathered to help examine the social determinants of health. Throughout the process, CEDIK made it a priority to secure input from populations or organizations that serve populations that are often not engaged in conversations about their health needs or gaps in service. The primary and secondary data collected was used to support Mercy Health – Lourdes Hospital in their identification of priority health needs and will be used in the creation of an implementation plan to address these needs. CEDIK presented primary and secondary data results to both the Community Steering Committee and the Internal Workgroup and led a prioritization process utilizing a multi-voting technique guided by the criteria from the AHA (American Hospital Association) Association for Community Health Improvement (ACHI).

Significant Health Needs

- Mental health and stress, with an emphasis on pediatrics
- Chronic health issues
- Dental health, specifically access for the Medicaid population
- Substance use
- Financial insecurity and the economy
- Access to health care
- Housing
- Food insecurity
- Lack of health care providers and diversity of providers
- Prescription medication affordability and access

Prioritized Health Needs

- Financial insecurity, including:
  - Housing and homelessness
  - Food insecurity
- Transportation
- Mental health, with an emphasis on pediatrics
- Chronic health issues
- Substance use

Resources Available

- Purchase District Health Department
- Marshall County Health Department
- Graves County Health Department
- Purchase Area Health Connections
- County and region-wide health coalitions and community workgroups
- Baptist Health Paducah
- Independent community hospitals
- Four Rivers Behavioral Health
- KentuckyCare
- Kentucky Cancer Program
- West Kentucky Community and Technical College
- PATS (Paducah Area Transit System)
- Regional and county EMS
- United Way
- Local housing authorities
- Public school family resource centers
- Local churches
- City and County governments and law enforcement agencies
- Local support groups

Feedback

Written comments regarding the health needs that have been identified in the current CHNA should be directed to Leigh Ann Ballegeer, Director of Community Health, Mercy Health – Lourdes Hospital (laballegeer@mercy.com | 270-444-2969).

Feedback can also be submitted via a survey link for Mercy Health hospitals at: https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment

Our Mission

Our mission is to extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in need, especially people who are poor, dying and underserved.

Our Vision

Inspired by God's hope for the world, we will be a ministry where associates want to work, clinicians want to practice, people seek wellness and communities thrive.

Our Values

Human Dignity

We commit to upholding the sacredness of life
and being respectful and inclusive of everyone.

Integrity

We commit to acting ethically and modeling right relationships
in all of our individual and organizational encounters.

Compassion

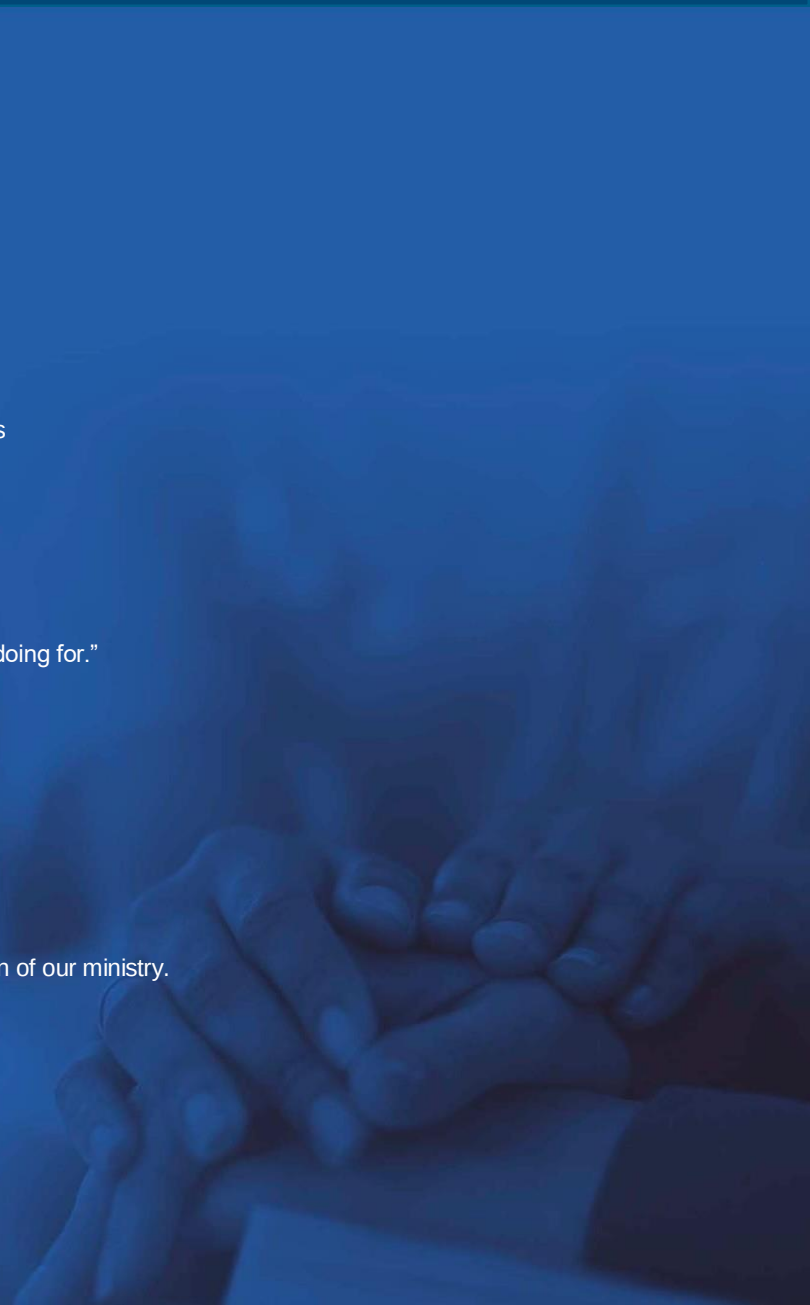
We commit to accompanying those we serve with mercy and
tenderness, recognizing that "being with" is as important as "doing for."

Stewardship

We commit to promoting the responsible use of all human
and financial resources, including Earth itself.

Service

We commit to providing the highest quality in every dimension of our ministry.

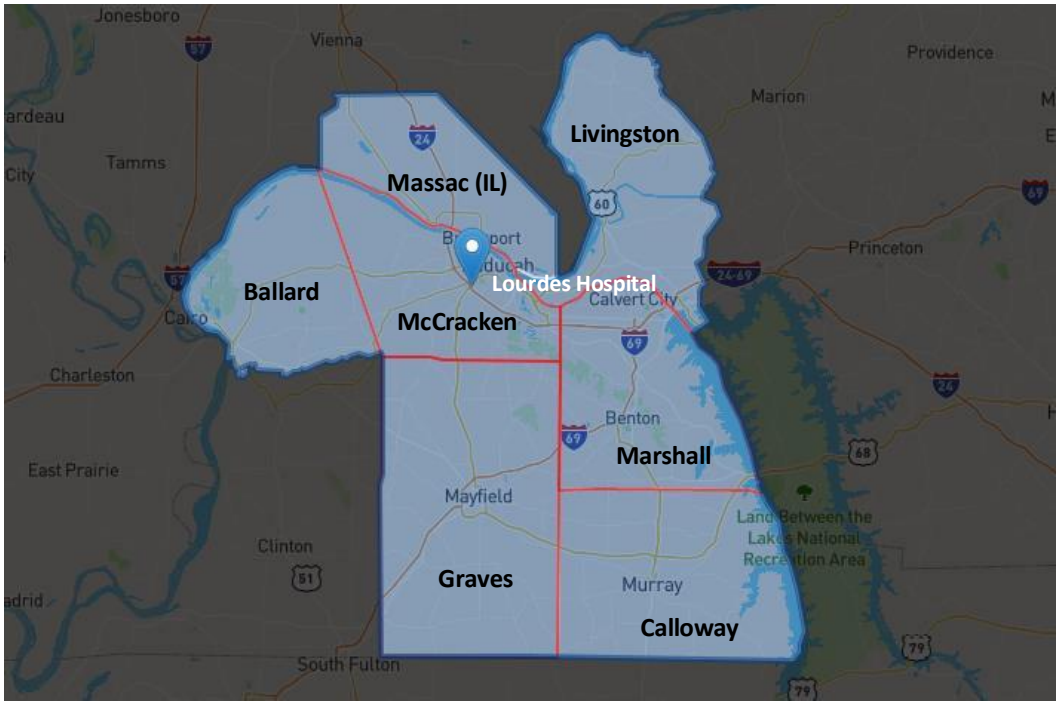


Facilities Description

Mercy Health – Lourdes Hospital is a 359 licensed-bed facility accredited by The Joint Commission. Lourdes is home to the region's largest multi-specialty physician network, Mercy Health Physicians – Kentucky, which consists of more than 100 providers serving in over 30 locations throughout western Kentucky. It serves as a regional referral center for a wide geographic region, including more than a dozen counties in western Kentucky, southern Illinois, southeast Missouri, and northwest Tennessee. Lourdes Hospital's Primary Service Area (PSA) is defined as the below seven counties. For the purposes of this assessment, the CHNA service area is focused on McCracken, Marshall, and Graves Counties in western Kentucky.

Lourdes Hospital – Primary Service Area by County

State	County	Population (2020 Census)	% of Total Inpatient Discharges (CY2021)	% of Total Unique Outpatient Physician Office Visits (3/21-3/22)
KY	McCracken	65,644	38.0%	39.2%
KY	Marshall	31,163	13.6%	17.9%
KY	Graves	36,818	9.3%	9.4%
IL	Massac	13,636	5.2%	3.4%
KY	Livingston	9,041	4.2%	4.2%
KY	Calloway	39,300	3.6%	3.0%
KY	Ballard	7,769	2.9%	2.8%



Community Served by Hospital

Mercy Health defines the CHNA service area of Lourdes Hospital as a three-county region that includes McCracken, Graves, and Marshall Counties in Kentucky. This three-county region has a population of 133,625 (2020 Census Population Estimates), and residents from these three counties make up over 60% of all inpatient discharges from Mercy Health – Lourdes Hospital in Calendar Year (CY) 2021, and over 66% of all unique outpatient visits in Mercy Health Physicians offices from March 2021 through March 2022.

Lourdes Hospital is located in the city of Paducah in McCracken County, which serves as the urban hub to the more rural populations in Graves County (69.4% rural), Marshall County (85.9% rural), and other outlying rural counties within the hospital's service area. The three-county region has a larger proportion of the population over the age of 65 than the state average (17.2%). As the more urban county, McCracken also has more racial diversity than the other counties in the region. Nearly 11% of the population is Non-Hispanic Black, nearly 3% of the county population is Hispanic, and 1% of the population is Asian. Graves County has over 7% Hispanic population, and 4% Non-Hispanic Black population. Marshall County has the least racial diversity of the region, with a less than 2% population Hispanic, and over 96% Non-Hispanic White (2020 Census Population Estimates).

Zip Codes and Cities for CHNA Service Area:

McCracken County:

- 42001 Paducah
- 42002 Paducah
- 42003 Paducah
- 42053 Kevil
- 42086 West Paducah

Marshall County:

- 42025 Benton
- 42029 Calvert City
- 42044 Gilbertsville
- 42048 Hardin
- 42082 Symsonia
- 42085 Water Valley
- 42088 Wingo

Graves County:

- 42027 Boaz
- 42039 Fancy Farm
- 42040 Farmington
- 42051 Hickory
- 42061 Lowes
- 42063 Lynnville
- 42066 Mayfield
- 42069 Melber
- 42079 Sedalia

Process and Methods

Process and Methods to Conduct the Community Health Needs Assessment

Mercy Health – Lourdes Hospital's CHNA was prepared in consultation with the Community Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky College of Agriculture, Food and Environment. CEDIK facilitated the process of primary data collection by conducting focus groups and key informant interviews and by analyzing results of a community needs survey.

The CHNA process that CEDIK uses is based on IRS guidelines. CEDIK meets with the Internal Workgroup, made up of hospital leadership, and the designated CHNA leader to discuss process and timeline. CEDIK provides a list of potential agencies and organizations to the hospital to aid in the recruitment of members to a Community Steering Committee. The Community Steering Committee plays a vital role in the CHNA process to ensure broad community input and to facilitate representation from all counties identified in the hospital service area. CEDIK guided the hospital to include individuals that would have knowledge of vulnerable and diverse populations, as to ensure inclusion and representation of medically underserved individuals within the service area. The Community Steering Committee assisted in the collection of primary data for this assessment through the dissemination of a community health needs survey and in providing recommendations for focus group participants, as well as participating in a focus group.

The Community Steering Committee met two times during the process. The initial Community Steering Committee meeting was held March 7, 2022, where the CEDIK team introduced the CHNA process, roles and responsibilities of the Committee, and completed a focus group with sixteen attendees. In addition, input was gathered from the Community Steering Committee for other potential focus groups or interviews. The Community Steering Committee met for a final time June 9, 2022, to review primary and secondary data and to identify significant health needs to recommend to the Internal Workgroup of hospital leadership.

