

Caldwell Medical Center 2022

Community Health Needs Assessment

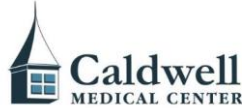
Adopted by Board Resolution May 26, 2022



Table of Contents

Executive Summary.....	4
Overview of Community Health Needs Assessment	5
Process and Methods.....	6
Community Representation.....	8
Overview of Priority Populations.....	9
Community Health Needs Assessment Subsequent to Initial Assessment	10
Definition of Area Served by the Hospital	11
Demographics of the Community.....	11
Community Health Characteristics.....	13
Methods of Identifying Health Needs.....	15
Ranked Health Priorities.....	16
Evaluation & Selection Process	20
Overview of Priorities.....	21
Implementation Plan Framework.....	29
Implementation Strategy.....	30
Appendix.....	39
Detailed Demographics	41
Leading Causes of Death.....	42
County Health Rankings.....	44
Detailed Approach.....	45
Data Sources.....	51
Survey Results.....	53

A Message to Our Community



Dear Community Member:

At Caldwell Medical Center, we have spent more than 70 years providing high-quality compassionate healthcare to the greater Caldwell County community. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan of how Caldwell Medical Center will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs. Caldwell Medical Center will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area. I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

A handwritten signature in black ink, appearing to read "Dan Odegaard", written in a cursive style.

Dan Odegaard
Chief Executive Officer
Caldwell Medical Center

Executive Summary

Caldwell Medical Center (“CMC” or the "Hospital") performed a Community Health Needs Assessment in partnership with QHR Health (“QHR”) to determine the health needs of the local community and developed an accompanying implementation plan to address the identified health needs in the community.

This CHNA report consists of the following information:

- 1) A definition of the community served by the hospital facility and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the hospital facility solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
- 5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the general community population was performed to review the prior CHNA and provide feedback. Additionally, the group reviewed the data gathered from secondary sources and determined the Significant Health Needs of the community.

The 2022 Significant Health Needs identified for Caldwell and Lyon Counties are:

- Mental Health
- Obesity
- Drug/Substance Abuse
- Prevention Services
- Affordability of Healthcare
- Cancer
- Smoking/Vaping/Tobacco Use
- Presence of Healthcare Services

In the Implementation Strategy section of the report, CMC addresses these areas through identified programs, resources, and services provided by CMC, collaboration with local organizations, and provides measures to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.



Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process



Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed by survey respondents.

Data Collection and Analysis

The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Survey respondents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- www.countyhealthrankings.org
- Stratasan, ESRI
- www.worldlifeexpectancy.com/usa-health-rankings
- Bureau of Labor Statistics
- NAMI
- Substance Abuse and Mental Health Service Administration
- Kentucky Injury Prevention and Research Center
- Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population
- National Cancer Institute

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community, through the Hospital's social media, to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 61 identified Local Expert Advisors and 28 community members was received. Survey responses were collected in January 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified from the data

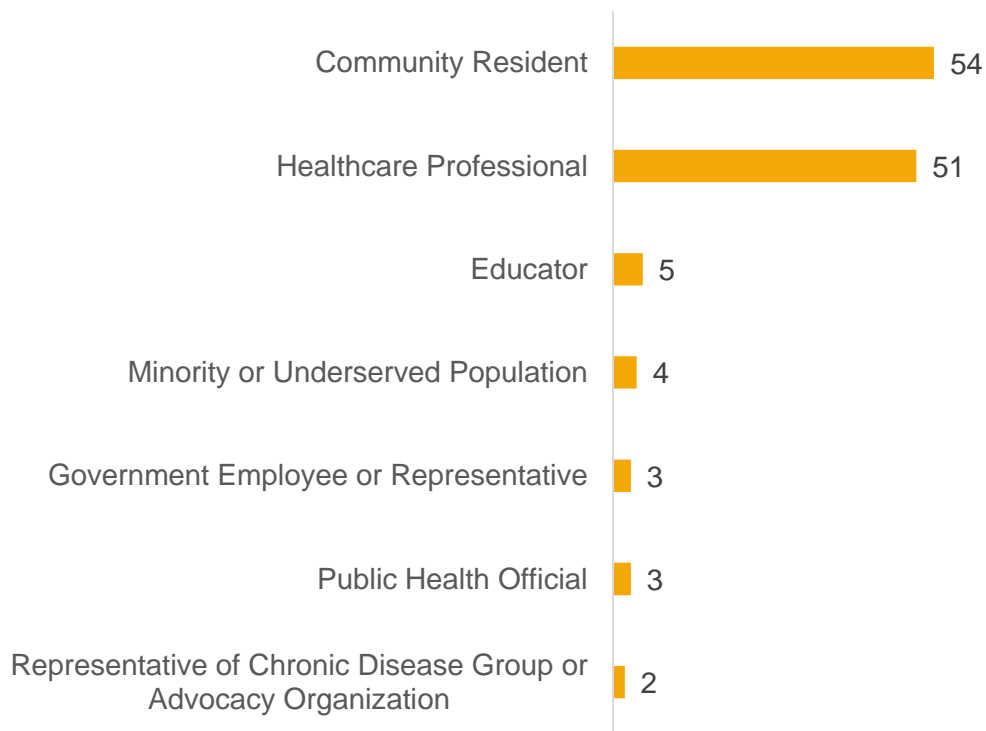
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an appendix to this report. Written comment participants self-identified into the following classifications:

- 1) **Public Health Official**
- 2) **Government Employee or Representative**
- 3) **Minority or Underserved Population**
- 4) **Chronic Disease Groups**
- 5) **Community Resident**
- 6) **Educator**
- 7) **Healthcare Professional**
- 8) **Other** (please specify)

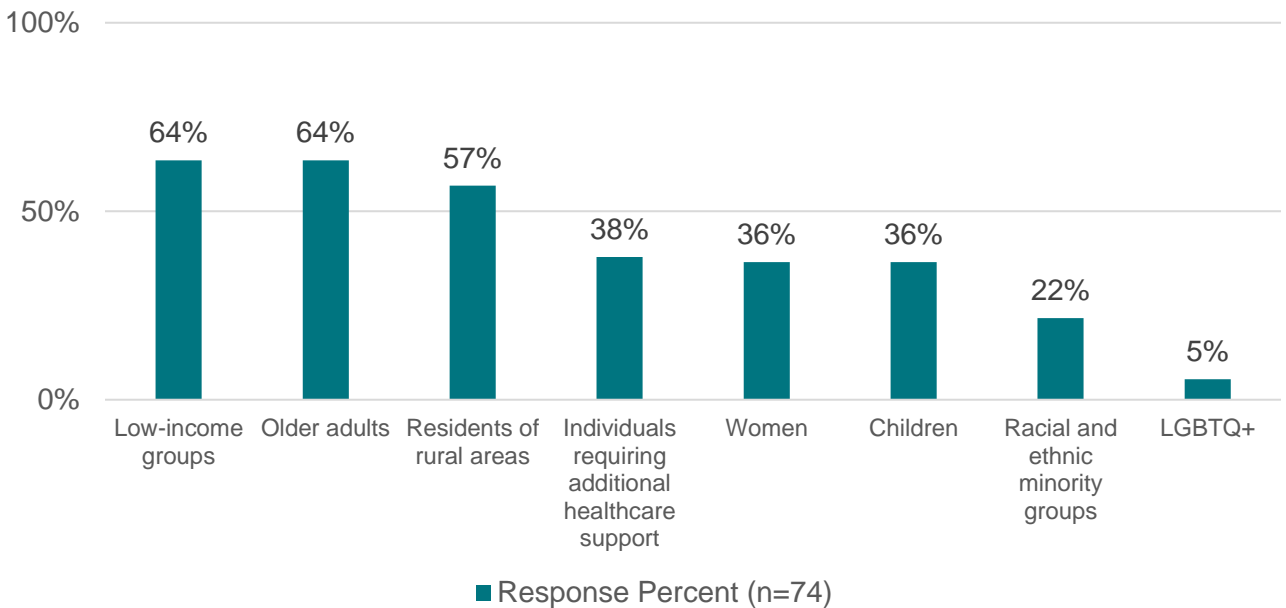
Survey Question: Please select all roles that apply to you (n=74)



Input on Priority Populations

Information analysis augmented by local opinions showed how Caldwell and Lyon Counties relate to their peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups (“Priority Populations”) need help to improve their condition and, if so, what needs to be done to improve the conditions of these groups.

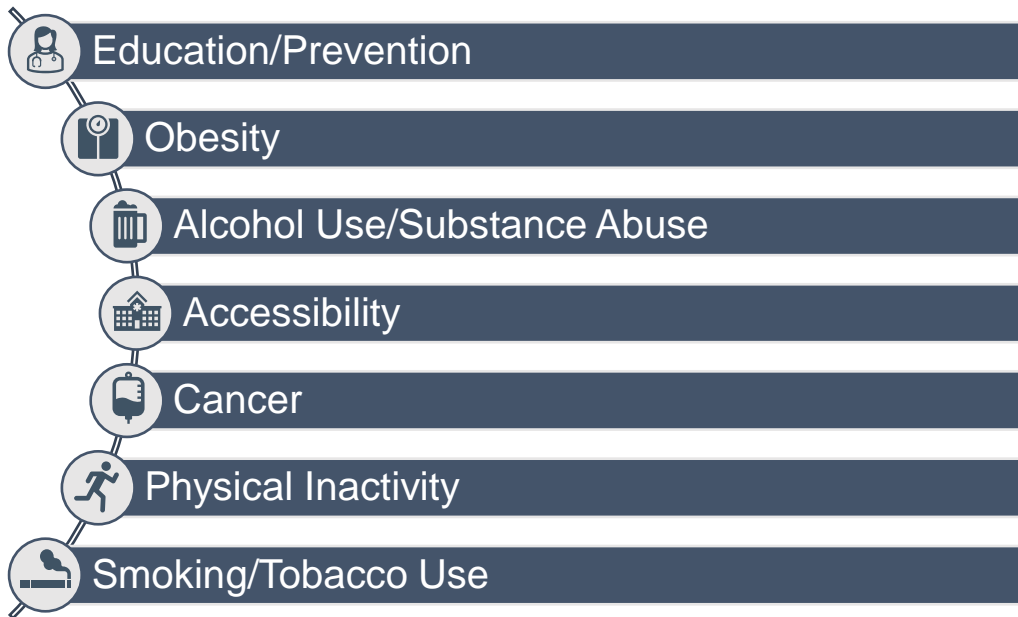
Survey Question: Which of these populations are prevalent/most common in your community?



