



2013 Community Health Needs Assessment

Catholic Health Partners' (CHP) long-standing commitment to the community covers more than 150 years. This commitment has expanded and evolved through considerable thought and care in considering our communities' most pressing health needs. One avenue for examining these needs is through a periodic, comprehensive Community Health Needs Assessment (CHNA) for each CHP hospital. The most recent assessments were completed by teams comprised of CHP and community leaders. They include quantitative and qualitative data that guide both our community benefit and strategic planning.

Through our CHNA, CHP has identified the greatest needs among each of our hospital's communities. This enables CHP to ensure our resources are directed appropriately toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.

The following document is a detailed CHNA for Lourdes Hospital. Lourdes is a regional health system with a 45-acre campus and off-site locations including: Lourdes, Lourdes Medical Pavilion, Marshall Nemer Pavilion, Home Health/Hospice and Mercy Medical Associates. Lourdes has extended the healing ministry of Jesus by improving the health of our communities for more than 100 years. The flagship hospital, Lourdes, is a 379 licensed-bed facility accredited by The Joint Commission (JC), which offers Kentucky's only twin hybrid operating room and holds the highest chest pain accreditation in the region. Lourdes offers the latest treatments in the following services: Cardiovascular, Orthopaedics, Women's Health, Emergency Medicine, Behavioral Health Center, Home Care, Hospice and Palliative Care, Laboratory and Pathology, Little Miracles Birthing Center, Pastoral Care, Radiology, Rehabilitation, Sleep Center, Surgery Center, and Wound Care. Lourdes has a medical staff of nearly 200 employed and community physicians practicing in more than 42 specialties.

CHP has responded to community health needs as part of a five-year strategic plan that concludes in 2013. Planning also has begun on a five-year plan that will guide CHP through 2018. Recently, CHP has built new hospitals in Cincinnati, Springfield and Willard, all in Ohio, and renovated and expanded facilities in Toledo, Youngstown, Lima and other communities served by CHP. CHP is investing more than \$300 million in an electronic health system as we build integrated networks of care designed to improve the health of communities. We operate health and fitness centers, hospice facilities, outpatient clinics and senior living facilities.

CHP contributes more than \$1 million per day in community benefit services as we carry out our long-standing mission of extending care to the poor and under-served. Lourdes Hospital strives to meet the health needs of its community. Please read the document's introduction below to better understand the health needs that have been identified.

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Introduction

Community Served by Hospital

Lourdes is an acute care hospital located at 1530 Lone Oak Road, Paducah, McCracken County, Kentucky, 42001.

In developing this Community Health Needs Assessment, we identified the “community served” by Lourdes Hospital as the resident of McCracken, Marshall, and Graves Counties in Kentucky.

These counties represent the following Zip Codes: 42001, 42003, 42025, 42027, 42029, 42036, 42040, 42041, 42044, 42048, 42051, 42053, 42054, 42066, 42069, 42079, 42082, 42086, 42088.

The vast majority of our patients and users of our services reside in those areas. For 2012, 62% of admissions to Lourdes Hospital resided in these counties at the time of admission.

Information and Data Considered in Identifying Potential Need

Information and Data Sources: Federal, State or Local Health or Other Departments or Agencies; Community Input

Kentucky Health Facts, The Foundation for a Healthy Kentucky	Date of Data/Information: n.d.
2010 Census Data, U.S. Census	Date of Data/Information: 2010
County Health Rankings	Date of Data/Information: 2012
Impact Poverty Study, United Way of Paducah-McCracken County	Date of Data/Information: 2012
State and County Quick Facts, United States Census Bureau	Date of Data/Information: 2006 – 2012
Annual Report of the KY Child Fatality Review, KY Cabinet for Health and Family Services	Date of Data/Information: 2009
USA Suicide: 2009 Official Final Data, American Association of Suicidology	Date of Data/Information: 2009
KY Annual L.T.C. Services Report, KY Cabinet for Health and Family Services	Date of Data/Information: 2010
Suicide Deaths by Age, Kentucky Department of Vital Statistics	Date of Data/Information: 2009
Kids Count Data Center, Kentucky Youth Advocates, Inc.	Date of Data/Information: 2008, 2010
Health Outcomes, Rob. Wood Johnson Fdn. and U. of Wis. Population Health Inst.	Date of Data/Information: 2012
Community and Economic Dev. Initiative of Kentucky County	
Data Profiles, The University of Kentucky College of Agriculture	Date of Data/Information: 2009
Key Health Data about Kentucky, Trust for America’s Health	Date of Data/Information: 2011
Behavioral Risk Factor Surveillance System, U.S. Centers for Disease Control	Date of Data/Information: n.d.