The Internal Workgroup of Mercy Health – Lourdes Hospital administration and clinical/provider representation met on June 13, 2022. This committee reviewed the primary and secondary data and the identified significant needs recommendations from the Community Steering Committee. After discussion and completing a multi-vote process for prioritizing the needs, the Workgroup confirmed the priority health needs that the hospital will create an implementation plan to address. The remaining health concerns identified through the community assessment process may be best addressed individually by the focused efforts of community organizations and partnerships.

The CEDIK team presented the following ACHI criteria for both the Community Steering Committee and the Internal Workgroup to consider as they worked through the process of identifying needs:

- Magnitude of the problem
- Severity of the problem
- Need among vulnerable populations
- Community's capacity and willingness to act on the issue
- Ability to have a measurable impact on the issue
- Availability of hospital and community resources
- Whether the issue is a root cause of other problems

Primary Data

Primary data collection included the following:

- Purchase Area Health Connections (PAHC) survey, which was open from May 24, 2021 to December 31, 2021, with both online and paper surveys collected, resulting in a total of 687 responses.
- Three focus groups were completed during the months of March and April 2022, with a total of 22 participants.
- Twelve key informant interviews were completed during the months of March, April, and May 2022.
- Additionally, the Marshall County Health Department shared its 2022 Community Health Assessment survey results (589 responses) to give a broader picture of health needs in Marshall County.

Complete survey results, focus group, and key informant data summaries are in the appendix of this report.

External Sources

CEDIK team members collected and analyzed secondary health data from a variety of sources including:

- County Health Rankings
- Kentucky Cancer Registry
- Kentucky Health Facts
- Kentucky Hospital Association
- Kentucky Injury Prevention and Research Center
- U.S. Census Bureau

Collaborating Partners

The hospital collaborated with the following organizations as part of the process of conducting the needs assessment:

- Graves County Health Department
- Marshall County Health Department
- Purchase District Health Department
- Housing Authority of Paducah
- Mercy Regional EMS
- Paducah-McCracken County Senior Center
- Kentucky Prescription Assistance Program
- KentuckyCare
- Holy Rosary Chapel
- St. Mary Catholic Church
- McCracken County ASAP (Agency for Substance Abuse Policy)
- Paducah Cooperative Ministry
- Paducah Financial Consultants
- Purchase Area Health Connections
- Mercy Health Lourdes Hospital Volunteers
- Heart USA
- Computer Services, Inc.
- Paducah Public Schools
- McCracken County Public Schools
- Boyle Family Dentistry
- Four Rivers Behavioral Health Regional Prevention Center
- Community Kitchen of Paducah
- Project Pomona
- Paducah-McCracken County NAACP
- Merryman House
- Kentucky Cancer Program
- Lifeline Ministries
- Mercy Health Physicians
- United Way of Paducah-McCracken County
- West Kentucky Workforce Board
- Healthy Paducah (McCracken County's Health Coalition)

Community Input

Community Survey – Identified Health Challenges and Needs

Purchase Area Health Connections (PAHC) is a local health network of partners dedicated to improving the health and well-being of individuals in the Purchase Area of Kentucky. The PAHC community survey revealed the top health challenges of the respondents as: overweight/obesity, high blood pressure, arthritis/joint and back pain, mental health, diabetes, tobacco use and cancer. Factors that affect the survey respondent's health include: unhealthy diet, physical inactivity, mental health, tobacco/nicotine use, low income, alcohol use and isolation/loneliness. The PAHC also surveyed community and organizational leaders for their perspective of working with patients, clients, and community members. They identified mental health, obesity, cancer, heart disease/stroke, substance use disorder and diabetes as the most important health problems in Graves, Marshall, and McCracken. In addition, they identified the riskiest behaviors in the community as overweight/poor eating habits, illicit substance use, lack of exercise, alcohol use and nicotine use (tobacco and vaping).

Additionally, the Marshall County Health Department Community Health Assessment survey revealed stress, obesity, diabetes, mental health stress and tobacco use as the top challenges among Marshall County residents that completed the survey.

Regarding residents consuming the American Heart Association recommended servings per day of appropriate food groups, the PAHC survey shows that personal preference and cost are the leading barriers followed by availability and access.

Major issues the community needs to address, according to the PAHC survey, are jobs and income, mental health, affordable health care, obesity, substance use, access to health care, homelessness, diabetes and access to food, and recreation/parks. Similarly, the Marshall County Health Department survey identified economic challenges, financial wellbeing, access to healthy choices (food, stores, activities), and lack of transportation as health issues in the community. The PAHC leader survey revealed a need for increased economic opportunities, health care and transportation. Leaders say that mental health, affordable health care options, jobs/income, substance use disorder, obesity, home insecurity/homelessness, transportation, access to food and diabetes are the major issues that need to be addressed.

Demographics of PAHC Community Survey Respondents:

Age (*top three categories*):
- Between 40 and 54 years old: 31%
- Between 55 and 64 years old: 22%
- Between 26 and 39 years old: 21%

Gender:
- Female: 82%
- Male: 18%

Race (*top two categories*):
- White: 92%
- Black/African American: 5%

County of Residence:
- McCracken: 59%
- Marshall: 12.5%
- Graves: 11%
- Calloway: 6%
- Ballard: 4%
- Fulton: 3.5%
- Carlisle: 2%
- Hickman: 1%

Focus Groups and Key Informant Interviews – Unmet Needs

Three focus groups and twelve key informant interviews were conducted virtually during the data-gathering timeframe with representatives from Graves, Marshall, and McCracken Counties to discuss the health needs of populations with unmet health needs and to deepen the understanding of the health challenges and barriers to care they might face. Focus groups revealed unmet needs among children, youth, senior populations and low-income and/or under-resourced residents.

Common concerns across these populations include substance use (youth and adults), mental health, cancers, and diabetes. Unhealthy behaviors that contribute to poor health include tobacco use/vaping, overweight/obesity, stigma that delays seeking care for mental health, poor nutrition (by choice, lack of knowledge or due to food deserts), lack of physical activity (all ages including senior population) and increased sexually transmitted infections.

Barriers to care include transportation (including to essential services), high costs of care (copays and prescription costs), dental care for Medicaid population, need for after-hours care (for working individuals) and overall understanding the medical system and need for coordination of care. Access to care can be improved by increasing the number of primary care physicians, dentists that accept Medicaid population, and health care navigators.

Both focus group participants and key informants identified social determinants of health that need to be addressed to improve health in Graves, Marshall, and McCracken Counties. These include housing (safe, quality, and affordable), poverty resulting in food insecurity, the need for well-paying jobs, and transportation for medical care, dental care, grocery, and pharmacy visits.

Secondary Data – Trends and Rankings

County Health Rankings (CHR) data was gathered for Graves, Marshall, and McCracken Counties. This data brings together several data sources and is considered representative of the county/state population at large, due to the way in which the data were collected. In addition, data trends from 2016 – 2020 were reviewed with the Community Steering Committee and the Internal Workgroup. Trends are helpful to review as they help identify areas of progress and areas to consider addressing.

Adult obesity percentages are at or above the Kentucky state percentage (36%) in Graves (39%), Marshall (39%), and McCracken (36%), with state and county percentages higher than the top US performing counties (30%). Graves County has a higher percentage of the population reporting that they are physically inactive (37%) compared to Kentucky and McCracken County (32%), and Marshall County reports 31% of the population is physically inactive.

Smoking percentages in Marshall (23%) and McCracken (23%) Counties are below Kentucky (25%), and Graves County smoking percentages are slightly higher than the state at 26%, all of which is significantly higher than the national average of 15%.

Access to care data is presented in a ratio of the number of patients to one provider and Marshall County has a need for more providers in all areas: Primary Care Provider (PCP), Dentists, and Mental Health Providers as all ratios are greater than the Kentucky state ratios. Graves County has need to increase Primary Care Physicians and Dentists. McCracken County's ratios reveal a need for additional Mental Health Providers.

In addition to CHR data, invasive cancer data (2014-2018) from the Kentucky Cancer Registry was reviewed. The highest cancers in all counties are lung & bronchus, prostate (male only), colon & rectum, breast, corpus uteri (female only) and melanoma of the skin.

A review of Kentucky Health Facts (https://www.kentuckyhealthfacts.org) data reveal adult diabetes prevalence in Graves (19%) and McCracken (15%) Counties to be higher than Kentucky (13%), with Marshall (12%) just slightly lower than the state. Heart disease deaths per 100,000 population are as follows: Kentucky (195), Marshall (229), McCracken (197) and Graves (194). Stroke deaths per 100,000 population are higher than the state (39) in Graves (45) and Marshall (50).

Information and Data Considered in Identifying Potential Need

Information and data sources: federal, state or local health or other departments or agencies; community input

Public health departments	Date of data/information
Purchase District Health Department	• December 31, 2021 – Survey data shared • March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
Marshall County Health Department	• March 7, 2022 – Steering committee and focus group • April 1, 2022 – Key informant interview • May 2, 2022 – Survey data shared • June 9, 2022 – Steering committee
Graves County Health Department	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee

At-risk populations	Date of data/information
Paducah-McCracken Senior Citizen Center	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
Lourdes Hospital Volunteers	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
Paducah Public Schools	• March 7, 2022 – Steering committee and focus group • April 27, 2022 – Focus group • June 9, 2022 – Steering committee
Housing Authority of Paducah	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
Heart USA	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee

At-risk populations (continued)	Date of data/information
Paducah Area Transit Authority (PATS)	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
KentuckyCare	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
Paducah-McCracken County NAACP	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
United Way of Paducah/McCracken County	• March 7, 2022 - Key informant interview
Merryman House	• March 14, 2022- Key informant interview
Lifeline Ministries	• March 16, 2022 - Key informant interview
Project Pomona	• March 16, 2022 - Key informant interview
Kentucky Prescription Assistant Program (KPAP)	• March 16, 2022 - Key informant interview
Community Kitchen of Paducah	• March 18, 2022 - Key informant interview
Paducah Cooperative Ministry	• April 13, 2022 - Key informant interview
McCracken County Public Schools	• April 27, 2022 – Focus group

Community and stakeholder input	Date of data/information
Computer Services, Inc.	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
Paducah Financial Consultants	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
Four Rivers Behavioral Health Regional Prevention Center	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
Healthy Paducah (McCracken County's Health Coalition)	• March 7, 2022 – Steering committee and focus group • March 1, 2022 – Key informant interview • June 9, 2022 – Steering committee
Bohle Family Dentistry	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
Mercy Regional EMS	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
Holy Rosary and St. Mary Catholic Churches	• March 7, 2022 – Steering committee and focus group • June 9, 2022 – Steering committee
Baptist Health Paducah	• March 1, 2022 – Key informant interview
Purchase Area Health Connections	• March 1, 2022 – Key informant interview
West Kentucky Workforce Board	• March 18, 2022 – Key informant interview
Mercy Health Physicians	• April 20, 2022 – Key informant interview
Mercy Health Home Care, Hospice, and Palliative Care	• April 20, 2022 – Focus group
Kentucky Cancer Program	• May 13, 2022 - Key informant interview

Organizations Providing Input

Organization providing input	Nature and extent of input	Medically under-served, low-income or minority populations represented by organization
Purchase District Health Department	Steering committee member	Low-income, medically underserved
Marshall County Health Department	Steering committee member and key informant interview	Low-income, medically underserved
Graves County Health Department	Steering committee member	Low-income, medically underserved, Hispanic population
Bohle Family Dentistry	Steering committee member	Community leader, hospital board member
Paducah Financial Consultants	Steering committee member	Community leader, hospital board member
Housing Authority of Paducah	Steering committee member	Low-income, medically underserved, minority populations
Paducah-McCracken County Senior Center	Steering committee member	Low-income, medically underserved, senior population
Lourdes Hospital Volunteers	Steering committee member	Hospital service organization, senior population
Four Rivers Behavioral Health Regional Prevention Center	Steering committee member	Low income, medically underserved
Paducah Area Transit Authority (PATS)	Steering committee member	Low income, medically underserved, senior population
KentuckyCare	Steering committee member	Low income, medically underserved, minority populations
Heart USA	Steering committee member	Low income, medically underserved
Holy Rosary Catholic Church and St. Mary Catholic Church	Steering committee member	Low income, medically underserved