- Local opinions of the needs of Priority Populations, while presented in their entirety in the Appendix, were abstracted in the following “take-away” bulleted comments:
 - The top three priority populations identified by the local experts were low-income groups, older adults, and residents of rural areas.
 - Summary of unique or pressing needs of the priority groups identified by the surveyors:
 - Inability to travel for specialty services
 - Affordability
 - Specialist needs
 - Education

Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regard to CMC's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:



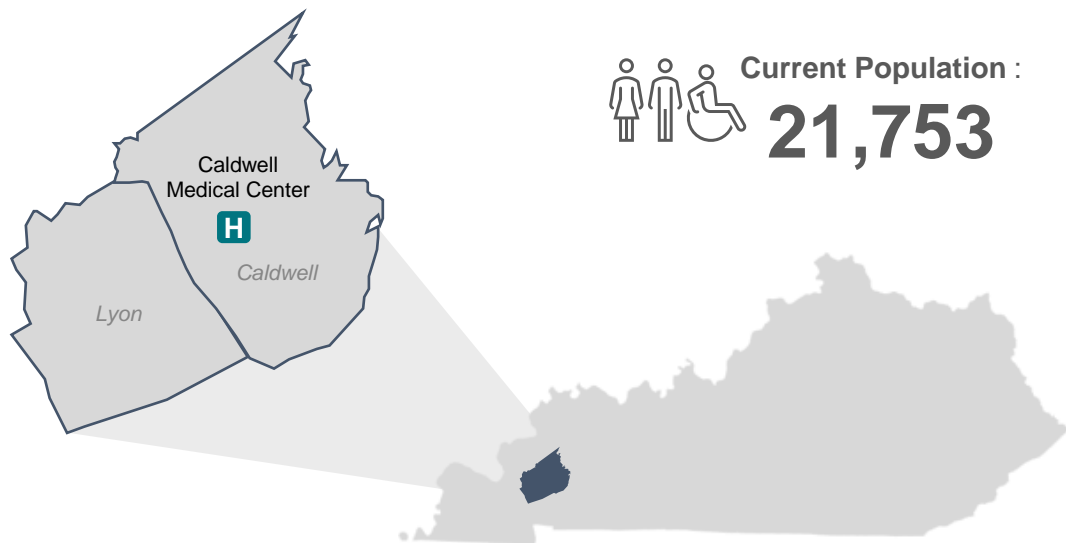
Community Served

For the purpose of this study, Caldwell Medical Center defines its service area as Caldwell and Lyon Counties in Kentucky which includes the following Zip codes:

42445 – Princeton 42038 – Eddyville 42411 – Fredonia 42055 - Kuttawa

During 2021, CMC received 81% of its Medicare inpatients from this area.

Service Area Demographics



Race/Ethnicity

	Caldwell County	Lyon County	Kentucky
White	91.7%	91.4%	85.5%
Black	5.5%	6.1%	8.4%
Asian & Pacific Islander	0.6%	0.7%	1.7%
Other	2.2%	1.9%	4.3%
Hispanic*	1.7%	2.1%	4.1%

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI

Age

	Caldwell County	Lyon County	Kentucky
0 – 17	19.8%	13.3%	21.3%
18 – 44	29.5%	29.1%	34.9%
45 – 64	26.7%	30.3%	25.9%
65 +	24.0%	27.3%	17.9%

Education and Income

	Caldwell County	Lyon County	Kentucky
Median Household Income	\$ 46,906	\$ 52,148	\$ 52,382
Some High School or Less	11.6%	10.9%	12.4%
High School Diploma/GED	45.7%	41.5%	33.4%
Some College/ Associates Degree	26.3%	29.4%	28.6%
Bachelor's Degree or Greater	16.4%	18.1%	25.5%

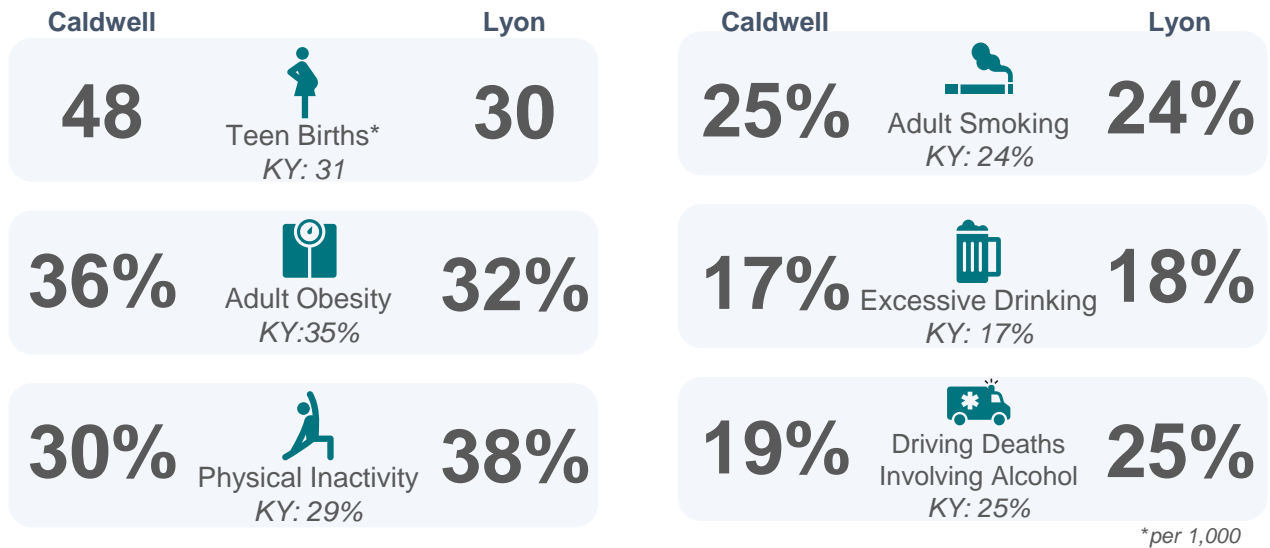
Source: Stratasan, ESRI

Community Health Characteristics

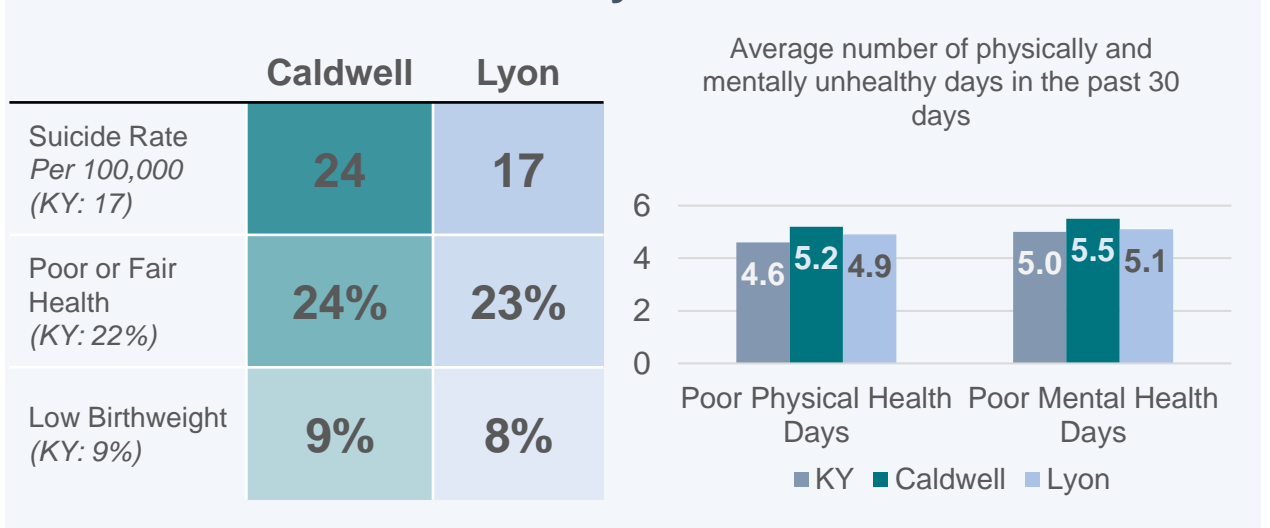
The data below shows an overview of Caldwell and Lyon Counties' strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment - all of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit: <https://www.countyhealthrankings.org>.

