Community Health Needs Assessment & Implementation Plan

St. Elizabeth
FT. THOMAS

St. Elizabeth Ft. Thomas

Community Health Needs Assessment & Community Benefits Implementation Plan

September 10, 2012

CONDUCTED ON BEHALF OF:
St. Elizabeth Healthcare

FOR:
St. Elizabeth Edgewood
St. Elizabeth Florence
St. Elizabeth Ft. Thomas
St. Elizabeth Grant

AUTHORS:
David W. Bailey
Rosanne Nields
Brent Harvey
Community Benefits Steering Committee

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EXECUTIVE SUMMARY

St. Elizabeth Healthcare conducts a comprehensive Community Health Needs Assessment every three years. The purpose of a community health needs assessment is to involve the community in a systematic process **to identify and analyze community health needs, prioritize those needs, and to develop an action plan to address these needs**. The assessment includes information and lessons learned from prior assessments, a review of current health problems or issues, and evaluation of available health and socioeconomic data including assessment completed by other local organizations. Working collaboratively with various stakeholders, the data is then prioritized and the recommendations made are used to develop the future strategies and programs to be provided by the St. Elizabeth Healthcare Implementation Plan.

In 2012, St. Elizabeth Healthcare conducted a **Community Health Needs Assessment** that included a combination of quantitative and qualitative information based on available national and regional health data. Since all of the hospitals in the St. Elizabeth Healthcare system are located in the same geographical region and all serve this population, it was decided to use the same service area for all of the facilities. It was determined **to use the Northern Kentucky Area Development District (NKADD) as the community served for this assessment**. The NKADD encompasses the counties of Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton, and represents over 463,000 residents.

Statistics for the St. Elizabeth Healthcare service area were **compared to statewide data as well as national benchmarks** such as Healthy People 2020. As part of this assessment, and to insure that there was broad representation of community input, numerous invitations to participate in **focus groups** went out to community leaders, including those with special knowledge of or expertise in public health. Other groups invited included legislators, city and county leaders, school leaders, police and fire chiefs, and other healthcare and social service providers. For those who could not attend one of the focus groups, a **web-based survey** was made available.

The focus groups generated a list of **prioritized areas of opportunity for community health improvement**. This list was reviewed by the Community Benefits Steering Committee, composed of St. Elizabeth Healthcare executive leaders, who engaged in additional dialogue, taking into consideration what resources are available that when redirected would have the most positive health outcomes. The Committee then, by vote, narrowed the list to the top five priorities. Next, the list was advanced to the Strategic Planning Committee of the Board of Trustees to review, in which they narrowed the list down to the top three issues to focus on that will have the **greatest possible impact** on community health status**.**

The three priorities identified are obesity, heart disease and diabetes.

An Implementation Plan was developed to address these needs. The progress toward achieving the goals identified in the plan will be reported back to the St. Elizabeth Healthcare Board. The Board of Trustees reviewed and approved the Community Health Needs Assessment and Implementation Plan on **September 10, 2012.**

INTRODUCTION

Organization Description

St. Elizabeth Healthcare

St. Elizabeth Healthcare operates four hospital facilities throughout Northern Kentucky: St. Elizabeth Edgewood, St. Elizabeth Florence, St. Elizabeth Ft. Thomas and St. Elizabeth Grant for a combined total of 1,200 patient beds. In addition, St. Elizabeth Healthcare operates an Ambulatory Care Center, an Alcohol and Drug Treatment Center, Hospice Center, three freestanding imaging centers and a physician organization, which includes 61 primary care and specialty office locations, more than 1,200 physicians with admitting privileges, employs more than 7,400 associates including St. Elizabeth Physicians. St. Elizabeth Healthcare is sponsored by the Diocese of Covington and provided more than $92.4 million in uncompensated care and benefit to the community in 2011.

St. Elizabeth Healthcare provides a broad range of programs and services to address the needs identified by its patients and community to improve the health of Northern Kentucky. When and where appropriate, “Centers of Excellence” have been developed at specific facilities that are best suited to provide that service, thereby reducing the duplication and costs in providing services.

St. Elizabeth Ft. Thomas

This document is the Community Health Needs Assessment and Strategic Implementation Plan for St. Elizabeth Ft. Thomas, located in Ft. Thomas, Kentucky.

St. Elizabeth Ft. Thomas is a 278 bed full-service hospital featuring 24/7 emergency care, a center for breast health and cancer treatment center, a diabetes center, cardiac rehabilitation services, and Physicians for Women and Nurse Midwives.

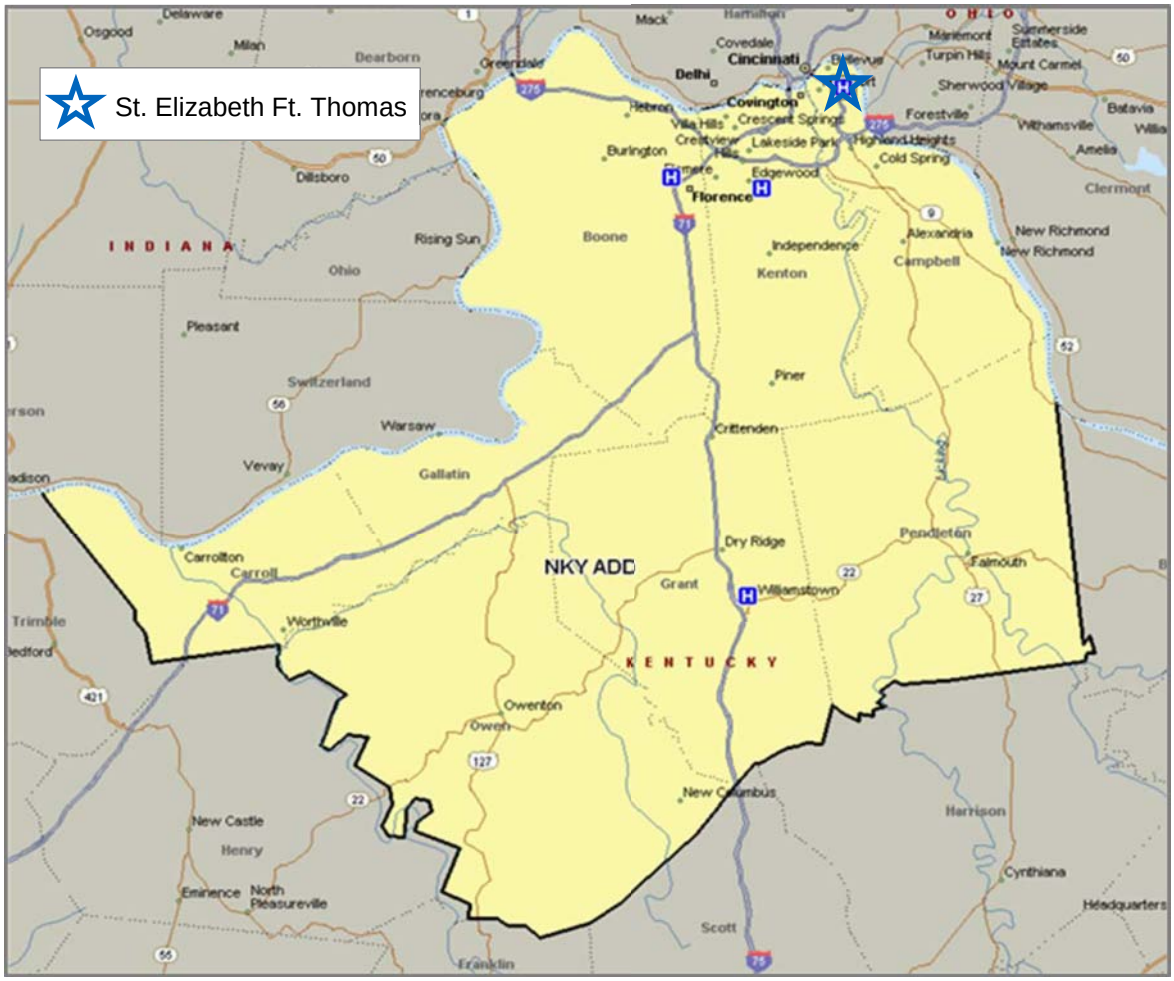
St. Elizabeth Ft. Thomas
85 N. Grand Avenue, Ft. Thomas
Campbell County, Kentucky 41075

