

Community Health Needs Assessment



Jane Todd Crawford Hospital
Fiscal Year Ending June 30, 2022



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INTRODUCTION

The 2010 passage of the *Patient Protection and Affordable Care Act* (PPACA) ushered in new reporting requirements for health care organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

- Conduct a community health needs assessment (CHNA) at least once every three years on a facility-by-facility basis.
- Identify action plans and strategies to address community needs identified in the assessment and report needs not being address (with reasons why such needs are not being addressed).
- Report CHNA results to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Jane Todd Crawford Hospital’s compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that Jane Todd Crawford Hospital may adopt an implementation strategy to address specific needs of the community.

The CHNA process involved:

- An evaluation of the Implementation Strategy for needs assessment completed in 2019.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources.
- Interviews with key informants who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during community health needs assessments conducted in tax year 2021. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as prioritizing the community's health needs and will aid in planning to meet those needs.

Community Health Needs Assessment (CHNA) Process

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration, and partnership to help achieve common priorities and inform partners’ investment strategies.

Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

Jane Todd Crawford Hospital engaged FORVIS, LLP to conduct a formal community health needs assessment (CHNA). FORVIS, LLP is among the nation’s top 10 professional services firms with more than 5,500 employees who serve clients in all 50 states as well as across the globe. FORVIS serves more than 1,000 hospitals and health care systems across the nation.

This CHNA was conducted January–May 2022.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the prior community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient and outpatient regarding patient origin. This process is further described in Community Served by the Hospital.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through key informant interviews. Results and findings are described in the Key Informant section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups, and the community as a whole. Health needs were ranked utilizing a method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of the problems, and 4) Alignment of the problem with the Hospital's goals and resources (The Hospital's ability to address the issues).
- An inventory of health care facilities and other community resources potentially available to significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

General Description of Hospital

Jane Todd Crawford Hospital is a critical access 25-bed facility located in Greensburg, Kentucky. Currently, the medical staff has two Family Practice Physicians, a Primary Care Physician, an Internal Medicine Physician, a Family Practice Nurse Practitioner, and a full-time Radiologist. The Hospital also operates a Specialty Clinic, which offers the monthly services of three Orthopedists, a Nephrologist, and a Cardiologist; a rural health clinic, Green County Primary Care; and a program for senior adults, Jane Todd IOP (Intensive Outpatient Program). The Hospital offers a long-term (swing bed) program, and the Emergency Room has three patient rooms with capability to expand to five rooms during busier parts of the day. Films are read immediately by the Radiologist. Transfers are generally made to nearby Campbellsville, Glasgow, or Elizabethtown, with more serious cases going to Louisville.

Jane Todd Crawford Hospital contracts with the Inspire Medical group. Inspire Medical is a physician-owned Emergency Department Management and Staffing Group with a solid network of Kentucky physicians committed to staffing physicians for emergency rooms in rural Kentucky hospitals.

Mission Statement:

Jane Todd Crawford Hospital has as its primary goal the provision of quality hospital services to the citizens of Green County and the surrounding areas. Through its Quality Improvement, Utilization Review and Risk Management Programs, we pledge to assure a consistently acceptable level and quality of service in the Hospital and Rural Health Clinics and to reduce the risk of injury to patients, visitors and employees. Organizational performance will be constantly reviewed and improved by effective processes, functions and services measured through continuous efforts by Quality Team(s) and activities such as staff, patient and community education.

New Facility:

Jane Todd Crawford hospital is building a new facility. A ground-breaking ceremony was held in February. The \$20-million hospital building was designed by JRA Architects of Lexington and is being built by Doster Construction of Birmingham, Ala. The new 25-bed Critical Access Hospital (CAH) will replace the current facility on Milby Street, which opened on Oct. 29, 1962. Construction is expected to be complete late summer 2022.



Prior Health Needs Identified

At the completion of the 2019 CHNA, four major health needs were identified. These represented the areas where focus was most needed to improve the health of the community served by the hospital.

1. Obesity
2. High cost of health care/deductibles
3. Lack of primary care physicians
4. Lack of health knowledge

Updates on Strategies and Accomplishments

The following demonstrates the measures of success that Jane Todd Crawford Hospital has reached in addressing the four identified community health needs.

Obesity:

Goal 1 – Partner with community agencies to combat this widespread health issue

- A. Work with agencies within our region to promote events and activities geared toward reducing obesity levels.
 - *We have promoted various events/activities within the area to combat obesity by distributing and/or posting flyers, announcements, etc. These have included healthy lifestyle events/classes offered by the Green County Extension Office, Green County ASAP and the Green County Health and Wellness Coalition; and 5K runs/walks by area groups, organizations, churches, school clubs, etc.*

Goal 2 – Provide community education

- A. Provide educational materials on the effects of obesity to our providers to distribute to patients.
 - *We partnered with the Green County Health Department and Lake Cumberland District Health Department to distribute educational health materials on weight loss and obesity to patients at Green County Primary Care.*

High Cost of Health Care/Deductibles:

Goal 1 – To provide economic relief for needy patients/families

- A. Explore a partnership with Med Assist (www.gomedassist.com) to offer qualifying patients and/or families assistance with health care costs.
 - *We were unable to partner with Med Assist; however, we did put other economic relief strategies into place to assist those in financial need. A partnership was established with Bernard Health Care where a representative was onsite to assist patients/families who were uninsured to apply for health insurance through Kynect. We also promoted community and virtual Kynect visits and/or campaigns in 2019, 2020, 2021 and 2022.*
- B. Offer payment structure plans to patients in accordance with financial assistance policy.
 - *Patients who lack insurance coverage, or are underinsured, are offered the opportunity to apply for financial assistance through various means, including the Disproportionate Share Program (DSH). A financial assistance application and other financial forms are available on the hospital's website, along with personnel who will assist the patient/family in applying.*

Goal 2 – Promote prevention to lower costs of acute care

- A. Discharge patients to Primary Care Physician (PCP) in our network to ensure coverage.
 - *The number of inpatients has been down this period due to the Covid-19 pandemic. Many of those who have been patients see Dr. Gary Partin, Medical Director at Jane Todd Crawford Hospital and Green County Primary Care, so they follow up with him, or one of the other providers at GCPC.*
- B. Focus annual health fair on preventative education for community.
 - *We offered some new health care information at our 2019 Health Fair, including neighboring Taylor Regional Hospital’s Vein Center, a new physical therapy and rehab center in Greensburg, and an interactive giant inflatable colon presented by the Kentucky Cancer Program along with the Lake Cumberland District Health Department. Due to the Covid-19 pandemic, we were unable to have our annual Health Fair in 2020 and 2021.*

Lack of Primary Care Physicians:

Goal 1 – Secure specialists in clinic

- A. Recruit more specialty physicians for Jane Todd Specialty Clinic.
 - *Jane Todd Specialty Clinic features the monthly services of a cardiologist, a nephrologist, and three orthopedists. A pulmonologist was obtained in 2021 and offered his services for a few months; however, he was unable to stay. A search is under way to recruit another physician in this specialty.*
- B. Advertise the availability of specialists and increase knowledge in community of their services.
 - *A listing of Jane Todd Specialty Clinic’s providers, along with their monthly availability, is updated regularly on the hospital’s website. An advertisement promoting their dates and services provided is schedule to be published in the local newspaper in June 2022.*

Goal 2 – Utilize ARNPs more effectively

- A. Recruit additional mid-level providers as caseload increases.
 - *Due to the Covid-19 pandemic, the patient caseload at Green County Primary Care decreased in 2020. Although it has rebounded in 2021 and 2022, the current caseload does not justify adding another Nurse Practitioner at this time.*

Lack of Health Knowledge:

Goal 1 – Provide preventative health care education

- A. Offer patients informative and educational materials on chronic diseases.
 - *Partnering with the Green County Health Department and Lake Cumberland District Health Department, we offer patients at Green County Primary Care educational materials on smoking/vaping, diabetes, heart disease, and high blood pressure. Dr. Adil Mohiuddin, a physician at Green County Primary Care, began a monthly series at the Green County Public Library in January 2020 called “Ask a Physician.” In March 2022, Green County Primary Care providers also distributed promotional bags on diabetes management to their patients, which were provided by LCDHD. We also signed a letter of support for LCDHD in March 2022 to assist them in providing upcoming diabetes management classes to the public. Jane Todd Crawford Hospital hosted these classes at its facility in August 2019.*
- B. Work with other community health agencies to host informational workshops on how to provide basic health care knowledge, including mental health services.
 - *Due to the Covid-19 pandemic, we were unable to host any workshops onsite; however, we did partner with other agencies and participate in virtual events. In April 2021, we participated in the Lake Cumberland Community Action Agency’s Virtual Resource Fair. We are currently at work updating promotional materials for our IOP (Intensive Outpatient Program), which is a comprehensive mental health program for those 65 and older.*

Goal 2 – Obesity management education

- A. As obesity leads to the risk of developing many other health dangers, focus on providing monthly or quarterly events to encourage residents to manage their weight and reduce health risks.
 - *We were unable to host any onsite events due to the Covid-19 pandemic. Instead, we promoted any type of virtual event that any of our partnering agencies were hosting.*

Summary of 2022 Needs Assessment Findings

The following health needs were identified based on the information gathered and analyzed through the community health needs assessment conducted by the Hospital. These needs have been prioritized based on information gathered through the community health needs assessment.