In addition to the data sources noted above, information for this Community Health Needs Assessment was also obtained through community input. Twenty-one experts and leaders on a variety of health issues from the community were interviewed individually, eliciting for their input on health needs. A survey was utilized eliciting 188 responses from community members. Five focus groups were also performed throughout the community served to specifically receive data from those stakeholders directly affected by health needs in the community.

Executive Summary

Prescription Drug Abuse

New legislation that discourages pill mills from operating in KY, and local and state law enforcement agencies.

Capacity and Adequacy of Service Levels

There are very few, if any, current resources to respond to the need identified.

Current Service Providers

Four Rivers Behavioral Health and Lourdes Hospital will respond to individual cases.

Irresponsible Sexual Behavior

Local schools and churches provide sex education and counseling.

Capacity and Adequacy of Service Levels

There appears to be sufficient capacity to respond to any health conditions connected to the issue.

Current Service Providers

Local schools, churches, and health facilities responding to medical conditions linked to irresponsible sexual behavior.

Lack of Primary Care Providers

There has been an increased effort by Lourdes Hospital to recruit primary care physicians to the area.

Capacity and Adequacy of Service Levels

This service area needs 40 more primary care physicians to adequately address the need.

Current Service Providers

There are primary care physicians in the area, but the number is inadequate for the population. The hospital is actively attempting to recruit physicians to the area.

Poor Dental Care

For paying customers there are adequate resources. For the poor and underserved the need is desperate.

Capacity and Adequacy of Service Levels

Dentists in this area rarely if ever provide charity care to those in need.

Current Service Providers

Health departments are sending nurses to the schools to identify dental problems. There are very few resources to respond to the problem.

Poorly Developed Partnerships Between Regional and Local Hospitals

There are developing opportunities that have been identified. A new Transfer Center at Lourdes is assisting in the development of better partnerships.

Capacity and Adequacy of Service Levels

The capacity for good partnerships is there, but financial restraints have limited accessibility.

Current Service Providers

Both Lourdes and Baptist Health have tried to better develop partnerships as new models of healthcare have emerged.

Obesity

Currently, there are a few select programs responding to the obesity crisis. Schools and Lourdes have created a partnership for identifying at-risk behaviors among fourth graders.

Capacity and Adequacy of Service Levels

There have been several initiatives within the schools, but obesity education programs among adults is sorely lacking.

Current Service Providers

Schools, hospitals and health departments are available to respond to this need.

Smoking Among Youth

Almost exclusively through school programs.

Capacity and Adequacy of Service Levels

While access to youth is available through schools, the adequacy of the response is demonstrably inadequate.

Current Service Providers

Local schools, hospitals, health departments, and/or youth centers are available.

Lack of Sufficient Mental Health Options

The service area of Lourdes is in a crisis situation. There are too few resources and too much need. Currently there is one outpatient facility in the service area trying to respond to the need.

Capacity and Adequacy of Service Levels

The one facility has excessive wait times leading to appointments scheduled weeks or even months ahead of time.

Current Service Providers

In addition to the single outpatient provider, there are two inpatient facilities, including Lourdes Hospital. Private practitioners are available but inaccessible to most patients.

Cancer

Dependent upon the diagnosis, there are resources available at every hospital and in several medical practices.

Capacity and Adequacy of Service Levels

At this time, there seems to be sufficient capacity in this community to respond to most diagnoses of cancer.

Current Service Providers

All area hospitals provide varying degrees of care for cancer patients. There are also oncologists available who are in private practice.

Process and Methods

Process for Gathering and Analyzing Data/Information

(IRS Notice 2011-52 Section 3.03 (2))

Process to identify sources of data/information and the time period over which this occurred:

An independent research organization, ComSult Associates, LLC, was employed to work with Lourdes leadership staff for the purpose of gathering relevant data for the CHNA. Local, state, and national databases were used as well as local research products created by other healthcare agencies. There was also a survey conducted across the region. It was promoted in local media, utilizing email, and posting a link on several websites. Lourdes leadership team and the external research group communicated regularly over a period of several weeks exchanging research discoveries, and resources. Four different meetings were held to assess progress and map appropriate strategies in 2012 on February 29, May 15, November 20 and December 7.

Data was analyzed using two different methods. One, there was a comparison of Lourdes primary customer base to the state as a whole. Second, we interviewed a large number of local stakeholders in ascertaining their perspective on both the existence of healthcare needs and the recommended interventions/solutions. These local stakeholders were then invited to see the results of the research and suggest appropriate priorities and possible improvements.