Fiscal Year 2011 — Operating Status	
Licensed Beds	278
Inpatients	6,140
Patients days	27,584
Births	0
Outpatient visits	51,711
Emergency room visits	37,828

Economic Impact	
Total employees	854
Wages and salaries paid	$38,671,617

St. Elizabeth Ft. Thomas — Total Discharges for 2011				
County	**Inpatients**	**Outpatients**	**Total**	**% of Total**
Campbell, KY	4,665	33,990	38,655	75.85%
Kenton, KY	535	4,171	4,706	9.23%
Pendleton, KY	377	2,262	2,639	5.18%
Boone, KY	94	996	1,090	2.14%
Grant, KY	26	185	211	0.41%
Gallatin, KY	8	50	58	0.11%
Carroll, KY	4	18	22	0.04%
Owen, KY	1	23	24	0.05%
Total NKADD	5,710	41,695	47,405	93.02%
Other	371	3,188	3,559	6.98%
Total Discharges	6,081	44,883	50,964	100.00%

Northern Kentucky Area Development District Map



Mission, Vision, Values

Mission Statement

As a Catholic healthcare ministry, we provide comprehensive and compassionate care that improves the health of the people we serve.

Our Vision

St. Elizabeth is the preferred destination for healthcare, where innovative professionals deliver the highest quality of care.

Our Values

INNOVATION

I seek better ways to perform my work, find creative solutions and embrace change.

COLLABORATION

I understand that mutual respect and teamwork are critical to accomplishing goals. I work with others to achieve the best individual and collective outcomes.

ACCOUNTABILITY

I use resources efficiently, respond to others promptly, face challenges in a timely manner, and accept responsibility for my actions and decisions.

RESPECT

I respect the dignity and diversity of our associates, physicians, patients, family, and community members. I promote trust, fairness and inclusiveness through honest and open communication.

EXCELLENCE

I believe in serving others by pursuing excellence in healthcare. I compassionately care for the mind, body and spirit of each patient.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Defining Purpose and Scope

The purpose of the assessment was to evaluate the current health needs of the community, to review the resources currently in place to meet those needs and to identify major gaps between the two. Data from the assessment was then used develop an implementation plan to bridge the gap and better meet the health needs of the community.

The assessment process included a combination of activities:

- Establishing a Community Benefits Steering Committee for oversight of the process.
- Collecting and analyzing secondary data sources that include health status, demographic and socioeconomic statistical data from various national, state, and local resources, e.g., Vision 2015, United Way.
- Accumulating primary data via an anonymous web-based survey and conducting focus groups of community leaders.

The Community Benefits Steering Committee

The Committee Benefits Committee is a multi-disciplinary team that has several functions, (see Appendix 1). They have oversight of the Community Health Needs Assessment, the development of the Community Benefits Plan, monitoring implementation of the plan and providing periodic reports of the activities that have taken place to the Board and the community. These processes are put into place to assure that St. Elizabeth Healthcare is fulfilling its mission to improve the health of the people they serve, to achieve identified Community Benefits Plan objectives, and to assure that the program is in compliance with the new Affordable Care Act of 2010 requirements. The Community Benefits Committee makes recommendations to the St. Elizabeth Healthcare Board who will serve as the approving body.

Defining the Service Area

St. Elizabeth Healthcare's primary service areas include the majority of the Northern Kentucky Area Development District (NKADD). Therefore, it was determined to use the NKADD as its community served for this assessment. The NKADD encompasses the counties of Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton. The total population of this area is 438,647. This also simplified the acquisition and standardization of data since the state of Kentucky and other resources report out their data at the ADD level. The NKADD serves as a multi-county planning and development organization and fosters regional strategies, solutions and partnerships that achieve sustainable economic growth and improve the overall quality of life for the citizens of Kentucky, (see Appendix 2 for a map of the NKADD).

Collecting and Analyzing Data

The process began first by reviewing the existing Community Benefits Plan for the years 2010 through 2012 for any pertinent information that may have an impact on the current assessment. Next, began the research, collecting and organizing information on the current population demographics, socioeconomic characteristics, health statistics/health outcomes and factors, inventory of existing health care facilities and health resources. This data was used as supporting documentation during the focus group sessions and to match internal data with the demand analysis to develop the Plan.

Like many communities, heart disease, cancer, stroke and diabetes are the highest areas of death in all of the counties of the NKADD. In addition, behavioral issues affecting health including obesity, smoking, mental health and substance abuse also have rates that are similar across the counties of the NKADD, and are of concern compared to the national rates and Healthy People 2020 goals. Several community-wide efforts have used this data along with community input to identify and prioritize important health needs. The most recent effort and one that St. Elizabeth used to organize our community leader focus groups was United Way Bold Goals, (see Appendix 4 for a summary of health status data and United Way Bold Goals).

Healthy People 2020

Objectives and data from Healthy People 2020 were reviewed and used as comparative benchmarks when analyzing the resource data and discussing the community's health needs with the participants of the focus groups. Health People 2020 objectives were used in generating ideas and strategies for meeting the health needs of the community.

Gathering Community Input

St. Elizabeth Healthcare invited 349 community leaders, business persons and residents to participate in either a focus group or survey. Participants in the assessment included representation from St. Elizabeth Healthcare, State Legislature, Fiscal Courts, Law Enforcement, Health Departments, City Officials, area school systems and other healthcare and social service providers, e.g., Healthpoint. There were three focus groups conducted with a total of 22 participants, (see Appendix 2 for a listing of the focus group participants).