Health Status Indicators

Health Behaviors



Quality of Life

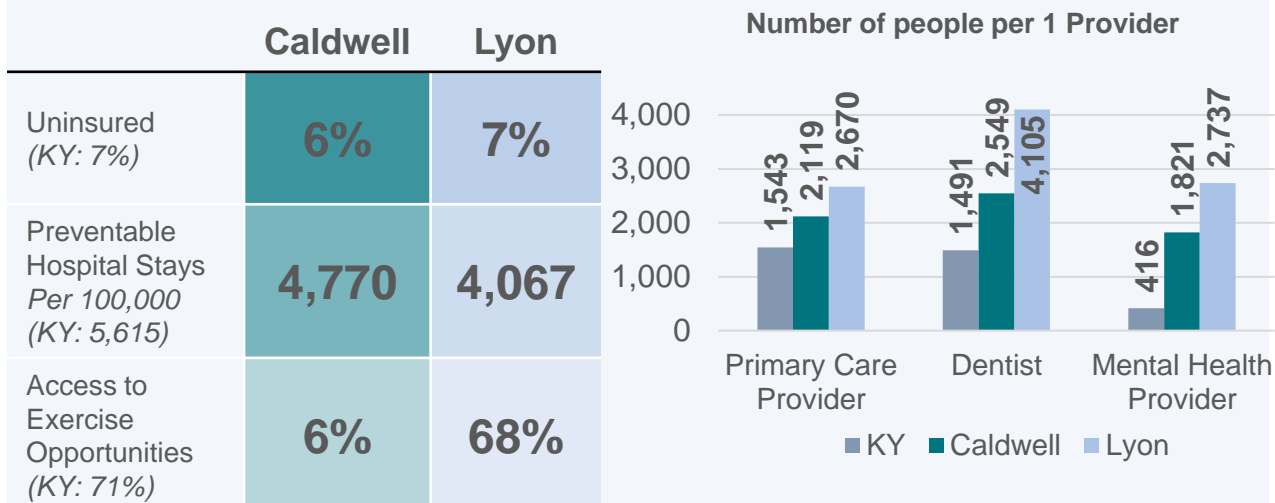


Source: County Health Rankings 2021 Report

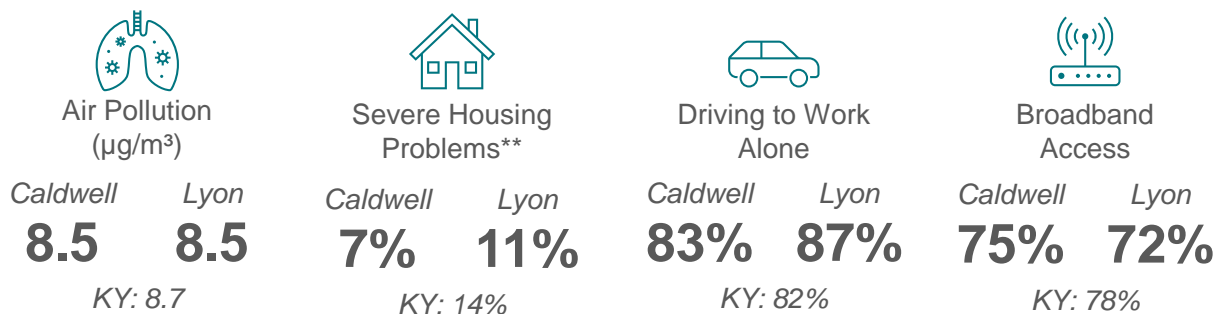
Socioeconomic Factors



Access to Health



Physical Environment



Source: County Health Rankings 2021 Report, Bureau of Labor Statistics, Stratatan, ESRI

Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



89 surveys completed by community members



61 local experts provided feedback

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Community Survey Data

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all impact the overall health and health outcomes of a community.

Health factors include chronic diseases, health conditions, and the physical health of the population. Community factors are the external social determinants that influence community health, while personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out with components of each, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.60
Obesity	4.58
Cancer	4.47
Heart Disease	4.39
Diabetes	4.29
Lung Disease	4.26
Alzheimer's and Dementia	4.20
Stroke	4.17
Women's Health	4.14
Kidney Disease	3.98
Dental	3.93
Liver Disease	3.83
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Healthcare Services: Prevention	4.49
Healthcare Services: Affordability	4.48
Employment and Income	4.42
Healthcare Services: Physical Presence	4.40
Education System	4.40
Access to Exercise/Recreation	4.35
Access to Healthy Food	4.29
Affordable Housing	4.23
Social Support	4.12
Community Safety	4.10
Transportation	4.07
Social Connections	3.98
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Drug/Substance Abuse	4.50
Smoking/Vaping/Tobacco Use	4.42
Employment	4.42
Diet	4.23
Physical Inactivity	4.21
Excess Drinking	4.07
Risky Sexual Behavior	4.00
Other (please specify)	See appendix

Overall health priority ranking

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.60
Obesity	4.58
Drug/Substance Abuse	4.50
Healthcare Services: Prevention	4.49
Healthcare Services: Affordability	4.48
Cancer	4.47
Employment and Income	4.42
Smoking/Vaping/Tobacco Use	4.42
Healthcare Services: Physical Presence	4.40
Education System	4.40
Heart Disease	4.39
Access to Exercise/Recreation	4.35
Diabetes	4.29
Access to Healthy Food	4.29
Lung Disease	4.26
Affordable Housing	4.23
Diet	4.23
Physical Inactivity	4.21
Alzheimer's and Dementia	4.20
Stroke	4.17
Women's Health	4.14
Social Support	4.12
Community Safety	4.10
Transportation	4.07
Excess Drinking	4.07
Risky Sexual Behavior	4.00
Kidney Disease	3.98
Social Connections	3.98
Dental	3.93
Liver Disease	3.83

Evaluation & Selection Process

Worse than Benchmark Measure 	Identified by the Community 	Feasibility of Being Addressed 	Impact on Health Disparities 
Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions by the hospital are feasible and could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed

CMC Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Drug/Substance Abuse		✓	✓	✓
Healthcare Services: Prevention		✓	✓	✓
Healthcare Services: Affordability		✓	✓	✓
Cancer	✓	✓	✓	✓
Employment and Income*	✓	✓		✓
Smoking/Vaping/Tobacco Use		✓	✓	✓
Healthcare Services: Physical Presence	✓	✓	✓	✓
Education System*		✓		✓

*Top Social Determinants of Health

Overview of Priorities

Mental Health

Mental health was the #1 community-identified health priority with 28 respondents (n=43) ranking it as extremely important to be addressed in the community. Mental Health was not ranked as a health priority in the 2019 CHNA and was ranked #7 in the 2016 CHNA. Suicide is the 10th leading cause of death in both Caldwell and Lyon Counties with Caldwell County ranking 23rd and Lyon County ranking 84th out of 120 counties (with 1 being the worst in the state) in Kentucky for suicide death rate ([World Life Expectancy](#)).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce ([NAMI](#)).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Caldwell Co.	Lyon Co.	Kentucky
Average number of mentally unhealthy days (past 30 days)	5.5	5.1	5.0
Number of people per 1 mental health provider	1,821	2,737	416
Suicide death rate	19.7	14.3	16.5

Source: County Health Rankings, [worldlifeexpectancy.com](#)

Obesity

Obesity was identified as the #2 health priority with 28 (n=43) respondents rating it as extremely important to be addressed in the community. Obesity was identified as the #2 and #5 health priority in 2019 and 2016, respectively.

Caldwell County's adult obesity rate is worse than the obesity rate of Kentucky as a whole. Both Caldwell and Lyon Counties have higher rates of physical inactivity and less access to exercise opportunities compared to Kentucky as a whole. Diabetes is the 7th leading cause of death in Caldwell County and the 6th leading cause of death in Lyon County.

	Caldwell Co.	Lyon Co.	Kentucky
Adult Obesity	36%	32%	35%
Physical Inactivity	30%	38%	29%
Access to Exercise Opportunities	6%	68%	71%
Diabetes Mortality (<i>per 100,00</i>)	33.8	43.2	29.1

Source: County Health Rankings, worldhealthranking.com

Drug/Substance Abuse

Drug and substance abuse was identified as the #3 health priority with 25 (n=42) survey respondents rating it as extremely important to be addressed. Drug/substance abuse was identified as the #3 health priority in 2019 and was not identified as a health priority in 2016.

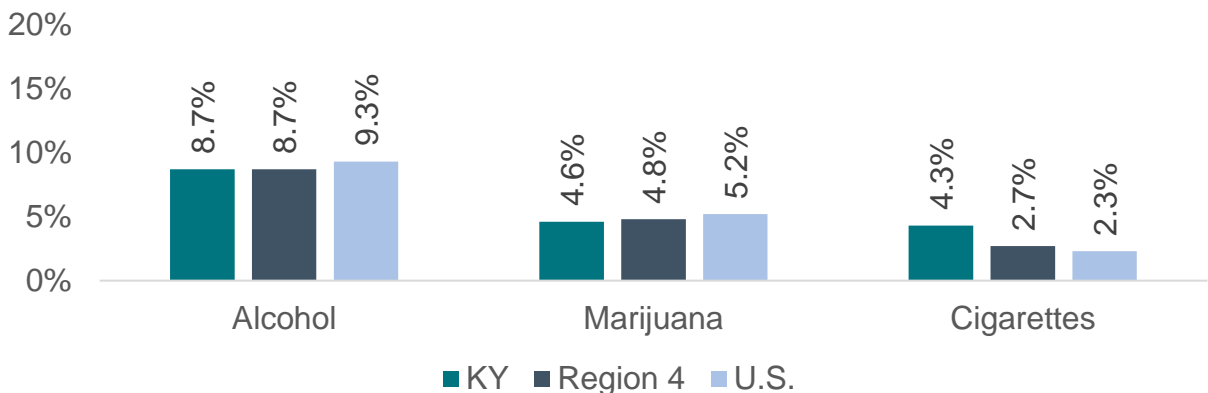
While data is limited around drug/substance abuse rates in Caldwell and Lyon Counties specifically, the average prevalence of substance use disorder in Kentucky is **7.5%** compared to **7.4%** in the U.S ([SAMHSA](#)).

Smoking/Vaping/Tobacco Use

Smoking, vaping, and tobacco use was identified as the #7 health priority with 19 (n=43) respondents ranking it as extremely important to address in the community. Smoking, vaping, and tobacco use was identified as the #7 health priority in 2019 and was not identified as a top health priority in 2016.

Adult smoking rates in Caldwell and Lyon Counties are similar to the rate in Kentucky but are both greater than the rate for the United States (17%). Lung Disease is the 5th leading cause of death in Caldwell County and the 4th leading cause of death in Lyon County. Additionally, Kentucky has a higher initiation rate of cigarette use among youth compared to the US and its regional counterparts ([SAMHSA](#)).