Organization providing input	Nature and extent of input	Medically under-served, low-income or minority populations represented by organization
Mercy Regional EMS	Steering committee member	Low income, medically underserved, senior population
Paducah-McCracken County NAACP	Steering committee member	Minority populations
Computer Services, Inc.	Steering committee member	Community leader
Paducah Public Schools	Steering committee member and focus group	Low income, children and youth, minority populations
Healthy Paducah (McCracken County Health Coalition)	Steering committee member, focus group, and key informant interview	Low income, medically underserved, senior population
Purchase Area Health Connections	Steering Committee member and key informant interview	Low income, medically underserved, senior population
McCracken County Public Schools	Focus group	Low income, children and youth, minority populations
Lifeline Ministries	Key informant interview	Low income, medically underserved
Paducah Cooperative Ministry	Key informant interview	Low income, medically underserved, senior population
Merryman House	Key informant interview	Domestic violence, trauma
Community Kitchen of Paducah	Key informant interview	Homeless and food insecure, minority populations
Kentucky Cancer Program	Key informant interview	Low income, medically underserved, senior population
Kentucky Prescription Assistance Program	Key informant interview	Low income, medically underserved, senior population

Organization providing input	Nature and extent of input	Medically under-served, low-income or minority populations represented by organization
Project Pomona	Key informant interview	Low income, medically underserved, senior population
United Way of Paducah-McCracken County	Key informant interview	Low income, medically underserved, minority populations, senior population
West Kentucky Workforce Board	Key informant interview	Low income, minority populations
Mercy Health Physicians	Key informant interview	Medical service provider
Mercy Health Home Care, Hospice, and Palliative Care	Focus group	Medical service provider, senior population
Baptist Health Paducah	Key informant interview	Medical service provider

Significant Community Identified Health Needs

The Community Steering Committee met on June 9, 2022, for two hours. After reviewing the primary and secondary data, discussing as a group using ACHI criteria, and completing a multi-vote process for identifying significant community needs, the Community Steering Committee recommended the following significant community needs to the Internal Workgroup of hospital leadership:

Significant Health Needs

Ranked in order based on number of votes received:

1. Mental health, including stress, with an emphasis on pediatrics
2. Access to health care (including transportation, broadband availability, technology challenges among seniors)
3. Financial insecurity and the economy (economic development, employment, affordable healthcare)
4. Education and appropriate communication of community resources available (includes outreach and coordination of services)
5. Chronic health issues, including diabetes and obesity
6. Housing (including homelessness and affordable housing)
7. Substance use (includes opioids, tobacco, smoking, alcohol, meth, illicit drugs)
8. Dental health, specifically access for the Medicaid population
9. Lack of health care providers and diversity of providers
10. Prescription medication affordability and access

Social Determinants of Health – Community Level Needs that Impact Health and Wellbeing

Financial insecurity and the economy (economic development, employment, affordable healthcare)

Capacity and adequacy of service levels

- Per 2022 County Health Rankings, children in poverty in both McCracken (21%) and Graves (24%) Counties are higher than the state average (19%).
- In the PAHC community survey, respondents identified the largest barrier to accessing healthcare was affording co-pays/deductibles (9% of total responses).
- Additionally, survey respondents identified being low-income as a risk factor that affects their personal health (fifth most common factor, 7% of total responses).
- Survey respondents also noted the top issue the community needs to address is jobs and income, with 351 responses. Affordable healthcare was third with 301 responses.
- When community leaders were asked if there was enough access to affordable healthcare services to community members seeking care, 55% of respondents answered “No.”
- When community leaders were asked what major issues the community needs to address, affordable healthcare options ranked second with 172 responses, jobs and income ranked third with 169 responses, and access to food ranked ninth with 80 responses.
- Key informant interviews very clearly identified food insecurity as a basic need the community needs to address. Informants specifically mentioned food issues among youth and senior populations, and that many community members live in food deserts and cannot walk to grocery stores. Informants also noted the lack of jobs available.
- Focus groups specifically identified poverty as one of the greatest community needs, noting the rising costs of food and housing. Members of the group also highlighted access barriers among the uninsured or underinsured, affordability of healthcare services, and food insecurity/food deserts.
- In the Marshall County survey, economic challenges and financial well-being were the top two responses regarding the top social need issues respondents or an immediate family member faced, with 29.1% and 22.2% of responses.

Current service providers and resources

- Public schools family resources centers
- Local health coalitions and community workgroups
- Local churches
- Heart USA
- Purchase Area Development District
- River City Mission
- Merryman House

- Paducah Community Kitchen
- Salvation Army
- Family Service Society
- United Way
- Paducah Cooperative Ministry
- Needline Graves County
- Saint Vincent de Paul Graves County
- Operation Not 1 Missed Graves County
- Marcella's Kitchen
- Marshall County Caring Needline
- Bags of Hope Food & Clothing Pantry
- God's Promise Ministries
- Helping Hands Food Pantry

Housing (including homelessness and affordable housing)

Capacity and adequacy of service levels

- Per 2022 County Health Rankings, homeownership rates in McCracken County (65%) are lower than the state average (68%). Thirteen percent of McCracken County's residents face a severe housing cost burden (households that spend 50% or more of their household income on housing), compared to the 11% Kentucky average.
- In January 2022, Paducah Public Schools reported 121 "homeless" youth enrolled within its school system. School officials indicate that these numbers are trending upward and express concern that due to COVID-19 and resultant irregularity and truancy in school attendance, some homelessness is not being discovered or reported.
- When community leaders were asked what major issues they believe the community needs to address, home insecurity/homelessness ranked seventh with 105 total responses.
- Key informant interviews very clearly identified housing as a basic need the community needs to address. The lack of safe and affordable housing, including high rents and accessible housing for seniors, was specifically mentioned. The growing homeless population was also frequently brought up, including the fact that there is no shelter open year-round to accommodate the needs of this population.
- Focus groups mentioned affordable, quality, safe housing and homelessness among the greatest health needs in the community.

Current service providers and resources

- Local housing authorities
- Public schools family resources centers
- Local health coalitions and community workgroups
- Local churches
- River City Mission
- Purchase Area Support Housing Program
- Merryman House
- Paducah Community Kitchen
- Salvation Army

- United Way
- Paducah Cooperative Ministry

Lack of health care providers and diversity of providers

Capacity and adequacy of service levels

- In the PAHC community survey, when asked about barriers preventing access to healthcare, the quality of providers, the lack of providers, and the lack of appointments (33, 32, and 30 responses each) all landed in the top ten.
- When community leaders were asked if there were enough quality healthcare options to community members seeking care, 41% of respondents answered “No.”
- Key informant interviews mentioned some specialties require travel outside of the community for care, which is a barrier for many. Informants also mentioned the need for more mental health providers and the difficultly in accessing primary care services (including capacity issues).
- Among the opportunities for the healthcare system, key informants noted more diverse providers, more healthcare workers, expanding clinics into rural areas, and shorter wait times for appointments. Informants also noted opportunities around connecting youth with potential health care careers and physician residency program.
- Focus groups specifically noted that Medicare/Medicaid patients struggle to find primary care providers and noted opportunities around local recruiting for more providers in primary care, EMS, nurses, mental health, dieticians, and specialists.
- Focus groups also mentioned that students and the community want to see providers who look like them, thus diversity in physicians was noted.

Current service providers and resources

- Local hospitals
- Local independent physician pratices
- Local health departments

Social Health Needs – Individual Level Non-Clinical Needs

Access to health care (including transportation, broadband availability, technology challenges among seniors)

Capacity and adequacy of service levels

- In the first half of the 2022 calendar year, 56.3% of the Mercy Health Foundation Lourdes's Inpatient Mission Fund dollars were spent to assist patients with transportation costs.
- In the PAHC community survey, the sixth-highest rated issue the community needs to address is access to healthcare, with 211 responses.
- When community leaders were asked what major issues the community needs to address, access to healthcare services ranked sixth with 118 responses and transportation ranked eighth with 98 responses. Additionally, 60% of community leaders believe there is not adequate transportation for those seeking health care.
- All key informant interviewees (12) named transportation as a barrier to health care, food, employment, and other essential services. They noted that this is applicable in all counties.
- Key informants also noted broadband access as a barrier to care, especially among the senior population.
- Focus groups specifically mentioned access to care issues among the greatest community needs, including transportation and the need for after-hours care.
- In the Marshall County survey, lack of transportation was the fourth-highest response for the top social need issues respondents or an immediate family member faced, with 9.6% of responses.

Current service providers and resources

- PATS (Paducah Area Transit System)
- GRITS (Medicaid Transport)
- United Way
- Local housing authorities
- Public schools family resources centers
- Local health coalitions and community workgroups
- Local churches
- United Way
- Senior Centers in all counties

Prescription medication affordability and access

Capacity and adequacy of service levels

- In the first half of the 2022 calendar year, 38.77% of the Mercy Health Foundation Lourdes's Inpatient Mission Fund dollars were spent to assist patients with prescription medication.
- Cost of care and prescription costs were named as an area of improvement by community focus groups and key informant interviews. Focus groups listed access

to care issues among the greatest needs in our community, specifically mentioning the need for prescription assistance and after-hours availability.

- Currently, Heart USA works to sign patients up for the Kentucky Prescription Assistance Program (KPAP). The regional coordinator of KPAP stated that "expanded need for Medicare population seeing seniors in "donut hole" of coverage lacking funds for prescription medications."

Current service providers and resources

- Heart USA
- KPAP (KY Prescription Assistance Program)
- Family Service Society

Education and appropriate communication of community resources available (includes outreach and coordination of services)

Capacity and adequacy of service levels

- In the PAHC community survey, among the top 10 answers for the barriers preventing access to healthcare was "I don't know how to access" with 14 responses.
- Among the opportunities for the healthcare system, key informants noted the need for case management to connect patients to resources, strengthening communication between hospitals and patients, providing additional follow up care, and the continued investment into Community Health Workers.
- One key informant stated, "some patients don't reach out, or don't know how to reach out for a primary care physician, don't make that a priority. Then use ED as primary care. Disconnect between people who need primary care and making that connection."
- Focus group members specifically mentioned opportunities around relationship-building between schools and healthcare providers, working with low resource and minority groups to educate on healthcare opportunities, bridging the gap between primary care and services/resources available, social workers or community health workers to connect patients to care, and continuity of care between providers.

Current service providers and resources

- Local housing authorities
- Public schools family resources centers
- Local health coalitions and community workgroups
- Local churches
- United Way
- Local health departments

Significant Clinical Health Needs

Mental health, including stress, with an emphasis on pediatrics

Capacity and adequacy of service levels

- Per 2022 County Health Rankings, the number of deaths due to suicide per 100,000 in all three CHNA service area counties (McCracken at 22, Graves at 20, and Marshall at 17) was at or above the state average of 17.
- In the PAHC community survey, mental health was the third-highest risk factor affecting respondents' personal health, with 130 responses. Mental health was also listed among the top 5 health challenges that respondents faced (141 responses) and the second-highest rated issue the community needs to address (346 responses).
- In the PAHC community survey, when asked how the COVID-19 pandemic has impacted respondents' lives, mental health was the top choice with 222 votes. Also in the top 10 were fear of going out in public, strained relationships, lost jobs, and other answers that contribute to mental health.
- Community leaders identified mental health as the top health problem, with 169 responses. When asked what major issues the community needs to address, mental health ranked first with 228 responses.
- Key informant interviews clearly identified mental health as a clinical need the community needs to address. Informants mentioned that there are not enough providers for population, specifically for youth.
- Additionally, informants noted this area of western Kentucky has seen a significant increase in mental health issues in recent years due to the COVID-19 pandemic, the Marshall County High School shooting in 2018, and the devastating tornado disaster in 2021. Another informant mentioned that many Emergency Department visits are often related to mental health.
- Focus group members specifically mentioned mental health as one of the greatest needs in the community, with opportunities around reducing stigma of seeking mental health care and increasing access to mental health services.
- In the Marshall County survey, stress was the top health issue respondents or an immediate family member faced, with 57.2% of responses. Mental health/suicide was number four, with 33% of responses

Current service providers and resources

- Four Rivers Behavioral Health
- KentuckyCare
- Emerald Therapy
- Bright View
- Stepworks
- Merryman House
- Marshall County Resiliency Center
- Fuller Center Graves County
- Purchase Youth Village

- Child Watch Counseling & Advocacy
- Christian Counseling Center, Paducah
- Mountain Comprehensive Care
- True North Counseling
- Compass Counseling
- Local health coalitions and community workgroups

Chronic health issues, including diabetes and obesity

Capacity and adequacy of service levels

- Adult obesity percentages are at or above the Kentucky percentage (36%), Graves (39%), Marshall (39%), and McCracken (36%) with state and county percentages higher than the top US performing counties (30%). Graves County has a higher percentage of the population reporting that they are physically inactive (37%) compared to Kentucky and McCracken County (32%), and Marshall County reports 31% of the population is physically inactive.
- In the PAHC community survey, unhealthy diet and physical inactivity were the top two risk factor affecting respondents' personal health (237 and 217 responses). Additionally, overweight/obesity was the top health challenge respondents face (267 responses), followed by high blood pressure in second (222 responses). Joint/back pain, arthritis, diabetes, and cancer were also in the top ten.
- In the PAHC community survey, the fourth-highest rated issue the community needs to address is obesity (297 responses) and fifth-highest was obesity (276 responses). Diabetes was also in the top 10, with 147 responses.
- Community leaders agreed the top health problems the community faces include obesity (144 responses, 2nd), cancers (117 responses, 3rd), heart disease and stroke (103 responses, 4th), diabetes (72 responses, 6th), aging problems (33 responses, 8th), and high blood pressure (31 responses, 10th).
- When leaders were asked about the community's most risky behaviors, being overweight ranked first with 179 responses, poor eating habits ranked second with 162 responses, and lack of exercise was fourth with 142 responses. When asked what major issues the community needs to address, obesity ranked fifth with 144 responses, and diabetes ranked tenth with 74 responses.
- Key informant interviews clearly identified chronic diseases as a clinical need the community needs to address. Heart disease, obesity, diabetes, and hypertension were specifically mentioned in many interviews, as well as the need for more preventative care options, including screenings.
- Per one key informant, "We tend to address problems caused by poor health choices (diet, abusing substances, sedentary lifestyle), but should shift to preventative care, try to get our population to understand health, rather than waiting for them to be unhealthy."
- Focus group members included chronic health issues as one of the greatest needs in the community, specifically mentioning cancers/advanced cancers, diabetes, and the need for education around physical activity and diet.