Focus Group Results

The focus groups were led by Brent Harvey, Planning & Marketing Analyst with St. Elizabeth Healthcare. Mr. Harvey began his presentation by first presenting the participants with the population and socioeconomic and health status of the community. Next, he presented data on the Health Status of the Community. This included the Burden of Chronic Diseases in Kentucky and Mortality & Incidences of Cancer in Kentucky as well as drilled down information on the local area. He then presented findings from three locally generated health status reports: Health Improvement Collaborative of Greater Cincinnati, „Indicators of Healthy Communities 2011'; Northern Kentucky Health Department, „Vision for a Healthy and Vibrant Community'; and United Way, „Bold Goals For Our Region'. All included a focus on the three categories of health care needs — Access to Care, Prevention & Wellness and Chronic Disease Management.

Mr. Harvey then opened the floor for discussion on the material presented, soliciting input on barriers to care, potential solutions and any other needs that the participants would like to bring forward. After the discussion period, the participants were asked to prioritize those items identified and discussed by using a voting method. The goal was to have the participants narrow

down the issues to five to ten of the most pressing health needs in the area and the rationale for choosing those health needs that best services and impacts the community as a whole. Appendix 5 lists some of the barriers to care and potential solutions suggested by the focus group participants.

The top healthcare needs identified by the focus group included:

Focus Group #1	Focus Group #2	Focus Group #3
• Avoidable ED Visits	• Avoidable ED Visits	• Avoidable ED Visits
• Dental Care	• Health Disparity Rate	• Health Insurance
• Diabetes Rate	• Mental Health	• Mental Health
• Obesity Rates	• Obesity Rates	• Obesity Rates
• Substance Abuse	• Substance Abuse	• Substance Abuse
• Wellness Exams	• Wellness Exams	• Wellness Exams

Web-Based Survey Results

Community leaders also had the opportunity to complete an online survey. Thirteen members chose this option noting the following as top community health needs:

Online Survey Results	
• Access to PCP	• Infant Health
• Cancer	• Mental Health
• Heart Disease	• Substance Abuse
• Wellness Exams	

St. Elizabeth Physicians' Board and Management Staff Results

St. Elizabeth Physicians' Board and their management were also asked for their input. The following are the health needs that they identified:

St. Elizabeth Physicians Managers Meeting	St. Elizabeth Physicians Board Meeting
• Dermatology	• Colorectal Screening
• Diabetes	• Medication Cost/Access
• Medication Cost/Access	• Mental Health
• PCP/Specialty access	• Obesity
• Mental Health	• Wellness Exams
• Specialty accepting Medicaid/Uninsured	• Smoking
• Substance Abuse	• Substance Abuse
• Urology	• Transportation

Prioritization Process

The top healthcare needs identified by the community leaders were: Mental Health, Obesity, Substance Abuse, Avoidable ED visits, Wellness, Cancer, Diabetes, Heart Disease, Health Insurance, Infant Mortality, Medication Cost/Access and Smoking. The majority of these items are currently being addressed in one form or another by St. Elizabeth Healthcare.

This list of prioritized areas of opportunity for community health improvement was forwarded on to the Community Benefits Steering Committee, which engaged in additional dialogue, taking into consideration what resources were available that when redirected would have the most positive health outcomes. The Committee then by a vote narrowed the list to the top five priorities. This decision was made easier knowing that all the items identified were already being addressed in one form or another. The Committee identified the following five priorities: Avoidable ED visits/Access to a Primary Care Provider; Cancer; Diabetes; Heart Disease; and Obesity.

Next, the list was advanced to the Strategic Planning Committee of the Board of Trustees to review and narrow the list down to the top three issues to which resources should be committed, in order to make the greatest possible impact on community health status. **The three priorities identified were obesity, heart disease and diabetes.** Implementation plans were developed to address these prioritized needs. Progress toward strategies in the plan will be reported back to the St. Elizabeth Healthcare Board on an annual basis.

The summary below highlights the prioritized health improvement needs that will be addressed for the years 2013 through 2015.

- **Obesity** — To develop programs/services to educate, prevent and assist residents of Northern Kentucky, especially children, regarding obesity.
- **Heart Disease** — To develop a Heart and Vascular Institute which encompasses a comprehensive integrated approach to the prevention, diagnosis and treatment of heart disease with a focus on research.
- **Diabetes** — To provide services through the Regional Diabetes and Endocrine Center and St. Elizabeth Physicians (primary care) that will provide the education, patient support, screenings, preventive care and treatment for those who suffer from diabetes and its complications.

The remaining healthcare needs that were not chosen as the top priorities are currently being addressed by St. Elizabeth Healthcare through existing programs and services, (see Appendix 7).

COMMUNITY HEALTH IMPLEMENTATION PLAN, 2013–2015

Staff drafted strategies as part of the Community Benefits Implementation plan to address the prioritized focus areas. This plan was reviewed and revised by the Community Benefits Steering Committee. The revised plan was then taken to the Strategic Planning committee of the St. Elizabeth Healthcare Board for review and approval. Once approved, the plan was taken to the Board of Trustees and approved on September 10, 2012. The following is a summary of the plan.

Obesity:

Goal

To develop programs/services to educate, prevent and assist residents of Northern Kentucky, especially children, regarding obesity.

Measure

Reduce the current obesity rate of 33.3% for the community served toward the Healthy People 2020 goal of 30%.

Strategies/Tactics

- Evaluate partnerships with area schools to provide wellness education and other initiatives, focusing on grade schools.
- Work with St. Elizabeth Physicians primary care physicians to utilize care management tools and practice protocols to prevent and treat obesity.
- Work through Business Health to increase focus with area employers to provide nutrition and fitness programs for their associates and encourage incentives, e.g., insurance discounts, for healthy behaviors.
- Leverage and explore new partnerships with community organizations to support efforts to reduce obesity, e.g., NKU College of Informatics, grocery stores, Boys and Girls Club, Northern Kentucky Independent Health Department, Parish Nursing, etc.
- Evaluate participation in community/state/national initiatives, e.g., Weight of the Nation campaign (fitness and healthy eating), Sit to Fit (program for at risk children and parents through Children's Hospital), etc.
- Advocate for legislative changes that incent healthy lifestyles in schools, businesses and for individuals, e.g., tax incentives, exercise in the schools, nutrition standards in schools.
- Develop promotional efforts to educate public on strategies to reduce obesity, e.g., social media, mobile apps.

Heart Disease:

Goal

To develop a Heart and Vascular Institute which encompasses a comprehensive integrated approach to the prevention, diagnosis and treatment of heart disease with a focus on research.

Measure

Reduce the current incidence of mortality from heart disease moving towards the Healthy People 2020 goal of 100 per 100,000 people (currently at 230+ for the Northern Kentucky counties).