Past-Year Initiation of Selected Substances Among Youth Aged 12-17



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019

Note: Region 4 states include AL, FL, GA, KY, MS, NC, SC, TN

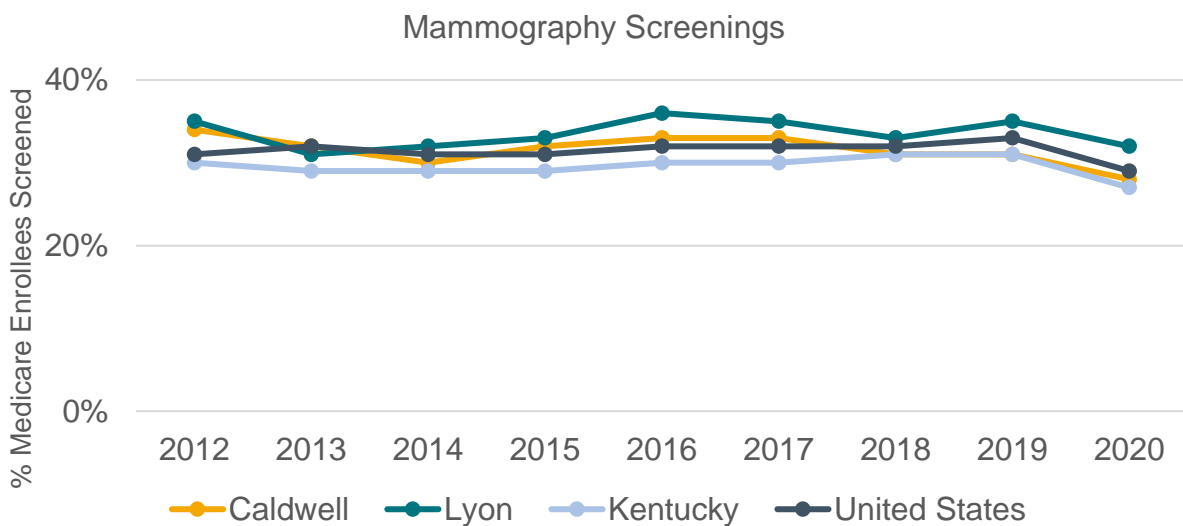
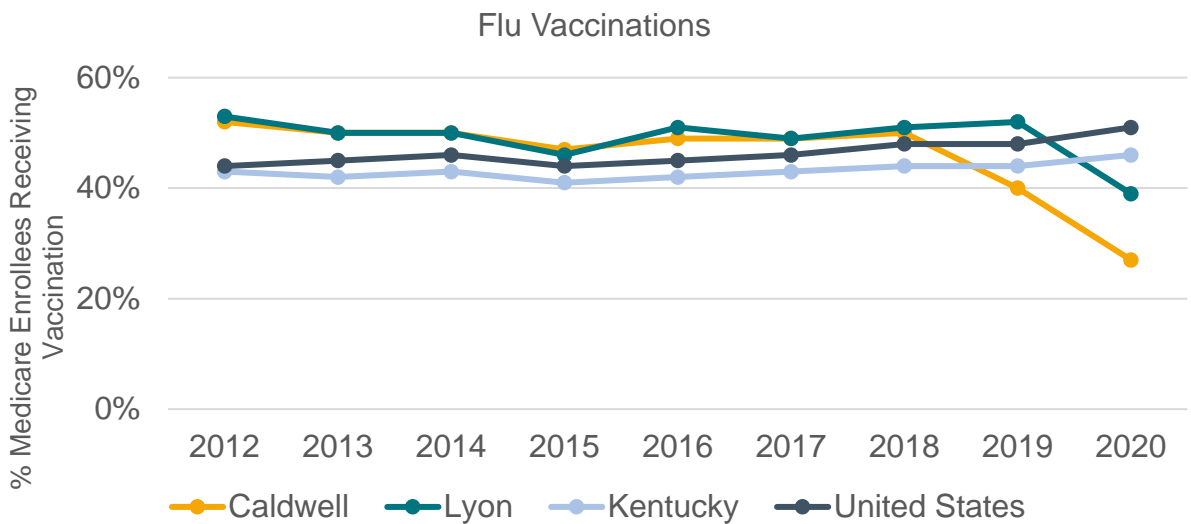
	Caldwell Co.	Lyon Co.	Kentucky
Any drug-involved fatal overdose (per 100,000)	31.5	49.2	43.9
ED substance use disorder visits (per 100,000)	433.5	430.4	1,020.1
Adult Smoking	25%	24%	24%
Lung Disease Mortality (per 100,000)	54.1	45.4	62.4

Source: Kentucky Injury Prevention and Research Center: Drug overdose and related comorbidity county profiles 2020, County Health Rankings, worldlifeexpectancy.com

Healthcare Services: Prevention

Preventative healthcare services was identified as the #4 health priority with 25 (n=41) respondents ranking it as extremely important to address in the community. Prevention was identified as the #1 health priority in both the 2019 and 2016 CHNA reports.

Among Medicare enrollees, Caldwell and Lyon Counties have lower rates of flu vaccinations and similar rates of mammography screenings compared to Kentucky as a whole.



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Healthcare Services: Affordability

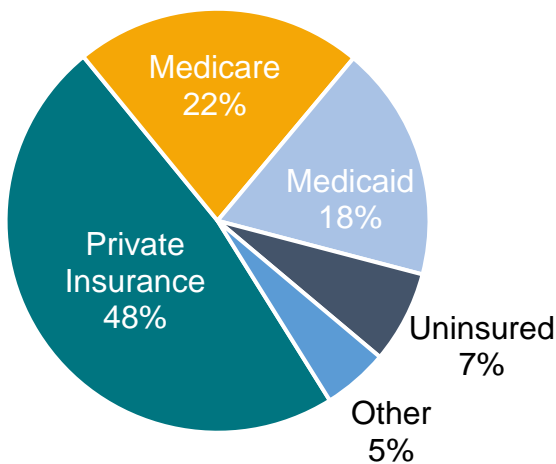
Affordability of healthcare services was the #5 identified health need in the community with 22 respondents (n=42) ranking it as extremely important to be addressed. Affordability specifically was not ranked on the previous CHNA reports but accessibility was ranked #4 and #2 in the 2019 and 2016 CHNA reports, respectively.

The median household income in both Caldwell and Lyon Counties is lower than the median household income in Kentucky. Additionally, low-income populations were identified as the most prevalent priority population in the community making affordability of healthcare services a pressing need in the community.

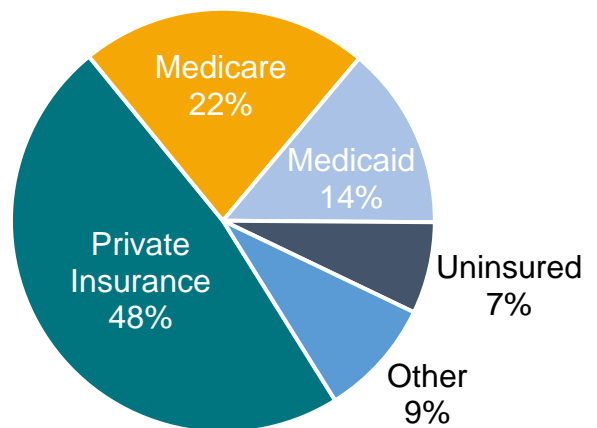
	Caldwell Co.	Lyon Co.	Kentucky
Uninsured	7%	7%	7%
Unemployment	6.2%	5.3%	6.4%
Children in poverty	22%	20%	21%
Median household income	\$46,906	\$52,148	\$52,382

Source: County Health Rankings, Bureau of Labor Statistics, Stratasan

Caldwell County
Insurance Coverage



Lyon County
Insurance Coverage



Source: Stratasan, ESRI

Cancer

Cancer was identified as the #6 health priority with 23 (n=43) respondents rating it as extremely important to be addressed in the community. Cancer was identified as the #5 health priority in 2019 and the #6 health priority in 2016.

Cancer is the 2nd leading cause of death in both Caldwell and Lyon Counties. Additionally, priority populations like racial and ethnic minority groups, women, low-income communities, and residents of rural communities suffer more from cancer and its effects ([NIH](#)).