Identified Community Health Needs:

1. Obesity
2. Lack of mental health providers/mental health
3. Lack of health knowledge

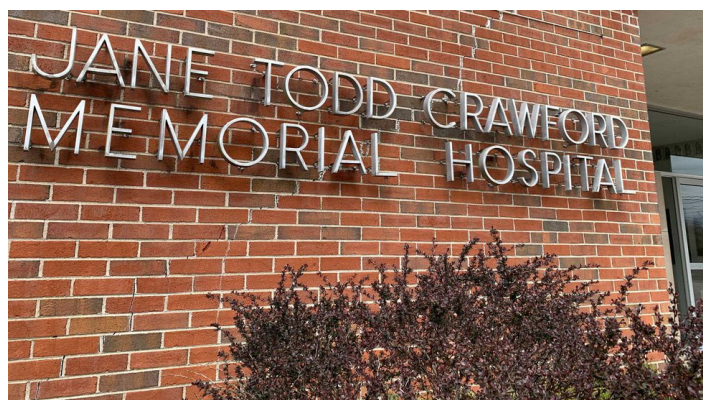
COMMUNITY SERVED BY THE HOSPITAL

The Hospital is located in Greensburg, Kentucky, in Green County, and is about 80 miles south of Louisville. The Hospital is located off US highway 68. The Hospital serves residents in and around the city of Greensburg.

Definition of Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of acute care services. The utilization of Jane Todd Crawford Hospital services provides the clearest definition of the community.

Based on the patient origin of acute care discharges from July 1, 2020, through June 30, 2021, management has identified the community to include the corresponding counties listed in the exhibit below.



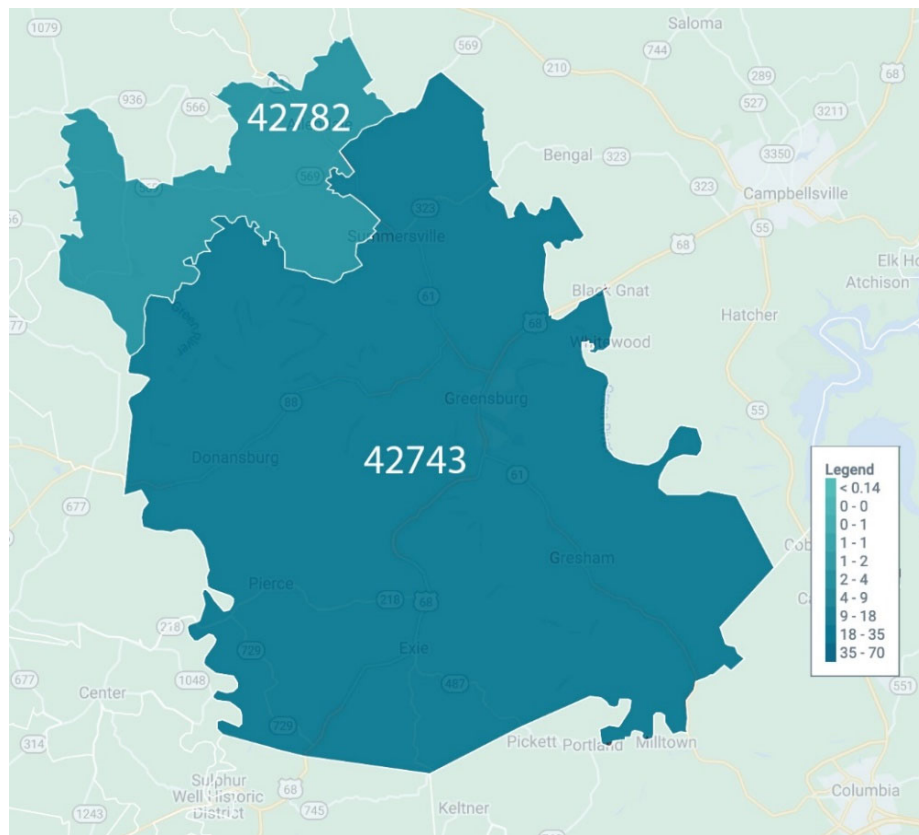
**Jane Todd Crawford Hospital
Summary of Inpatient Discharges and Outpatient Visits by Zip Code
7/1/2020 to 6/30/2021**

Zip Codes	City	County	Inpatient	Outpatient	Total	Percent of Total
42743	Greensburg	Green	88	12,586	12,674	68.28
42782	Summersville	Green	11	957	968	5.21
Total Community			99	13,543	13,642	73.49
Others outside Green County			103	4,816	4,919	26.51
TOTAL			202	18,359	18,561	100.00

Source: Jane Todd Crawford Hospital FY2021

Community Details

The following map geographically illustrates the Hospital's community by showing the community zip codes shaded by number of inpatient discharges. The map displays the Hospital's geographic relationship to the community, as well as significant roads and highways. The community health needs assessment will utilize this for statistical and data purposes.



Community Population and Demographics:

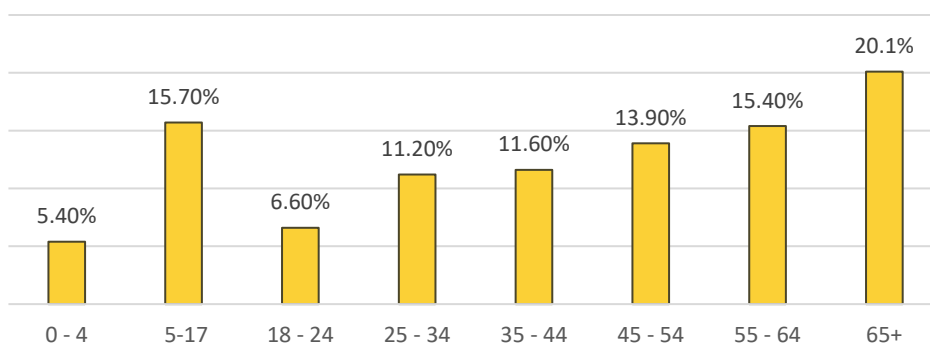
The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey 2015-2019, 5-year data estimates. The following tables show the total population of the community, breakout of the community between male and female population, age, race/ethnicity, and Hispanic population.

Demographic Characteristics				
Total Population		Population by Gender		
Area	Population	Area	Male	Female
Green County	10,979	Green County	49.0%	51.0%
Kentucky	4,449,052	Kentucky	49.2%	50.8%
United States	324,697,795	United States	49.2%	50.8%

Source: US Census Bureau, American Community Survey. 2019.

Age Distribution						
Age Group	Green County	% of Total	Kentucky	% of Total	United States	% of Total
0 - 4	588	5.40	274,592	6.17	19,767,670	6.18
5 - 17	1,729	15.70	734,714	16.51	53,661,722	19.43
18 - 24	722	6.60	420,653	9.45	30,646,327	7.01
25 - 34	1,234	11.20	577,567	12.98	45,030,415	13.72
35 - 44	1,277	11.60	553,430	12.44	40,978,831	12.67
45 - 54	1,522	13.90	584,789	13.14	42,072,620	13.42
55 - 64	1,696	15.40	593,169	13.33	41,756,414	12.69
65+	2,211	20.10	710,138	15.96	50,783,796	14.87
TOTAL		100.0%		100.0%		100.0%

Source: US Census Bureau, American Community Survey. 2019.