Strategies/Tactics

- Implement the Heart and Vascular strategic plan initiatives including:
  - Increased outreach efforts for prevention, education and screening.
  - Increased research efforts to increase quality of care and innovative approaches to care.
  - Increase Heart & Vascular Clinical Resources focused on ongoing treatment, e.g., CHF clinics, stroke clinic, etc.
- Evaluate participation in community/state/national initiatives, e.g., AHA Million Hearts Campaign, etc.

Diabetes

Goal

To provide services through the Regional Diabetes and Endocrine Center and St. Elizabeth Physicians (primary care) that will provide the education, patient support, screenings, preventive care and treatment for those who suffer from diabetes and its complications.

Measure

- Increase the screening of residents in our community who are at risk for diabetes, (provided 39 screening events in 2011 reaching 4,632 people).
- Enhance the percentage of St. Elizabeth Physicians' practices that meet all five standards for diabetes care.

Strategies/Tactics

- Continue to provide and enhance the Regional Diabetes Center for the community including education, support, screenings, and treatment
- Expand diabetes screening and educational services to new locations such as Grant County, schools and churches.
- Continue to work through St. Elizabeth Physicians to enhance diabetes treatment and performance on five community wide standards as indicated on the Your Health Matters website.

Community Healthcare Resources

St. Elizabeth Healthcare has and will continue to work collaboratively with various health care resources that are accessible to the residents of Northern Kentucky when applicable to address the needs identified in the Community Health Needs Assessment.

Hospitals Facilities in the Northern Kentucky Area Development District

Name	County	Type	# Beds
Carroll County Memorial Hospital	Carroll	Critical Access	25
Gateway Rehabilitation Hospital	Boone	Physical Rehabilitation	40
Healthsouth Northern KY Rehabilitation	Kenton	Physical Rehabilitation	40
NorthKey Community Care Intensive Services	Kenton	Acute Care Psychiatric	6 51
New Horizons Medical Center	Owen	Critical Access	25
St. Elizabeth Healthcare Edgewood	Kenton	Acute Care Psychiatric Neonatal II	436 44 25
St. Elizabeth Healthcare Falmouth	Pendleton	Chemical Dependency	28
St. Elizabeth Ft. Thomas	Campbell	Acute Care	284
St. Elizabeth Florence	Boone	Acute Care Psychiatric	139 22

Source: Kentucky Cabinet for Health and Family Services, Inventory of Kentucky Health Facilities; August 2012

Health Departments

- Northern Kentucky Independent Health District
  (Serves Boone, Kenton, Campbell, and Grant Counties)
- Three Rivers District Health Department
  (Serves Carroll, Gallatin, Owen and Pendleton Counties)

Social Services

Family Services	
• 4C • Brighton Center • Cabinet for Health and Family Services • Catholic Social Services • Children, Inc. • Children's Advocacy Center	• Family Nurturing Center • Family Service • Mental Health Association of Northern Kentucky • NorthKey Community Care • Women's Crisis Center

Substance Abuse and Addiction	
• Al-anon • Alcoholics Anonymous • Catholic Social Services • Family Service • Kids Helping Kids • Narcotics Anonymous • Nar-Non	• NorthKey Community Care • Recovery Network of Northern Kentucky • St. Elizabeth Falmouth • Transitions — Droege House • Transitions — WRAP House • Veterans Affairs

Disability Services	
• BAWAC • Cincinnati Association for the Blind and Visually Impaired • Cincinnati Children's Hospital Medical Center, Division of Developmental Disabilities	• New Perceptions — Promote services to children and adults with mental or developmental disabilities • Redwood — Assist persons with disabilities • The Point — Community Development Corporation

Health-Related Agencies	
• American Heart Association • American Cancer Association • Alzheimer's Association • American Cancer Society • American Dental Association • American Diabetes Association • American Heart Association • American Lung Association • American Medical Association • American Red Cross • ARC — formerly Association for Retarded Citizens	• Arthritis Foundation National Cancer Institute • National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) • National Institutes of Health • National Organization of Albinism and Hypopigmentation • National Stroke Association • The American Academy of Allergy Asthma & Immunology

APPENDIX

Appendix 1:

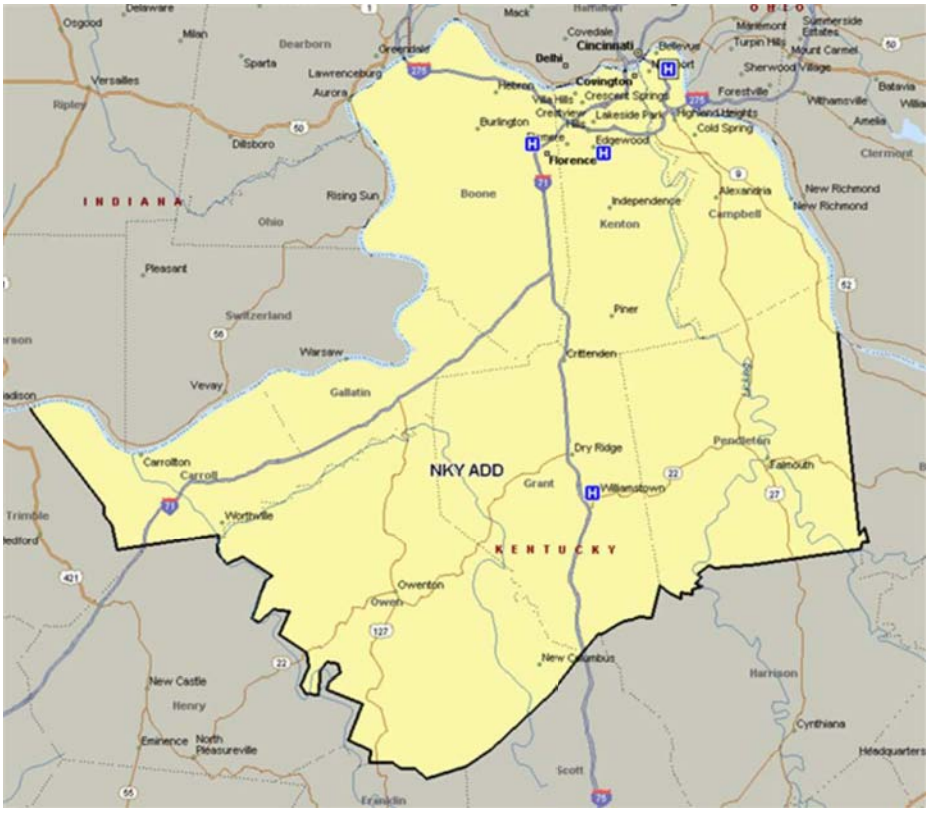
Community Benefits Steering Committee

Committee composition:
The committee will consist of the following representatives who will meet annually or as needed:

- Michael J. Gibbons, Chairman, Board of Trustees
- Garren Colvin, Chief Executive Officer and Chief Operating Officer
- Nathan VanLaningham, Sr. Vice President, Finance
- Sarah Giolando, Sr. Vice President and Chief Strategy Officer
- Chris Carle, Sr. Vice President and Chief Operating Office, Florence
- Thomas Saalfeld, Sr. Vice President and Chief Operating Office, Ft. Thomas
- Gary Blank, Sr. Vice President Professional Services
- Jane Swaim, R.N., Sr. Vice President and Chief Nursing Officer
- Glenn Loomis, M.D., President and Chief Executive Officer, St. Elizabeth Physicians
- Paula Roe, Vice President Operations, Covington/Grant and Business Health
- Rosanne Nields, Vice President, Planning and Government Relations (Chair)
- David W. Bailey, Director of Community Benefits and External Affairs
- Sandra Sims, Director of Public Relations and Marketing Communications

Appendix 2:

Northern Kentucky Area Development District Map



Source: Microsoft Mappoint and Northern Kentucky Area Development District

Appendix 3:

The Health Status of the Community

Northern Kentucky Demographics

	2010 U.S. Census Bureau**									
Counties	Population 2010 Census Total	White	Black	Hispanic	Asian	American Indian & Alaska Native	Reporting two or more Races	Proverty Estimate All Ages	Proverty Percent All Ages	Uninsured %^^
Boone	118,811	91.8%	2.5%	3.5%	2.1%	0.2%	1.8%	10,895	7.5%	19%
Kenton	159,720	91.0%	4.6%	2.6%	0.9%	0.2%	2.0%	20,906	11.4%	16%
Campbell	90,336	94.3%	2.5%	1.7%	0.8%	0.1%	1.5%	11,424	11.3%	18%
Grant	24,662	96.7%	0.7%	2.3%	0.3%	0.2%	0.9%	4,417	17.4%	22%
Pendleton	14,877	98.2%	0.4%	1.0%	0.1%	0.2%	0.9%	2,210	18.6%	25%
Owen	10,841	96.6%	0.8%	2.3%	0.2%	0.2%	1.0%	1,802	12.0%	25%
Gallatin	8,589	94.7%	1.3%	4.3%	0.2%	0.1%	2.0%	1,426	23.5%	22%
Carroll	10,811	92.1%	1.5%	7.3%	0.6%	0.3%	2.3%	2,339	21.8%	18%
NKY ADD	438,647	94.4%	1.8%	3.1%	0.7%	0.2%	1.6%	55419	15.4%	21%
KY	4,369,356	87.8%	7.8%	3.1%	1.1%	0.2%	1.7%	773,376	17.7%	19%
USA	312 Mil	72.4%	12.6%	16.3%	4.8%	0.9%	2.9%	43 Mil	13.8%	16.3%##

**Source: U.S. Census Bureau, 2010 Census. quickfacts.census.gov/qfd/index.html

^^ kentuckyhealthfacts.org 2/27/2012

HHS.gov

NKY Population Demographic By Age

Geographic area	Total population	Percent of total population					Median age (years)	Males per 100 females
		Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 years and over		All ages
Kentucky	4,339,367	23.6%	9.5%	26.3%	27.2%	13.3%	38.1	96.8
Boone County	118,811	28.3%	7.5%	28.7%	26.0%	9.5%	35.7	97.9
Campbell Cty	90,336	22.8%	11.1%	26.4%	26.9%	12.8%	37.0	96.1
Carroll County	10,811	25.1%	8.2%	26.6%	27.2%	12.9%	37.6	103.8
Gallatin County	8,589	26.8%	8.3%	25.9%	27.6%	11.4%	37.4	100.6
Grant County	24,662	28.1%	8.4%	27.3%	25.5%	10.7%	35.3	99.5
Kenton County	159,720	25.0%	8.7%	28.4%	26.7%	11.2%	36.0	97.7
Owen County	10,841	24.6%	7.4%	24.5%	29.1%	14.5%	40.1	98.7
Pendleton Cty	14,877	24.7%	8.5%	25.0%	29.5%	12.3%	39.5	100.2

X Not applicable.

Source: U.S. Census Bureau, 2010 Census.

2010 Census Summary File 1, Tables P12 and P13.

Appendix 3 (cont.)

Kentucky: Burden of Chronic Diseases

Chronic diseases — such as heart disease, stroke, cancer and diabetes — are among the most prevalent, costly, and preventable of all health problems.

- Leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well) greatly reduces a person's risk for developing chronic disease.
- Access to high-quality and affordable prevention measures (including screening and appropriate follow-up) are essential steps in saving lives, reducing disability and lowering costs for medical care. *Source: CDC 2008*

Heart disease and stroke

- The first and third leading causes of death in the United States, are the most common cardiovascular diseases.
- Heart disease accounted for 27% of deaths in Kentucky in 2005, while stroke caused 5% of deaths.
- In 2007, 30% of adults in Kentucky reported having high blood pressure (hypertension) and 39% of those screened reported having high blood cholesterol, which puts them at greater risk for developing heart disease and stroke.

Cancer

- The second leading cause of death in the United States, accounting for almost one in every four deaths.
- 24% of all deaths in Kentucky in 2005 were due to cancer.
- The American Cancer Society estimates that 22,850 new cases of cancer were diagnosed in Kentucky in 2007, including 2,570 new cases of colorectal cancer and 2,590 new cases of breast cancer in women.

Diabetes

- In 2005, diabetes was the sixth leading cause of death in the U.S. Likely to be underreported as a cause of death, the risk of death among people with diabetes is about twice that of people without diabetes of similar age.
- 1,187 adults in Kentucky died from diabetes mellitus in 2005.
- In 2007, 10% of adults in Kentucky reported being diagnosed with non-pregnancy related diabetes.

Appendix 3 (cont.)

Community Health Status Indicators Report 2009 (HHS)

Counties	Relative Health Importance*
Boone	• Breast Cancer (Female) • Colon Cancer • Coronary Heart Disease • Lung Cancer
Campbell	• Births to Women under 18 • Infant Mortality • White non Hispanic Infant Mortality • Neonatal Infant Mortality • Post-neonatal Infant Mortality • Breast Cancer (Female) • Colon Cancer • Lung Cancer • Stroke
Carroll	• Births to Women under 18 • Births to Unmarried Women • Breast Cancer (Female) • Colon Cancer • Coronary Heart Disease • Lung Cancer • Motor Vehicle Injuries • Suicide
Gallatin	Low Birth Wt. (<2500 g) • Very Low Birth Wt. (<1500 g) • Births to Women under 18 • Colon Cancer • Coronary Heart Disease • Lung Cancer • Suicide • Unintentional Injury
Grant	Breast Cancer (Female) • Colon Cancer • Coronary Heart Disease • Lung Cancer • Unintentional Injury
Kenton	• White non Hispanic Infant Mortality • Neonatal Infant Mortality • Breast Cancer (Female) • Colon Cancer • Lung Cancer • Suicide
Owen	• Infant Mortality • White non Hispanic Infant Mortality • Post-neonatal Infant Mortality • Coronary Heart Disease • Lung Cancer • Unintentional Injury
Pendleton	• Very Low Birth Wt. (<1500 g) • White non Hispanic Infant Mortality • Colon Cancer • Coronary Heart Disease • Lung Cancer • Motor Vehicle Injuries • Unintentional Injury