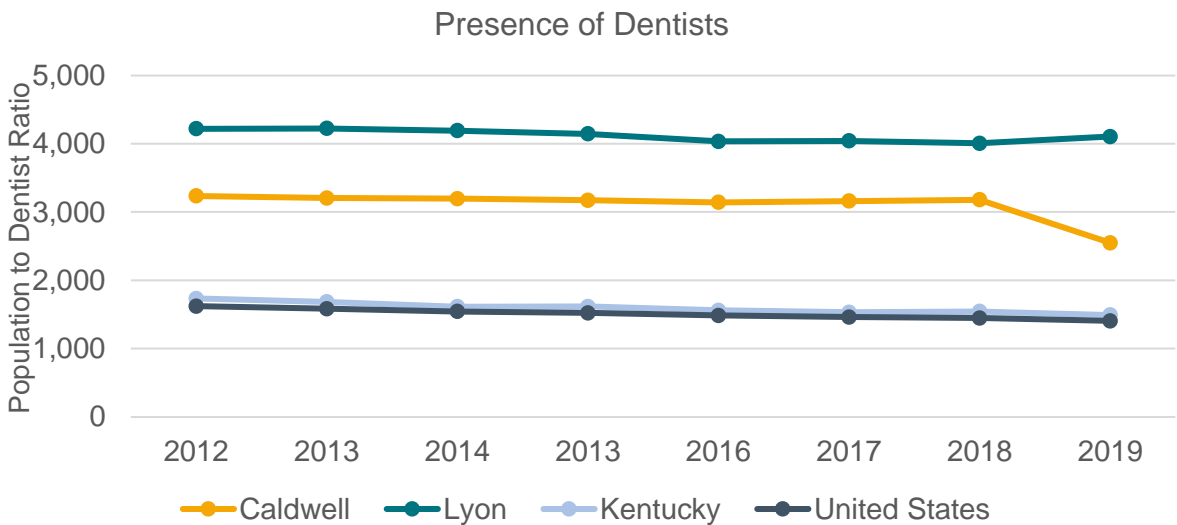
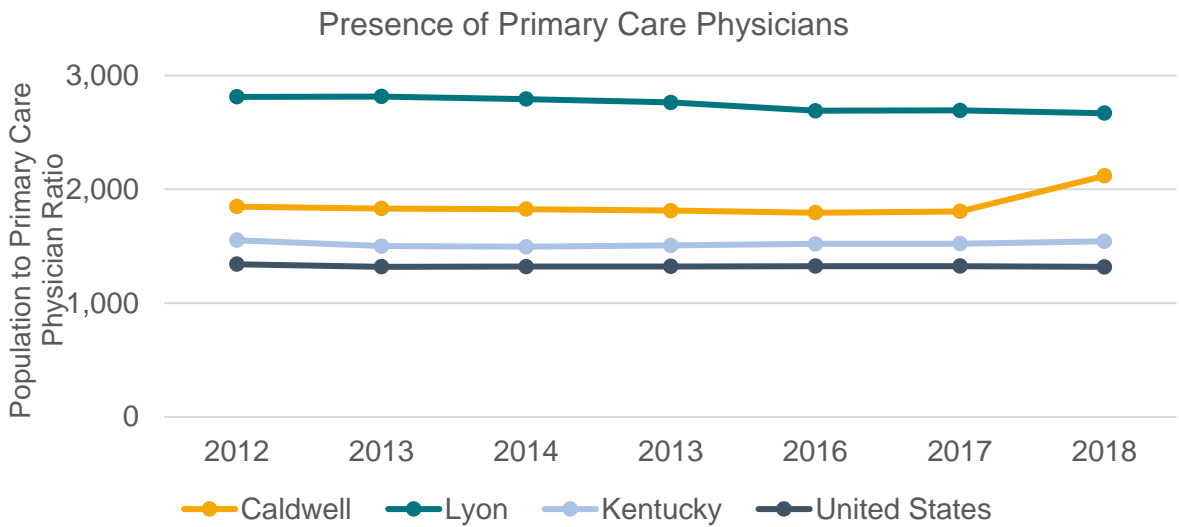
	Caldwell Co.	Lyon Co.	Kentucky
Cancer Incidence – All Sites (per 100,000)	492.2	471.8	396.6
Cancer Mortality – All Sites (per 100,000)	213.8	192.7	176.4

Source: National Cancer Institute, [worldlifeexpectancy.com](#)

Healthcare Services: Physical Presence

The physical presence of healthcare services was identified as the #8 health priority with 22 (n=42) respondents rating it as extremely important to address. CMC is the major hospital in the service area with the next closest facilities being outside of Caldwell and Lyon Counties.

Caldwell County and Lyon County have fewer primary care providers and dentists per population than the state of Kentucky. Primary Care Providers (Caldwell: 2,119:1; Lyon: 2,670:1; Kentucky: 1,543:1) and Dentist (Caldwell: 2,549:1; Lyon: 4,105; Kentucky: 1,491:1).



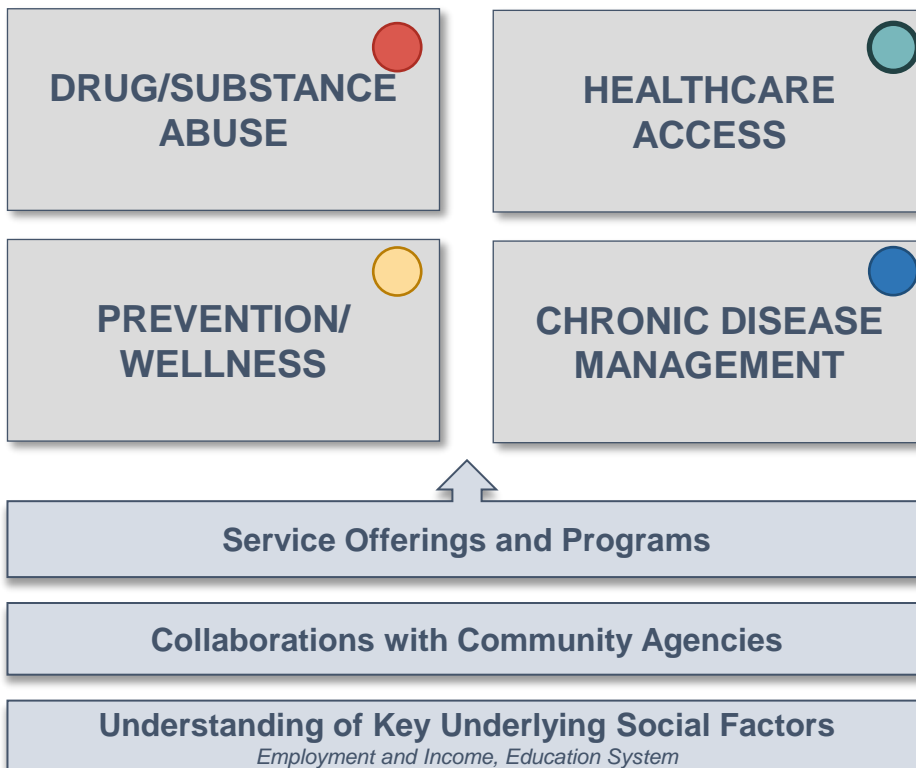
Source: County Health Rankings

Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into subgroups in order to adequately address the health needs with available time and resources.

-  **Obesity**
-  **Drug/Substance Abuse**
-  **Healthcare Services: Prevention**
-  **Healthcare Services Affordability**
-  **Cancer**
-  **Smoking/Vaping/Tobacco Use**
-  **Healthcare Services: Physical Presence**

Implementation Plan Framework



Implementation Plan Strategy

Mental Health

Due to overall availability of mental health practitioners locally and the ability of other organizations in the community to address this need, CMC is choosing not to develop an implementation strategy for this need currently. CMC feels a greater impact by putting attention and resources toward other significant needs for which they are better qualified to serve.

Community organizations who can address this need:

Organization	Information
Pennyroyal Center	1350 Highway 62 West Princeton, KY 42445 270-365-2008
Mountain Comprehensive Care Center	114 Edwards St. Princeton, KY 42445 270-765-7684

Drug/Substance Abuse

Statistics:

- ED substance use disorder visit rate*: **C: 433, L:430** (KY: 1,020)
- Any drug-involved fatal overdose rate*: **C: 31.5, L:49.2** (KY: 43.87)

**per 100,000*

Hospital services, programs, and resources available to respond to this need include:

- Every patient in the emergency room and in observation status is asked about alcohol and substance use during the social profile portion of the patient questionnaire
- Opioid stewardship committee is exploring alternative therapies for inpatients
- CMC provides brochures on drug and alcohol education in the Emergency Department
- All Emergency Department physicians are trained on opioid prescribing
- Staff can use a hotline through the Employee Assistance Program if they feel they have an alcohol or substance abuse problem
- CMC uses telehealth services for drug overdose, substance abuse, and mental health
- CMC uses the state CASPER system to screen and track patient prescriptions

Impact of actions taken since the immediately preceding CHNA:

- Provide education to emergency department staff and physicians regarding drug/substance abuse patients
- Partnership with the Kentucky Hospital Association of opioid abuse

Additionally, The Hospital plans to take the following steps to address this need:

- Develop patient and family engagement focus groups
- Look into participating in a drug take back event
- Working with Kentucky Statewide Opioid Stewardship (SOS) on alternative medication options

Identified measures and metrics to progress:

- ED opioid prescription rate
- Prescription rate in the clinic
- Weight of drugs collected at take back event

Partnership organizations who can address this need

Organization	Information
Local Schools	612 W. Washington St., Princeton, KY 42445 270-365-8000
Pennyrile District Health Services	600 South Jefferson St., Princeton, KY 42445 270-365-6571
Pennyroyal Center	1350 Highway 62 West Princeton, KY 42445 270-365-2008
Kentucky Hospital Association	https://www.kyha.com/
Caldwell County Sheriff	Caldwell County Courthouse 100 East Market Street 2nd Floor Princeton, KY 42445 270-365-2088 - Office
Kentucky SOS	http://www.kentuckysos.com/

Access to Healthcare

Affordability and Presence of Services

Statistics:

- Uninsured: **Both: 7%** (KY: 7%)
- Children in poverty: **C: 22%, L: 20%** (KY: 21%)
- Median Household Income: **C: \$46,906, L: \$52,148** (KY: \$52,382)
- Primary care physician ratio: **C: 2,119:1, L: 2,679:1** (KY: 1,543:1)
- Dentist ratio: **C: 2,549:1, L: 1,491:1** (KY: 1,491:1)

Hospital services, programs, and resources available to respond to this need include:

- Available specialties include nephrology, cardiology, ophthalmology, cardiovascular surgery, hematologist, and infusion
- CT, MRI, digital mammography, nuclear medicine, full-service lab available on-site
- Annual community health fair at the hospital with free health screenings including cholesterol, glucose and lipid panels, BMI, and blood pressure
- Provide blood pressure checks at other local events
- Free sports physicals offered to local middle and high school students through rehab facility
- Free flu shots available to employees and families
- Financial assistance policy with sliding fee scale
- Provide financial counseling to help sign up for Medicaid or facilitate access to the DSH program to cover costs
- CMC offers cardiac stress testing, nuclear studies, pacemaker checkups, cardiac heart monitoring, life vest services, cardiac rehabilitation, sleep studies, home sleep labs, pulmonary rehabilitation, and cardiac loop recording
- Benefit coverage through the Aetna Medicare Advantage
- Participating in the 340B Drug Discount Program
- Expanded clinic hours
- Enhanced CMC services by adding providers and clinics in primary care, pediatrics, and cardiology
- Telehealth services for primary care
- Disproportionate Share Hospital (DSH) Program – assists patients with enrolling in Medicaid and/or provides additional help in paying medical expenses
- Financial assistance policy