While the relative age of the community population can influence community health needs, so can the ethnicity and race of a population. Nearly half (49.4%) of Green County’s population is 45 years or older. The county’s two largest age groups are 65 years and older (20.1%) and 5-17 years old (15.70%).

The table below provides details into total populations by various races and ethnicities.

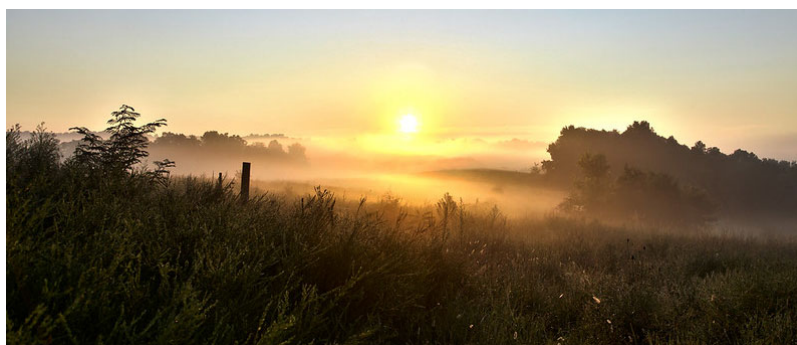
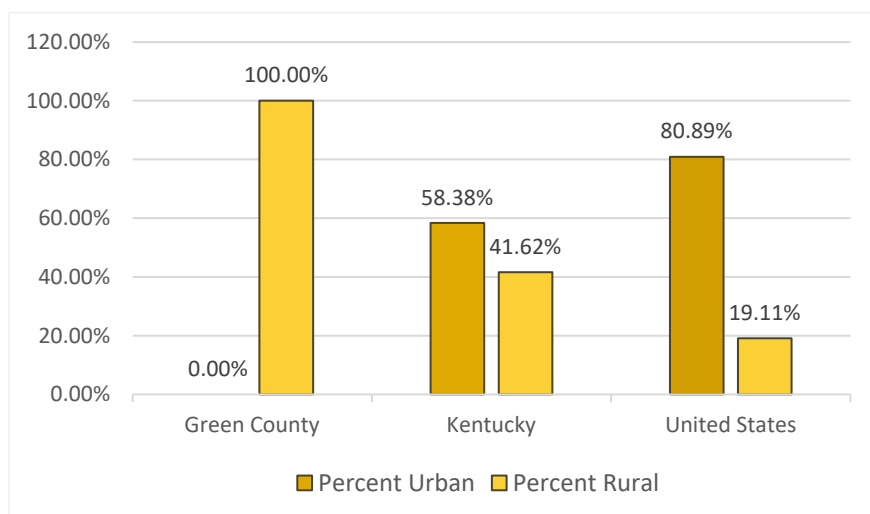
Race/Ethnicity Population					
	White Non-Hispanic	Hispanic	Black Non-Hispanic	Asian & Pacific Islander	All other or Multiple Races
Green County	10,353	94	285	9	238
% of County	95.11	0.86	2.62	.08	1.33
Kentucky	3,761,855	162,994	335,997	67,431	102,775
% of Kentucky	84.55	3.6	7.96	1.52	2.31
United States	197,100,373	58,479,370	39,977,554	18,249,465	10,891,033
% of U.S.	60.70	18.01	12.31	5.62	3.36

Source: US Census Bureau, American Community Survey. 2019

The following table and graph show the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other non-residential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.

Urban vs. Rural Population		
	Percent Urban	Percent Rural
Green County	0.00	100.00
Kentucky	58.38	41.62
United States	80.89	19.11

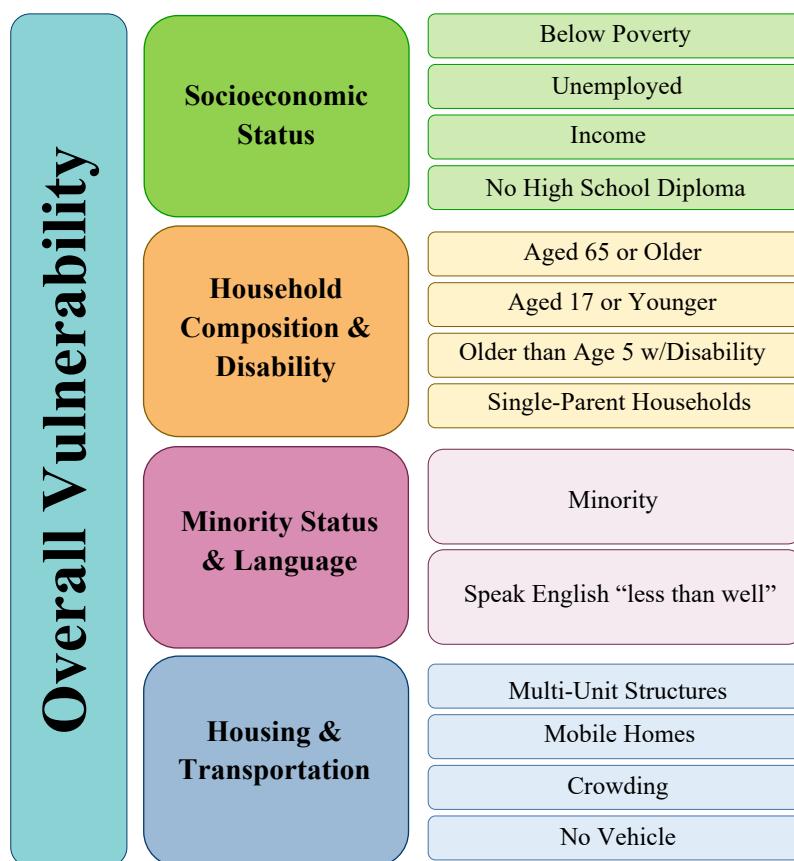
*Source: US Census Bureau, Decennial Census, 2010.
Source geography: Tract*



SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

The CDC has developed the Social Vulnerability Index (SVI). The helps public health officials identify and meet the needs of socially vulnerable populations.



The CDC ranks county’s social vulnerability index. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Green County has a moderate to high level of vulnerability, and is lower than all other surrounding counties. The following table displays the SVI scores for Green County and nearby counties.

County/Region	SVI Score	Level of Vulnerability
Adair County	0.7121	Moderate to high level of vulnerability
Barren County	0.7761	High level of vulnerability
Green County	0.5226	Moderate to high level of vulnerability
Hart County	0.7659	High level of vulnerability
Larue County	0.5318	Moderate to high level of vulnerability
Marion County	0.9057	High level of vulnerability
Metcalfe County	0.6812	Moderate to high level of vulnerability
Taylor County	0.7210	Moderate to high level of vulnerability

Source: <https://svi.cdc.gov/map.html>, 2018

The SVI instrument identifies critical health issues, however, some of the factors are not used in the remainder of this assessment because they are designed for emergency planners and are not applicable to general health and quality of life. The Composition & Disability measure is not examined in this report.

The following information and exhibits include important factors such as household per capita income, employment rates, uninsured population, poverty, and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to the state of Kentucky and the United States.

Income

The table below displays the Per Capita Income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

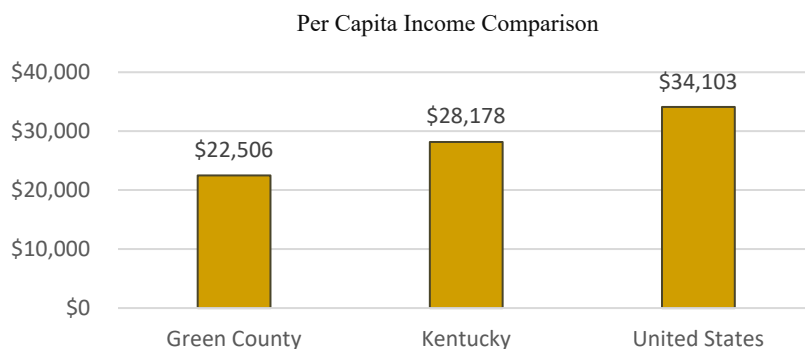
Per Capita Income is an important determinant in an individual’s health. People with above-average income typically have health insurance, reliable transportation, and the financial means to pay out-of-pocket expenses. In addition, those with higher income are more likely to practice healthy lifestyle choices such as exercising, eating nutritional foods, and abstaining from tobacco use.