**Source: U.S. Census Bureau, 2010 Census. quickfacts.census.gov/qfd/index.html

Cancer Mortality 2008 (Age-adjusted rate per 100,000 population)

Counties	All Sites	Lung and Bronchus	Colorectal	Breast	Prostate
Boone	190.17	64.15	15.81	10.79	27.37
Campbell	215.62	63.84	16.11	14.23	21.42
Carroll	182.42	24.93	27.56	36.92	21.26
Gallatin	230.20	118.44	27.04	0/0	0.00
Grant	198.08	74.37	22.55	13.40	14.84
Kenton	220.16	77.93	21.56	13.52	34.95
Owen	127.51	42.03	14.81	11.63	0.00
Pendleton	228.31	81.61	43.86	15.97	20.15
NKY ADD	206.73	69.64	22.04	13.31	26.22
KY State	204.55	73.60	19.02	12.31	23.26

Cancer Incidence Rates 2009 (Age-adjusted rate per 100,000 population)

Counties	All Sites	Lung and Bronchus	Colorectal	Breast	Prostate
Boone	463.47	66.50	36.73	78.95	113.45
Campbell	539.03	106.9	56.26	83.09	137.19
Carroll	588.57	127.18	40.12	82.45	188.68
Gallatin	411.94	67.92	47.99	20.83	109.91
Grant	415.98	72.63	44.21	60.39	140.66
Kenton	530.09	79.11	53.39	75.44	145.02
Owen	439.64	92.48	26.25	24.95	81.27
Pendleton	504.00	127.44	59.08	73.59	124.45
NKY ADD	504.83	85.55	48.87	74.44	131.93
KY State	547.77	97.09	56.26	78.18	121.79

Source: Kentucky Cancer Registry 2/27/2012

Appendix 3 (cont.)

Indicators of Healthy Communities

Health Improvement Collaborative of Greater Cincinnati
Indicators of Healthy Communities 2011

1999-2006 Average Annual Age-Adjusted Coronary Heart Disease Mortality Rate per 100,000 Population			
Boone	231	Campbell	234
Grant	264	Kenton	232
Kentucky	258	United States	224
Healthy People 2020 – goal is 100			

1999-2006 Average Annual Age-Adjusted Stroke Mortality Rate per 100,000 Population			
Boone	60	Campbell	67
Grant	49	Kenton	55
Kentucky	60	United States	54
Healthy People 2020 – goal is 34			

Health Status Indicators

Percent of Adults Who Have Been Told They Have High Blood Pressure 2010	
Boone, Campbell, Grant, Kenton	29.9
Bracken, Carroll, Gallatin, Owen, Pendleton	38.4
Healthy People Goal	26.9

Incidence of Diabetes	
Counties	**% of Populations**
Boone	5.2
Campbell	6.9
Carroll	5.2
Gallatin	5.0
Grant	12.5
Kenton	7.3
Owen	5.9
Pendleton	10.2
KY	10.0
US *(state Healthfacts.org 3/28/2012)*	6.2
Community Health Status Indicators Report 2009 (HHS)	

Appendix 3 (cont.)

Health Improvement Collaborative of Greater Cincinnati
Indicators of Healthy Communities 2011

Percent of Adults Who Are Overweight or Obese (2010)			
	Overweight (BMI 25-29.9)	Obese (BMI >30)	Obese or Overweight
Boone, Campbell, Grant, Kenton	32.6	29.7	62.3
Bracken, Carroll, Gallatin, Owen, Pendleton	32.1	31.8	63.9
Healthy People 2020 Goal		30.6	

1999–2006 Average Annual Age-Adjusted Cancer Mortality Rate per 100,000 Population			
Boone	213	Campbell	231
Grant	228	Kenton	230
Kentucky	222	United States	191
Healthy People 2020 Goal	161		

2003–2007 Average Annual Percentage of Births Under 2500 Grams (5.5 lbs., Low Birth Weight)			
Boone	7.0	Campbell	9.0
Carroll	9.0	Gallatin	10.0
Grant	10.0	Kenton	8.0
Owen	7.0	Pendleton	9.0
Kentucky	9.0	United States	8.1
Healthy People 2020 Goal	7.8		

Appendix 3 (cont.)

Tobacco use is the single most preventable cause of disease and death in the United States.

Percent of Adults Who are Current Smokers (2010)	
Boone, Campbell, Grant, Kenton	33.3
Bracken, Carroll, Gallatin, Owen, Pendleton	43.3
Kentucky	24.8
Healthy People 2020	12.0

Centers for Disease Control and Prevention, Smoking and Tobacco Use Website: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm
Healthy People 2020 http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41

Percent of population who have been diagnosed with depression 2010	
Boone, Campbell, Grant, Kenton	23.6
Bracken, Carroll, Gallatin, Owen, Pendleton	21.8

Vision for a Healthy and Vibrant Community
Northern Kentucky Health Department

Community Health Status 2009

The top five ranked regional issues:

1. Healthy living and healthy weight.
2. Access to mental health services.
3. Substance abuse recovery services.
4. Access to oral and dental health services.
5. Access to health primary care.

Appendix 3 (cont.)

Vision for a Healthy and Vibrant Community
Northern Kentucky Health Department

County Priorities

Rank	Boone	Campbell	Grant	Kenton
1	Access to primary care	Access to mental health services	Access to primary care like an FQHC	Healthy living and healthy weight
2	Families in poverty	Parenting skills and child care	Lack of recreational opportunities	Access to primary care
3	Oral and dental health	Healthy living and healthy weight	Smoke-free community	Mental health, depression and suicide
4	Mental health and depression	Growing needs of the aging population	Access to mental health and substance abuse services	Oral and dental health, especially senior dental health
5	Smoking and tobacco	Transportation	Healthy living and healthy weight	Heart disease

United Way – Bold Goals For Our Region"

By 2020, at least 70%* of the community will report having excellent or very good health.

Adults in Boone/Campbell/Grant/Kenton counties reporting "excellent" or "very good" health.

2010 -- 44.4%
2005 -- 47.1%
2002 -- 48.4%
1999 -- 51.4%

2010 Regional: 50%

By 2020, at least 95%* of the community will report having a usual place to go for medical care.