Impact of actions taken since the immediately preceding CHNA:

- 3D mammography
- Three rural health clinics offer family practice, pediatrics, and internal medicine services

- Tiger Clinic – school-based healthcare clinic with Caldwell County Schools
- COVID-19 vaccine clinic and infusion services

Additionally, The Hospital plans to take the following steps to address this need:

- Grow wound care services
- Recruit additional physicians in primary care and orthopedics
- Add outpatient infusion clinic

Identified measures and metrics to progress:

- Number of applications for financial assistance program
- Readmission rate
- Number of clinic appointments

Partnership organizations who can address this need

Organization	Information
Local Schools	612 W. Washington St., Princeton, KY 42445 270-365-8000
Pennyrile District Health Services	600 South Jefferson St., Princeton, KY 42445 270-365-6571
Lourdes	1530 Lone Oak Rd., Paducah, KY 42003 270-444-2444
Baptist Health/Deaconess	2501 Kentucky Ave., Paducah, KY 42003 270-575-2100
Jennie Stuart Medical Center	320 W. 18th St., Hopkinsville, KY 43240 270-887-0100
Local Air Evac/EMS Providers	270-365-3787

Prevention/Wellness

Smoking/Vaping/Tobacco Use and other Prevention Services

Statistics:

- Flu vaccination rate: **C: 27%, L: 39%** (KY: 46%)
- Mammography screening rate: **C: 28%, L: 32%** (KY 27%)
- Adult Smoking: **C: 25%, L: 24%** (KY: 24%)
- Lung Disease Mortality*: **C: 54.1, L: 45.4** (KY: 62.4)

**per 100,000*

Hospital services, programs, and resources available to respond to this need include:

- Annual community health festival with free health screenings including cholesterol, glucose and lipid panels, BMI, and blood pressure
- Participation at regional festivals and community events to speak on health topics, hand out educational material, and provide blood pressure checks to attendees
- Newspaper and radio communications promote annual events, such as the health festival and breast cancer awareness month
- CMC providers offer free sports physical offered to local middle and high school students through the Tiger Clinic
- CMC partners with local vocational school and community colleges to bring in students to shadow nurses and providers
- CMC staff speak at local schools, organizations, and events on various health topics
- Provide information to patients and visitors on disposal of home drugs/medications
- CMC staff offer CPR classes to daycare personnel, churches, school staff, coaches, and other organizations
- Hospital education nurse is a member of the Caldwell MAPP & Interagency groups that come together to educate the public on health-related topics
- CMC publishes a health magazine, which features educational content regarding health issues
- Pulmonary Rehabilitation Services provided at CMC
- Smoking cessation classes are offered through the cardiopulmonary department
- CMC is a smoke-free facility
- Offer nicotine patch therapy for inpatients and observation status patients

Impact of actions taken since the immediately preceding CHNA:

- Tiger Clinic – school-based healthcare clinic with Caldwell County Schools
- COVID-19 vaccine clinic and infusion services
- Diabetes education classes
- CMC provides physical and occupational therapy in local schools

Additionally, The Hospital plans to take the following steps to address this need:

- Recruit additional physicians in primary care
- Provide vaping education in schools

Identified measures and metrics to progress:

- Employee vaccination rate
- Colorectal screening rate
- Mammography screening rate
- Adult smoking rate

Partnership organizations who can address this need

Organization	Information
Local Schools	612 W. Washington St., Princeton, KY 42445 270-365-8000
Pennyrile District Health Services	600 South Jefferson St., Princeton, KY 42445 270-365-6571
Lourdes	1530 Lone Oak Rd., Paducah, KY 42003 270-444-2444
Baptist Health/Deaconess	2501 Kentucky Ave., Paducah, KY 42003 270-575-2100
Local Organizations (Rotary, Kiwanis, etc.)	
Other Local Physicians	

Chronic Disease Management

Obesity and Cancer

Statistics:

- Cancer Incidence*: **C:492.,2 L: 471.8** (KY: 396.6)
- Cancer Mortality*: **C: 213.8, L 192.7** (KY: 176.4))
- Adult obesity: **C: 36%, L: 32%** (KY: 35%)
- Physical inactivity: **C: 30%, L: 38%** (KY: 29%)

**per 100,000*

Hospital services, programs, and resources available to respond to this need include:

- Annual community health festival at the hospital; gave out free Frisbees to encourage physical activity
- Provide blood pressure checks and glucose screenings at school health fairs and other local events
- Educational materials focus on heart health, diet and exercise, and nutrition
- CMC hosts speakers from the county extension office to speak about obesity and wellness
- CMC encourages physical activity at its health festival, which includes a 5K
- Newspaper and radio communications to promote breast cancer awareness month and encourage preventive screenings
- Go to local schools to pass out ice cream and breast cancer awareness materials to teachers and faculty
- Mammography, digital mammography, prostate screenings, colon screenings, and infusion therapy offered at CMC
- Offer rotating specialty clinics for cancer patients

Impact of actions taken since the immediately preceding CHNA:

- Increased education on obesity
- CMC surgeon performs gastric bypass surgery

Additionally, The Hospital plans to take the following steps to address this need:

- Continue to increase education and awareness of chronic disease management
- Grow weight loss surgery program
- Work with the local health department to provide services for chronic disease patients

Identified measures and metrics to progress:

- Number of health magazines distributed

Partnership organizations who can address this need

Organization	Information
Local Schools	612 W. Washington St., Princeton, KY 42445 270-365-8000
Pennyrile District Health Services	600 South Jefferson St., Princeton, KY 42445 270-365-6571
Caldwell Medical Associates	100 Medical Center Dr., Princeton, KY 42445 270-365-0459
Baptist Health/Deaconess	2501 Kentucky Ave., Paducah, KY 42003 270-575-2100
Caldwell Medical Clinic	206 W. Main St., Princeton, KY 42445 270-388-7380
Extension services	1025 US Hwy 62, Princeton, KY 42445 270-365-2787

Appendix

Community Data

Community Demographics

	Caldwell County				Lyon County			
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total
Population								
Total Population	12,977	12,624	-2.7%	100.0%	8,776	8,711	-0.7%	100.0%
By Age								
00 - 17	2,564	2,528	-1.4%	19.8%	1,168	1,171	0.3%	13.3%
18 - 44	3,833	3,542	-7.6%	29.5%	2,556	2,440	-4.5%	29.1%
45 - 64	3,466	3,183	-8.2%	26.7%	2,659	2,462	-7.4%	30.3%
65+	3,114	3,371	8.3%	24.0%	2,393	2,638	10.2%	27.3%
Female Childbearing Age (15-44)	2,143	2,002	-6.6%	16.5%	957	922	-3.7%	10.9%
By Race/Ethnicity								
White	11,899	11,502	-3.3%	91.7%	8,022	7,961	-0.8%	91.4%
Black	714	714	0.0%	5.5%	531	527	-0.8%	6.1%
Asian & Pacific Islander	75	90	20.0%	0.6%	59	59	0.0%	0.7%
Other	289	318	10.0%	2.2%	164	164	0.0%	1.9%
Hispanic*	222	268	20.7%	1.7%	180	180	0.0%	2.1%
Households								
Total Households	5,411	5,268	-2.6%		3,501	3,479	-0.6%	
Median Household Income	\$ 46,906	\$ 51,029			\$ 52,148	\$ 54,385		
Education Distribution								
Some High School or Less				11.6%				10.9%
High School Diploma/GED				45.7%				41.5%
Some College/Associates Degree				26.3%				29.4%
Bachelor's Degree or Greater				16.4%				18.1%

*Ethnicity is calculated separately from Race

	Kentucky				US AVG.	
	2021	2026	% Change	% of Total	% Change	% of Total
Population						
Total Population	4,584,734	4,688,432	2.3%	100.0%	3.6%	100.0%
By Age						
00 - 17	974,379	993,925	2.0%	21.3%	2.4%	21.7%
18 - 44	1,599,191	1,583,680	-1.0%	34.9%	2.7%	36.0%
45 - 64	1,189,046	1,165,320	-2.0%	25.9%	-2.2%	25.0%
65+	822,118	945,507	15.0%	17.9%	15.2%	17.3%
Female Childbearing Age (15-44)	860,637	857,172	-0.4%	18.8%	2.5%	19.5%
By Race/Ethnicity						
White	3,921,051	3,955,517	0.9%	85.5%	1.4%	69.2%
Black	386,098	408,284	5.7%	8.4%	4.9%	13.0%
Asian & Pacific Islander	79,658	95,459	19.8%	1.7%	13.6%	6.1%
Other	197,927	229,172	15.8%	4.3%	10.0%	11.7%
Hispanic*	189,469	222,813	17.6%	4.1%	10.9%	18.9%
Households						
Total Households	1,818,975	1,861,596	2.3%			
Median Household Income	\$ 52,382	\$ 56,965			US Avg. \$64,730 \$72,932	
Education Distribution						
Some High School or Less				12.4%		11.1%
High School Diploma/GED				33.4%		26.8%
Some College/Associates Degree				28.6%		28.5%
Bachelor's Degree or Greater				25.5%		33.6%