Information gaps learned through the process (which impact the Hospital's ability to assess needs):

The process of comparing statistics against benchmarks, against similar county data, or other data sometimes led to a confusing “apples” to “oranges” comparison. While typically the data sought and found allowed the analysis to be seamless, there were a few occasions where accurate and useful comparisons became difficult.

Community Input

(IRS Notice 2011-52 Section 3.06)

Individuals contacted:

Noel Coplen
Director, Graves County Public Health
7/18/2012

Ashley Wright
Executive Director,
Paducah-McCracken County United Way
7/19/2012

Kent Kostner
Director, Purchase District Health Department
7/19/2012

Teresa Cantrell
Mayor, Mayfield, Kentucky
7/19/2012

Heidi Surheinrich
Director, Paducah Cooperative Ministries
7/27/2012

Jackie Herndon
Director, Graves County Food Pantry and Need Line
7/30/2012

Dr. Dana Manley
Nurse Practitioner, Marshall County Public Health
8/2/2012

Brandi Harless
Director, St. Nicholas Clinic
8/2/12

Amy Clevidence
Associate Director, Purchase Area Sexual Assault
8/10/12

Tony Dowdy
Director, West Kentucky Allied Services
8/2/12

Organizations contacted:

Paducah Family Service Society
7/24/2012
Pam Truitt, Executive Director

Marshall County Hospital
7/24/2012
Marica Wright, VP for Community Relations

Paducah Community Services Coalition
9/18/2012
Nancy Buchanan, Director

McCracken County Senior Citizen Center
8/8/2012
Focus Group: 50 Participants

NAACP Interracial Women's Group
8/21/2012
Focus Group: 15 Participants

Illness Management Recovery, Four Rivers Behavioral
8/22/2012
Focus Group: 7 Participants

Family Services Society Focus Group
8/22/2012
Focus Group: 5 Participants

Graves County Public Health
8/28/2012
Focus Group: 12 Participants

Leaders, representatives, or members of medically underserved, low-income and minority populations, and populations with chronic disease needs contacted:

Stephanie Floyd
Executive Director, Graves County Advocacy Program
7/19/2012

Guelda Woodridge
Executive Director,
McCracken County Senior Citizen Center
7/23/2012

Rosa Scott
President, McCracken County NAACP
7/24/2012

Sue Fenske
Executive Director, Heartland Cares
(Clinic for HIV Positive Individuals)
8/10/2012

Terry Hudspeth
Executive Director, Four Rivers Behavioral Health
8/10/2012

Vicki Williams
Director, Area Agency on Aging
8/2/2012

Clay Black
Director, Food Distribution in Jackson Purchase Area
8/2/2012

Jerry Elder
Executive Director, Annie Gardner Foundation
8/2/2012

There were several methods employed to utilize community input to identify health needs. Twenty-one experts and leaders on a variety of health issues from the community were interviewed individually, eliciting their input on health needs. Several themes were identified and utilized as decisions were made about identifying and then prioritizing health needs.

A survey was utilized eliciting 188 responses. The opportunity to participate was published in the local newspaper, published on the local Chamber of Commerce's website, on our own website, and internally through email. Specific needs were identified and considered in the identification of prioritized needs.

Five focus groups were also performed throughout the community served to specifically receive data from those stakeholders directly affected by health needs in the community. They were specifically designed to obtain information from senior citizens, the African-American population, those with mental health issues, families, and public health officials.

Prioritization of Health Needs

There were several steps in the priority of the health needs that were identified through the robust identification and subsequent interviewing of key stakeholders in the community.

The first step occurred with the Executive Team of the hospital. There was a long list of findings that needed to be initially pared down to a reasonable number for analysis. The Executive Team accomplished this in a dedicated session on November 20, 2012.

A retreat was then held inviting all members of the Leadership Team of the hospital to assist in prioritizing the smaller group of needs to help identify their recommendations for the final prioritized list of needs to be addressed by the hospital going forward. This was accomplished off-site with a “Priority Training” Exercise and Educational Seminar on December 7, 2012. A priority matrix was introduced as a tool to aid in the decision-making process. There were four variables introduced (Size of Population Affected, Severity of Health Need, Outcome Evaluation, and Community Capacity to Address the Need) with different weights to help “score” each need and give a sense of the group’s preferences. The five needs identified by the Executive Team (plus one identified by Leadership at the retreat) and ranked by the Leadership Team were Insufficient Mental Health Access, Insufficient Primary Care Doctors Available, Obesity, Prescription Drug Abuse, Poor Partnerships in Healthcare, and Cancer. Based on Leadership input, the top four Prioritized Health Needs were identified as: Insufficient Mental Health Access, Insufficient Primary Care Doctors Available, Obesity and Cancer.