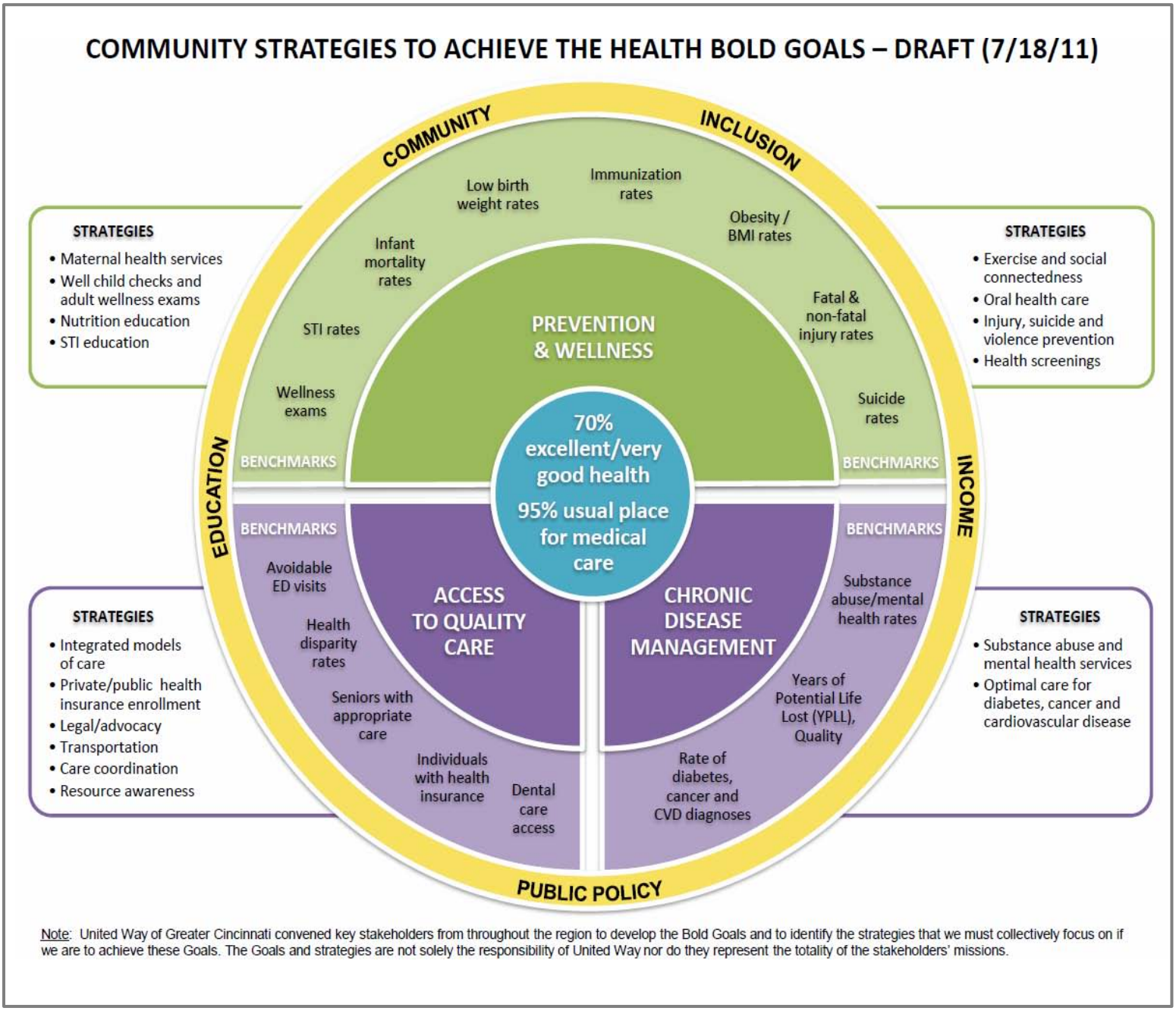
Adults in Boone/Campbell/Grant/ Kenton counties who have a medical home / routine place to go for medical care.

2010 -- 87.1%
2005 -- 90.4%
2002 -- 84.0%
1999 -- 83.1%

2010 Regional: 84%

**Source: Goal based on national Healthy People 2020 indicators; Data from Greater Cincinnati Community Health Status Survey.*

Appendix 3 (cont.)



Source: http://www.uwgc.org/files/1/PDFs/Community_Impact/Bold_Goals_Documents/Health_Bold_Goal_Strategies_02_20_12.pdf

Appendix 4

Community Health Needs Assessment Community Participants		
April 30, 2012; 8:00 AM	**April 30, 2012; 4:30 PM**	**May 3, 2012; 4:00 PM**
• Tracy Mann *Executive Director of Academic & Student Support Services* Kenton County Schools • John Schickel *Senator* State of Kentucky • Shawn Carroll *Executive Director* New Perceptions • Dr. Kathy Burkhardt *Superintendent* Erlanger Elsmere Schools • Mary Burch, R.N. *Health Coordinator* Erlanger Elsmere Schools • Craig Rice *President* Boys & Girls Clubs of Greater Cincinnati • Rick Skinner *Mayor* City of Williamstown • Nancy Atkinson *Council Member* City of Edgewood • Sr. Jean Hoffman Diocesan Catholic Children's Home • Mark Kreimborg Kenton County Fiscal Court • Ed Hughes *President* Gateway Community College	• Rosana Aydt *Executive Director/Director of Phamacy* Faith Community Pharmacy • Ken Rechtin Senior Services of Northern Kentucky • Charles Korzenborn *Sheriff* Kenton County • Steve Stevens *President and CEO* Northern Kentucky Chamber of Commerce • Tom Szurlnski *Chief of Police* City of Florence, Kentucky • Cathy Voeter City of Dayton	• Linda Young *Executive Director* Welcome House of NKY • Denise Bingham *Director of Nursing* Three Rivers District Health • Debbie Jones Three Rivers District Health • Tony Kramer *Chief of Police* City of Edgewood, Kentucky • Dr. Lynne Saddler NKY Health Department

Appendix 5

Community Health Needs Assessment Focus Groups Summary Barriers and Solutions

Barriers to Care

When discussing each item of healthcare needs above, barriers to care or issues were identified. Below is a summary of these items that were identified:

- Residents are using the Emergency Room as a primary care vehicle since they do not have insurance / do not have a Primary Care Physician / do not have access to a physician after hours / do not understand correct utilization / do not pay for services which are viewed as free.
- Poor access to dental care / lack of insurance / lack of providers accepting Medicaid or uninsured.
- Health disparity rates exist from lack of access / lack of income / lack of insurance / lack of education / poor choices by individuals such as smoking.
- People can't afford sick visits to the MD, much less a well visit / poor access / fear about what will be found and if they can afford to treat it.
- Obesity is a result of many factors including poor food choices given limited access and time / affordability of healthy food / lack of active culture / lack of knowledge on how being overweight can affect many health conditions.
- Substance abuse is a problem due to easy accessibility / lack of treatment facility options / over prescribing of medications / lack of intervention programs for youth.
- Mental health is an issue due to a major deficiency in treatment facilities / treatment is too slow / often heavily linked with substance abuse / often viewed as a social stigma for seeking treatment.