- In the Marshall County survey, obesity and diabetes were the second and third highest health issue respondents or an immediate family member faced, with 37.1% and 33.3% of responses. Cancer and heart disease/stroke were also in the top six.

Current service providers and resources

- Local hospitals
- Local support groups
- Kentucky Cancer Program
- Baptist Health Paducah
- Local health departments
- Kentucky Cancer Link
- KentuckyCare
- LivWell (formerly Heartland Care)
- American Cancer Society
- Gilda's Club
- Local health coalitions and community workgroups

Substance use (includes opioids, tobacco, smoking, alcohol, meth, illicit drugs)

Capacity and adequacy of service levels

- Per 2022 County Health Rankings, smoking percentages in Marshall (23%) and McCracken (23%) Counties are below Kentucky (25%), and Graves County smoking percentages are slightly higher than the state at 26%. All are significantly higher than the national average of 15%.
- In the PAHC community survey, nicotine/tobacco use was the fourth-highest response (86 responses) and alcohol use was the sixth-highest response (45 responses) for the top risk factors affecting respondents' personal health.
- Community leaders ranked substance use as the fifth-highest health problem in the community, with 99 responses. When asked about the riskiest behaviors of the community, illicit substance use ranked third (144 responses); alcohol use ranked fifth (116 responses); and nicotine use ranked sixth (92 responses). When leaders were asked what major issues the community needs to address, substance use disorder ranked fourth with 163 responses.
- Key informant interviews clearly identified substance use as a clinical need the community needs to address. Informants specifically mentioned issues around prescription drug misuse, opioids, alcohol, and tobacco. Key informants also noted the issues in getting to the root case of substance use – including underlying mental health concerns and the stress of the COVID-19 pandemic.
- Focus group members included substance use as one of the greatest needs in the community, specifically mentioning vaping among the youth population and the increase in substance use since the start of the COVID-19 pandemic, including an increase in opioid use and overdoses.
- In the Marshall County survey, tobacco use, alcohol use, and vaping were among the top nine responses for the top health issue respondents or an immediate family member faced, with 26.5%, 14.5% and 10.8% of responses.

Current service providers and resources

- Local health departments
- Local law enforcement
- Local support groups
- Local EMS
- KentuckyCare
- Four Rivers Behavioral Health
- Emerald Therapy
- Bright View Health Care
- Stepworks
- Lifeline Ministries
- Centerpoint
- Turning Point Community Recovery Center
- Fuller Center Graves County
- Recovery Works Graves County
- Celebrate Recovery
- Local health coalitions and community workgroups

Dental health, specifically for the Medicaid population

Capacity and adequacy of service levels

- Per 2022 County Health Rankings, both Graves County (2,450:1) and Marshall County (2,600:1) have a need for more dental providers. Their provider to patient ratio is significantly greater than the state's (1,520:1).
- Among the opportunities for the healthcare system, in both focus groups and in key informant interviews, participants noted dental care needs for Medicaid and uninsured patients as one of the top health issues in our community.

Current service providers and resources

- University of Kentucky Dental Program
- WKCTC / University of Louisville Dental Program
- Local health departments
- Family Service Society

Prioritization of Health Needs

The Internal Workgroup of hospital leadership met on June 13, 2022, for 90 minutes. The Workgroup reviewed the primary and secondary data and the identified significant needs recommended by the Community Steering Committee, listed above. After discussion using the ACHI criteria and completing a multi-vote process for prioritizing the needs, the Internal Workgroup then confirmed the priority health needs that the hospital will create an implementation plan to address. The remaining health concerns identified through the community assessment process may be addressed individually by the focused efforts of community organizations and partnerships.

The Workgroup's priorities were then shared with the Lourdes Hospital Executive Leadership Team on June 21, 2022.

Based on all of the above information and processes, the prioritized health needs of the community served by the hospital are listed below:

Prioritized Social Determinants of Health Needs

- **Financial insecurity, including:**
    - Housing and homelessness
    - Food insecurity

After a lengthy discussion of the needs by the Internal Workgroup, it was decided to combine similar needs into one larger root cause issue of financial insecurity. Those similar needs include healthcare and prescription affordability, the economy and economic challenges, jobs/employment and living wages, homelessness, housing affordability, and food insecurity. Housing/homelessness and food insecurity were identified as the greatest of the financial issues facing the community.

Prioritized Social Health Needs

- **Transportation**

Transportation emerged in conversations related to health care, food insecurity and other essential services. This need is evident in all counties related to barriers in access to specialty care, food/groceries, and pharmacies for medications. The Community Steering Committee prioritized this need in their multi-vote process and the Internal Workgroup concurred.

Prioritized Clinical Health Needs

- **Mental health, with an emphasis on pediatrics**
- **Chronic health issues**
- **Substance use**

Mental health needs, specifically among youth populations, were discussed heavily in focus groups and interviews and showed up prominently in survey responses. The trauma of the December 10, 2021, tornado that impacted Graves and Marshall Counties was discussed at length, including the long wait times for counseling sessions for those affected. This is compounded by the already increased demand for mental health services since the COVID-19 pandemic and the Marshall County High School shooting on January 23, 2018.

Chronic health issues and substance use in the community were both highlighted in secondary data and through focus groups, interviews, and survey responses. The three highest risk factors in the community survey that affects respondents' personal health are unhealthy diet, physical inactivity and mental health, followed by tobacco/nicotine use.

Both the Internal Workgroup and the Community Steering Committee, upon reviewing this data, prioritized mental health, chronic health issues, and substance use as priority clinical health needs to be addressed.

Resources Available to Meet Prioritized Needs

The existing healthcare facilities and other resources within the community that are available to meet the prioritized needs are listed below for each need.

Prioritized Social Determinants of Health Needs

Financial insecurity, including housing/homelessness and food insecurity

- Local housing authorities
- Public schools family resources centers
- Local health coalitions and community workgroups
- Local churches
- Heart USA
- KPAP (KY Prescription Assistance Program)
- Purchase Area Development District
- River City Mission
- Purchase Area Support Housing Program
- Merryman House
- Paducah Community Kitchen
- Salvation Army
- Family Service Society
- United Way
- Paducah Cooperative Ministry
- Needline Graves County
- Saint Vincent de Paul Graves County
- Operation Not 1 Missed Graves County
- Marcella's Kitchen
- Marshall County Caring Needline
- Bags of Hope Food & Clothing Pantry
- God's Promise Ministries
- Helping Hands Food Pantry

Prioritized Social Health Needs

Transportation

- PATS (Paducah Area Transit System)
- GRITS (Medicaid Transport)
- United Way

Prioritized Clinical Health Needs

Mental health

- Four Rivers Behavioral Health
- KentuckyCare
- Emerald Therapy
- Bright View
- Stepworks
- Merryman House
- Marshall County Resiliency Center
- Fuller Center Graves County
- Purchase Youth Village
- Child Watch Counseling & Advocacy
- Christian Counseling Center, Paducah
- Mountain Comprehensive Care
- True North Counseling
- Compass Counseling
- Local health coalitions and community workgroups

Chronic health issues

- Baptist Health Paducah and other community hospitals
- Local support groups
- Kentucky Cancer Program
- Local health departments
- Kentucky Cancer Link
- KentuckyCare
- University of Kentucky Dental Program
- WKCTC / University of Louisville Dental Program
- LivWell (formerly Heartland Care)
- American Cancer Society
- Gilda's Club
- Local health coalitions and community workgroups

Substance use

- Local health departments
- Local law enforcement
- Local support groups
- Local EMS
- KentuckyCare
- Four Rivers Behavioral Health
- Emerald Therapy
- Bright View Health Care
- Stepworks
- Lifeline Ministries
- Centerpoint
- Turning Point Community Recovery Center
- Fuller Center Graves County
- Recovery Works Graves County
- Celebrate Recovery
- Local health coalitions and community workgroups

Progress on Health Priorities Identified in the 2019 Community Health Needs Assessment

Cancer

Initiative	Impact
High-risk cancer genetics testing and counseling	As of early 2022, any patient coming to Mercy Health – Lourdes Hospital for any type of cancer screening receives education and materials to see if they're eligible for high-risk cancer genetic testing. If the patient is eligible and they opt for testing, they receive this testing through new genetics partner, Natera.
Free skin cancer screenings	In partnership with Kentucky Cancer Program, Baptist Health Paducah, Paducah Dermatology and other community partners, Lourdes Hospital offers an annual free skin cancer screening in the community. Due to the COVID pandemic, the in-person event was cancelled in 2020 and scaled back in 2021. In 2021, 55 patients receive a free skin cancer screening and 84 in 2022.
Free smoking cessation classes	With the support of smoking cessation counselors trained in the American Lung Association's Freedom from Smoking curriculum, Lourdes Hospital continually offers free smoking cessation classes. These classes were able to continue during the COVID pandemic by transitioning to virtual format. From January 2020 through December 2022, Lourdes has hosted 6 seven-week smoking cessation class series.
Oncology financial counseling	In early 2021, Lourdes Hospital added a new oncology financial counselor position to its Oncology Department. This role works specifically with cancer patients, helping connect them to financial and medication assistance programs. After helping 544 patients in 2021, the program expanded to add one additional financial navigator in 2022. Through September 2022, the program has assisted 720 patients year-to-date.
Regular cancer screenings	In light of the COVID pandemic, Lourdes Hospital made a significant push to get patients back in for their regular cancer screenings, including screening mammograms, low dose CT lung screenings, and screening colonoscopies. Thanks to these proactive efforts, Lourdes data did not follow the national or state trends of seeing declines in regular cancer screenings during the COVID pandemic, attributed to the hesitancy in seeking healthcare services. After small decreases in 2020, screening numbers rebounded in 2021. Screening mammograms were back up to 98.9% of 2019 volume, low dose CT lung screenings were up 109% of 2019 volume, and colonoscopies were up 118% of 2019 volume.
Free colon screenings for uninsured and underinsured	Lourdes Hospital, Kentucky Cancer Program and the Kentucky Colon Cancer Screening and Prevention Program have worked together to combat colon cancer and ensure that cost is not a barrier to receiving a screening colonoscopy. Individuals who qualify for the state-funded, no-cost colonoscopies are directed to Lourdes Hospital for this screening. Eligible Kentucky residents must be between 45 and 75 years of age and be uninsured or have an insurance plan that does not cover preventive screenings or are under-insured with a high deductible/out-of-pocket that is a cost barrier to receiving colonoscopy services.

Community coalitions and partnerships	Lourdes Hospital is an active participant with community groups and coalitions and works collaboratively with other partner organizations focused on cancer care, including: Purchase Area Colon Cancer Workgroup, Purchase Area Health Connections, American Cancer Society, Gilda's Club, Kentucky CancerLink, and Kentucky Cancer Program. These organizations work to address gaps in cancer care, provide educational resources for vulnerable populations, and promote cancer screenings and healthy living opportunities.