Source: <https://www.cdc.gov/socialdeterminants/>

The Per Capita Income in the following exhibits show the average (mean) income computed for every man, woman, and child in the specified area. As the data demonstrates, Green County’s per capita income is considerably lower than the state and national income averages.

Per Capita Income			
	Total Population	Aggregate Household Income (\$)	Per Capita Income (\$)
Green County	10,979	\$237,361,300	\$22,506
Kentucky	4,449,052	\$121,672,978,100	\$28,178
United States	324,698,795	\$10,699,792,935,700	\$34,103

Source: US Census Bureau, American Community Survey. 2015-2019

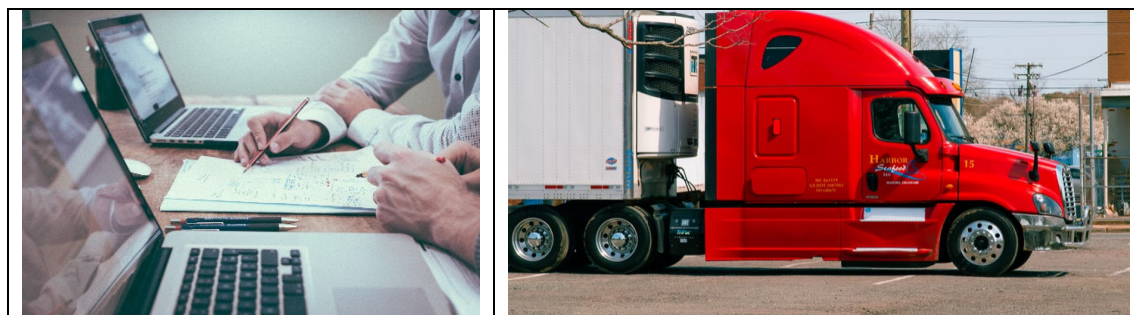


Employment

Green County is supported by major industries including government, education, and health services. The table on the following page lists major industries for the county.

Major Industries in Green County				
Major Industries	Green County Total	Green County Percent	U.S. Total	U.S. Percent
Federal Government	19	1.1	2,729,632	2.0
State Government	53	3.1	4,545,134	3.3
Local Government	457	27.0	13,770,762	10.1
Natural resources and mining	-	0.0	2,071,941	1.5
Construction	39	2.3	6,106,715	4.5
Manufacturing	42	2.5	12,155,092	8.9
Trade, transportation, and utilities	269	15.9	26,098,433	19.1
Information	15	0.9	2,732,503	2.0
Financial activities	90	5.3	7,673,433	5.6
Professional and business services	71	4.2	19,073,009	14.0
Education and health services	459	27.1	20,568,785	15.1
Leisure and hospitality	148	8.7	14,625,406	10.7
Other services (& Unclassified)	31	1.8	4,452,277	3.3

Source: datausa.io.com via US Department of Labor, Bureau of Labor Statistics. 2019.



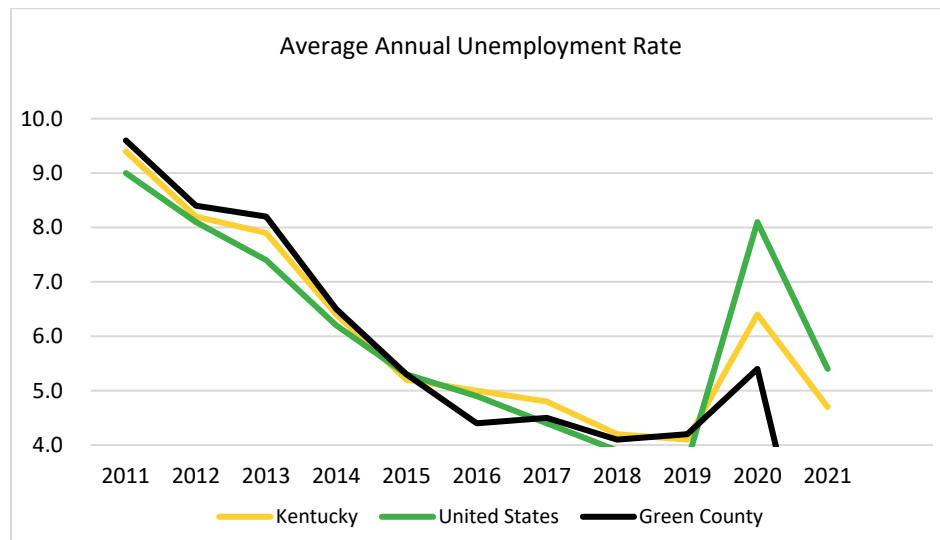
Unemployment Rate

The table below displays the average annual resident unemployment rates for Green County, Kentucky, and the United States.

Average Annual Unemployment Rate (%)										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Green County	9.6	8.4	8.2	6.5	5.3	4.4	4.5	4.1	4.2	5.4
Kentucky	9.4	8.2	7.9	6.4	5.2	5.0	4.8	4.2	4.1	6.4
United States	9.0	8.1	7.4	6.2	5.3	4.9	4.4	3.9	3.7	8.1

Source: US Census Bureau, American Community Survey. 2016-19. Source geography: Tract

The chart below illustrates how unemployment rates for the county declined from 2011 through 2019, then rose when the global pandemic began. This was consistent with the state of Kentucky and the nation. The county’s 10-year unemployment rate has consistently been below averages for the state of Kentucky and the nation.



Poverty

The following table displays the percentage of total population below 100 percent Federal Poverty Level (FPL) for Green County, the state of Kentucky, and the United States. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community’s medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals’ inability to pay for services places strain on the community’s medical system. These individuals have limited transportation options and lack the ability to travel outside their local community for medical services.

Population below 100% FPL (Federal Poverty Line)			
	Population for whom Poverty Status is Determined	Population below FPL	Percent below FPL
Green County	10,820	1,953	18.1
Kentucky	4,309,501	747,010	17.3
United States	316,715,051	42,510,843	13.4

Source: US Census Bureau, American Community Survey. 2016-19

Insurance

The following table reports the percentage of the total civilian non-institutionalized population without health insurance coverage for the community, Kentucky, and the United States. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status. Uninsured adults have limited access to preventive services and specialty care, may receive poorer quality of care, and often experience worse health outcomes than those with insurance.

Green County has 5.71% of the total civilian non-institutionalized population without health insurance. This rate is just above the state average (5.70%) and below the national average (8.84%).

Uninsured Population			
	Population for whom Insurance Status is Determined	Uninsured Population	Uninsured Population Percent
Green County	10,855	621	5.72
Kentucky	4,366,510	248,714	5.70
United States	319,706,872	28,248,613	8.84

Source: US Census Bureau, American Community Survey. 2016-2019. Geography: Tract

Medicaid:

Medicaid Coverage			
	Population	Population Receiving Medicaid	Percent Receiving Medicaid
Green County	10,855	2,046	18.8
Kentucky	4,366,510	535,568	12.3
United States	319,706,872	41,425,632	13.0

Source: US Census Bureau, American Community Survey. 2016-19

Education

The following table shows educational attainment with a High School diploma or higher for Green County, the state of Kentucky, and the United States. This is relevant because educational attainment has been linked to positive health outcomes.

Educational Attainment – Population Age 25 and Older					
	Percent with High School Only	Percent with Some College	Percent with Associate’s Degree	Percent with Bachelor’s Degree	Percent with Graduate or Professional Degree
Green County	37.8	17.7	6.9	7.0	6.1
Kentucky	39.2	20.8	8.3	14.2	10.0
United States	27.0	20.4	8.5	19.8	12.4

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

PHYSICAL ENVIRONMENT OF THE COMMUNITY

A community’s health is affected greatly by its physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will examine some of the elements that relate to various needs mentioned throughout the report.