*Ethnicity is calculated separately from Race

Source: Stratasan

Leading Cause of Death

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Kentucky's Top 15 Leading Causes of Death are listed in the tables below in CMC's rank order. Caldwell and Lyon were compared to all other Kentucky counties, Kentucky state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in KY (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Caldwell County Compared to U.S.)
KY Rank	Caldwell Rank	Condition		KY	Caldwell	
1	1	Heart Disease	47 of 120	196.4	263.2	<i>Higher than expected</i>
2	2	Cancer	59 of 120	176.4	213.8	<i>Higher than expected</i>
5	3	Stroke	89 of 120	42.5	60.86	<i>Higher than expected</i>
3	4	Accidents	16 of 120	68.1	58.3	<i>Higher than expected</i>
4	5	Lung	94 of 120	62.4	54.1	<i>Higher than expected</i>
7	6	Diabetes	61 of 120	29.1	33.8	<i>Higher than expected</i>
6	7	Alzheimer's	30 of 120	32.1	27.9	<i>As expected</i>
8	8	Kidney	110 of 120	18.2	25.4	<i>Higher than expected</i>
11	9	Flu - Pneumonia	22 of 120	15.7	20.9	<i>Higher than expected</i>
10	10	Suicide	87 of 120	16.5	19.7	<i>Higher than expected</i>
12	11	Liver	61 of 120	13.7	11.7	<i>As expected</i>
9	12	Blood Poisoning	29 of 120	16.7	10.7	<i>As expected</i>
14	13	Hypertension	46 of 120	7.1	6.5	<i>As expected</i>
13	14	Parkinson's	23 of 120	9.6	6.4	<i>As expected</i>
15	15	Homicide	57 of 120	5.9	5.0	<i>As expected</i>

*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US;
Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com

Cause of Death			Rank among all counties in KY (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Lyon County Compared to U.S.)
KY Rank	Lyon Rank	Condition		KY	Lyon	
1	1	Heart Disease	82 of 120	196.4	227.8	<i>Higher than expected</i>
2	2	Cancer	100 of 120	176.4	192.7	<i>Higher than expected</i>
3	3	Accidents	106 of 120	68.1	48.8	<i>As expected</i>
4	4	Lung	101 of 120	62.4	45.4	<i>As expected</i>
5	5	Stroke	116 of 120	42.5	44.2	<i>Higher than expected</i>
7	6	Diabetes	20 of 120	29.1	43.2	<i>Higher than expected</i>
6	7	Alzheimer's	8 of 120	32.1	37.2	<i>Lower than expected</i>
8	8	Kidney	88 of 120	18.2	22.8	<i>As expected</i>
11	9	Flu - Pneumonia	44 of 120	15.7	20.9	<i>Higher than expected</i>
10	10	Suicide	85 of 120	16.5	14.3	<i>As expected</i>
9	11	Blood Poisoning	101 of 120	16.7	11.2	<i>As expected</i>
12	12	Liver	77 of 120	13.7	8.6	<i>As expected</i>
13	13	Parkinson's	84 of 120	9.6	6.8	<i>As expected</i>
14	14	Hypertension	84 of 120	7.1	6.0	<i>As expected</i>
15	15	Homicide	53 of 120	5.9	3.7	<i>As expected</i>

*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US;
Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com

County Health Rankings

	Caldwell	Lyon	Kentucky	U.S. Median	Top U.S. Performers
Length of Life					
Overall Rank (best being #1)	51/120	43/120			
- Premature Death*	● 9,603	● 9,389	9,505	8,200	5,400
Quality of Life					
Overall Rank (best being #1)	47/120	26/120			
- Poor or Fair Health	● 24%	● 23%	22%	17%	12%
- Poor Physical Health Days	● 5.2	● 4.9	4.6	3.9	3.1
- Poor Mental Health Days	● 5.5	● 5.1	5.0	4.2	3.4
- Low Birthweight	● 9%	● 8%	9%	8%	6%
Health Behaviors					
Overall Rank (best being #1)	58/120	26/120			
- Adult Smoking	● 25%	● 24%	24%	17%	14%
- Adult Obesity	● 36%	● 32%	35%	33%	26%
- Physical Inactivity	● 30%	● 38%	29%	27%	20%
- Access to Exercise Opportunities	● 6%	● 68%	71%	66%	91%
- Excessive Drinking	● 17%	● 18%	17%	18%	13%
- Alcohol-impaired Driving Deaths	● 19%	● 25%	25%	28%	11%
- Sexually Transmitted Infections*	● 253.2	● 148.5	436.4	327.4	161.4
- Teen Births (per 1,000 female population ages 15-19)	● 48	● 30	31	28	13
Clinical Care					
Overall Rank (best being #1)	25/120	36/120			
- Uninsured	● 6%	● 7%	7%	11%	6%
- Population per Primary Care Provider	● 2,119	● 2,670	1,543	2,070	1,030
- Population per Dentist	● 2,549	● 4,105	1,491	2,410	1,240
- Population per Mental Health Provider	● 1,821	● 2,737	416	890	290
- Preventable Hospital Stays	● 4,770	● 4,067	5,615	4,710	2,761
- Mammography Screening	● 38%	● 43%	40%	41%	50%
- Flu vaccinations	● 51%	● 51%	46%	43%	53%
Social & Economic Factors					
Overall Rank (best being #1)	52/120	45/120			
- High school graduation	● 87%	● 88%	86%	90%	96%
- Unemployment	● 5.0%	● 4.7%	4.3%	3.9%	2.6%
- Children in Poverty	● 22%	● 20%	21%	20%	11%
- Income inequality**	● 5.3	● 3.9	5.0	4.4	3.7
- Children in Single-Parent Households	● 32%	● 29%	26%	32%	20%
- Violent Crime*	● 193	● 30	222	205	63
- Injury Deaths*	● 98	● 111	96	84	58
- Median household income	● \$44,144	● \$52,978	\$52,256	\$50,600	\$69,000
- Suicides	● 23	● 17	17	17	11
- Food insecurity	● 15%	● 15%	15		
Physical Environment					
Overall Rank (best being #1)	75/120	42/120			
- Air Pollution - Particulate Matter (µg/m³)	● 8.5	● 8.6	8.7	9.4	6.1
- Severe Housing Problems***	● 7%	● 11%	14%	14%	9%
- Driving to work alone	● 83%	● 87%	82%	81%	72%
- Long commute - driving alone	● 39%	● 28%	31%	31%	16%
- Broadband Access	● 75%	● 72%	78%	31%	16%

*Per 100,000 Population

**Ratio of household income at the 80th percentile to income at the 20th percentile

***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Key (Legend)

- Better than KY
- Worse than KY

Source: County Health Rankings 2021 Report

Detailed Approach

Caldwell Medical Center (“CMC” or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital. Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Project Objectives

CMC partnered with QHR Health (“QHR”) to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

- 1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- 2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- 3) written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted implementation strategy.*

...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must “solicit” input from these categories and take into account the input “received.” The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts.”

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

“... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

- 1) A definition of the community served by the hospital facility and a description of how the community was determined;*

- 2) *a description of the process and methods used to conduct the CHNA;*
- 3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- 4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- 5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA.”

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
- 3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
- 4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics
- 7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor and community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from survey respondents. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in the CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state	December 2021	2013-2019
Stratasan	Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	December 2021	2021
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	December 2021	2019
Bureau of Labor Statistics	Unemployment rates	January 2022	2020
NAMI	Statistics on mental health rates and services	February 2022	2021
Substance Abuse and Mental Health Service Administration	Statistics on drug use and health	February 2022	2017-2019
Kentucky Injury Prevention and Research Center	Drug overdose and related comorbidity county profiles	March 2022	2020
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	March 2022	2020
National Cancer Institute	Cancer disparities	March 2022	2020
National Cancer Institute	Cancer incidence rates	March 2022	2014-2018

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community through the Hospital social media page, to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 89 survey respondents was received. Survey responses started on January 10th, 2022, and ended January 31st, 2022.
- Information analysis augmented by local opinions showed how Caldwell and Lyon Counties relates to their peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups. .

Having taken steps to identify potential community needs, the respondents then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the CMC process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health needs importance from not at all (1 rating) to very important (5 rating).

Survey Results

Q1: I primarily live in this county:

Answer Choices	Responses	
Caldwell	61.80%	55
Lyon	17.98%	16
Other (please specify)	20.22%	18
	Answered	89
	Skipped	0

Comments:

- Crittenden (6)
- Hopkins (4)
- Marshall (2)
- Webster
- Tarrant
- Christian
- Padacah
- Trigg

Q2: Please select which roles apply to you.

Answer Choices	Applies to Me	Does Not Apply to Me	Total
Community Resident	54	18	72
Healthcare Professional	51	21	72
Educator	5	54	59
Minority or Underserved Population	4	53	57
Public Health Official	3	54	57
Government Employee or Representative	3	54	57
Representative of Chronic Disease Group or Advocacy Organization	2	55	57
		Answered	84
		Skipped	5

Q4: Which of these populations are prevalent/most common in your community?

Answer Choices	Responses	
Low-income groups	63.51%	47
Older adults	63.51%	47
Residents of rural areas	56.76%	42
Individuals requiring additional healthcare support	37.84%	28
Women	36.49%	27
Children	36.49%	27
Racial and ethnic minority groups	21.62%	16
LGBTQ+	5.41%	4
	Answered	74
	Skipped	15

Unique or pressing needs of the above-selected groups:

- Older adults are often unable to travel out of town for specialty services.
- Individuals within these groups have to travel for oncology services (Nashville, Evansville, etc.). Several are unable to drive themselves, and require a friend or family member to transport them to their out-of-town appointments.
- Healthcare education and financial opportunities to more advanced healthcare options
- Sufficient supply of specific MDs, ie..Ortho, Neuro, Women's Health in our community, where patients have to drive a significant distance to Paducah or Hopkinsville to have needs met. However on Fridays West Ky Orthopedics does address the needs of patients at CMA in Princeton.
- Adequate supply of specific MDs, ie..Ortho, Neuro, Women's health to where they have to travel significant distances to obtain services.
- Poor. In need of extra food. Meal delivery for older individuals
- Our community has a great need for greater assisted living options for the older populations. We have a major need for low-income / affordable housing (duplexes, apartments, etc.)

Q5: Please share comments or observations about the actions CMC has taken to address Education/Prevention.