Mental Health

Initiative	Impact
Camp Robin	Lourdes Hospital annually hosts Camp Robin, a no-cost grief camp for children who have experienced losing a loved one. The event provides them with mental health support and coping skills and treatment. The in-person event was cancelled in 2020 and 2021 due to the COVID pandemic, but Hospice team members pivoted and delivered personalized care packages to the homes of those registered for the event. Camp Robin successfully returned in 2022 with 58 participants.
Outreach events with partner programs focused on mental health	Lourdes Hospital is a corporate sponsor of the annual Out of the Darkness Walk for Suicide Prevention and provides mental health education at the event. Lourdes has also provided monetary donations to the following community non-profit organizations through their own outreach events: Guess Anti-Bullying Foundation, Merryman House, Alzheimer's Association – Kentucky Chapter, and Child Watch Children's Counseling and Advocacy Center.
QPR (Question, Persuade, and Refer) Trainings	Lourdes Hospital offered QPR (Question, Persuade, Refer) trainings focused on suicide prevention to staff members. During the COVID pandemic, these trainings moved into a virtual format. The program was offered at no cost employees and focused on three simple steps to help prevent suicide. From January 2020 through December 2022, 170 Mercy Health – Lourdes Hospital staff members were trained in QPR.
Increase access to behavioral health services	Following nationwide trends, the COVID pandemic attributed to hesitancy in seeking healthcare services within the behavioral health setting. After volume decreased by nearly 25% in 2020, behavioral health patient visit numbers rebounded in 2021. Inpatient behavioral health patients returned to 84.9% of 2019 volume and outpatient behavioral health visits were 91% of 2019 volume.
Community coalitions and partnerships	Lourdes Hospital is an active participant with community groups and coalitions and works collaboratively with other partner organizations focused on mental health care, including: West Kentucky Mental Health Workgroup, Purchase Area Mental Health and Aging Coalition, Purchase Area Health Connections, Four Rivers Behavioral Health, KentuckyCare, and a variety of independent counseling centers. These organizations work to address gaps in mental health care and provide educational resources for vulnerable populations.

Substance Use Disorder

Initiative	Impact
Deterra pouches for safe disposal of prescription opioids	Lourdes Hospital partnered with the Purchase District Health Department to distribute free Deterra pouches to Home Care and Hospice patients and those leaving the hospital with an opioid prescription. Lourdes Inpatient Pharmacy distributed 225 Deterra bags in 2020, 500 in 2021, and 850 year-to-date through October 2022.
Narcan at discharge	In order to enhance access to overdose prevention medication, Lourdes Hospital partnered with the Purchase District Health Department to provide free Narcan nasal spray to at-risk patients discharging from the hospital after an overdose admission. Two doses of Narcan are provided to patients through the Inpatient Pharmacy before leaving the hospital. The program went live in May 2021 through a workflow integrated into EPIC and prescribed by a provider.
DEA Take Back Day	Lourdes Hospital partnered with the Paducah Police Department, the Purchase District Health Department, and other community organizations to host bi-annual DEA Drug Take Back Days on Mercy Health Paducah's campus. In four events, 576.5 pounds were collected and turned in to the DEA for proper disposal. Additionally, those attending the event were given the opportunity to take home Deterra bags, Narcan, and educational materials.
Outreach events with partner programs focused on substance use and recovery	Lourdes Hospital was a large corporate sponsor of the first-ever Recovery Walk, hosted by Turning Point Recovery Center, in 2022. Lourdes Behavioral Health team provided mental health education at the event, which had 426 participants. Lourdes also provided a monetary donation to Lifeline Recovery Center through their own outreach event.
Community coalitions and partnerships	Lourdes Hospital is an active participant with community groups and coalitions and works collaboratively with other partner organizations focused on substance use and recovery, including: Graves, Marshall, and McCracken County ASAPs (Agency for Substance Abuse Policy), Opioid Taskforce, Purchase Area Health Connections, Four Rivers Behavioral Health Regional Prevention Center, KentuckyCare, and a variety of independent recovery centers. These organizations work to address gaps in substance use treatment and recovery resources and provide education for vulnerable populations.

Chronic Illness

Initiative	Impact
Community Health Worker program	In partnership with Purchase Area Health Connections and the Purchase District Health Department, partner hospitals share Community Health Workers (CHWs) focused on reducing readmissions for chronic diseases among vulnerable populations. The CHWs are responsible for helping patients and their caregivers understand and implement discharge instructions and care plans, identify social determinants of health needs, navigate and access community services and other support resources, and understand provided health education. Lourdes Hospital referred 210 patients to the program in 2020, 264 in 2021, and 216 year-to-date through October 2022.
Outreach events with partner programs focused on chronic illness	Lourdes Hospital works closely with the annual Purchase Area Health Expo, hosted by the Purchase Area Diabetes Connection. In 2020, the event pivoted to a virtual educational format. In 2021 and 2022, the event returned in-person and Lourdes was able to provide free wound care foot screenings, free flu shots, and other health screenings and education to over 100 attendees each year. Lourdes has also provided monetary donations to community non-profit organizations through their own outreach events and programs, including the Paducah Seniors' Community Garden, American Heart Association, and a local elementary school playground.
Free Flu Shot Program	In an effort to expand access to the influenza vaccine, Lourdes Hospital distributes the flu vaccine throughout three counties in its service area without charge, specifically targeting those populations that are not usually vaccinated due to various access barriers and challenges (e.g., lack of insurance or limited financial resources). Partnering organizations include affordable housing sites, churches, non-profit human services organizations and public libraries. Research shows that individuals with chronic health conditions are at higher risk of developing serious flu complications, that can result in hospitalization or even death. From 2020 through 2022, the program has provided 1,846 free flu shots to community members.
CHF (Congestive Heart Failure) Program	Lourdes Hospital's CHF Program starts with education in the hospital to give patients successful tools to help manage CHF once at home. Patients then follow up within seven days with one of the CHF nurse practitioners to check on their status and adjust any medications. The patients continue to be followed to ensure their CHF is managed appropriately. In 2020, 40 patients completed the CHF Program, 96 in 2021, and 66 year-to-date through Septemeber 2022 (completion of program means patients were not readmitted within 30 days of hospital discharge).
Fresh Food Program	In June 2022, Lourdes Hospital launched a Fresh Food Pilot Program with patients in its Marshall County Primary Care practices. On a bi-weekly basis for 16-weeks, the program provides a bundle of fresh fruits, vegetables, eggs, and meat straight from local family farms to program participants at no charge. Participants all have diabetes, high BMI, and demonstrated financial need. Health vitals were checked and lab work drawn throughout the program to check for measurable health improvements as a result of adding fresh food into their regular diets. Among those who completed the program, 92% experienced an improvement in at least one of their health metrics and 100% noted feeling more energetic, healthier, and better overall while participating in the Fresh Food Program.

Community coalitions and partnerships	Lourdes Hospital is an active participant with community groups and coalitions and works collaboratively with other partner organizations focused on mental health care, including: Graves, Marshall, and McCracken County Health Coalitions, Purchase Area Diabetes Connection, Purchase Area Health Connections, United Way Community Impact Committee, and a variety of healthcare organizations focused on combatting chronic illness. These organizations work to address gaps in health care and provide educational resources for vulnerable populations.

No written comments were received regarding the 2019 Community Health Needs Assessment.

Appendix

- CHNA Committees (Internal Workgroup and Community Steering Committee)
- CEDIK CHNA Consulting Team
- Primary Service Area (PSA) Counties - Discharge and Outpatient Visits
- Purchase Area Health Connections (PAHC) Community Survey Results
- Key Informant and Focus Group Findings
- 2022 County Health Rankings Data
- Key Informant Interview Questions
- Focus Group Questions
- Purchase Area Health Connections (PAHC) Community Survey Questions

CHNA Internal Workgroup
(Mercy Health – Lourdes Hospital Employees)

Name	Title
Leigh Ann Ballegeer	Director of Community Health
Rick Goins	Chief Operating Officer
Dr. Brett Bechtel	Chief Clinical Officer, Emergency Medicine Physician, Medical Director of Mercy Regional EMS
Jessica Toren	President, Foundation
Tennille Rushing	Chief Operating Officer of Mercy Health Physicians- KY
Bob Doering	Director of Mission
Lee Ann Maloney	Nursing Director
Dr. Pam Teves-Mani	Internal Medicine, Medical Director of Population Health
Karen Purvis	Director of Network Operations
Alisa Fish	Director of Pharmacy
John Montville	Director of Oncology
Debbie Willoughby	Nursing Director, Behavioral Health
Missie Freburg	Director of Care Management

CHNA Community Steering Committee

Name	Title / Company
Kayley Edelen	Purchase District Health Department Assistant Network Director, Purchase Area Health Connections
Kaitlyn Krolikowski	Purchase District Health Department Director of Administrative Services
Riley Beth Willett	Public Health Director, Graves County Health Department
Shay Glover	Public Health Program Specialist, Marshall County Health Department
Angela Copeland	Director of Finance, Paducah Public Schools
Arthur Boykin	Executive Director, Paducah Area Transit Authority
Caroline Korte	Wealth Manager, Paducah Financial Consultants Mercy Health – Lourdes Hospital Board of Directors
Cheryl Boyd	Executive Director, Heart USA
Dr. Chip Bohle	Dentist, Bohle Family Dentistry Mercy Health – Lourdes Hospital Board of Directors
Christine Thompson	Executive Director, Paducah-McCracken County Senior Center
Corbin Snardon	Human Resources Manager, Computer Services Inc. (CSI) Vice President, Paducah-McCracken County NAACP
Cynthia Turner	Program Director, Four Rivers Behavioral Health Regional Prevention Center Secretary, Healthy Paducah
Elizabeth Fleming	Behavioral Health Clinical Director, KentuckyCare
Michael Hill	Vice President of Operations, KentuckyCare
Fr. Emmanuel Udoh	Pastor, Holy Rosary Catholic Church & Saint Mary Catholic Church Mercy Health Ethics Committee
Jeremy Jeffrey	Executive Director, Mercy Regional EMS
Maria Stuckenborg	President, Lourdes Auxiliary
Tommy Hollimon	Executive Director, Housing Authority of Paducah

University of Kentucky | College of Agriculture, Food and Environment
CEDIK - Community & Economic Development Initiative of Kentucky

CEDIK CHNA Consulting Team

Melody Nall, Engagement Director, Extension Specialist Administrator

Sarah Bowker, Communications Director

Simona Balazs, Research Director

Mercedes Fraser, Senior Extension Associate

Alison Davis, CEDIK Executive Director

Primary Service Area (PSA) Counties

2021 Total Number of Hospital Inpatient Discharges

Timeframe: Calendar Year 2021 (1/1/2021-12/31/2021)

PSA County	Percentage of Total
McCracken County	38.00%
Marshall County	13.60%
Graves County	9.30%
CHNA Service Area Counties (Top 3) - TOTAL	60.90%
Massac County (IL)	5.20%
Livingston County	4.20%
Calloway County	3.60%
Ballard County	2.90%
Total PSA Counties (Top 7) - TOTAL	76.80%

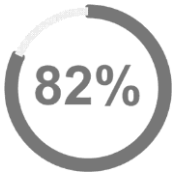
2021 Total Number of Physician Outpatient Visits (Unique)

Timeframe: 3/2021-3/2022

PSA County	Percentage of Total
McCracken County	39.15%
Marshall County	17.86%
Graves County	9.37%
CHNA Service Area Counties (Top 3) - TOTAL	66.38%
Massac County (IL)	3.36%
Livingston County	4.17%
Calloway County	3.04%
Ballard County	2.77%
Total PSA Counties (Top 7) - TOTAL	79.72%

Purchase Area Health Connections
2021 Community Survey Results

Respondent Demographics



Respondents are female.

Respondents are white.

Additional responses: African American/Black (5%), Asian (1%), Native American (1%).

687
Respondents

18-25	10%
26-39	21%
40-54	31%
55-64	22%
65-74	9%
75 or older	3%
Under 18	4%

Respondents by country:

Ballard	28	4%
Calloway	42	6%
Carlisle	14	2%
Fulton	24	3%
Graves	78	11%
Hickman	7	1%
Marshall	86	13%
McCracken	408	59%

Respondent's current living situation:

Living on your own (apartment, house, etc.)	77%
Living with family (parent(s), guardian, grandparents, or other relatives)	22%
Living in a place not meant to be a residence *(outside, in a tent city or homeless camp, in a car, in an abandoned vehicle or in an abandoned building)*	0.6%
Couch surfing or moving from home to home	0.5%
Group homes	0.2%
Recovery housing	0.2%
Staying in a hotel or motel	0.2%

Respondents who feel their community is a good place to:

Raise children?

Retire?

Live?

Insurance Status:

Through employer	328	48%
Private insurance	83	12%
Medicare	72	11%
Parent's insurance	66	10%
Medicaid	62	9%
Spouse's insurance	58	8%
I do not have insurance	8	1%
Other	6	1%
Veteran health care benefits	1	0.1%

Use a personal vehicle as primary transportation.

Additional responses: family member (6%), Friend/ (1%), Other (1%).

Do not have barriers that keep them from accessing health care.