Food Availability

The table below reports the percentage of the population with food access. The Food Environment Index Score measures the amount of healthy food vs. unhealthy food available in the community.

This is relevant because it highlights populations and geographies facing food insecurity.

Population with Low Food Access			
	Food Environment Index	Local Food Outlets per 100,000	Population Without Access to Large Grocery Store
Green County	5.86%	9.1%	11.1%
Kentucky	8.31%	4.3%	18.0%
United States	9.53%	3.7%	21.6%

Source: <https://www.usnews.com/news/healthiest-communities/kentucky/green-county>, 2022

SNAP Food Stores

Certain food stores are authorized by SNAP (Supplemental Nutrition Assistance Program). These include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP benefits. Green County has a total of 10 SNAP-authorized retailers with a rate of 9.10, which is slightly lower than the state rate.

SNAP Authorized Food Stores		
	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers Rate per 10,000 population
Green County	10	9.10
Kentucky	4,509	10.07
United States	248,526	7.47

Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2021. Source geography: Tract

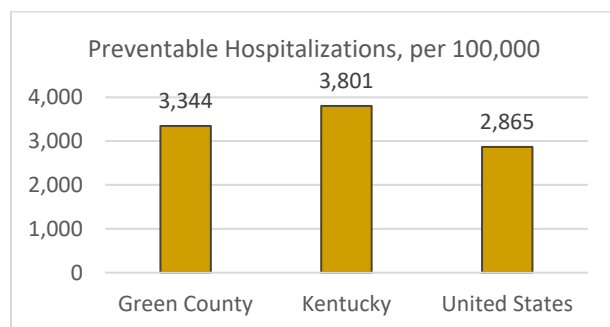
CLINICAL CARE OF THE COMMUNITY

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Preventable Hospital Stays

The following data reports the preventable hospital rate of Medicare beneficiaries. Preventable hospital stays include admission for these conditions: diabetes with short-term and long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. These represent conditions where hospitalization could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of preventable discharges demonstrates a possible “return on investment” from interventions that reduce admissions through better access to primary care resources.



Source: Centers for Medicare and Medicaid Services, *Mapping Medicare Disparities Tool*. 2020. Source geography: County

HEALTH STATUS OF THE COMMUNITY

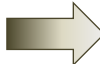



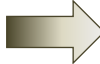

This section of the assessment reviews the health status of the Community with comparisons to the State of Kentucky. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers.

Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle		Primary Disease Factors
Smoking		Lung cancer Cardiovascular disease Emphysema Chronic Bronchitis
Alcohol/drug abuse		Cirrhosis of Liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental Illness
Poor Nutrition		Obesity Digestive disease Depression
Driving at excessive speeds		Trauma Motor vehicle crashes
Lack of exercise		Cardiovascular disease Depression
Overstressed		Mental illness Alcohol/drug abuse Cardiovascular disease

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the community, along with the state of Kentucky. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

The table below shows the leading causes of death for Green County residents and compares the rates, per hundred thousand, to Kentucky and national average rates, per hundred thousand.

	Green County Per 100k	Kentucky Per 100k	United States Per 100k
Cancer	283.1	227.8	183.5
Coronary Heart Disease	230.4	125.4	112.5
Lung Disease	96.2	76.8	48.0
Motor Vehicle Accident	n/a	17.6	11.9
Stroke	65.3	49.0	45.7
Suicide	n/a	17.4	14.3
Unintentional Injury	56.3	74.3	53.4

* Data is suppressed due to insufficient source data

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-20.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture, and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state, and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state, and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the “healthiest.”

Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors - rankings are based on weighted scores of four types of factors:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, data from Green County will be used to compare the relative health status of the county to the state of Kentucky as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture, and environment.

Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. The tables on the following page show how changes in the counties included in the community’s mortality and morbidity outcomes have mostly increased from the prior community health needs assessment. The arrows compare the health indicator numbers from 2018 to 2021. A green arrow indicates progress in a positive direction since 2018, a red arrow indicates the ranking has worsened since 2018 and a black dash indicates no change.

County Health Rankings - Health Outcomes					
	Green County 2018	Green County 2021	Increase/ Decrease	Kentucky 2021	Top U.S. Performers 2021
Mortality					
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,400	9,800	↑	9,500	5,400
Morbidity					
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	19.0%	27.0%	↑	22.0%	14.0%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.5	5.7	↑	4.6	3.4%
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted)	4.3	5.8	↑	5.0	3.8%
Low birth weight - Percent of live births with low birth weight (<2500 grams)	8.0%	8.0%	—	9.0%	6.0%
<i>Source: Countyhealthrankings.org</i>					

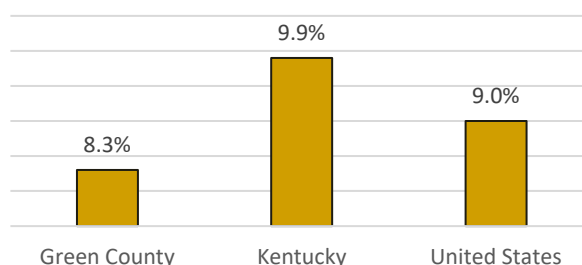
A number of different health factors shape a community’s health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. (See County Health Rankings section of Appendix.)

The following exhibits show a more detailed view of certain health outcomes and factors for the community, Kentucky, and the United States.

Diabetes

The following table and chart display the percentage of adults aged 18 and older who have ever been told by a doctor that they have diabetes. This is relevant because diabetes is a significant health issue in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Adults with Diagnosed Diabetes	
	Percent Adults with Diagnosed Diabetes
Green County	8.3
Kentucky	9.9
United States	9.0
https://www.countyhealthrankings.org/app/Kentucky/2021/county/snapshots/095/print	



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.

Heart Disease (Adult)

The following table has data on Medicare beneficiaries with ischemic heart disease based on administrative claims. This is relevant because heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Within the report area of Green County, nearly one third of beneficiaries had heart disease. This is slightly higher than the state and national percent.

Population with Heart Disease (Medicare)		
	Beneficiaries with Heart Disease Total	Beneficiaries with Heart Disease Percent
Green County	621	30.9
Kentucky	168,882	29.3
United States	8,979,902	26.8

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County

Obesity

The following table and chart display the percentage of adults aged 20 and older self-reporting having a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Population with Obesity			
	Survey Population Age 20 and older	Population with BMI> 30.0 (Obese)	Percent with BMI> 30.0 (Obese)*
Green County	8,476	1,975	23.0
Kentucky	3,348,426	1,048,676	31.1
United States	243,082,729	67,624,774	27.6

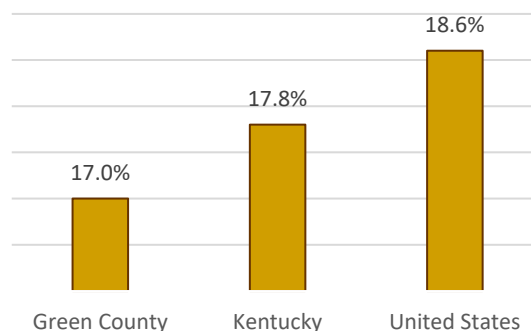
. Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019

Poor General Health

The following table and chart display the percentage of adults aged 18 and older self-report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair, or poor?” This is relevant because it is a measure of general poor health status.

Population with Poor General Health		
	2019 Population Age 18 and older	Percent with Poor or Fair General Health
Green County	7,152	17.00
Kentucky	2,913,314	17.80
U.S.	328,239,523	18.60

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019.

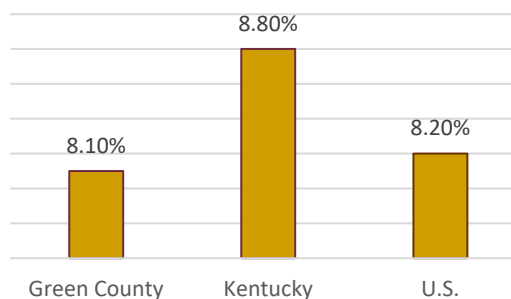


Low Birth Weight

The table and chart below display the percentage of total births that are low birth weight (Under 2500g). Low births are live births where the infant weighed less than 2,500 grams (approximately 5 lbs.)