- Teaching and handouts.
- None that I have seen in my community
- Very little education pushed into the community
- Cardiac Rehab purchased a web portal for patient education. The patients can log on to this portal from home. Cardiac Rehab also implemented a display of educational topics on a rack in the department for the patients to procure. Caldwell Cardiology gives each patient educational information when procedures are scheduled.
- CMC is developing strategies to best serve the community to increase their knowledge to in these areas.
- No actions taken to my knowledge
- I feel CMC has the surrounding counties best interest in mind
- Education at festivals
- Not enough MD
- Community health festival has been noticeable in a positive way. I see more communication via social media than years previously promoting different things CMC is doing.

Q6: Please share comments or observations about the actions CMC has taken to address Obesity/Physical Inactivity.

- Added a surgeon that provides lap band
- Transitional Care/Physical therapy. Weight loss surgery available. Teaching and handouts.
- None that I have seen
- Very little, a 5K 2 or 3 times per year in the community doesn't do much for a population that is already high in obesity numbers and therefore inactive.
- We have a dietitian available more. PT and OT are available for OP and IP, I'm sure.
- Dr Mobley is currently on staff to assist patients with obesity as a problem. There have been numerous positive comments on his ability.
- No actions taken to my knowledge
- Dr Mobley is now on staff to aid with those who suffer from obesity. I've heard several positive comments on the job he is doing.
- Not much is getting through

Q7: Please share comments or observations about the actions CMC has taken to address Alcohol Use/Substance Abuse.

- Teaching and resource list for rehab.
- None that I have seen
- I have not seen any education or helpful suggestions to these patients, but we could be doing something and I would not know it. The nursing department would handle this.
- I'm unsure at this point, but feel CMC is currently developing strategies to aid the community.
- No actions taken to my knowledge
- Need more education on availability

Q8: Please share comments or observations about the actions CMC has taken to address Accessibility.

- Added specialty clinics, added covid testing sites as needed
- Teaching Handouts
- They made the parking lot at CMC wheelchair accessible.
- None that I have seen
- providing more opportunity for community medical care through multiple physician offices and more opportunity to specialists with in-house cardiology and monthly or bi-monthly specialist clinics
- Signs in parking lot for COVID infusion patients to have the most convenient spots available.
- CMC is geographically located with easy accessibility regarding distance and attempting to make it to where all needs of people in the community and surrounding communities will have adequate access to their individual needs.
- No actions taken to my knowledge
- Difficult to assess
- There are more available specialties available than our community and surrounding communities have had access to in the past.

Q9: Please share comments or observations about the actions CMC has taken to address Cancer.

- Teaching. Handouts
- None that I have seen
- More advanced opportunities for advanced radiological diagnostics
- Annual screening advertised according to month acknowledged.
- I'm unsure at this point, but feel CMC is currently developing strategies to aid the community.
- No actions taken to my knowledge
- Need oncologist available

Q10: Please share comments or observations about the actions CMC has taken to address Smoking/Tobacco Use.

- Tobacco cessation education material, no smoking on campus. Individual teaching.
- None that I have seen
- Tobacco cessation information available or provided to all patients and visitors
- Haven't seen any.
- I'm unsure at this point, but feel CMC is currently developing strategies to aid the community.
- No actions taken to my knowledge
- They have always made stopping an issue, I don't know how much the community listens
- I am not familiar with any programs for these

Q11: Do you believe the above data accurately reflects your community today?

Answer Choices	Response Percent	Responses
Yes, the data accurately reflects my community today	90.70%	39
No, the data does not reflect my community today	9.30%	4
Comments on your answer or the above data:		3
	Answered	43
	Skipped	46

Comments:

- Probably reflects data. I don't know.
- This sounds accurate to my overall knowledge. I do find it difficult to believe the physical inactivity rate in Lyon being higher than Caldwell.
- I don't believe the median household income

Q12: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Mental Health	0	0	2	13	28	43	4.60
Obesity	0	0	3	12	28	43	4.58
Cancer	0	0	3	17	23	43	4.47
Heart Disease	0	1	3	16	21	41	4.39
Diabetes	0	1	3	20	17	41	4.29
Lung Disease	0	0	7	17	18	42	4.26
Alzheimer's and Dementia	0	1	10	12	21	44	4.20
Stroke	0	3	6	14	19	42	4.17
Women's Health	0	1	6	21	14	42	4.14
Kidney Disease	0	2	12	12	15	41	3.98
Dental	0	3	13	10	16	42	3.93
Liver Disease	0	3	13	13	12	41	3.83
Other (please specify)						0	
						Answered	44
						Skipped	45

Q13: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Healthcare Services: Prevention	0	1	3	12	25	41	4.49
Healthcare Services: Affordability	0	0	2	18	22	42	4.48
Employment and Income	0	0	3	19	21	43	4.42
Healthcare Services: Physical Presence	0	1	3	16	22	42	4.40
Education System	0	0	3	20	20	43	4.40
Access to Exercise/Recreation	0	0	4	20	19	43	4.35
Access to Healthy Food	0	1	3	21	17	42	4.29
Affordable Housing	0	1	6	18	18	43	4.23
Social Support	0	1	6	22	13	42	4.12
Community Safety	0	1	7	21	13	42	4.10
Transportation	0	2	9	16	16	43	4.07
Social Connections	0	3	8	17	13	41	3.98
Other (please specify)						0	
						Answered	43
						Skipped	46

Q14: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Drug/Substance Abuse	0	0	4	13	25	42	4.50
Smoking/Vaping/Tobacco Use	0	0	1	23	19	43	4.42
Employment	0	0	2	21	20	43	4.42
Diet	0	1	4	22	16	43	4.23
Physical Inactivity	0	0	6	21	15	42	4.21
Excess Drinking	0	1	9	18	14	42	4.07
Risky Sexual Behavior	0	0	12	18	12	42	4.00
Other (please specify)						0	
						Answered	43
						Skipped	46

Q15: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Some impact, does not change daily behavior	40.00%	16
Noticeable impact, planning for changes to daily behavior	35.00%	14
Significant daily disruption, reduced access	15.00%	6
No impact, no change	7.50%	3
Severe daily disruption, immediate needs unmet	2.50%	1
	Answered	40
	Skipped	49

Q16: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community. (please select all that apply):

Answer Choices	Responses	
Employment	82.50%	33
Childcare	75.00%	30
Education	67.50%	27
Access to healthcare services	57.50%	23
Public safety	40.00%	16
Food security	40.00%	16
Social support systems	40.00%	16
Poverty	35.00%	14
Nutrition	30.00%	12
Transportation	27.50%	11
Housing	25.00%	10
Racial and cultural disparities	10.00%	4
Other (please specify)	2.50%	1
	Answered	40
	Skipped	49

Q17: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	38.46%	15
None of the above	33.33%	13
Elective care (planned in advance opposed to emergency treatment)	25.64%	10
Specialty care (care and treatment of a specific health condition that require a specialist)	20.51%	8
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	15.38%	6
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	15.38%	6
All types of healthcare services	10.26%	4
Urgent care/Walk-in clinics	10.26%	4
Other (please specify)	2.56%	1
	Answered	39
	Skipped	50

Comments:

- Dental care

Q18: How can healthcare providers, including Caldwell Medical Center continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	85.00%	34
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	77.50%	31
Offering alternatives to in-person healthcare visits	77.50%	31
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	65.00%	26
Sharing local patient and healthcare providers stories and successes with the community	55.00%	22
Other (please specify)	7.50%	3
	Answered	40
	Skipped	49

Comments:

- Consider providing more specialty services
- Open drive thru Covid testing!
- Bring back testing at hospital

Q19: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Primary care	92.68%	38
Urgent care/Walk-in clinics	73.17%	30
Mental health	73.17%	30
Emergency care	68.29%	28
Chronic disease management programming	63.41%	26
Elder/senior care	60.98%	25
Specialty care	58.54%	24
Pediatrics/children's health	58.54%	24
Substance abuse services	56.10%	23
Women's health	46.34%	19
Other (please specify)	0.00%	0
	Answered	41
	Skipped	48

Q20: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Video visits with a healthcare provider	65.79%	25
Telephone visits with a healthcare provider	63.16%	24
Patient portal feature of your electronic medical record to communicate with a healthcare provider	60.53%	23
Virtual triage/screening option before coming to clinic/hospital	55.26%	21
Smartphone app to communicate with a healthcare provider	52.63%	20
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	42.11%	16
Other (please specify)	5.26%	2
	Answered	38
	Skipped	51

Comments:

- Covid-19 or not, healthcare suffers without face to face care of patients. Providers can't adequately assess all patient complaints based on what the patient tells them over the phone
- In person visits are still the best option, although the pandemic is real, we cannot sufficiently live our lives in a bubble, with fear of being exposed to covid. The media has overplayed this instilling fear into the majority of the population.

Q21: Please share resources and solutions that would help you and the community navigate the effects of the COVID-19 pandemic now and in the future.

- I think CMC would benefit from a urgent care facility. It is so needed in this community. Fast Pace is great, but stays so busy and is closed on the weekends.
- Virtual triage before coming to the hospital would be great. Patients could be triaged from their vehicle and stay in their vehicle until time to come into the emergency department for a room. This would decrease the chance of spreading covid and covid exposure.
- Higher vaccination rates and more education about the benefits of being vaccinated. Life must go on
- As stated above, face-to-face visits are still the best solution. If proper safety procedures are followed, I don't understand why you can't see your MD. I have a grandson that was feverish, but the MD office said to use OTC meds to keep the fever contained...this was from Friday to Monday, to find out he had an ear infection, that could have be thwarted quicker with an in-person visit.
- COVID has changed all of our lives in some form or fashion. I believe that mental health challenges for our children/youth will continue to arise in both the short and long term future. Our school aged children have missed almost 2 full years of a "normal" school year. That is something that concerns me more than anything. They are going to need access to counselors, medical professionals, etc. to help with the multitude of issues socially, mentally, and emotionally that will arise in the future for them.