Finally, a group of community stakeholders gathered on December 20 to go through the same process of working with a priority matrix to rank the needs identified by the Executive Team. Their rankings confirmed the hospital leadership team’s rankings to assist in establishing the priority needs going forward. The result of these efforts was the establishment of the following health need priorities:

Obesity

Over 60% of the adult population in the service area is either overweight or obese. Chronic health conditions can often be directly connected to this population. Diabetes, high blood pressure, and orthopedic issues can often be traced to obesity. Obesity among children and young adults is growing at an alarming pace.

Insufficient Primary Care Doctors

The average access to a primary care physician in Kentucky is a dismal 1.0 per one thousand. McCracken County comes in at the average, while Graves County has 0.6 per thousand, and Marshall County has 0.4 per thousand. There is an estimate that we are 40 primary doctors short in our region.

Insufficient Mental Health Access

Currently, there are only two facilities with inpatient treatment, with Lourdes Hospital by far being the largest. The other, Murray-Calloway Hospital specializes in geriatric inpatient behavioral health. Community and out-patient programs are under-represented in the region. Emergency rooms are still the most common entry point for those suffering from mental health issues. Even the large outpatient facility has wait times of weeks or even months for an appointment.

Cancer

While overall, the coverage for cancer treatment is fairly good, there need to be improvements in access to specialists. There are also financial barriers that sometimes prevent those with cancer from seeking care early on. There is also opportunity for better education around care and survival rates.

Existing Health Care Facilities and Resources Available to Meet Identified Needs

Obesity

Both Lourdes Hospital and Baptist Health Paducah have limited programs to address the issue. The school systems also provide limited education to young people. Individual practices could also be available to assist.

Insufficient Primary Care Doctors

Lourdes Hospital and Baptist Health Paducah are available, along with Jackson Purchase Medical Associates. There are other primary care practices that could also assist.

Insufficient Mental Health Access

Lourdes Hospital has the only general inpatient behavioral health facility. Murray-Calloway Hospital has an inpatient geriatric unit. Four Rivers Behavioral Health is also available. There are individual practitioners also available.

Cancer

Both Lourdes Hospital and Baptist Health Paducah provide treatment for many diagnoses of cancer. There are also oncologists available, both in their own practices and employed by the hospitals.

Collaborating Partners

(IRS Notice 2011-52 Section 3.03 (2))

Lourdes Hospital did not collaborate with other organizations to conduct the Community Health Needs Assessment. However, we are grateful for the participation of several area organizations which provided important community input for this process.

ComSult Associates, LLC

Jerry Mayes, Ph.D.

10055 St. Rt. 564, Farmington, KY 42040

Qualifications:

- Independent Consultant for Organizational Improvement since 1978
- Professor Emeritus at Murray State University
- Chair of the Organizational Communication Department for 16 years
- Clients in 37 states, Europe, and Puerto Rico
- Ph.D. Southern Illinois University
- Post Doctoral, Vanderbilt University
- BS and MS, Murray State University

Bricker & Eckler LLP /

Quality Management Consulting Group

100 South Third Street, Columbus, OH 43215

Qualifications:

- Jim Flynn is a partner in the Bricker & Eckler Health Care group where he has practiced for 21 years. His general health care practice focuses on transactional, reimbursement-related and health planning matters, including experience in Medicare and Medicaid reimbursement, certificate of need, non-profit and tax-exempt health care providers, federal and state administrative appeals, federal and state regulatory issues, fraud and abuse, False Claims Act, physician recruitment, corporate compliance, corporate organization and structure, public hospitals, and long term care issues. Mr. Flynn has provided consultation to health care providers, including non-profit and tax-exempt health care providers and public hospitals, on community health needs assessment.
- Chris Kenney is the Director of Regulatory Services with the Quality Management Consulting Group of Bricker & Eckler LLP. Ms. Kenney has over 30 years experience in health care planning and policy development, federal and state regulations, certificate of need regulations, state licensure, and Medicare and Medicaid certification. She provides expert testimony on community need and offers presentations and educational sessions regarding Community Health Needs Assessments. As Director of Ohio's Certificate of Need Program from 1997 – 2009, she prepared legislation and developed policy directives to address community needs including the development and introduction of the long-term care bed need methodology currently in use in Ohio. Ms. Kenney works with provider associations, industry groups, state agencies and providers on various health care delivery related issues. She has provided consultation to various state agencies on health care matters, health care providers on planning and regulatory matters, an Ohio's Executive Branch on state long-term care policy matters.