This is relevant because low birth weight infants are at high risk for health problems. This can also highlight the existence of health disparities.

Low Birth Rates			
	Total Live Births	Low Weight Births	Percent Low Weight Births
Green County	789	64	8.10
Kentucky	769,930	67,820	8.80
U.S.	54,416,819	4,440,508	8.20



Source: University of Wisconsin Population Health Institute, County Health Rankings. 2013-2019. Source geography: County

COVID-19

The table below displays the number of confirmed COVID-19 cases and deaths per 100,000 population. This is relevant because the entire nation endured a state of emergency and was forced to shut down.

COVID-19 Rates				
	Total Confirmed Cases	Total Deaths	Death Rate per 100,000	<i>Data Source: Community Commons via Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022.</i>
Green County	1,941	26	355.68	
Kentucky	763,779	7,915	271.85	
U.S.	77,046,396	917,397	281.18	

KEY INFORMANT INTERVIEWS

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge or expertise around public health and underserved populations.

Interviews were held with various professionals representing a cross-section of industries and organizations within the community’s population. Individuals chosen for these included:

- Melissa Bright, teacher – Green County School District
- Kaylene Bush, Nurse Supervisor – Green County Health Department
- Wayne Hedgespeth, Police Chief – city of Greensburg, KY
- Rick Lucas, volunteer – Green County Food Bank
- Roxie Montgomery, Director of Nursing – Jane Todd Crawford Hospital
- Valerie Perkins, Board of Directors – Jane Todd Crawford Hospital
- Tim Picard, Psychiatric provider – Jane Todd Crawford Hospital
- John Shuffett, Mayor – city of Greensburg, KY

The main objective of the interviews was to receive feedback on community health and wellness attributes, strengths, and challenges. Topics included questions about 1) Health and quality of life, 2) Underserved and underrepresented populations, 3) Barriers, and 4) COVID-19.

Key Informant Observations and Comments

1. On a scale of 1-10 (1 being the worst and 10 being the best), how would you rate your personal health and quality of life?

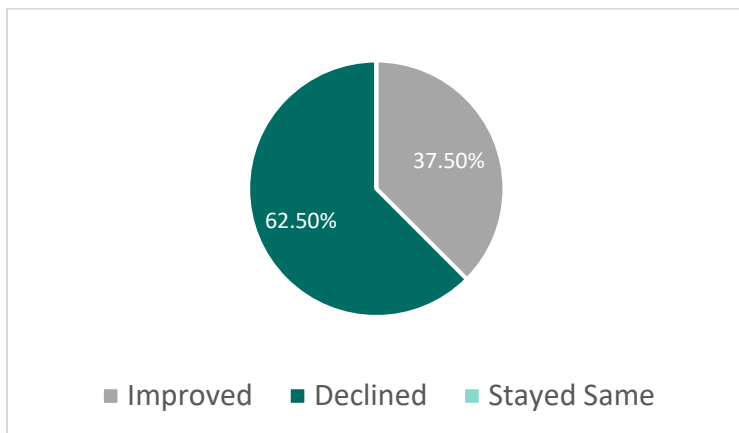
Individuals interviewed report having good health, with an average score of 7.6 out of a possible 10.

2. On a scale of 1-10 (1 being the worst and 10 being the best), how would you rate the overall health of individuals living in Green county?

Most felt the overall health and wellness of the community was lower than their individual health. The average score was 5.2/10.

- Has the overall health of Green County declined, improved, or stayed about the same over the past 3-5 years?

More than half (55%) of the respondents believed the overall health of the county has declined. Many attribute this condition to the pandemic and related issues.



- Please describe what factors influence your answer and briefly explain why you feel it has improved, declined, or stayed the same.

Comments:

“I’ve seen an overall decline in citizens health. Particularly with anxiety and fear. But I’m very optimistic about a rebound.”

“It has improved, some people seem more focused on health and are exercising now.”

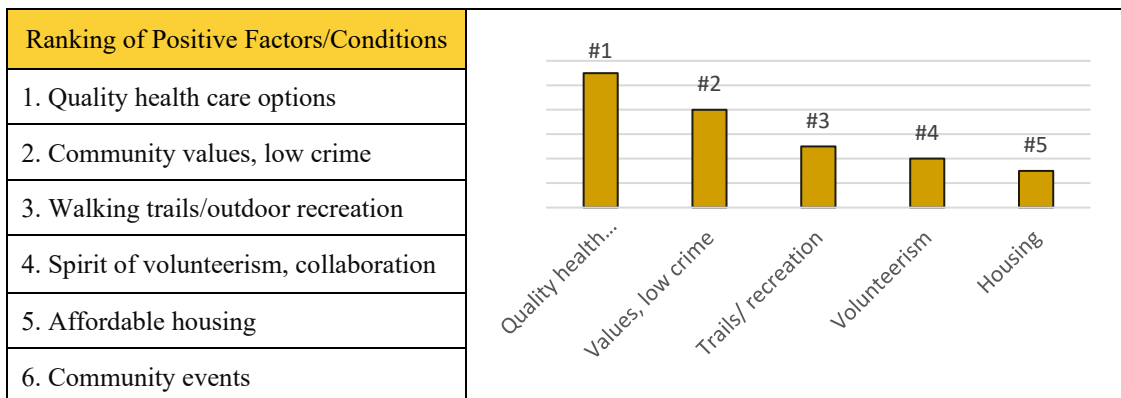
“There’s been somewhat of a decline due mostly to the government’s handling of COVID.”

- Describe specific factors and conditions that are positive about the community and that promote health and quality of life.

Local walking trails and activities associated with the nearby river and lake received numerous mentions.

Respondents reported a community-wide excitement about the construction of a new hospital and were pleased with the number of health care services available. They described their community as a safe place with residents who care for one another and are willing to help others in need.

The table and graph below show input regarding the top positive community factors and conditions.



Comments:

“We have doctors that come here weekly or bi-weekly from other areas.”

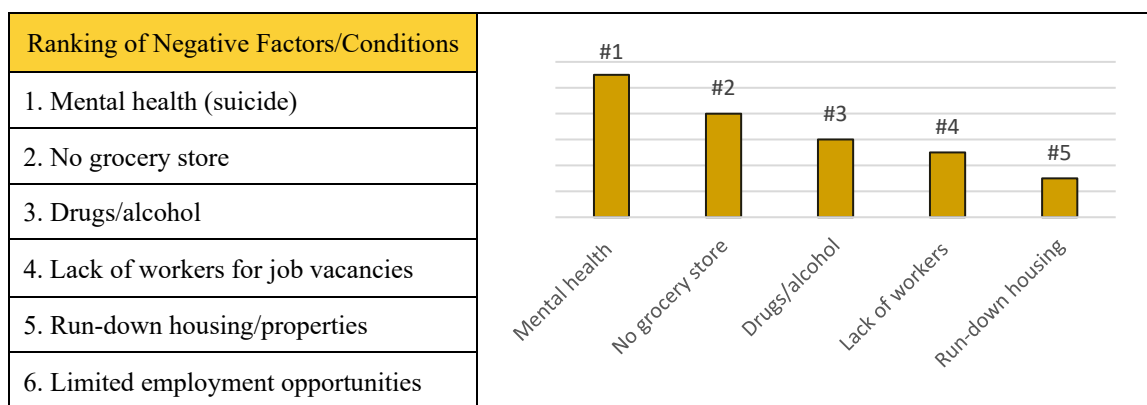
“The construction of the new hospital is a great asset and is going to spur new growth.”

“People here are eager to help out, take action when needs are made known.

“The level of services has improved over the years. The local health department and the hospital have been working hard.”

“We have a strong support system. Most people have someone looking out for them.”

6. Describe factors and conditions that negatively impact the community’s health and quality of life.



Comments:

“We have a problem with drugs and alcohol, especially opioids and meth.”

“There’s a lack of high paying jobs, too many don’t support family. People are forced to go other communities.”

“We desperately need a grocery store, other than what Dollar General carries.”

“Mental health, especially of the elderly, is a significant problem.”

7. What are the biggest health care barriers for members of your community?

Common themes arose on this topic. Prominent barriers that hindered certain segments from receiving adequate healthcare services were identified.