Potential Solutions

After discussing all of the barriers to care for the prioritized list, potential solutions to some of the issues were discussed. Below is a summary of these ideas:

- Have better urgent care or after-hours access to alleviate the strain on Emergency Rooms and better utilize the ER service.
- Create collaboration with dentists in the area to help care for those without access or means to pay.
- Educate the community on all prioritized health issues identified above.
- Provide better access for wellness exams for those without transportation or insurance.
- Work with schools and communities to provide a safe place for kids/residents to be active.
- Increase access to substance abuse treatment centers and expand drug court to other communities.
- Increase access to mental health treatment centers and look into better coordination of care among mental health providers.

Appendix 6

Community Health Needs Assessment Web-Based Survey

St. Elizabeth Healthcare is conducting a Community Health Needs Assessment. As a resident, community leader and/or a person with special knowledge or expertise in public health, you have the unique ability to provide insights into what you think are the health needs of our community. Your participation in this survey will assist St. Elizabeth Healthcare in identifying the most pressing needs and to develop goals to meet them.

1. **Please rank the top FIVE greatest health needs in your community, in your opinion: (1=TOP Greatest Need, 5=Fifth Greatest Need)**

○ Asthma/lung disease	○ Dental health	○ Tobacco use
○ Cancer	○ Access to Primary Care	○ Access to Health Services
○ Heart disease	○ Drug/alcohol abuse	○ Infant Health
○ Stroke	○ Mental health	○ I don't know
○ Diabetes	○ Obesity	○ Other (please specify)

2. **Please choose the #1 health need in our community, in your opinion:**

○ Access to Health Services	○ Diabetes	○ Obesity
○ Access to Primary Care Physician	○ Drug/alcohol abuse	○ Stroke
○ Asthma/lung disease	○ Heart disease	○ Tobacco use
○ Cancer	○ Infant Health	○ Other (please specify)
○ Dental health	○ Mental health	

3. **In your opinion, what factor do you think prevents people in your community from seeking healthcare services? (Check only one)**

○ Cultural/religious beliefs	○ Unable to pay for doctor's visit	○ No appointments available at the doctor when needed/have to wait too long at the doctor's office
○ Fear (not ready to face health problem)	○ Lack of knowledge/ understanding of the need	○ Not enough access to primary care physicians
○ Health services too far away	○ Lack of physician specialist	○ None/no barriers
○ Lack of insurance	○ Transportation	○ I don't know
○ Other (please specify)		

4. **Which of the following does your community need in order to improve the health of your family, friends and neighbors? (Check all that apply)**

○ Community Health Education	○ Transportation	○ Safe places to walk/play
○ Mental health services	○ Wellness services	○ Substance abuse rehabilitation services
○ Recreation facilities	○ Specialty physicians	○ I don't know
○ Other (please specify)		

5. **What health screenings or education/information services are needed in your community? (Check all that apply)**

○ Cancer	○ Diabetes	○ Exercise/physical activity	○ Vaccinations/ immunizations
○ Cholesterol	○ Dental screenings	○ Eating disorders	○ Prenatal care
○ Blood pressure	○ Disease outbreaks	○ Emergency preparedness	○ I don't know
○ Heart disease	○ Substance abuse	○ HIV/sexually transmitted diseases	○ Other (please specify)
○ Peripheral vascular disease (PVD)	○ Nutrition	○ Mental health	

Appendix 6 (cont.)

6. Where do you and your family get most of your health information? (Check all that apply)

○ Family or friends	○ Internet	○ Hospital newsletter	○ I don't know
○ Newspaper	○ Doctor/health professional	○ Health department	○ Other (please specify)
○ Magazines	○ Television	○ Radio	
○ Library	○ Hospital	○ Church	

7. If you or someone in your family were ill and required medical care, where would you go? (Check only one)

Doctor's office	Walk-in/urgent care center	I don't know
Free Clinics	Health department	Retail Clinics (Drug stores or Grocery Stores)
Hospital emergency department	Would not seek care	Other (please specify)

8. Please select the county(ies) where you currently have responsibilities or involvement. (Select all that apply)

○ Boone	○ Gallatin	○ Owen
○ Campbell	○ Grant	○ Pendleton
○ Carroll	○ Kenton	○ Other

Please list your zip code _____

9. What other ways do you think St. Elizabeth Healthcare or other community organizations could help improve the top five health needs you selected above?

What is your principle profession

○ Elected official	○ Public Safety/ Health Department
○ School official	○ Healthcare provider
○ Law enforcement	○ Social Services
○ Other (please specify)	

Appendix 7

Health Needs Identified by the Assessment
But not identified as one of the Top 3 priority areas

• Access to Primary Care	• Lack of Health Insurance	• Smoking
• Avoidable ED Visits	• Medication Costs	• Substance Abuse
• Cancer	• Mental Health	• Wellness
• Infant Mortality		

St. Elizabeth Healthcare will continue providing services to support these important community health needs. The following is a summary of many of the programs that are already provided for each of the issues identified.

- **Avoidable ED Visits/Access to Primary Care:**
  - Establishing 100% of St. Elizabeth Physician practices as certified medical homes.
  - Developing walk-in clinics and urgent care options through St. Elizabeth Physicians.
  - Providing training and care through the Family Practice Residency program.
  - Continuing to offer the Parish Nursing/Health Ministry program.
  - Recruiting St. Elizabeth Healthcare medical specialists as identified.
  - Treating Dental patients needing emergent care in the Emergency Department.
  - Providing cab and bus vouchers for patients.

- **Cancer:**
  - Providing cancer screenings, support groups and Breast Cancer Navigators.
  - Providing Drug Replacement Services — chemotherapy provided to those who are uninsured.
  - Providing mobile mammography van — no cost mammograms.
  - Offering the Cooper Clayton Smoking Cessation program.
  - Donating financial / operational support to several community health improvement organizations.

- **Infant Mortality:**
  - Offering maternal child programs: First Steps Point of Entry and Nurse-Family Partnerships.
  - Providing Obstetricians to Healthpoint for prenatal care.
  - Administering immunizations — Cocooning Project.
  - Offering Pre-Admission Education.

- **Lack of Health Insurance:**
  - Sponsoring a Financial Assistance Program.
  - Assisting patients eligible for government programs to register for those programs, plus provides charity care when appropriate.

- **Medication Costs/Access:**
  - Providing medications upon discharge from the Emergency Department or Inpatient and referral to St. Vincent DePaul Pharmacy.

Appendix 7 (cont.)

- **Mental Health:**
  - Providing inpatient treatment to uninsured.
  - Providing multiple support groups for patients and families.
  - Working with mental health courts and jails to coordinate care.
  - Implementing Telepsychiatry in the Emergency Department to assess mental health patients.

- **Wellness:**
  - Providing to the community numerous programs on various health topics and screenings.

- **Substance Abuse:**
  - Providing inpatient and outpatient treatment programs for adults.
  - Offering 12-step programs on site by community organizations.

- **Smoking Cessations:**
  - Assuring all of St. Elizabeth Healthcare campuses are smoke free.
  - Offering Cooper Clayton Smoking Cessation Classes are throughout the year.
  - Providing advocacy support for smoking ban ordinances.