Barriers* that prevent respondents from accessing health care:

Unable to pay co-pays/deductibles	9%
Fear of being judged	7%
Quality of providers	4%
Lack of providers	4%
Lack of appointments	4%
Other	3%
Don't know how to access	2%
Transportation	1%
No insurance	0.5%

**respondent asked to select all that apply.*
Percentages are from total responses collected (n=735).

Top ten risk factors* that affect respondent's personal health:

Unhealthy diet	27%
Physical inactivity	25%
Mental health	15%
Tobacco/Nicotine use	10%
Low income	7%
Alcohol use	5%
Isolation/Loneliness	5%
Food Insecurity/Hunger	2%
Other	2%
Unemployment	1%

**respondent asked to select all that apply.*
Percentages are from total responses collected (n=864).

Top ten health challenges* respondents face:

Overweight/obesity	21%
High blood pressure	17%
Joint/back pain	16%
Arthritis	11%
Mental health	11%
I don't have any health challenges	11%
Diabetes	6%
Nicotine/Tobacco use	4%
Cancer	4%

**respondent asked to select all that apply.*
Percentages are from total responses collected (n=1300).

Top ten factors* that influence your health choices:

Family	19%
Listening to physicians	17%
Friends	12%
How you feel in the moment	11%
Weather (seasons)	10%
Significant other	10%
Public health	7%
Other people around you	5%
Access to parks/walking trail	4%
Community	3%

**respondent asked to select all that apply. Percentages are from total responses collected (n=2128).*

Where do you get most of your healthcare information*?

Doctor/healthcare provider	45%
Google, Yahoo, other internet searches	19%
Friends/family	11%
Social media	6%
Local hospital website	5%
Health Department	5%
Radio/television	4%
Newspaper/magazines	3%
Other	2%
Flyers/posters	2%

**respondent asked to select all that apply. Percentages are from total responses collected (n=1326).*

Respondents and families get the following regular health screenings/ vaccinations:

Annual physical	549
Dental check ups	520
Flu vaccine	500
Vision screenings	495
Blood pressure	430
COVID-19 vaccine	428
Mammogram	364
Colonoscopy	277
Diabetes screenings	195
Other cancer screenings	127
I don't get regular screenings/vaccines	25
Other	9

**respondent asked to select all that apply.*

Respondents have utilized the following treatment and/or supports* for substance use disorders/mental health in the past 12 months:

I haven't needed to use	439
Primary care physician	119
Counselor/therapist	95
Psychiatrist	45
Medically assisted treatment	36
Faith-based leader (priest/pastor)	33
I could benefit from these services but haven't	29
Religious associations	21
Support groups	16
Other	12
AA/NA	12
Emergency Room (ER)	10
Programs	9
Peer-led	7

**respondent asked to select all that apply.*

Respondent's barrier to recommended weekly physical activity (30 minutes of moderate exercise, 5 times/week):

Motivation	31%
Time	26%
I don't have a barrier, I exercise the recommended amount	13%
Sidewalks (i.e. no sidewalks/damaged)	5%
Lack of facility	5%
Safety	4%
Child care	4%
Other	4%
Cost	4%
No parks/sidewalks	3%

**respondent asked to select all that apply. Percentages are from total responses collected (n=1178).*

According to the American Heart Association, a person should consume 4 servings of fruit and 5 servings of vegetables per day. What are your barriers to the recommended daily consumption?

None	29%
Preference	21%
Cost	19%
Options	10%
Other	5%
I don't like the taste of fruits and vegetables	5%
Knowledge	5%
Access	5%

**respondent asked to select all that apply. Percentages are from total responses collected (n=938).*

Respondents selected the following major issues that the community needs to address:

Jobs and Income	15%
Mental health	14%
Affordable health care options	12%
Obesity	12%
Substance use	11%
Access to health care	9%
Home insecurity/homelessness	8%
Diabetes	6%
Recreation/Parks	6%
Access to food	6%

**respondent asked to select all that apply. Percentages are from total responses collected (n=2409).*

How the COVID pandemic has impacted respondent's life:

Mental health	222
Fear of going out in public	162
Strained relationships	136
Personally contracted COVID	108
Serious illness/death of a family member	77
Received lower grades in school	48
Increase in nicotine/tobacco use	44
Increase in alcohol use	41
Not able to access health care	39
Lost a job	39

**respondent asked to select all that apply.*

Key Informant Interviews

As a mechanism to examine needs that surfaced in focus group discussions, the hospital leadership and the Community Steering Committee provided contact information for potential key informant interviews to be conducted. There were 12 interviews conducted in total. Key informant interviews were conducted with providers in Marshall, McCracken, and Graves Counties to discuss the health needs of the populations they serve with unmet health needs and to deepen the understanding of the health challenges they face. The organizations represented are listed below:

- Community Kitchen- Paducah
- Kentucky Cancer Program
- Kentucky Prescription Assistance Program
- Lifeline Ministries- Men's and Women's
- Marshall County Health Department
- Mercy Health Physicians
- Merryman House
- Purchase Area Health Connections
- Project Pomona
- United Way
- West Kentucky Workforce Board

A summary of their responses highlighting the challenges faced by residents, and the opportunities and strengths of the community healthcare system are below.

Challenges Faced by Residents

- **Chronic diseases like diabetes, obesity, hypertension, heart disease, and lack of preventative care** impact the health of the community.
- Concerning **diabetes**, some root causes reported by key informants included food deserts in areas of each county, lack of access to physical recreation, lack of education on nutrition, wellness, and healthy lifestyles.
- Some community members **struggle to meet basic needs such as safe housing and food security**. The senior population living in public housing experience stress securing food and medications managing on very limited budgets.
- Issues surrounding housing in the community include **lack of safe, affordable housing for all income brackets, high rent costs, and the growing homeless population which includes adults and children.**
- Issues surrounding food insecurity in the community include **many residents living in food deserts (unable to walk to grocery stores or access public transportation in hours provided), and children are particularly susceptible to food insecurity when out of school.**

Challenges Faced by Residents - Continued

"We tend to address problems caused by poor health choices (diet, abusing substances, sedentary lifestyle). We should shift to preventative care, try to get our population to understand health, rather than waiting for them to be unhealthy."

- **There are not enough mental health providers in the area, and it causes a delay in care due to long wait times.** There need for mental health services is increasing as seen during COVID. Stigma keeps some patients from accessing the resources that are available. Long wait times can cause patients to be unstable by the time they are able to access care the situation has become dangerous.
- **Community resiliency has suffered from events such as the school shooting and recent natural disasters.** (Marshall County High School experienced the trauma of a school shooting in January 2018 and Graves and Marshall County experienced a devastating tornado in December 2021.)
- **There are barriers to care for many.** Some citizens struggle with **access to services.** This includes **transportation and education on healthy lifestyles, as well as education on navigating the healthcare system.**
- **Substance use is an issue.** This includes drugs (prescription misuse, opioids), alcohol, and tobacco use.

"Many Emergency Department visits are related to a patient's mental health. There is not a strong referral system to get patients appointment with mental health providers in a timely manner."

Social Determinants of Health reported by Key Informant Interviews include:

Food

- Food insecurity impacts many community members
- Children and seniors
- Many live in food deserts and cannot walk to grocery stores

Community/Social Context

- Stigma against care is a barrier to many
- Many feel lonely or isolated
- Seniors
- Broadband access

Healthcare Access

- Primary care is at capacity, and this can lead to issues for accessing care in the future

Economic Stability

- Lack of jobs available
- Socio-economic gaps in services available
- Inflexibility with employment can make it difficult to access services, appointments, etc. needed to be healthy
- Exacerbated by COVID-19 pandemic

Physical Environment

- Transportation is a real issue for many community members
- Community is not walkable and that keeps many from accessing resources

Education

- Access to education on health lifestyles, including healthy meal planning, as well as information about preventative health practices is needed

Opportunities to Better the Community Healthcare System

- Utilize community members as decision makers/advisors to hospital
- Strengthen communication between hospitals and patients
- Pharmacy central fill system
- Assisting with food insecurity in community
- Expanding clinics into rural areas
- More health care workers
- Diverse providers
- Cost is a barrier to many
- Case management to connect patients to resources
- Follow up care/shorter wait times for appointments
- Building trust with community
- Broadband expansion
- Options for telemedicine
- Reintroducing regular screenings and checkups
- Many stopped during COVID-19
- Dentists who accept Medicaid patients

"Going into rural areas and adding jobs in the smaller communities, investing in these communities would be beneficial."

Strengths of the Community Healthcare System

- Region feels fortunate to have 2 hospitals available.
- Quality providers at both locations
- Hospitals acted as community leaders during pandemic
- Collaborative organizations
- Health Department and hospitals work together and communicate well
- Variety of specialists available
- Strong EMS
- Housing Authority works hard for community
- Resource connectors
  - Facebook page connects people to resources
  - Narcan trainings
  - Food pantries

"Our community is very philanthropic and excellent at caring for one another"

Focus Group Findings

Qualitative analysis of focus group responses revealed overarching themes across the focus groups. Findings across all groups consistently underscored challenging experiences that not only hindered community ability to access services, but also the need for expanded services. Focus groups were conducted with representatives from Marshall, McCracken, and Graves Counties to discuss the health needs of populations with unmet health needs and to deepen the understanding of the health challenges they face. The focus groups include the Community Steering Committee, Mercy Health Home Care, Hospice, and Palliative Care, and Paducah Public Schools Family Resource Center directors with a total of 22 participants. Responses below is the combined focus group data.

The key findings from each of the 5 questions posed to the focus groups are listed below:

- The vision for healthy communities in Marshall, McCracken, and Graves Counties includes community vitality, healthy lifestyles, and access to healthcare.
- The greatest health needs in the service area are identified as chronic diseases, healthy lifestyles and more, and access to care. Social determinants of health particular to Marshall, McCracken, and Graves Counties heavily impact the community's view of the greatest health needs.
- Regarding the greater healthcare system, defined as hospital, health department, EMS, clinics, housing and food access; there is a comprehensive system in place that collaborates often, but there is still need for expanded access.
- To better meet health needs in Marshall, McCracken, and Graves Counties, the community needs expanded services and education.
- There were positive and negative lasting impacts of COVID-19 on the community.

Finding 1:

The vision for healthy communities in Marshall, McCracken, and Graves Counties includes community vitality, healthy living, and access to healthcare.

Focus group responses that contributed to this finding are listed below.

Community Vitality

- Affordable housing
- Reduced homelessness
- LGBTQ needs met
- Community resources known and accessible
- Access to transportation
- Equal access - no socioeconomic, gender or racial barriers

Healthy Living

- Access to healthy foods
- Cooking and food prep classes
- Nutrition education
- Reduced obesity
- Reduced diabetes
- Reduced chronic diseases
- Prevention screenings and additional preventive services

Access to Care

- Insured people
- Prevention screenings and additional preventive services
- Health education that is fun and interesting
- Preventative care for youth
- Dental care - Medicaid population

Finding 2:

The greatest health needs in the service area are identified as chronic diseases, healthy lifestyles and more, and access to care. Social determinants of health particular to Marshall, McCracken, and Graves Counties heavily impact the community's view of the greatest health needs.

Focus group responses that contributed to this finding are listed below.

Chronic Diseases

- Substance Use
- Mental Health
- Cancers & advanced cancers
- Diabetes

Access to Care

- Mental health care
- Prescription assistance
- Uninsured/underinsured
- Dental care - Medicaid
- Transportation
- Need after- hours care
- Coordination of care

Healthy Lifestyles and More

- Vaping
- Substance use (youth and adults)
- Reduce stigma of seeking mental health care
- Nutrition education
- Reduce food insecurity & address food deserts
- Senior citizens - need physical activity
- Increased STI's
- Grandparents raising grandchildren
- Transportation - essential services

Social Determinants of Health particular to service area that impact the greatest health needs in the community are:

- **Housing**
    - Homelessness is an issue. There is a need for quality, safe, and affordable housing for people in the service area.
- **Transportation**
    - Transportation to and from essential services, including healthcare is a barrier for people.
- **Poverty**
    - The rising costs of living is forcing many in the community to live in poverty which can adversely impact health outcomes.
- **Access to Care**
    - Access to quality medical care is a barrier to many in the service region. Community members are seeking primary care providers and dentists that accept their health insurance. The complexity of the healthcare system can be a barrier for patients.
    - Healthcare navigators would help the community understand the healthcare system and take best advantage of it.

Finding 3:

Regarding the greater healthcare system, defined as hospital, health department, EMS, clinics, housing and food access; there is a comprehensive system in place that collaborates often, but there is still need for expanded access.

Focus group responses that contributed to this finding are listed below.

Opportunities for System

- More providers
  - Primary care
  - EMS - EMTs, Paramedics, Lack of knowledge on what EMS does, Cost of education and training
  - Nursing shortage
  - Mental health providers
  - Dieticians
  - More specialists to stay close to home
  - More funding for healthcare
  - Tuition reimbursements (some training available in community)
- Increase relationships between schools and healthcare providers
- Baptist Health in schools but it seems limited
- Add lead testing at Head Start sites
- Work with low resource and minority groups to educate on healthcare opportunities
  - Trainings and education
  - Providers should look like community
  - Address language barriers
- Bridge between primary care and services/resources available
- Diversity in physicians, students/patients want to see a doctor that looks like them
- Cultural sensitivity - Diet based on religion or culture, school nutrition department tries to meet those needs
- Palliative care is there to tie all the care someone needs together

Strengths of System

- Collaborative community partnerships
- Health coalition with participation from surrounding counties
- Everyone at one table to get people talking
- Collaborative response
- Lourdes Foundation assists financially
- Very fortunate to have "really impressive" healthcare providers in this area

Finding 4:

To better meet health needs in Marshall, McCracken, and Graves Counties, the community needs expanded services and education.