Interviews revealed that some community members lack of an understanding or the knowledge needed to access certain health services and programs. Not knowing where to go or who to contact prevents them from seeking care.

Comments:

“Many poor in the community lack transportation and don’t know how to find or use resources.”

“Inflation, cost of groceries, medication and the cost of living overall keeps people from getting health care they need.”

“The COVID-19 pandemic has been a barrier. People neglected certain routine and preventative healthcare visits. COVID has also had a negative impact on mental health.”

8. Underserved Populations

Common themes arose on this topic. Certain groups or segments of the community frequently lack adequate health services.

Interviews revealed that some community members lack of an understanding or the knowledge needed to access certain health services and programs. Not knowing where to go or who to contact prevents them from seeking care.

Migrant workers, low socio-economic groups, the elderly, and some Hispanics were listed as groups that frequently don’t receive proper care.

Comments:

“Seniors who have a fixed income, people who live paycheck to paycheck are most vulnerable.”

“The elderly, aging population, have issues with mental illness. We call state agencies, but they give us no help. Many of the elderly have no family or support system.”

“Those living in poverty are often underserved.”

9. How barriers are being addressed

Stakeholders provided input on ways the community is responding to barriers faced by underserved individuals and groups in the community

- Some pharmacists provide free samples to help those who cannot afford expensive medications.
- Public awareness events and fairs provide information on available services.
- Churches and community groups work to provide services to individuals in need.
- The community offers health programs for low-income families and individuals.

10. Recommendations for Improvement

As a result of the interviews, the following suggestions were provided to help improve the community’s health and quality of life:

- Develop more recreation/entertainment options, especially for teens and youth.
- Start/expand services to assist elderly.
- Implement programs to address mental health.
- Improve roads/access to attract new businesses.
- Address at-risk issues to keep people off the streets and to reduce/eliminate drug use.

11. COVID-19

Key Informants were asked to describe how the COVID-19 pandemic has impacted the community.

Several described the devastating impact of isolation on individuals and families. They continue to see a lingering effect as many still are dealing with depression and suffering from lost wages.

Many agreed that the toll was heaviest for those already in poverty and the elderly. These individuals needed services that were shut down or not available.

References were made to divisions among residents over health restrictions and guidelines.

“It took a toll on people’s patience. Everything was controversial – disagreement about whether rules were helpful or just political.”

“Only a few refused to wear masks, but most complied.”

12. Feedback on Jane Todd Crawford Hospital

Key Informants were asked to grade the Hospital’s efforts to address community needs and improve health quality. Most responses gave the Hospital high marks, praising them for their services and community outreach.

“They do health fairs and activities like Fun Run/5K walk.”

“They are wonderful at collaborations, like with the Health Department on breast cancer awareness.”

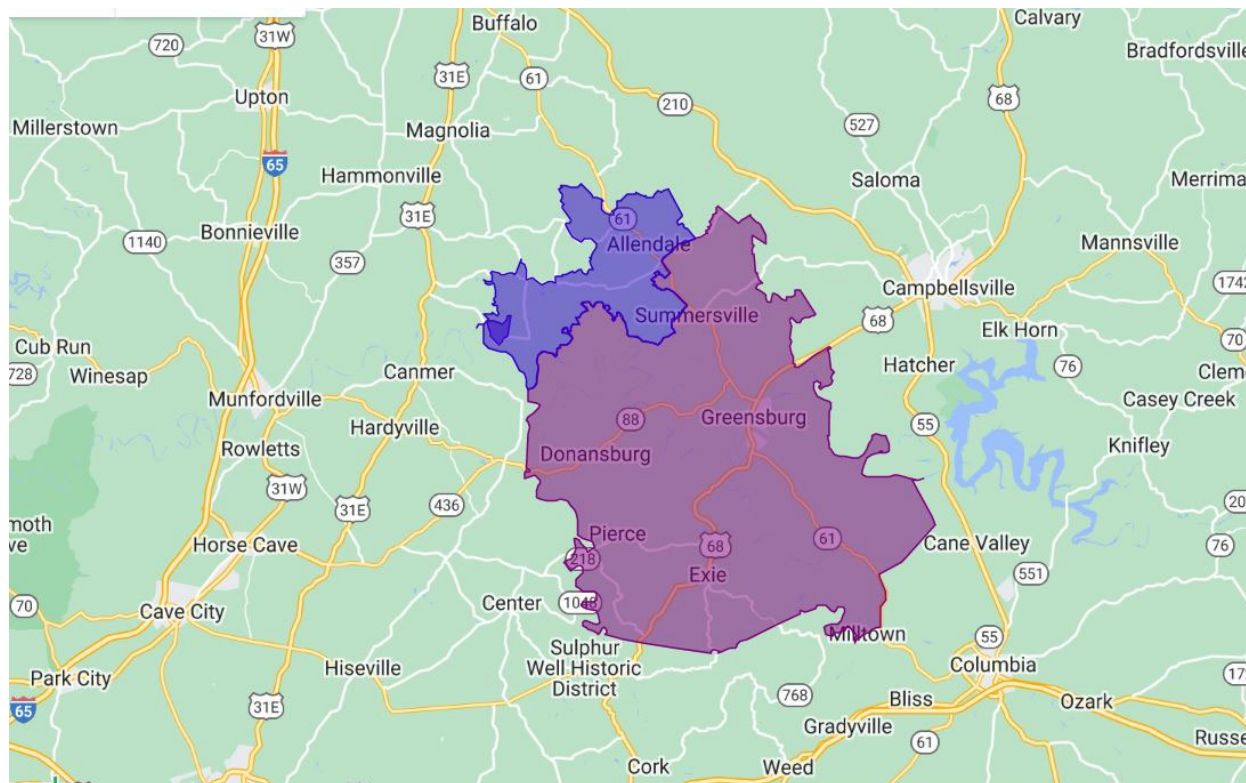
“They get an A!” The doctors at the hospital and in the ER give excellent care.”



“They put on events for children and the community, providing health education and information on hospital resources. They are great on community outreach.”

DIGNITY HEALTH COMMUNITY NEED INDEX REPORT

According to Dignity Health’s Community Need Index, the Hospital community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance, and housing).

Review the CNI map and scoring legend below for more details.



	Zip	CNI Score	City	County	Scoring Legend	
	42743	3.2	Greensburg	Green	Highest Needs	4.2-5
	42782	2.4	Summersville	Green	2 nd Highest	3.4-4.1
					Mid-level	2.6-3.3
					Lower	1.8-2.5
					Lowest Needs	1-1.7

Source: <http://cni.dignityhealth.org/>, 2022

INFORMATION GAPS

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be several medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death and death rates for the community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Hospital community. County rates and measurements for health behaviors, clinical care, social and economic factors, and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

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

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5, with a total maximum score of 20 (indicating the greatest health need).

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized.
 - i. >25% of the community = 5
 - ii. >15% and <25% = 4
 - iii. >10% and <15% = 3
 - iv. >5% and <10% = 2
 - v. <5% = 1

- 2) **What are the consequences of not addressing this problem?** Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.
- 3) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors, Primary Data, Interviews) identified the need.
- 4) **Alignment with Hospital goals and resources.** The rating for this factor was determined by whether the need fits within the Hospital’s strategic plan, as well as the Hospital’s ability to address the need. Rating of one (least) through five (greatest) was given to the need, based on management assessment.

Each need was ranked based on the prioritization metrics. As a result, the following summary of needs is identified in the table below.

Jane Todd Crawford Hospital Prioritization of Health Needs					
Health Problem or Issue	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	Prevalence of Common Themes	Alignment with hospital's resources	Total Score
Obesity	5	5	4	5	19
Lack of Mental Health Providers/Mental Health	4	5	5	4	18
Lack of Health Knowledge	4	4	4	5	17
Lack of Primary Care Physicians	4	4	4	4	16
Adult Smoking	5	4	3	4	16
Substance Abuse	4	4	4	4	16
High Cost of Health Care/Deductibles	4	4	4	3	15
Healthy Behaviors/Lifestyle Changes	4	4	3	4	15
Cancer	4	4	3	4	15
Heart Disease	4	4	3	4	15
Physical Inactivity	3	4	3	4	14
Poverty/Children in Poverty	3	4	3	3	13
Transportation	3	3	3	3	12
Uninsured	2	4	3	3	12
Lung Disease	3	3	3	3	12
Preventable Hospital Stays	3	3	1	3	10
Excessive Drinking	3	3	2	2	10
Motor Vehicle Accident/Alcohol Impaired Driving Deaths	2	3	2	2	9
Stroke	2	2	2	2	8
Mammography Screenings	1	2	1	3	7
Teen Birth Rate	2	2	1	1	6
High Housing Costs	2	1	2	1	6

Management’s Prioritization Process

For the health needs prioritization process, the Hospital engaged a hospital leadership team to review the most significant health needs reported on the prior CHNA as well as information from the COVID-19 Mortality table using the following criteria:

- Current area of hospital focus.
- Established relationships with community partners to address the health need.
- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, any health need that scored a 17 or more (out of a possible 20) was identified as a priority area that will be addressed through Jane Todd Crawford Hospital’s Implementation Strategy for fiscal year 2022-2024. Those priority areas included:

1. Obesity
2. Lack of mental health providers/mental health
3. Lack of health knowledge

HEALTH CARE RESOURCES

The availability of health resources is a critical component to the health of a community’s residents and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of health care resources to the residents in the community.

Hospitals and Health Centers

The Hospital has 25 beds and is the only hospital located in the county. Residents of the community also take advantage of services provided by hospitals in neighboring counties.

The table below summarizes nearby hospital services available.

Summary of Local Hospitals					
Facility	Address	County	Miles from Greensburg, KY	Beds*	Facility Type
Taylor Regional Hospital	1700 Old Lebanon Rd. Campbellsville, KY	Taylor	11.5	90	Short term/Acute
TJ Health Columbia Hospital	901 Westlake Dr. Columbia, KY	Adair	15.9	16	Short term/Acute
The Medical Center at Caverna	1501 S. Dixie St. Horse Cave, KY	Hart	24.4	25	Critical Access
Spring View Hospital	320 Loretto Rd. Lebanon, KY	Marion	25.1	63	Short term/Acute
Russell County Hospital	153 Dowell Rd. Russell Springs, KY	Russell	27.7	25	Critical Access
TJ Samson Community Hospital	1301 N. Race St. Glasgow, KY	Barren	28.2	117	Short term/Acute

* Includes sub provider beds, excludes skilled nursing facility beds. Source: US Hospital Finder - <http://www.ushospitalfinder.com/>

Other Health Care Facilities and Providers

Short-term acute care hospital services are not the only health services available to members of the Hospital’s community. The following table provides a listing of health centers and rural health clinics within the Hospital’s community, as reported by the Health Resources & Services Administration. This list is not meant to be exhaustive.

Summary of Other Health Care Facilities				
Facility	Address	County	Miles from Greensburg, KY	Facility Type
Green County Primary Care	310 Industrial Park Rd. Greensburg, KY	Green	0.5	Rural Health Clinic
TJ Health Greensburg Clinic	603 Columbia Highway Greensburg, KY	Green	0.8	Rural Health Clinic
Greensburg Family Medical	1911 Campbellsville Rd., Greensburg, KY	Green	3.5	Federally Qualified Health Center
Greensburg Healthcare	2680 Campbellsville Rd., Greensburg, KY	Green	4.3	Federally Qualified Health Center
TJ Health Edmonton	1704 W. Stockton St., Edmonton, KY	Metcalfe	25.7	Rural Health Clinic
LaRue Family Medical Center	215 E Main St., Hodgenville, KY	LaRue	29.8	Federally Qualified Health Center

Source: Health Resources and Services Administration - <http://findahealthcenter.hrsa.gov/#>

Health Departments

The community is served by the Lake Cumberland District Health Department, which offers a large array of services to patients, including assessments and screenings, as well as education and wellness resources for children, personal, teen, and in the workplace in order to help individuals take a proactive approach toward healthy living.

The Lake Cumberland District Health Department focuses on public and preventative health. The Health Department offers on-site clinics and off-site programs. The Health Department encourages the communities it serves to adopt health-focused policies and initiatives. The organization’s mission is to, “...prevent illness and injury, promote good health practices and assure a safe environment.” While pursuing that mission, the Lake Cumberland District Health Department aspires toward excellence by endeavoring to practice according to the most contemporary and cutting-edge public health practice models and standards.

For more information on the Lake Cumberland District Health Department, visit www.lchd.org.

APPENDICES

Key Informant Interview Questions/Topics

A. Health and quality of life

1. How would you rate your personal health and quality of life?
2. Overall, how would you rate the health and quality of life of your community?
3. Do you feel the health and quality of life has improved, declined, or stayed about the same over the last three years?
4. Following up, what are some specific factors or conditions that are positive about our community's health and quality? In other words, what is going well?
5. What are some specific factors or conditions that are negatively impacting your community's health and quality? (i.e., drugs, mental illness, lack of healthcare, lack of jobs, housing, etc.)
6. What are some changes or actions that might address these and help improve the health and quality of life?
7. Has the COVID-19 pandemic created difficulties for you? How or what ways?
8. How do you think the pandemic has impacted your overall community?

B. Underserved populations

1. Are there certain demographic groups in your community that may lack the resources to access or afford adequate health care services?
2. Why? What are the biggest barriers for these members of your community?
3. How are those barriers being addressed? What is being done?

C. Jane Todd Crawford Hospital

1. What grade would you give the hospital on their contribution to the community's health and quality of life?
2. What role have they played in addressing some of the major health concerns in your community?
3. Are you aware of the ways they assist people with high barriers, underserved populations?

County Health Rankings

Health Behaviors*	Green County 2018	Green County 2021		Kentucky 2021	Top US Performers 2021
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	21.0%	28.0%	↑	24.0%	16.0%
Adult obesity - Percent of adults that report a BMI >= 30	38.0%	36.0%	↓	35.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.6	7.1	↓	6.9	8.7
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	34.0%	27.0%	↓	29.0%	19.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	37.0%	8.0%	↓	71.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	14.0%	15.0%	↑	17.0%	15.0%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	18.0%	15.0%	↓	25.0%	11.0%
Sexually transmitted infections - Chlamydia rate per 100K population	289.8	180.8	↓	436.4	161.2
Teen births - female population, ages 15-19	41.0	43.0	↑	31.0	12.0

Clinical Care*	Green County 2018	Green County 2021		Kentucky 2021	Top US Performers 2021
Uninsured adults - Percent of population under age 65 without health insurance	8.0%	8.0%	—	7.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	n/a	5,520	n/a	1,540	1,030
Dentists - Number of population for every one dentist	2,770	2,740	↓	1,490	1,210
Mental health providers - Number of population for every one mental health provider	690	730	↑	420	270
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	59.0%	32.0%	↓	40.0%	51.0%
Flu vaccinations	n/a	38.0%	n/a	46.0%	55.0%

JANE TODD CRAWFORD HOSPITAL– 2022 CHNA

Social and Economic Factors*	Green County 2018	Green County 2021		Kentucky 2021	Top US Performers 2021
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	93.0%	93.0%	—	91.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	46.0%	53.0%	↑	62.0%	73.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	4.4%	4.4%	—	4.3%	2.6%
Children in poverty - Percent of children under age 18 in poverty	29.0%	23.0%	↓	21.0%	10%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	5.0	4.6	↓	5.0	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	20.0%	19.0%	↓	26.0%	14%
Social associations [^] - Number of membership associations per 10,000 population	18.2	14.5	↓	10.6	18.2
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	47.0	32.0	↓	222	63
Injury deaths - Number of deaths due to injury per 100,000 population	99.0	98.0	↓	96	59

Physical Environment*	Green County 2018	Green County 2021		Kentucky 2021	Top US Performers 2021
Air pollution - particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	9.8	8.7	↓	8.7	5.2
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	13.0%	12.0%	↓	14.0%	9%
Driving alone to work - Percentage of workforce that drives alone to work	80.0%	80.0%	—	82.0%	72%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	71.0%	43.0%	↓	31.0%	16%

[^]Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative outcome.

Source: <https://www.countyhealthrankings.org/app/Kentucky/2021/county/snapshots/095/print>