Focus group responses that contributed to this finding are listed below.

- Community recreation center
- Community education: Social determinants of health and how community as a whole has an impact on health
  - Ex. - adding financial institutions to health coalition
- Broader representation and reach
- Opioid task force
- Transportation
- Partnerships
- More free health clinics in the community
- Taking services to the community
- Social workers, community health workers to connect patients to care
- Motivating people to utilize care available to them
- More education on integrated care (primary care and mental health care)
- FQHC services (KentuckyCare)
- Less stigma - for accessing needed mental health care
- Recruiting more providers - Medicare/Medicaid patients struggling to find primary care
- Mental health/substance use, qualified therapists, mental health stigma reduction, QPR and Mental Health First Aid trainings, mental health providers for home visits
- Need for psychiatric and mental health assistance
- Dental care for Medicaid patients
- More community health workers in community to meet with minority groups
- Health care partners trained to be trauma informed and institute trauma informed practices
- Affordable healthcare
- Simplify billing services
- Expand in-home palliative and home primary care
- Continuity of care between providers
- Health education including education on healthcare system
- Expand qualifications for home health
- Policies addressing gaps in coverage

Finding 5:

There were positive and negative lasting impacts of COVID-19 on the community.

Focus group responses that contributed to this finding are listed below.

Positives

- Focus on work life balance
  - More family time
- More creative with how we reach and communicate with people
- Expansion of telehealth services
  - Mental health
  - Substance use
- Starting point for mental health conversations
  - More requests for Mental Health First Aid training
- More aware of health disparities among specific populations

Negatives

- Children losing years of development
  - Behavior
  - By missing preschool and other similar programs, children are missing pieces needed for socialization, and feel "thrown in" at school
- Long haul symptoms
  - Cognitive symptoms
- Decreased worker availability for jobs
- Social isolation amongst older population
  - Lower attendance post COVID
  - Fear of large gatherings
  - Delivering over 400 meals to seniors
  - Isolation incredibly detrimental to health
- Increase in substance use
  - Higher rates of using
  - Opioids rising
  - Increasing overdoses

2022 County Health Rankings Data

	Indicator	Kentucky	McCracken County	Graves County	Marshall County
Demographics	Population	4,477,251	65,644	36,818	31,163
	% below 18 years of age	22.40%	22.10%	23.90%	20.30%
	% 65 and older	17.20%	20.90%	19.40%	22.80%
	% non-Hispanic Black	8.30%	10.80%	4.00%	0.50%
	% American Indian & Alaska Native	0.30%	0.40%	0.60%	0.30%
	% Asian	1.70%	1.00%	0.50%	0.50%
	% Native Hawaiian/Other Pacific Islander	0.10%	0.10%	0.10%	0.00%
	% Hispanic	4.00%	2.80%	7.30%	1.80%
	% non-Hispanic white	83.90%	82.80%	85.70%	96.10%
	% not proficient in English	1%	0%	2%	0%
	% female	50.70%	52.20%	51.10%	50.60%
	% rural	41.60%	27.80%	69.40%	85.90%
Quality of Life / Health Outcomes	Premature death	10,000	10,000	9,100	9,700
	COVID-19 age-adjusted mortality	74	75	124	68
	Life expectancy	75.1	75.6	74.9	75.1
	Premature age-adjusted mortality	490	470	500	470
	Child mortality	50	40	50	90
	Infant mortality	6	7		
	Poor or fair health	22%	21%	25%	21%
	Poor physical health days	5	4.8	5.2	4.7
	Poor mental health days	5.5	5.3	5.5	5.3
	Low birthweight	9%	9%	8%	8%
	Frequent physical distress	16%	15%	16%	14%
	Frequent mental distress	18%	17%	18%	17%
	Diabetes prevalence	12%	11%	13%	11%
	HIV prevalence	204	255	159	71
Health Behaviors	Adult smoking	25%	23%	26%	23%
	Adult obesity	36%	36%	39%	39%
	Food environment index	6.6	6.6	7.2	8.2
	Physical inactivity	32%	32%	37%	31%
	Access to exercise opportunities	66%	65%	42%	48%
	Excessive drinking	18%	17%	15%	16%
	Alcohol-impaired driving deaths	25%	21%	22%	28%
	Sexually transmitted infections	468.1	550.3	434.7	257.2
	Teen births	29	32	40	28
	Food insecurity	14%	14%	15%	12%
	Limited access to healthy foods	6%	15%	8%	3%

2022 County Health Rankings

	Indicator	Kentucky	McCracken County	Graves County	Marshall County
	Drug overdose deaths	36	20	12	
	Motor vehicle crash deaths	17	17	26	28
	Insufficient sleep	42%	41%	41%	41%
Access to Care	Uninsured	8%	7%	9%	7%
	Primary care physicians	1,540:1	980:1	3,730:1	2,220:1
	Dentists	1,520:1	1,080:1	2,450:1	2,600:1
	Mental health providers	390:1	410:1	1,000:1	3,120:1
	Preventable hospital stays	5,028	4,515	6,799	4,060
	Mammography screening	41%	50%	41%	44%
	Flu vaccinations	46%	54%	45%	48%
	Uninsured adults	9%	8%	10%	8%
	Uninsured children	4%	4%	5%	5%
	Other primary care providers	620:1	280:1	1,420:1	1,250:1
Social & Economic Factors	High school completion	87%	92%	89%	90%
	Some college	63%	65%	57%	66%
	Unemployment	6.60%	7.20%	5.90%	6.10%
	Children in poverty	19%	21%	24%	15%
	Income inequality	5	4.9	4.9	4.5
	Children in single-parent households	26%	29%	20%	20%
	Social associations	10.6	16.4	9.9	18
	Violent crime	222	233	129	85
	Injury deaths	101	98	89	88
	High school graduation	92%	91%	94%	94%
	Disconnected youth	8%		19%	
	Reading scores	3.1	3.4	3.3	3.2
	Math scores	3	3.3	3.2	2.8
	School segregation	0.21	0.13	0.13	0.03
	School funding adequacy	$741	($168)	($4,455)	$4,597
	Gender pay gap	0.79	0.67	0.74	0.69
	Median household income	$54,100	$50,700	$44,500	$56,300
	Living wage	$35.16	$34.63	$33.70	$33.30
	Children eligible for free or reduced price lunch	56%	56%	61%	50%
	Residential segregation - Black/white	62	53	62	71
	Residential segregation - non-white/white	52	49	39	53
	Childcare cost burden	28%	28%	32%	22%
	Childcare centers	7	7	8	6

2022 County Health Rankings

	Indicator	Kentucky	McCracken County	Graves County	Marshall County
	Homicides	6	5	8	
	Suicides	17	22	20	17
	Firearm fatalities	17	17	20	13
Physical Environment	Air pollution - particulate matter	8.7	9.8	9.3	9.6
	Drinking water violations		No	No	No
	Severe housing problems	14%	15%	12%	11%
	Driving alone to work	81%	86%	87%	86%
	Long commute - driving alone	30%	13%	26%	26%
	Traffic volume	303	240	71	45
	Homeownership	68%	65%	74%	83%
	Severe housing cost burden	11%	13%	9%	7%
	Broadband access	82%	85%	78%	86%

From County Health Rankings 2022 Data Release
Data available at: https://www.countyhealthrankings.org/

Focus Area	Measure	Description	Source	Year(s)
HEALTH OUTCOMES				
Length of Life	Premature death*	Years of potential life lost before age 75 per 100,000 population (age adjusted).	National Center for Health Statistics - Mortality Files	2018-2020
Quality of Life	Poor or fair healtht	Percentage of adults reporting fair or poor health (age-adjusted).	Behavioral Risk Factor Surveillance System	2019
	Poor physical health dayst	Average number of physically unhealthy days reported in past 30 days (a e-ad'usted).	Behavioral Risk Factor Surveillance System	2019
	Poor mental health dayst	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2019
	Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	National Center for Health Statistics - Natality files	2014-2020
HEALTH FACTORS				
HEALTH BEHAVIORS				
Tobacco Use	Adult smokingt	Percentage of adults who are current smokers (age-adjusted).	Behavioral Risk Factor Surveillance System	2019
Diet and Exercise	Adult obesityt	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	Behavioral Risk Factor Surveillance System	2019
	Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019
	Physical inactivityt	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	Behavioral Risk Factor Surveillance System	2019
	Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	Business Analyst, ESRI, YMCA & US Census Tigerline Files	2010 & 2021
Alcohol and Drug Use	Excessive drinkingt	Percentage of adults reporting binge or heavy drinking (age-adjusted).	Behavioral Risk Factor Surveillance System	2019
	Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	Fatality Analysis Reporting System	2016-2020
Sexual Activity	Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
	Teen births*	Number of births per 1,000 female population ages 15-19.	National Center for Health Statistics - Natality files	2014-2020
CLINICAL CARE				
Access to Care	Uninsured	Percentage of population under age 65 without health insurance.	Small Area Health Insurance Estimates	2019
	Primary care physicians	Ratio of population to primary care physicians.	Area Health Resource File/American Medical Association	2019
	Dentists	Ratio of population to dentists.	Area Health Resource File/National Provider Identification file	2020

Focus Area	Measure	Description	Source	Year(s)
	Mental health providers	Ratio of population to mental health providers.	CMS, National Provider Identification	2021
Quality of Care	Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Mapping Medicare Disparities Tool	2019
	Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	Mapping Medicare Disparities Tool	2019
	Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Mapping Medicare Disparities Tool	2019
SOCIAL & ECONOMIC FACTORS				
Education	High school completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	American Community Survey, 5-year estimates	2016-2020
	Some college	Percentage of adults ages 25-44 with some post-secondary education.	American Community Survey, 5-year estimates	2016-2020
Employment	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Bureau of Labor Statistics	2020
Income	Children in poverty*	Percentage of people under age 18 in poverty.	Small Area Income and Poverty Estimates	2020
	Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	American Community Survey, 5-year estimates	2016-2020
Family and Social Support	Children in single-parent households	Percentage of children that live in a household headed by a single parent.	American Community Survey, 5-year estimates	2016-2020
	Social associations	Number of membership associations per 10,000 population.	County Business Patterns	2019
Community Safety	Violent crime	Number of reported violent crime offenses per 100,000 population.	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths*	Number of deaths due to injury per 100,000 population.	National Center for Health Statistics - Mortality Files	2016-2020
PHYSICAL ENVIRONMENT				
Air and Water Quality	Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	Environmental Public Health Tracking Network	2018
	Drinking water violations+	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Safe Drinking Water Information System	2020
Housing and Transit	Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	Comprehensive Housing Affordability Strategy (CHAS) data	2014-2018
	Driving alone to work*	Percentage of the workforce that drives alone to work.	American Community Survey, 5-year estimates	2016-2020
	Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	American Community Survey, 5-year estimates	2016-2020

*Indicates subgroup data by race and ethnicity is available; + Not available in all states; ‡ 2018 data for New Jersey.

Focus Area	Measure	Description	Source	Year(s)
HEALTH OUTCOMES				
Length of Life	COVID-19 age-adjusted mortality	All deaths occurring between January 1, 2020 and December 31, 2020 due to COVID-19, per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files	2020
	Life expectancy*	Average number of years a person can expect to live.	National Center for Health Statistics -	2018-2020
	Premature age-adjusted mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files	2018-2020
	Child mortality*	Number of deaths among residents under age 18 per 100,000 population.	National Center for Health Statistics - Mortality Files	2017-2020
	Infant mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	National Center for Health Statistics - Mortality Files	2014-2020
Quality of Life	Frequent physical distress‡	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2019
	Frequent mental distress‡	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2019
	Diabetes prevalence‡	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).	Behavioral Risk Factor Surveillance System	2019
	HIV prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
HEALTH FACTORS				
HEALTH BEHAVIORS				
Diet and Exercise	Food insecurity	Percentage of population who lack adequate access to food.	Map the Meal Gap	2019
	Limited access to healthy foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas	2019
Alcohol and Drug Use	Drug overdose deaths*	Number of drug poisoning deaths per 100,000 population.	National Center for Health Statistics - Mortality Files	2018-2020
	Motor vehicle crash deaths*	Number of motor vehicle crash deaths per 100,000 population.	National Center for Health Statistics - Mortality Files	2014-2020
Other Health Behaviors	Insufficient sleep‡	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	Behavioral Risk Factor Surveillance System	2018
CLINICAL CARE				
Access to Care	Uninsured adults	Percentage of adults under age 65 without health insurance.	Small Area Health Insurance Estimates	2019
	Uninsured children	Percentage of children under age 19 without health insurance.	Small Area Health Insurance Estimates	2019
	Other primary care providers	Ratio of population to primary care providers other than physicians.	CMS, National Provider Identification	2021
SOCIAL & ECONOMIC FACTORS				
Education	High school graduation+	Percentage of ninth-grade cohort that graduates in four years.	EDFacts	2018-2019

Focus Area	Measure	Description	Source	Year(s)
	Disconnected youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	American Community Survey, 5-year estimates	2016-2020
	Reading scores*+	Average grade level performance for 3rd graders on English Language Arts standardized tests	Stanford Education Data Archive	2018
	Math scores*+	Average grade level performance for 3rd graders on math standardized tests	Stanford Education Data Archive	2018
	School segregation	[illegible]	National Center for Education Statistics	2020-2021
	School funding adequacy+	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	School Finance Indicators Database	2019
Income	Gender pay gap	A ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	American Community Survey, 5-year estimates	2016-2020
	Median household income*	The income where half of households in a county earn more and half of households earn less.	Small Area Income and Poverty Estimates	2020
	Living wage	Living wage is the hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.	The Living Wage Calculator	2021
	Children eligible for free or reduced price lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	National Center for Education Statistics	2019-2020
Family and Social Support	Residential segregation - Black/white	Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents.	American Community Survey, 5-year estimates	2016-2020
	Residential segregation - non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents.	American Community Survey, 5-year estimates	2016-2020
	Childcare cost burden	Childcare costs for a household with two children as a percent of median household income	The Living Wage Calculator, Small Area Income and Poverty Estimates	2021 & 2020
	Childcare centers	Number of childcare centers per 1,000 population under 5 years old.	Homeland Infrastructure Foundation-Level Data (HIFLD)	2021
Community Safety	Homicides*	Number of deaths due to homicide per 100,000 population.	National Center for Health Statistics - Mortality Files	2014-2020

Focus Area	Measure	Description	Source	Year(s)
	Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files	2016-2020
	Firearm fatalities*	Number of deaths due to firearms per 100,000 population.	National Center for Health Statistics - Mortality Files	2016-2020
	Juvenile arrests+	Rate of delinquency cases per 1,000 juveniles	Easy Access to State and County Juvenile Court Case Counts	2019
PHYSICAL ENVIRONMENT				
Housing and Transit	Traffic volume	Average traffic volume per meter of major roadways in the county.	EJSCREEN: Environmental Justice Screening and Mapping Tool	2019
	Homeownership	Percentage of owner-occupied housing units.	American Community Survey, 5-year	2016-2020
	Severe housing cost burden	Percentage of households that spend 50% or more of their household income on housing.	American Community Survey, 5-year estimates	2016-2020
	Broadband access	Percentage of households with broadband internet connection.	American Community Survey, 5-year estimates	2016-2020
DEMOGRAPHICS				
All	Population	Resident population.	Census Population Estimates	2020
	% below 18 years of age	Percentage of population below 18 years of age.	Census Population Estimates	2020
	% 65 and older	Percentage of population ages 65 and older.	Census Population Estimates	2020
	% non-Hispanic Black	Percentage of population self-identifying as non-Hispanic Black or African American.	Census Population Estimates	2020
	% American Indian & Alaska Native	Percentage of population self-identifying as American Indian or Alaska Native.	Census Population Estimates	2020
	% Asian	Percentage of population self-identifying as Asian.	Census Population Estimates	2020
	% Native Hawaiian/Other Pacific Islander	Percentage of population self-identifying as Native Hawaiian or Other Pacific Islander.	Census Population Estimates	2020
	% Hispanic	Percentage of population self-identifying as Hispanic.	Census Population Estimates	2020
	% non-Hispanic white	Percentage of population self-identifying as non-Hispanic white.	Census Population Estimates	2020
	% not proficient in English	Percentage of population that is not proficient in English.	American Community Survey, 5-year estimates	2016-2020
	% female	Percentage of population that is female.	Census Population Estimates	2020
	% rural	Percentage of population living in a rural area.	Census Population Estimates	2010

*Indicates subgroup data by race and ethnicity is available; + Not available in all states; ‡ 2018 data for New Jersey.

Key Informant Interview Questions

1. How would you describe the overall quality of life for residents in your county?
    - And how would you describe it for the vulnerable populations? *(Low income, seniors)*

2. What are the most significant or common needs in the region? *(Related to health or others you want to share)*
    - What ages does the issue affect?

3. What is your perception of the current healthcare system (hospital, health department, clinics, physicians, EMT and other essential services*) in the region? *(*Essential services include public utilities, access to healthy food, access to housing, etc.)*
    - What are the strengths of the current services?
    - Are there barriers to accessing services for some populations? If so, what are the barriers?

4. What could be done in the region to better meet residents health needs? (or other needs that you see?)

*Key informants that are experts in specific health care topics (ex. mental health, substance use, seniors/elderly) follow-up questions will be tailored to those populations.

Focus Group Questions

What are the most pressing health needs or problems in the region?

- *Share the age(s) that it impacts most. (Social determinants of Health*)*
- **Economic stability, Social and community context, Neighborhood and Environment, Health care, Education*

What could be done to better meet these health needs? Think about the hospital and its services and other partners in the community.

- *Are there barriers to access services?*

Perception of current health care system (Hospital, Health Department, EMS, Housing, Food Access).

- *What is working well?*
- *What needs to be improved or added (if possible)?*

What are lasting (if any) impacts of COVID-19 on the community and health? Positive or negative?

- *Positive*
- *Negative*

Purchase Area Health Connections Survey Questions

The Purchase Area Health Connections is assisting with Community Health Needs Assessments. Please fill out the following survey questions to help us identify the community's needs.

The survey should take 5-10 minutes. All responses are anonymous.

1. How old are you?
    - Under 18
    - Between 18 and 25 years old
    - Between 26 and 39 years old
    - Between 40 and 54 years old
    - Between 55 and 64 years old
    - Between 65 and 74 years old
    - Older than 74 years old

2. Identify your gender:
    - Male
    - Female
    - Other (please specify)

3. Identify your race. (Check all that apply)
    - American Indian or Alaskan Native
    - Asian
    - Black/African American
    - Hispanic/Latinx
    - White
    - Other (please specify)

4. If you have insurance, what is your status?
    - Medicaid
    - Medicare
    - Parent's insurance
    - Private insurance
    - Spouse's insurance
    - Through employer
    - Veteran’s Health Care Benefits
    - I do not have insurance.
    - Other (please specify)

5. What county do you live in?
    - Ballard
    - Calloway
    - Carlisle
    - Fulton
    - Graves
    - Hickman
    - Livingston
    - Marshall
    - McCracken
    - Pope, IL
    - Massac, IL

6. Identify your primary transportation:
    - Friend/Family member
    - Personal vehicle
    - Walk
    - Bicycle
    - Public (Example: Bus)
    - Cab/Lyft/Similar

7. What risk factors affect your personal health? (Check all that apply)
    - Alcohol use
    - Tobacco/Nicotine use (Example: Cigarettes/Vaping)
    - Illicit substance use (Example: Opioids/Marijuana/Meth)
    - Physical inactivity
    - Unhealthy diet
    - Food Insecurity/Hunger
    - Abandoned/Neglected as a child
    - Isolation/Loneliness
    - Physical abuse
    - Crime
    - Homelessness (Example: Couch surfing)
    - Incarceration
    - Low income
    - Mental health
    - Unemployment
    - Other (please specify)
    - None of the above

8. Identify the health challenges you face. (Check all that apply)
    - Alcohol use disorder
    - Arthritis
    - Asthma
    - Cancer
    - Diabetes
    - Heart disease
    - High blood pressure
    - Joint/Back pain
    - Lung disease
    - Mental health
    - Nicotine/Tobacco use
    - Overweight/Obesity
    - Substance use disorder
    - I don’t have any health challenges.
    - Other (please specify)

9. Are there barriers that prevent you from accessing health care? (Check all that apply)
    - Cultural/Religious beliefs
    - Fear of being judged
    - Lack of providers
    - Lack of appointments
    - Language barriers
    - No insurance
    - Quality of providers
    - Transportation
    - Unable to pay co-pays/Deductibles
    - I do not have barriers.
    - I do not know how to access.
    - Other (please specify)

10. What factors influence your health choices? (Check all that apply)
    - Family
    - Friends
    - Significant other
    - Other people around you
    - Community
    - How you feel in the moment
    - Listening to physicians, healthcare professionals
    - Public health recommendations/guidelines (Example: CDC)
    - Social media
    - Access to parks/walking trail
    - Weather (Seasons: Spring, Summer, Fall, Winter)
    - Other (please specify)

11. Where do you get most of your healthcare information? (Check all that apply)
    - Doctor/Healthcare provider
    - Flyers/Posters
    - Friends/Family
    - Google, Yahoo, and other search engines
    - Health Department
    - Library resources
    - Local hospital website
    - News Paper/Magazines
    - Radio/Television
    - Social Media
    - I don't access health care information
    - Other (please specify)

12. Do you and your family get any of the following regular health screenings or vaccines? (Check all that apply)
    - Annual physical
    - Blood pressure
    - Colonoscopy
    - Mammogram
    - Other cancer screenings
    - COVID-19 Vaccine
    - Dental check ups
    - Diabetes Screenings
    - Flu Vaccine
    - Vision Screenings
    - I don't get regular screenings/vaccinations.
    - Other (please specify)

13. What is your barrier to the recommended weekly physical activity (30 minutes of moderate (walking at a fast pace) exercise, 5 times a week)? (Check all that apply).
    - Child Care
    - Cost
    - Lack of bike lane/shoulder/trail
    - Lack of facility (Example: gym/public pools/group classes)
    - Lack of knowledge
    - Motivation
    - No parks/Side walks
    - No transportation
    - Safety (Example: street lights/hit by a car/crime)
    - Side walks (Example: no side walks/damaged)
    - Time
    - I don't have a barrier; I exercise the recommended amount.
    - Other (please specify)

14. According to the American Heart Association, a person should consume 4 servings of fruit and 5 servings of vegetables per day. What are your barriers to the recommended daily consumption of fruits and vegetables? (Check all that apply).
    - Access
    - Cost
    - Knowledge
    - Options
    - Preference
    - I don't like the taste of fruits and vegetables
    - None
    - Other (please specify)

15. What type of treatment and/or supports have you utilized for substance use disorders/mental health in the past 12 months? (Check all that apply).
    - AA/NA
    - Counselor/Therapist
    - Emergency Room (ER)
    - Medically assisted treatment
    - Peer led
    - Primary care physician
    - Programs
    - Psychiatrist
    - Faith based leader (priest/pastor)
    - Religious associations
    - Support groups
    - I could benefit from these services but haven't
    - I haven't needed to use these services.
    - Other (please specify)

16. Is your community a good place to... (Yes / No)
    - Raise Children?
    - Retire?
    - Live?

17. Are you currently...
    - Living with family (parent(s), guardian, grandparents, or other relatives)
    - Couch surfing or moving from home to home
    - Group homes
    - Living on your own (apartment, house, etc.)
    - Living in a place not meant to be a residence, such as outside, in a tent city or homeless camp, in a car, in an abandoned vehicle or in an abandoned building
    - Recovery housing
    - Residential treatment
    - Staying in an emergency shelter or transitional living program
    - Staying in a hotel or motel

18. What major issues does the community need to address? (Check all that apply).
    - Access to food
    - Access to health care services
    - Affordable health care options
    - Cancer
    - Diabetes
    - Home insecurity/Homelessness
    - Jobs and Income
    - Mental health
    - Obesity
    - Recreations/Parks
    - Nicotine free environment
    - Substance use
    - Teen birth rates
    - Transportation
    - Other (please specify)

19. How has the COVID pandemic impacted your life? (Check all that apply).
    - Fear of going out in public
    - Increase in alcohol use
    - Increase in nicotine/tobacco use
    - Increase in substance use
    - Lost a job
    - Lost insurance
    - Lost child care
    - Mental health
    - Not able to access health care services
    - Personally contracted COVID
    - Received lower grades in school
    - Serious illness/Death of a family member
    - Strained relationships
    - Other (please specify)

Board Approval

The Mercy Health – Lourdes Hospital 2022 Community Health Needs Assessment was approved by the Mercy Health – Lourdes Hospital Board of Trustees on November 4, 2022.

Board Signature: Charles Bahle DMD

Date: 11-4-2022

For further information or to obtain a hard copy of this Community Health Needs Assessment (CHNA) please contact: Leigh Ann Ballegeer, Director of Community Health, Mercy Health – Lourdes Hospital

Mercy Health CHNA Website: https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment