



# **Jennie Stuart Health**

## **2022**

### *Community Health Needs Assessment*

Approved by JSH Board on November 17, 2022



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Dear Community Member,

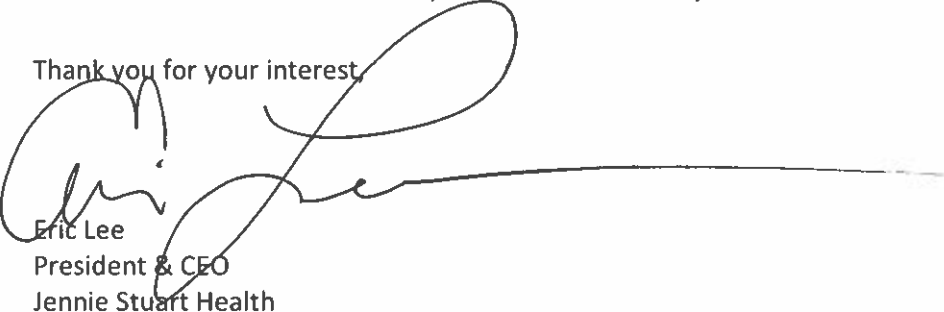
Jennie Stuart Health has been focused on providing quality, compassionate healthcare to our communities in Western Kentucky for 108 years. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan for how Jennie Stuart Health will respond to these needs. This Assessment illustrates one way we are meeting our obligations to efficiently deliver health related services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities we serve. We welcome you to review this document not just as part of our compliance with federal law, but in light of our continuing efforts to meet your health and medical needs. Jennie Stuart Health developed our first CHNA in 2010, and we have re-evaluated, redesigned and updated our assessment every three years since that time. In addition to this new 2022 Assessment, our 2019 report is also available for your review and comment.

We bring the best of Jennie Stuart's resources forward to help address community needs. However, some issues are beyond the mission and financial capabilities of JSH, and action is best suited for a response by other organizations and providers in our region. Some improvements will require personal actions by individuals rather than the response of an entire organization or system. We view this as a plan for how Jennie Stuart works with other organizations, agencies and providers to collaborate to bring the best each has to offer to support change and address our region's most pressing needs.

As you review this Assessment, please think about how to help us improve health and medical services in Western Kentucky. We all live, work and invest our personal time in this beautiful region. Together, we can make it healthier for every one of us. We invite your feedback and responses to this report.

Thank you for your interest.



Eric Lee  
President & CEO  
Jennie Stuart Health

# Executive Summary

Jennie Stuart Health (“JSH” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with QHR Health (“QHR”) to determine the health needs of the local community and an accompanying implementation plan to address these identified health needs.

This CHNA report consists of the following information:

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

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the broad community was performed to review and provide feedback on the prior CHNA, and to ascertain the continued relevance of previously identified needs. Additionally, the group reviewed the data gathered from secondary sources to support the determination of the Significant Health Needs of the community.

***The 2022 Significant Health Needs identified for Christian County are:***

- Cancer
- Behavioral Health: Mental Health, Drug/Substance Abuse
- Healthy Living: Diabetes, Heart Disease, Obesity, Physical Inactivity

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources as well as collaboration with other local organizations/agencies. Metrics are included for each health need to track progress.

# Community Health Needs Assessment (CHNA) Overview

## CHNA Purpose

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



## Strategic Benefits

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

## The CHNA Process



# Process and Methods used to Conduct the Assessment

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data.
- Augmentation of data with community opinions.
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members.

## Data Collection and Analysis

The Hospital relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Area residents were asked to note if they perceived that the opportunities and issues identified by secondary sources existed in their portion of the county.

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

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

- *Stratason*
- *www.countyhealthrankings.org*
- *Centers for Disease Control and Prevention Final Deaths*
- *Bureau of Labor Statistics*
- *NAMI*
- *SAMHSA – Behavioral Health Barometer, Kentucky, Volume 6*
- *Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*
- *American Diabetes Association*
- *National Cancer Institute*
- *Health Affairs: Leigh & Du*
- *AAFP*
- *Robert Wood Johnson Foundation*

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

- A CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically diverse population. 75 survey responses from community members were gathered between August and September 2022.

### **Prioritizing Significant Health Needs**

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

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. Most respondents agreed with the findings, with only a handful of comments critiquing the data. A list of all needs was developed based on findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

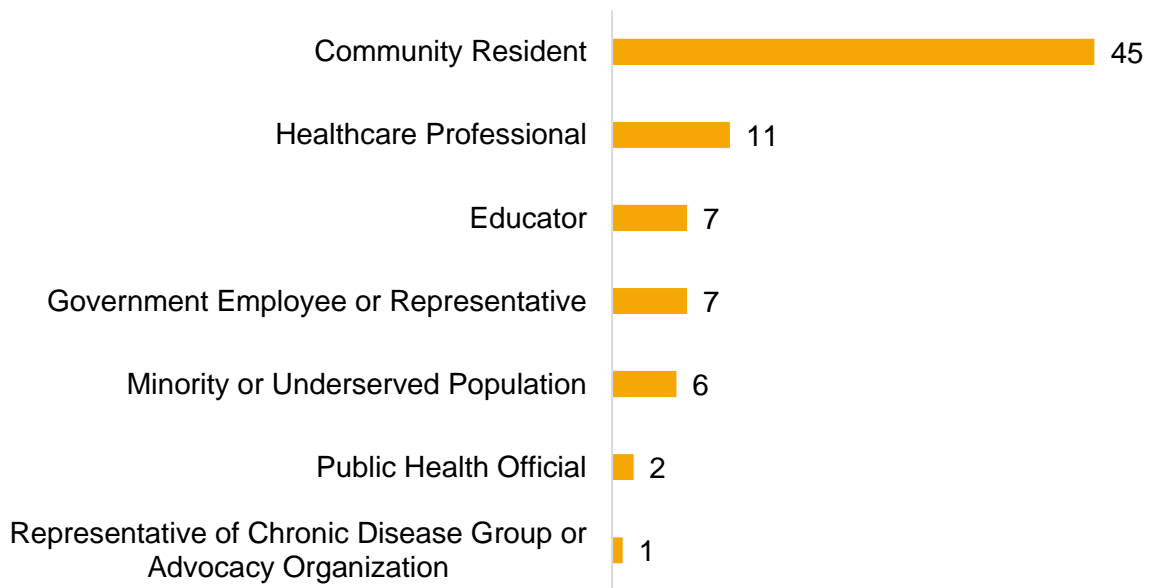
The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received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

### **Input from Persons Who Represent the Broad Interests of the Community**

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

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

Survey Question: Please select all roles that apply to you (n=69)

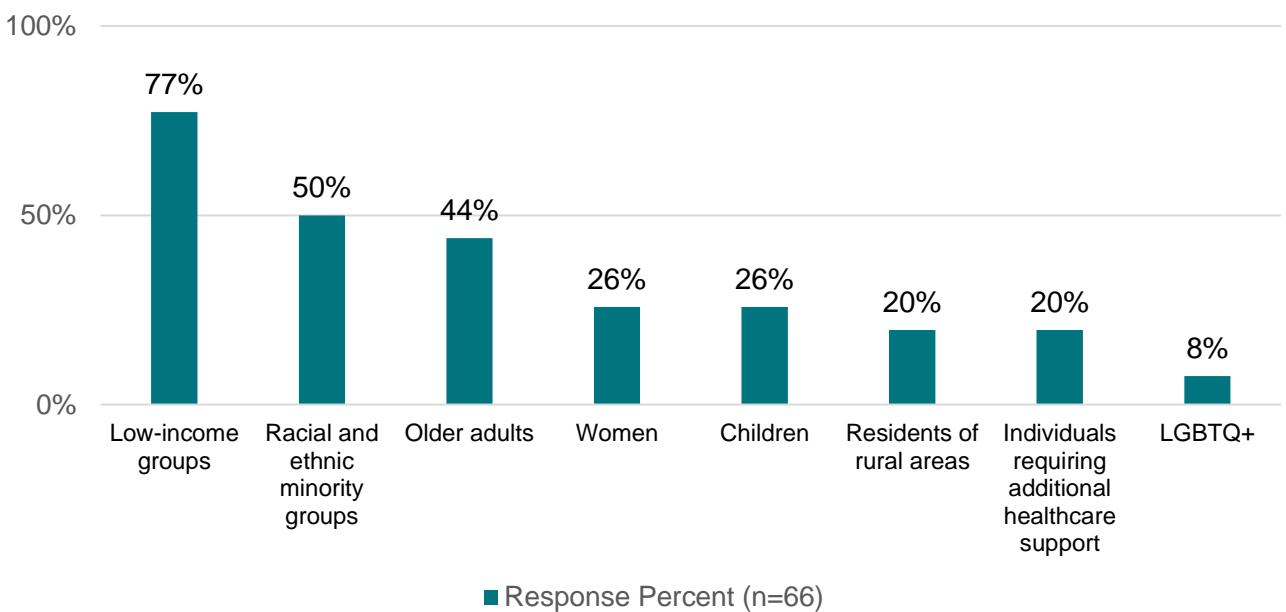




## Input on Priority Populations

Information analysis augmented by local opinions showed how Christian County compares to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups (“Priority Populations”) would benefit from additional focus and elaborated on their key needs.

**Survey Question: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)**



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following “take-away” bulleted comments:
  - The top three priority populations identified by the local experts were low-income groups, racial and ethnic minority groups, and older adults.
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Preventative care and chronic disease management
    - Health education/literacy
    - Affordable healthcare

## Input on 2019 CHNA

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



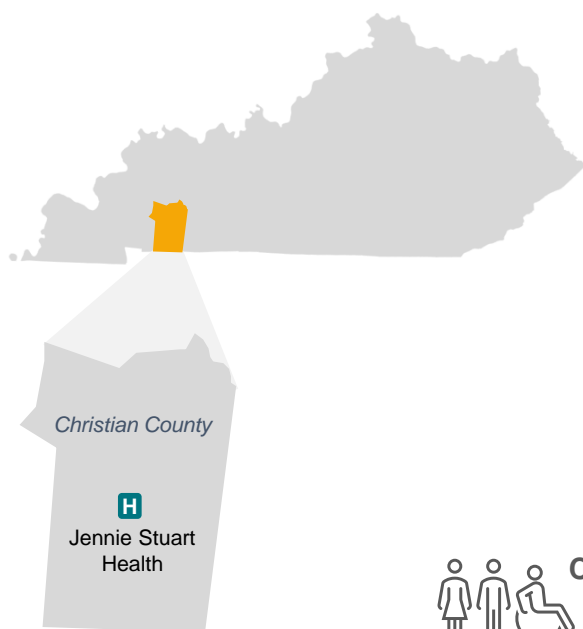
# Community Served

For the purpose of this study, JSH defines its service area as Christian County in Kentucky which includes the following Zip codes:

42215 – Cerulean      42217 – Crofton      42232 – Gracey      42223 – Fort Campbell  
 42236 – Herndon      42240 – Hopkinsville      42266 – Pembroke      42262 – Oak Grove  
 42254 – La Fayette

During 2021, JSH received 72% of its Medicare inpatients from this area.

## Christian County Demographics




**Current Population :**  
**72,325**

### Age

	Christian County	Kentucky
0 – 17	27.1%	21.3%
18 – 44	40.8%	34.8%
45 – 64	18.6%	25.8%
65 +	13.5%	18.1%

Source: Stratasan, ESRI (2022)

## Race/Ethnicity

	Christian County	Kentucky
White	66.0%	82.0%
Black	21.3%	8.1%
Asian & Pacific Islander	1.7%	1.8%
Other	10.9%	8.2%
Hispanic*	7.7%	4.6%

\*Ethnicity is calculated separately from Race

## Education and Income

	Christian County	Kentucky
Median Household Income	\$51,941	\$57,014
Some High School or Less	11.9%	11.3%
High School Diploma/GED	32.6%	34.2%
Some College/ Associates Degree	35.2%	27.9%
Bachelor's Degree or Greater	20.3%	26.7%

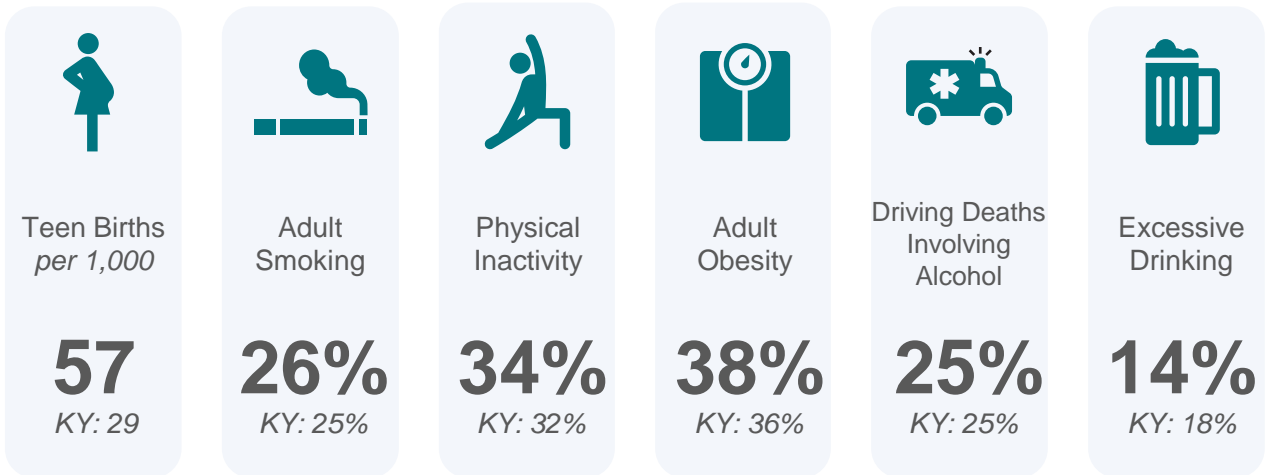
Source: Stratasen, ESRI (2022)

# Community Health Characteristics

The data below provides an overview of Christian County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit <https://www.countyhealthrankings.org>.

## Health Status Indicators

### Health Behaviors



### Quality of Life

**Suicide Rate: 16.4**

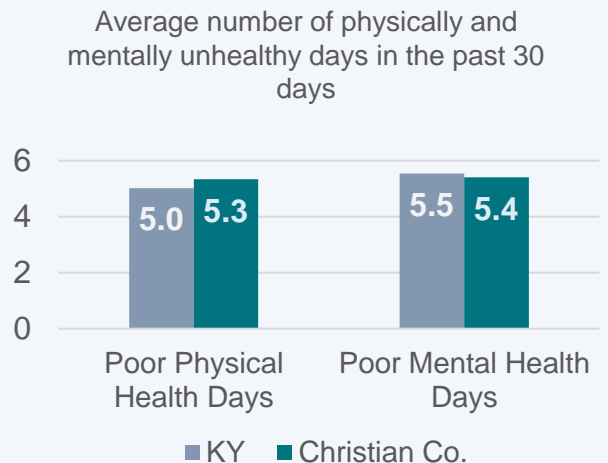
Per 100,000  
Compared to 17.7 in KY

**Poor or Fair Health: 25%**

Compared to 22% in KY

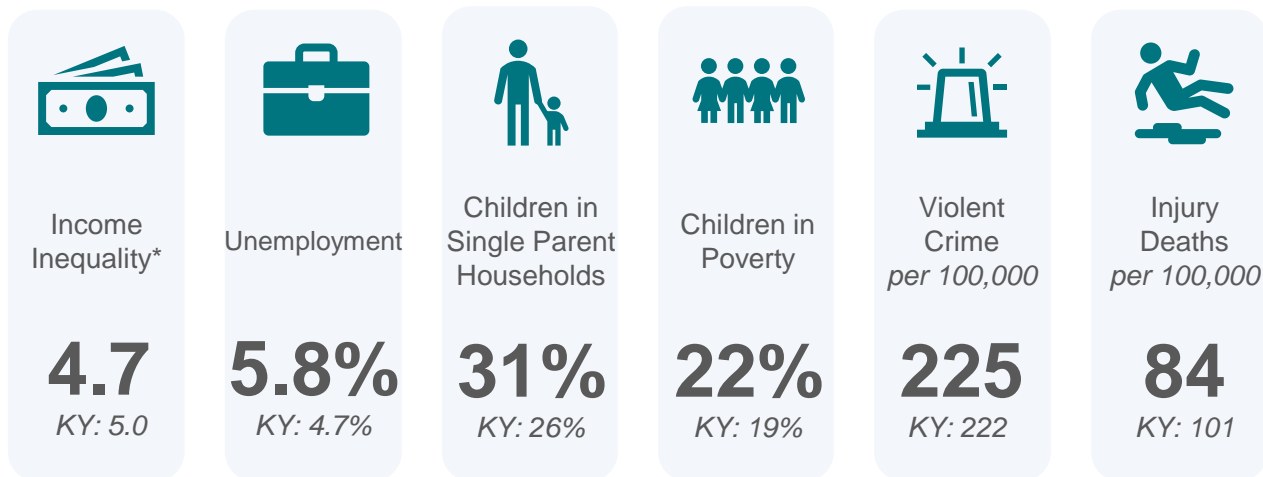
**Low Birthweight: 9%**

Compared to 9% in KY



Source: County Health Rankings 2022 Report, CDC Final Deaths (2020)

## Socioeconomic Factors



## Access to Health

**Uninsured: 8.3%**

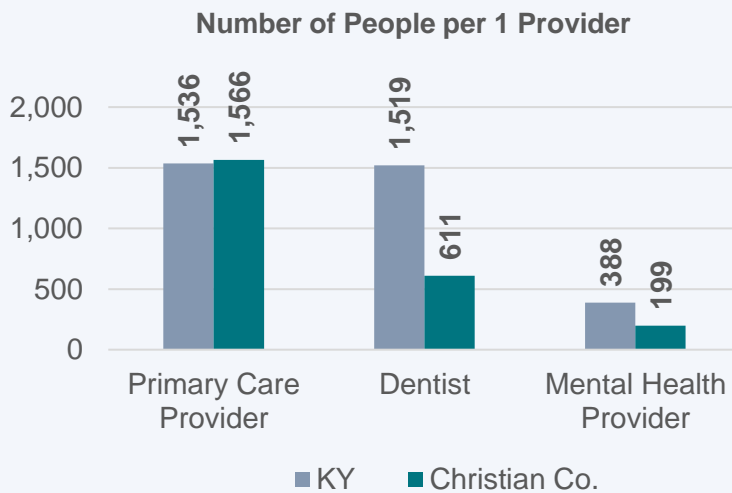
*Compared to 5.5% in KY*

**Preventable Hospital Stays: 4,892**

*Per 100,000  
Compared to 5,028 in KY*

**Access to Exercise Opportunities: 47%**

*Compared to 66% in KY*



## Physical Environment

**Air Pollution**  
( $\mu\text{g}/\text{m}^3$ )

**8.2**  
KY: 8.7

**Severe Housing Problems\*\***

**16%**  
KY: 14%

**Driving to Work Alone**

**79%**  
KY: 81%

**Broadband Access**

**78%**  
KY: 82%

Source: County Health Rankings 2022 Report, U.S. Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)

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

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

# Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



**737** indicators collected from data sources



**75** surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



# Community Survey Data

This process included evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

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

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

## Health Factors

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

Answer Choices	Weighted Average of Votes (out of 5)
Cancer	4.59
Mental Health	4.53
Diabetes	4.50
Drug/Substance Abuse	4.46
Heart Disease	4.40
Obesity	4.39
Stroke	4.22
Women's Health	4.17
Alzheimer's and Dementia	4.05
Lung Disease	4.05
Dental	4.00
Kidney Disease	3.85
Liver Disease	3.67
Other (please specify)	See appendix



## Community Factors

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

Answer Choices	Weighted Average of Votes (out of 5)
Education System	4.39
Access to Childcare	4.37
Community Safety	4.37
Employment and Income	4.28
Healthcare Services: Affordability	4.20
Access to Healthy Food	4.20
Access to Senior Services	4.18
Healthcare Services: Prevention	4.10
Healthcare Services: Physical Presence (location, services, physicians)	4.05
Affordable Housing	4.02
Access to Exercise/Recreation	3.95
Transportation	3.54
Social Connections	3.51
Other (please specify)	See appendix

## Personal Factors

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

Answer Choices	Weighted Average of Votes (out of 5)
Physical Inactivity	4.37
Livable Wage	4.31
Diet	4.29
Smoking/Vaping/Tobacco Use	4.10
Excess Drinking	4.05
Risky Sexual Behavior	3.78
Other (please specify)	See appendix

## Overall health priority ranking (top 10 highlighted)

Answer Choices	Weighted Average of Votes (out of 5)
Cancer	4.59
Mental Health	4.53
Diabetes	4.50
Drug/Substance Abuse	4.46
Heart Disease	4.40
Obesity	4.39
Education System	4.39
Access to Childcare	4.37
Community Safety	4.37
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Excess Drinking	4.05
Affordable Housing	4.02
Dental	4.00
Access to Exercise/Recreation	3.95
Kidney Disease	3.85
Risky Sexual Behavior	3.78
Liver Disease	3.67
Transportation	3.54
Social Connections	3.51

# Evaluation & Selection Process

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

## Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Cancer	✓	✓	✓	✓
Mental Health		✓	✓	✓
Diabetes	✓	✓	✓	✓
Drug/Substance Abuse		✓	✓	✓
Heart Disease	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Education System	✓	✓		✓
Access to Childcare	✓	✓		✓
Community Safety	✓	✓		✓
Physical Inactivity	✓	✓	✓	✓

# Overview of Priorities

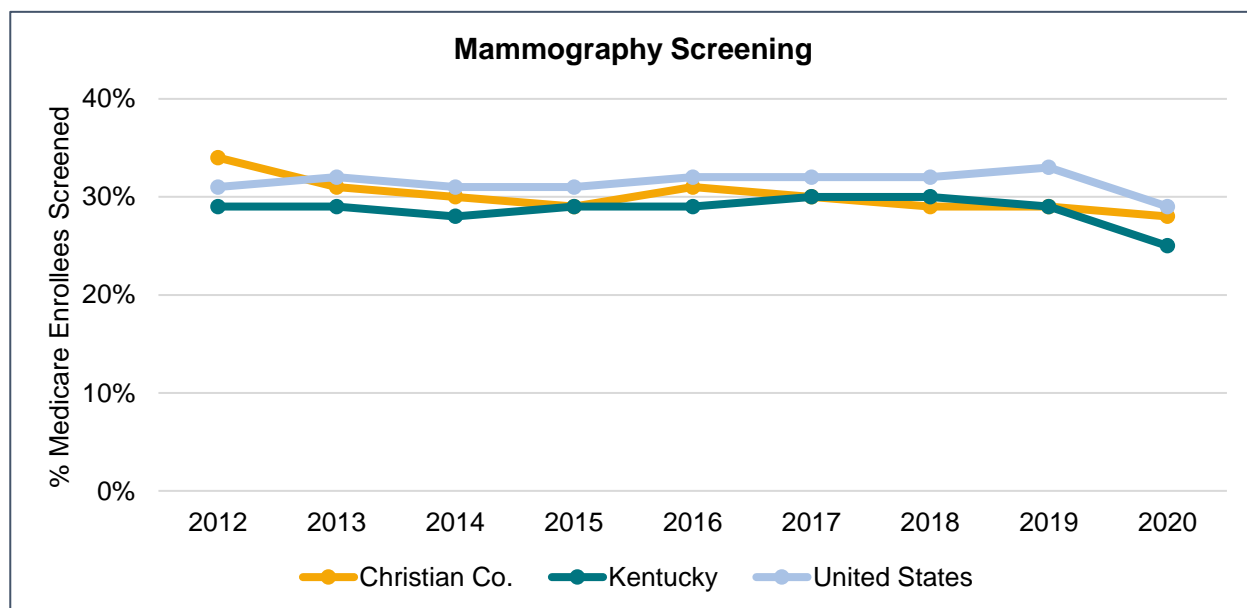
## Cancer

Cancer was identified as the #1 health priority with 93% of survey respondents rating it as important to be addressed (“important” is classified as a 4 or 5 rating on the community survey). In the 2019 CHNA, cancer was the #2 identified health priority. Cancer is the 2<sup>nd</sup> leading cause of death in Christian County and ranks 102<sup>nd</sup> out of 120 counties (with 1 being the worst in the state) in Kentucky for cancer death rate ([CDC Final Deaths](#)).

Christian County has higher cancer mortality but a lower cancer incidence rate than Kentucky. Additionally, 28% of Medicare enrollees (women age 65+) in Christian County received a mammogram in 2020 and this percentage has been decreasing in recent years.

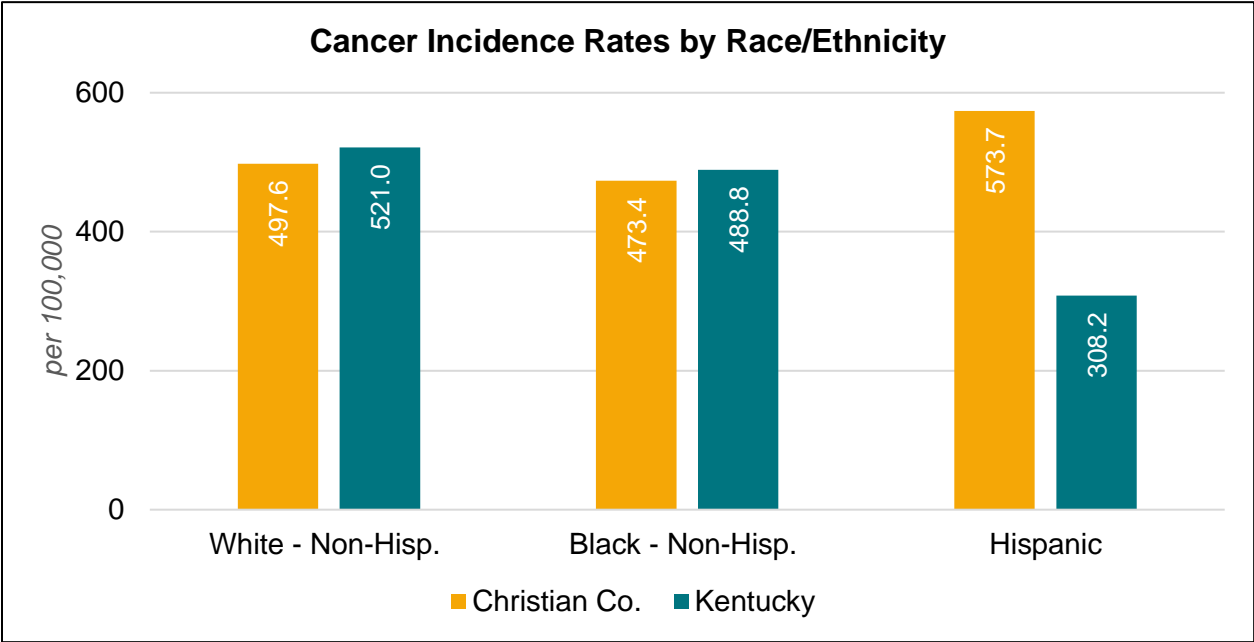
	Christian Co.	Kentucky
Cancer mortality (per 100,000)	191.7	177.3
Cancer incidence (per 100,000)	472.4	517.8

Source: CDC Final Deaths (2020), National Cancer Institute (2014-2018)



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

When looking at cancer incidence across race/ethnicity, Hispanic residents in Christian County have the highest incidence rate. Hispanic residents also have the highest disparity in cancer incidence rate when comparing Christian County to the State.



## Mental Health

Mental health was the #2 community-identified health priority with 88% of respondents rating it as important to be addressed in the community. Mental health was identified as the #3 health priority in the 2019 CHNA report. Suicide is the 12<sup>th</sup> leading cause of death in Christian County and ranks 49<sup>th</sup> out of 120 counties (with 1 being the worst in the state) in Kentucky for suicide death rate ([CDC Final Deaths](#)).

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

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

	Christian Co.	Kentucky
Average number of mentally unhealthy days (past 30 days)	5.4	5.5
Number of people per 1 mental health provider	199	388
Suicide death rate (per 100,000)	16.4	17.7

*Source: County Health Rankings (2019, 2021), CDC Final Deaths (2020)*

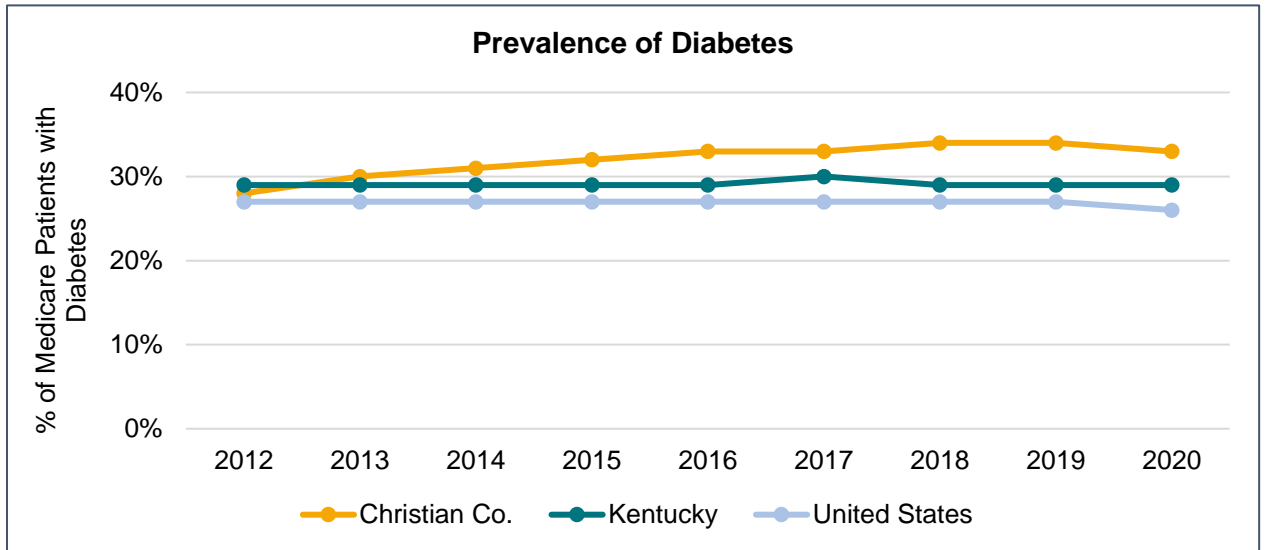
## Diabetes

Diabetes was identified as the #3 health priority with 90% of respondents rating it as important to address. Diabetes is the 7<sup>th</sup> leading cause of death in Christian County and ranks 28<sup>th</sup> out of 120 counties (with 1 being the worst in the state) in Kentucky for diabetes death rate ([CDC Final Deaths](#)).

Christian County has a higher rate of diabetes mortality compared to Kentucky. In the Medicare population, Christian County has a higher prevalence of diabetes than both Kentucky and the U.S.

	Christian Co.	Kentucky
Diabetes mortality (per 100,000)	34.7	27.7

Source: CDC Final Deaths (2020)



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



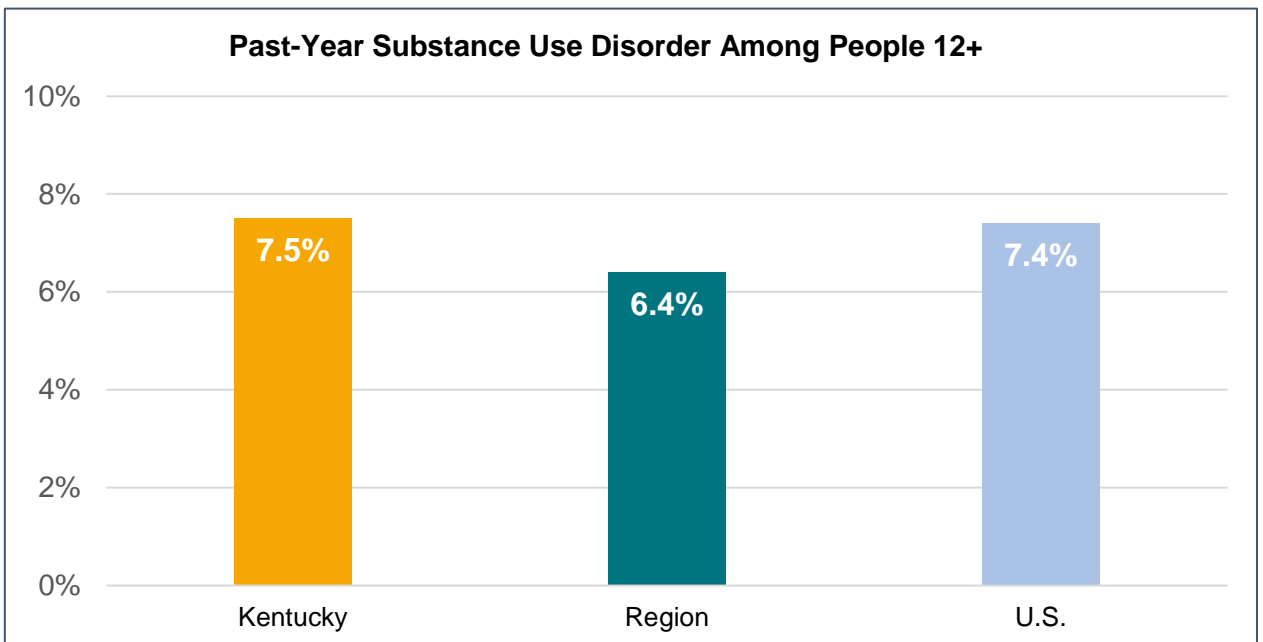
## Drug/Substance Abuse

Drug and substance abuse was identified as the #4 health priority with 88% of survey respondents rating it as important to be addressed. Drug and substance abuse was identified as a top health priority in 2019.

Christian County has lower rates of drug overdose mortality and excessive drinking than Kentucky. Additionally, Christian County fares similarly to the state when it comes to adult smoking and driving deaths with alcohol involvement. Kentucky has a higher past-year substance use disorder percentage compared to other regional states but has a similar percentage to the U.S.

	Christian Co.	Kentucky
Drug overdose mortality rate (per 100,000)	18.3	35.6
Adult smoking	26.4%	24.5%
Driving deaths with alcohol involvement	25.4%	25.5%
Excessive drinking	14.3%	18.2%

Source: County Health Rankings (2018-2020)



Source: SAMHSA (2019)

Note: Region states include Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

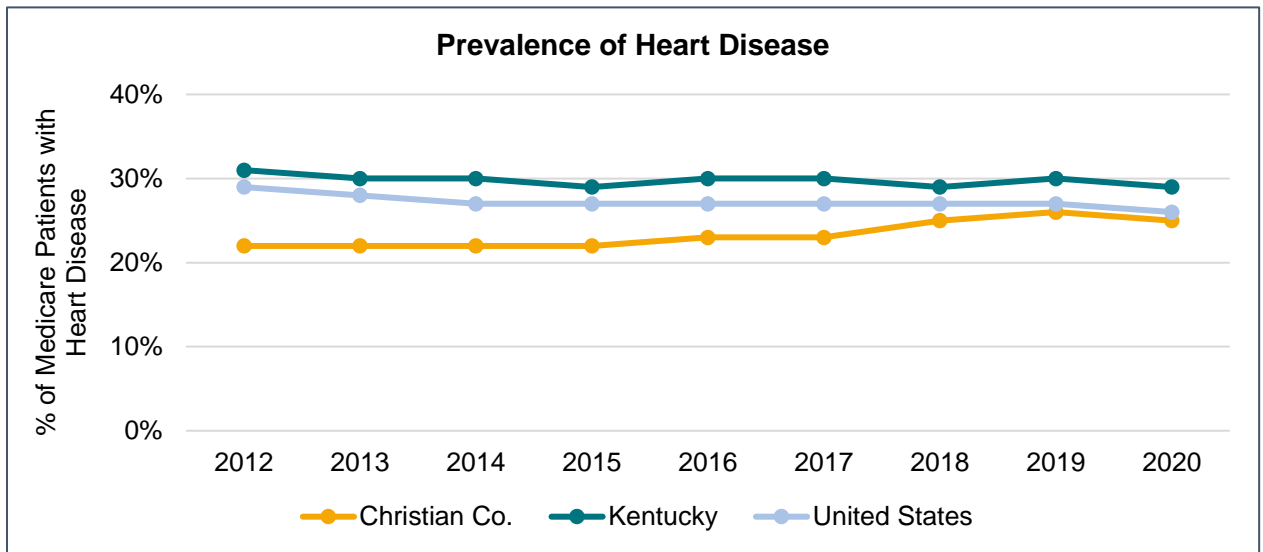
## Heart Disease

Heart disease was identified as the #5 health priority with 88% of respondents rating it as important to address. Heart disease is the 1<sup>st</sup> leading cause of death in Christian County and ranks 59<sup>th</sup> out of 120 counties (with 1 being the worst in the state) in Kentucky for heart disease death rate ([CDC Final Deaths](#)).

Christian County has a higher rate of heart disease mortality compared to Kentucky. In the Medicare population, Christian County has a lower prevalence of heart disease than both Kentucky and the U.S.

	Christian Co.	Kentucky
Heart disease mortality (per 100,000)	251.2	204.5

Source: CDC Final Deaths (2020)



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

## Obesity and Physical Inactivity

Obesity was the #6 health priority identified in the community survey with 80% of respondents rating it as important to address in the community. Physical inactivity was identified as the #10 health priority with 83% of survey respondents rating it as important to address.

Christian County has higher rates of adult obesity and physical inactivity than Kentucky. Both are well-established risk factors for type 2 diabetes development ([American Diabetes Association](#)). Additionally, Christian County has less access to exercise opportunities and healthy foods than the state.

	Christian Co.	Kentucky
Adult obesity	38.0%	36.4%
Physical inactivity	33.8%	31.6%
Access to exercise opportunities	46.7%	65.8%
Limited access to healthy foods	14.5%	6.39%

*Source: County Health Rankings (2019)*

## Social Determinants of Health

Education system, access to childcare, and community safety were all ranked in the top 10 priority list from the community survey. All these factors can be seen as social determinants of health because of their effect on health outcomes and healthcare access.

Education influences health disparities through access to job opportunities, health insurance, stable housing, and healthy lifestyles ([AAFP](#)). In Christian County, 30% of household income is required for childcare expenses. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income ([Economic Policy Institute](#)). Poor community safety can lead to negative health outcomes like stress, anxiety, depression, pre-term births, and low birthweight babies. Additionally, community safety can impact someone's ability to develop social relationships, participate in outdoor activities, and access healthy foods ([Robert Wood Johnson Foundation](#)).

	Christian Co.	Kentucky
Median household income	\$51,941	\$57,014
High school graduation	88%	89%
Children enrolled in free or reduced lunch	65.6%	55.7%
Broadband access	78.4%	81.6%
Childcare cost burden	29.9%	28.1%
Number of childcare center per 1,000 population under age 5	5.0	6.5
Children in poverty	21.8%	19.4%
Children in single parent households	30.5%	26.2%
Violent crime (per 100,000)	225	222
Injury deaths (per 100,000)	84	101
Firearm fatalities (per 100,000)	20	17

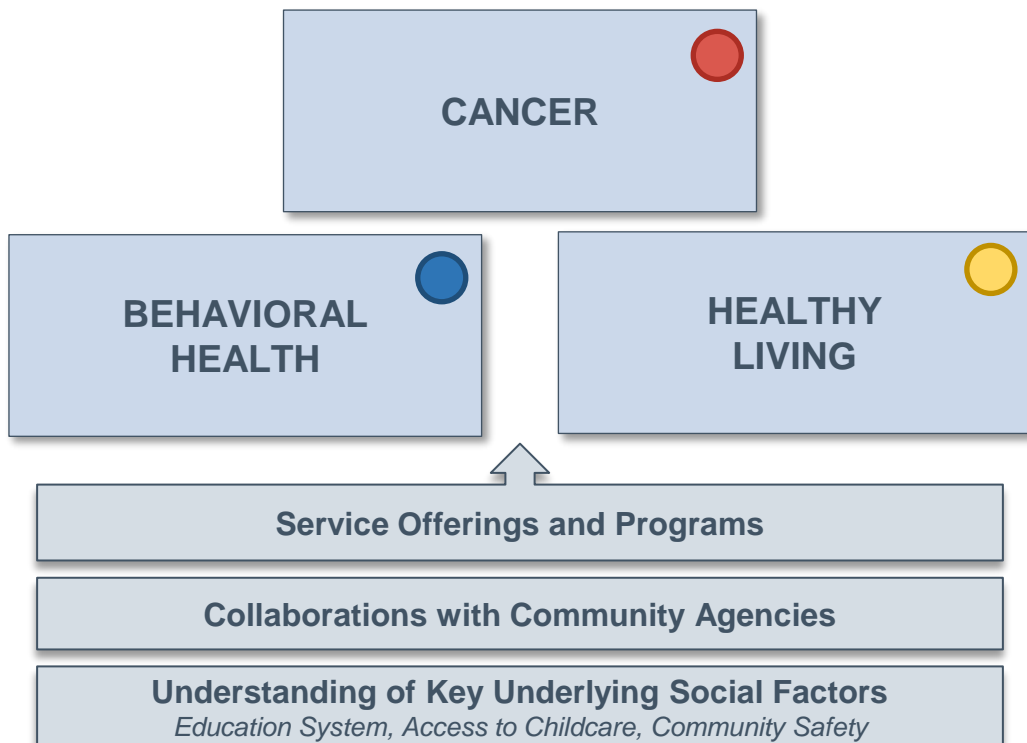
Source: *Stratason ESRI (2022), County Health Rankings (2016-2020)*

# Implementation Plan Strategy

## Implementation Plan Framework

Jennie Stuart Health has determined that the action plan to address the identified health priorities will be organized into key groups in order to adequately address the health needs with available time and resources. Note that the Hospital has not chosen to develop programming to address the social determinants of health identified by the community. The Hospital believes there are other organizations in the community better positioned to address the identified community needs and is choosing to focus on the health needs of the community where it feels it can make the greatest impact.

	<b>Cancer</b>
	<b>Mental Health</b>
	<b>Diabetes</b>
	<b>Drug/Substance Abuse</b>
	<b>Heart Disease</b>
	<b>Obesity</b>
	<b>Physical Activity</b>



## Cancer

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

- Full-spectrum E.C. Green Cancer Center that:
  - Provides medical oncology, radiation oncology, and surgical treatment options
  - Stays up to date on the latest pharmaceutical treatments and technologies (digital mammography)
  - Provides treatment to all patients, regardless of insurance
- Physicians perform screenings on at-risk patients to identify cancer in the early stages
- Sponsor of local American Cancer Society's Relay for Life in several counties
- JSH matches funds raised for local Pink Ribbon Network
- Regular cancer support group meetings with participation from medical staff
- Through affiliation with Vanderbilt, implementing best practices in cancer care navigation, providing patient access to research protocols, and facilitating transfer for higher levels of care
- Partnership with Vanderbilt and other facilities for clinical trial treatment options
- Designated American College of Radiology Lung Cancer Screening Center
- Refer patients to Christian County Health Department for smoking cessation classes
- Through a Kentucky colon cancer grant, JSH provides colonoscopies to patients that need assistance with funds

### The impact of actions taken since the immediately preceding CHNA:

- JSH has committed to renovations to the EC Green Cancer Center that will increase access to providers, offer state-of-the-art technology, and provide a more holist approach to cancer care
- Invested in radiation oncology program - hired a radiation oncologist
- Hired a Hematologist/Oncologist
- Now offers two CT scanners allowing patients to have little to no wait time to receive their imaging appointments

### Additionally, JSH plans to take the following steps to address this need:

- Through renovations to the EC Green Cancer Center, JSH will have available space to continuously recruit additional oncologists/hematologists
- Recruit an advanced practice provider (APP) for radiation oncology
- Open a specialty pharmacy in the Cancer Center to streamline medications for cancer patients
- Increase awareness and reengage the community on the range of cancer services that are provided at JSH

- Plan health fairs and screening clinics in community locations that target priority populations in order to improve access to care for residents who are typically underserved

**Identified measures and metrics to progress:**

- Number of patients seen in the Cancer Center
- Addition of an oncologist to the medical staff

**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
American Cancer Society	<a href="https://www.cancer.org/">https://www.cancer.org/</a>
Vanderbilt Medical Center	<a href="https://www.vumc.org/main/home">https://www.vumc.org/main/home</a>
Christian County Health Department	1700 Canton St, Hopkinsville, KY 42240 (270) 887-4160 <a href="https://christiancountyhd.com/">https://christiancountyhd.com/</a>
Pennyroyal Center	3999 Fort Campbell Blvd, Hopkinsville, KY 42240 (270) 881-9551 <a href="https://pennyroyalcenter.org/">https://pennyroyalcenter.org/</a>

## Behavioral Health

### *Mental Health, Drug/Substance Abuse*

#### **JSH services, programs, and resources available to respond to this need include:**

- 12-bed inpatient adult behavioral health unit served by a multidisciplinary team of professionals
- Participate in a suicide walk for suicide awareness
- Partner with Pennyroyal Center to provide telepsychiatry services
- Offer an employee assistance program (EAP) for employees that qualify through a health risk assessment
  - 8-week program including counseling
- Offer depression screening during annual wellness exams
- Providers check KASPER before prescribing narcotics to limit over-prescribing and “shopping”
- Standardized drug testing for pregnant mothers; if they test positive, follow-up care and assessments are provided for the infants; specialists and neonatologists are on site
- Participate in the neonatal abstinence program
- Member of an opioid statewide stewardship
- All patients discharged from the emergency department receive education/resources on substance abuse
- Follow state law of only prescribing three days of narcotics when being prescribed through the emergency department
- Narcan available at the hospital and health department
- Patients with chronic pain are only treated by specialists
- Educate patients on the risk of benzodiazepines and opioids and assist them with safer alternatives
- Provide education in schools on alcohol and substance abuse through the health education team
- Provide patients with a list of behavioral health resources within 50 miles of the Hospital

#### **The impact of actions taken since the immediately preceding CHNA:**

- Updated the EAP to include telepsychiatry visits
- Expanded the inpatient geriatric behavioral health unit to serve all adults
- The Jennie Stuart Medical Group now provides telepsychiatry in the rural health clinics

#### **Additionally, JSH plans to take the following steps to address this need:**

- Continue to grow and develop the adult behavioral health clinic
- Maintain the community resource guide with behavioral health services



- The behavioral health unit plans to provide education at different community locations like nursing homes and assisted living facilities to ensure employees understand how to connect residents with local mental health services

**Identified measures and metrics to progress:**

- Adult behavioral health unit utilization
- Suicide death rate

**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
Christian County Public Schools	<a href="https://www.christian.kyschools.us/">https://www.christian.kyschools.us/</a>
City of Hopkinsville Police Department	715 South Virginia St. Hopkinsville, KY 42240 <a href="https://www.hopkinsvilleky.us/departments/police/index.php">https://www.hopkinsvilleky.us/departments/police/index.php</a>
Christian County Health Department	1700 Canton St, Hopkinsville, KY 42240 (270) 887-4160 <a href="https://christiancountyhd.com/">https://christiancountyhd.com/</a>
Pennyroyal Center	3999 Fort Campbell Blvd, Hopkinsville, KY 42240 (270) 881-9551 <a href="https://pennyroyalcenter.org/">https://pennyroyalcenter.org/</a>
Local AA and NA chapters	

## Healthy Living

*Diabetes, Heart Disease, Obesity, Physical Inactivity*

### **JSH services, programs, and resources available to respond to this need include:**

- Comprehensive bariatric service line that also includes Medicaid patients
  - Includes mandatory seminar which can be done live or online through the website that covers the procedure as well as healthy living and lifestyle changes
  - Patients are required to undergo psychiatric evaluation prior to surgery
  - Dedicated nurse program coordinator and dedicated registered dietician who work with patients including mandated nutritional education classes prior to surgery and support group post-surgery
- Registered dietician on staff provides nutrition education and classes
- Sponsor local events that promote physical activity including 5Ks, run/walks, golf scrambles, Senior Olympics
- Major sponsor of the city's Rails to Trails walking paths
- Provide support and materials to school athletic trainers at all varsity-level sporting events
- Breastfeeding and lactation consultant on staff
- Participate in multiple community health fairs and provide free screenings for blood sugar, blood pressure, BMI
- Major sponsor of American Heart Association's local Heart Walk
- Inpatient and outpatient diabetes education classes provided by a certified diabetes educator
- Social media is used to promote healthy lifestyles through nutrition, healthy eating, exercise, reducing stress, etc.
- Major contributor to local United Way to provide support and resources to community organizations like Boys and Girls Club, St. Luke Free Clinic, Rescue Team, Sanctuary, Pennyroyal Hospice, Salvation Army, Meals on Wheels, Aaron McNeal House, etc.
- Employees have access to gym membership discounts
- Host a yearly Back to School Clinic
- Host a sports physical clinic for local athletes
- Cardiac rehab program available on-site with education classes led by registered nurses
- Refer patients to Christian County Health Department for smoking cessation classes
- Stress testing, Holter Monitor, and Echo Cardiograph available on site

### **The impact of actions taken since the immediately preceding CHNA:**

- Sponsored multiple community walks and events that support healthy living
- Recruited a second Cardiologist to improve access to appointment availability (this Cardiologist was placed by Vanderbilt in their suite at Blue Creek)

- Hired a dietitian to provide nutrition support, education, and health promotion
- Added a virtual support group for diabetes patients

**Additionally, JSH plans to take the following steps to address this need:**

- Work to recruit an endocrinologist
- Evaluate the need for recruiting an additional cardiologist
- Continue to build the bariatric surgery program and work toward accreditation

**Identified measures and metrics to progress:**

- Obesity clinic volumes
- Bariatric surgery volumes
- Diabetes mortality rate
- Heart disease mortality rate
- Adult obesity rate

**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
City of Hopkinsville	<a href="https://www.hopkinsvilleky.us/">https://www.hopkinsvilleky.us/</a>
Christian County Public Schools	<a href="https://www.christian.kyschools.us/">https://www.christian.kyschools.us/</a>
Hopkinsville / Christian County YMCA	<a href="https://www.hopkinsvilleyymca.org/">https://www.hopkinsvilleyymca.org/</a>
Christian County Health Department	1700 Canton St, Hopkinsville, KY 42240 (270) 887-4160 <a href="https://christiancountyhd.com/">https://christiancountyhd.com/</a>
Hopkinsville Parks and Recreation	<a href="https://hpr.recdesk.com/Community/Page?pagelId=9238">https://hpr.recdesk.com/Community/Page?pagelId=9238</a>
American Heart Association American Diabetes Association	<a href="https://www.heart.org/">https://www.heart.org/</a> <a href="https://diabetes.org/">https://diabetes.org/</a>

# Appendix

# Community Data

# Community Demographics

## Demographic Profile

	Christian County, KY				Kentucky				US AVG.	
	2022	2027	% Change	% of Total	2022	2027	% Change	% of Total	% Change	% of Total
<b>Population</b>										
<b>Total Population</b>	72,325	71,620	-1.0%	100.0%	4,537,160	4,569,772	0.7%	100.0%	3.6%	100.0%
<b>By Age</b>										
00 - 17	19,565	19,454	-0.6%	27.1%	965,305	968,503	0.3%	21.3%	0.0%	21.7%
18 - 44	29,539	28,612	-3.1%	40.8%	1,579,010	1,539,437	-2.5%	34.8%	0.3%	36.0%
45 - 64	13,451	12,902	-4.1%	18.6%	1,172,101	1,131,545	-3.5%	25.8%	-4.3%	24.9%
65+	9,770	10,652	9.0%	13.5%	820,744	930,287	13.3%	18.1%	12.8%	17.4%
<b>Female Childbearing Age (15-44)</b>	14,860	14,368	-3.3%	20.5%	850,538	832,702	-2.1%	18.7%	0.0%	19.5%
<b>By Race/Ethnicity</b>										
White	47,795	46,495	-2.7%	66.1%	3,718,657	3,701,099	-0.5%	82.0%	-1.3%	61.0%
Black	15,439	15,253	-1.2%	21.3%	366,399	370,707	1.2%	8.1%	0.8%	12.4%
Asian & Pacific Islander	1,233	1,282	4.0%	1.7%	80,754	86,383	7.0%	1.8%	5.6%	6.3%
Other	7,858	8,590	9.3%	10.9%	371,350	411,583	10.8%	8.2%	7.8%	20.3%
Hispanic*	5,602	5,547	-1.0%	7.7%	210,497	217,485	3.3%	4.6%	3.4%	19.0%
<b>Households</b>										
<b>Total Households</b>	26,348	26,211	-0.5%		1,812,027	1,827,307	0.8%			
<b>Median Household Income</b>	\$ 51,941	\$ 58,853			\$ 57,014	\$ 66,117			US Avg. \$64,730   \$72,932	
<b>Education Distribution</b>										
Some High School or Less				11.9%				11.3%		10.1%
High School Diploma/GED				32.6%				34.2%		27.1%
Some College/Associates Degree				35.2%				27.9%		27.7%
Bachelor's Degree or Greater				20.3%				26.7%		35.1%

\*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI (2022)

# Leading Cause of Death

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

Cause of Death			Rank among all counties in KY (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Christian County Compared to U.S.)
KY Rank	Christian Rank	Condition		KY	Christian	
1	1	Heart Disease	59 of 120	204.5	251.2	<i>Higher than expected</i>
2	2	Cancer	102 of 120	177.3	191.7	<i>Higher than expected</i>
4	3	COVID-19	30 of 120	74.2	102.4	<i>Higher than expected</i>
5	4	Lung	37 of 120	56.2	72.0	<i>Higher than expected</i>
6	5	Stroke	59 of 120	42.4	51.9	<i>Higher than expected</i>
3	6	Accidents	113 of 120	87.5	46.6	<i>Lower than expected</i>
8	7	Diabetes	28 of 120	27.7	34.7	<i>Higher than expected</i>
12	8	Flu - Pneumonia	41 of 120	16.3	26.4	<i>Higher than expected</i>
13	9	Kidney	58 of 120	16.2	21.4	<i>Higher than expected</i>
7	10	Alzheimer's	111 of 120	32.3	18.8	<i>Lower than expected</i>
10	11	Blood Poisoning	47 of 120	17.2	16.8	<i>Higher than expected</i>
9	12	Suicide	49 of 120	17.7	16.4	<i>As expected</i>
16	13	Hypertension	4 of 120	8.1	12.8	<i>As expected</i>
11	14	Liver	56 of 120	17.0	10.2	<i>As expected</i>
15	15	Homicide	13 of 120	9.5	7.8	<i>As expected</i>
14	16	Parkinson's	97 of 120	10.8	5.0	<i>As expected</i>

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

Source: CDC Final Deaths (2020)

# County Health Rankings

	Christian	Kentucky	U.S. Median	Top U.S. Performers
<b>Length of Life</b>				
Overall Rank (best being #1)	<b>77/120</b>			
- Premature Death*	<b>11,174</b>	9,993	8,200	5,400
<b>Quality of Life</b>				
Overall Rank (best being #1)	<b>49/120</b>			
- Poor or Fair Health	<b>25%</b>	22%	17%	12%
- Poor Physical Health Days	<b>5.3</b>	5.0	3.9	3.1
- Poor Mental Health Days	<b>5.4</b>	5.5	4.2	3.4
- Low Birthweight	<b>9%</b>	9%	8%	6%
<b>Health Behaviors</b>				
Overall Rank (best being #1)	<b>86/120</b>			
- Adult Smoking	<b>26%</b>	25%	17%	14%
- Adult Obesity	<b>38%</b>	36%	33%	26%
- Physical Inactivity	<b>34%</b>	32%	27%	20%
- Access to Exercise Opportunities	<b>47%</b>	66%	66%	91%
- Excessive Drinking	<b>14%</b>	18%	18%	13%
- Alcohol-Impaired Driving Deaths	<b>25%</b>	25%	28%	11%
- Sexually Transmitted Infections*	<b>793.3</b>	468.1	327.4	161.4
- Teen Births (per 1,000 female population ages 15-19)	<b>57</b>	29	28	13
<b>Clinical Care</b>				
Overall Rank (best being #1)	<b>35/120</b>			
- Uninsured	<b>9%</b>	8%	11%	6%
- Population per Primary Care Provider	<b>1,566</b>	1,536	2,070	1,030
- Population per Dentist	<b>611</b>	1,519	2,410	1,240
- Population per Mental Health Provider	<b>199</b>	388	890	290
- Preventable Hospital Stays	<b>4,892</b>	5,028	4,710	2,761
- Mammography Screening	<b>36%</b>	41%	41%	50%
- Flu vaccinations	<b>41%</b>	46%	43%	53%
<b>Social &amp; Economic Factors</b>				
Overall Rank (best being #1)	<b>59/120</b>			
- High school graduation	<b>87%</b>	87%	90%	96%
- Unemployment	<b>7.8%</b>	6.6%	3.9%	2.6%
- Children in Poverty	<b>22%</b>	19%	20%	11%
- Income inequality**	<b>4.7</b>	5.0	4.4	3.7
- Children in Single-Parent Households	<b>31%</b>	26%	32%	20%
- Violent Crime*	<b>225</b>	222	205	63
- Injury Deaths*	<b>84</b>	101	84	58
- Median household income	<b>\$46,950</b>	\$54,074	\$50,600	\$69,000
- Suicides	<b>19</b>	17	17	11
<b>Physical Environment</b>				
Overall Rank (best being #1)	<b>29/120</b>			
- Air Pollution - Particulate Matter (µg/m³)	<b>8.2</b>	8.7	9.4	6.1
- Severe Housing Problems***	<b>16%</b>	14%	14%	9%
- Driving to work alone	<b>79%</b>	81%	81%	72%
- Long commute - driving alone	<b>18%</b>	30%	31%	16%

\*Per 100,000 Population

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

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

### Key (Legend)

- Better than KY
- Same as KY
- Worse than KY

Source: County Health Rankings 2022 Report



# Detailed Approach

Jennie Stuart Health (“JSH” or the “Hospital”) is organized as a not-for-profit organization. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. This study is designed to comply with the standards required of a not-for-profit hospital.

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

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

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

### **Project Objectives**

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

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

### **Overview of Community Health Needs Assessment**

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

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

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

Specifically, the IRS requires:

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

## Community Health Needs Assessment Subsequent to Initial Assessment

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

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

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

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

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

To complete a CHNA:

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

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

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

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

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

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

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

**Other** (please specify)

The methodology takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed by local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis.

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

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	September 2022	2022
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	September 2022	2013-2020
Centers for Disease Control and Prevention (CDC) Final Deaths	15 top causes of death	September 2022	2020
Bureau of Labor Statistics	Unemployment rates	September 2022	2021
NAMI	Statistics on mental health rates and services	October 2022	2021
SAMHSA – Behavioral Health Barometer, Kentucky, Volume 6	Drug use and health indicators	October 2022	2019
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	October 2022	2020
American Diabetes Association	Type 2 diabetes risk factors	October 2022	2005
National Cancer Institute	Cancer incidence rates	October 2022	2014-2018
Health Affairs: Leigh & Du	Impact of wage on health	October 2022	2018
AAFP	Impact of education on health	October 2022	N.D.
Robert Wood Johnson Foundation	Impact of community safety on health	October 2022	2011

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

- A CHNA survey was deployed to Local Expert Advisors and the general community to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and JSH's desire to represent the region's geographically diverse population. Community input from 75 survey respondents was received. Survey responses started on August 15<sup>th</sup> and ended on September 5<sup>th</sup>, 2022.

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

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

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



# Survey Results

Due to a high volume of survey responses, not all comments are provided in this report. All comments are unedited and are contained in this report in the format they were received.

**Q1: Please select all roles that apply to you.**

Answer Choices	Responses	
Community Resident	65.22%	45
Healthcare Professional	15.94%	11
Government Employee or Representative	10.14%	7
Educator	10.14%	7
Minority or Underserved Population	8.70%	6
Public Health Official	2.90%	2
Representative of Chronic Disease Group or Advocacy Organization	1.45%	1
	Answered	69
	Skipped	6

**Q2: Race/Ethnicity (select all that apply)**

Answer Choices	Responses	
White or Caucasian	80.00%	56
Black or African American	14.29%	10
Hispanic or Latino	2.86%	2
Asian or Asian American	1.43%	1
American Indian or Alaska Native	1.43%	1
Native Hawaiian or other Pacific Islander	1.43%	1
Other (please specify)	0.00%	0
	Answered	70
	Skipped	5

**Q3: Age group**

Answer Choices	Responses	
18-24	0.00%	0
25-34	15.71%	11
35-44	17.14%	12
45-54	17.14%	12
55-64	21.43%	15
65+	28.57%	20
	Answered	70
	Skipped	5

**Q4: What zip code do you primarily live in?**

Answer Choices	Responses	
42240	79.41%	54
42266	5.88%	4
42211	5.88%	4
42262	2.94%	2
42220	2.94%	2
42232	2.94%	2
	Answered	68
	Skipped	7

**Q5: Where do you primarily receive your healthcare services?**

Answer Choices	Responses	
Jennie Stuart Health	79.71%	55
Baptist Health	4.35%	3
Tennova Healthcare	1.45%	1
Somewhere else (please specify)	14.49%	10
	Answered	69
	Skipped	6

Comments:

- Vanderbilt University Medical Center (2)
- First care
- VA Clinic
- Oak Grove Community Health
- Not applicable
- Hopkinsville and Nashville
- St. Thomas
- Private Doctor / Healthcare provider.
- Logan memorial

**Q6: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)**

Answer Choices	Responses	
Low-income groups	77.27%	51
Racial and ethnic minority groups	50.00%	33
Older adults	43.94%	29
Women	25.76%	17
Children	25.76%	17
Residents of rural areas	19.70%	13
Individuals requiring additional healthcare support	19.70%	13
LGBTQ+	7.58%	5
	Answered	66
	Skipped	9

What do you believe to be some of the needs of the groups selected above?

- Regular health checks/immunizations etc for children. In home care for elderly. Cardiologist and more hospital services for cardiac patients. More MD family care providers. An geriatric care MD
- Prevention, management of chronic illness
- Lower bills
- Financial support for the prohibitive cost of healthcare
- Low income usually choose rent, food and children's needs before their own health cost.
- Female general practitioner
- Routine checkups!
- Preventive care
- Education and preventative healthcare.
- Lack of information, resources, funding, availability of providers, location, and flexibility for appointments.
- Low cost for services needed. Transportation to get to their appointments.
- Access to preventive care and/or on-going care
- Access and knowledge
- Access to care, financial resources, priority of health
- Support to pay for healthcare

- I am a part of the checked demographics, and find it hard to get my medical needs met. Especially finding competent specialists. We need better rheumatologists, neurologists, and pulmonologists who respects and understands the black, poor, and obese community. I have lupus and cannot find proper care.
- Education on healthy living, education on available resources for their health needs, transportation, strengthened trust with the healthcare community,
- We need more specialists
- Lack of good paying job, no insurance, poor housing, and lack of medical care services
- Preventive healthcare measures, chronic illness and support
- More specialist doctors
- Nutrition and exercise
- Obesity, lack of education on preventive care, diet/nutrition, exercise, not seeing a healthcare professional routinely
- 1. Easy access to healthcare providers and services, such as site-based clinics in areas of underserved patients. 2. Overuse of emergency department and EMS by those whose could benefit from closer proximity to healthcare services and providers. 3. Awareness of healthcare services and providers available. 4. Awareness of and utilization of preventive healthcare services.
- Affordable health care, adolescent health care, geriatric health care, heart and other specialists locally
- Access to more dental physicians. It seems that there are not many local dentists that accept medicaid which is what most low income people have as insurance.
- Education and being proactive in care.
- Access to primary care for routine and regular health services.
- I see a need for help knowing where to go and the willingness to go.
- Wellness checks
- Low income residents don't normally have a family doctor and have limited resources in order to access care. Old adults seeks the most health care treatment since they are in the later stages of their life.
- Cost of health care
- Mental health

**Q7: Please share comments or observations about the actions JSH has taken to address Obesity/Overweight.**

- None
- Expansion of cancer care facilities, some coop with CCPS for physicals, vaccinations,
- The problem is growing.
- 1 doctor not enough
- They care about helping
- Bariatric clinic
- Weightloss surgeries
- JSH has sponsored several events such as the ½ marathon, partnered with CCHD for 100 day challenge, and launched obesity awareness programs with the school system.
- Has sponsored marathon events to promote healthy life choices. Partnership with 100 mile challenge and school age.
- Sponsorship and programs at the sportsplex are strong incentives for good health including weight loss. An excellent program run by dr. Wells is also very important.
- Unaware of actions taken in this area
- They tell people to lose weight, but being poor, on a fixed income and having limited physical mobility, they offer them no solution. I, for instance, make \$50 too much for food stamps, but after my monthly bills are paid, i'm left with only \$125 for gas and food; and that's only if I don't have an extra doctor bill to pay. So, I guess, if you can show us how to eat healthy with a monthly food budget of \$75-90, that would be a big help.
- Jsh looks to be much more involved in the community sharing information. They are routinely involved with programs, events, and activities pertaining to physical activity.
- The hospital has ongoing efforts to address the concern, but much still remain to be accomplished through broad coalitions of supporters including christian county health department.
- Jsh has a great bariatric surgery program. Many patients have benefited from the surgery, but many do not adhere to their diet and regain their weight after a period of time.
- I think jsh has done a great job supporting community events that address obesity and provide healthy lifestyles. By sponsoring events like the half marathon, and venues like the hopkinsville sportsplex, they are providing people opportunities to be active.
- Participation in walks, runs, fitness drives
- Unsure of any

- JSH has a very successful bariatric surgery clinic led by a very well respected surgeon. JSH sponsors the local sportsplex that allows community members to access the track for walking and children's sports teams to practice and play all year. JSH also serves as a major sponsor of the hopkinsville greenway system promoting outdoor activity for the community. The hospital also sponsors several local awareness walks, including the heart walk and the CCHD 100 mile challenge.
- Important and working with CCHD.
- Limited i would say
- Weight loss surgery

**Q8: Please share comments or observations about the actions JSH has taken to address Cancer.**

- The cancer center
- New providers, advanced equipment and expanded facilities are exceptional. Screening issues need improvement. I hear frequent complaints about lab errors and radiology. You make prevention more difficult.
- 1 doctor
- They help and if questions are needed one help from other/or out of town physicians.
- Up to date cancer center
- Excellent cancer treatment center.
- Amazing cancer center all around.
- I've seen them at relay for life
- EC green cancer center
- JSH has sponsored the west KY family health expo, relay for life, provides matching funds for the local pink ribbon network, and most importantly provides treatment to all cancer patients regardless of income. "
- Expanding the cancer center.
- Improved cancer treatment equipment
- JSH is very, very, very aggressive in the actions to address cancer. A 32M investment in the very best state-of-the-art treatment facility and equipment is an outstanding commitment.

- State of the art cancer center and expansion underway
- I believe JSH approach with cancer and other significant health issues comes from an educational component that promotes healthy lifestyle.
- I have no idea.
- Expansion of cancer center.
- Building renovation of ec green
- Awesome services are provided by the ec green cancer center by the medical oncology/hematology and radiation oncology providers and staff! Great to see that the expansion will bring the cancer center to the next level. Perhaps the affiliation with vanderbilt needs to be more clearly shown by adding the vanderbilt logo to the exterior, interior, and publications of the center similarly to the new blue creek campus.  
"Vanderbilt-ingram-ec green cancer at jennie stuart health"
- I think the expansion of the EC green cancer wing shows jsh's dedication to cancer research and screenings. It shows how seriously the team takes treatment and being able to offer top notch options for those diagnosed with cancer.
- Good cancer center
- JSH has outstanding oncologists and oncology teams in the EC green cancer center. They just recently invested in state-of-the-art equipment for radiation treatment, and they very recently broke ground for a major renovation and expansion of the cancer center. The hospital invests in highly sensitive mammography equipment and provides stereotactic breast biopsies. We also have two highly skilled dermatologists to provide screenings and treatments for skin cancer. JSH regularly participates in fairs and expos that encourage regular screening.
- Recently announced the expansion/renovation of the e.C. Green cancer center
- Have seen some increased social media posts with education regarding cancer and screenings
- Expanding and providing new cancer center. Adding to staff. Excellent concern and focus forward.
- Excellent. Expansion of services; ease of entry to facility
- Updated cancer center



**Q9: Please share comments or observations about the actions JSH has taken to address Mental Health.**

- Behavioral health unit was a major benefit to the community.
- Opened the bhu, a great resource!
- They work closely with pennyroyal mental health and western state hospital.
- Unknown
- Not enough. Mental health still has a stigma that is not addressed when physically ill. Start treating the whole patient and hiring providers that understand mental health and not just physical. A licensed social worker should be provided to every case - standard! And free!
- Telehealth screenings
- I believe more services could be advertised for this.
- In cy 2019, jsh opened a 12 bed inpatient geriatric behavioral health unit, hired additional licensed clinical social workers, and contracted with (2) psychiatrists for geriatric behavioral health.
- Needs more improvement. Lack of information to make fair observation.
- Jsh has a strong working relationship with surrounding facilities including the pennyroyal mental health center and western state hospital.
- They opened a behavioral health ward at the main campus
- I'm not aware of any actions taken.
- I am vaguely aware jsh has created a mental health floor or sector in the hospital but not sure of actual scope of services.
- I have no idea.
- Additional room er renovation
- The opening of the behavioral health unit at jsmc is a great addition, that just needs to be publicized more. Also, explore offering ECT (electro convulsive/shock therapy) as an additional service since patients are having to be referred out-of-town currently. Many years ago, it was offered at western state before today's more modern ECT procedures. With our city being the location of two psychiatric hospitals, WSH and Cumberland Hall, as well as Pennyroyal Center, it would be a good service for JSH to offer!
- I did not realize that suicide was the 11th leading cause of death in Christian County. I think JSH has done a lot to provide options and alternatives to those struggling. I think this is an ongoing epidemic and more will need to be done in the future, but providing resources to those in need is a great start.

- None known but would be very good to have
- JSH moved their in-house behavioral health unit from serving only geriatric patients to serving adult patients of all ages over 18. The hospital also sponsors the out of the darkness walk for suicide awareness. Employees have access to EAP counseling sessions as a benefit.
- Opened a behavioral and mental health section of the hospital to specifically help those struggling with both physical and mental health
- Behavioral health unit up and running and doing great! Very important!
- We need more here. More partnership with pennyroyal center
- Behavioral health unit.

**Q10: Please share comments or observations about the actions JSH has taken to address Alcohol/Substance Abuse.**

- Another problem that worsens with time..
- 2/2 ward
- They work well with officials and counseling groups with this
- Not aware of any.
- I believe more services could be advertised for this.
- Jsh is a member of an opioid statewide stewardship, all patients discharged receive education on substance abuse, and provides education of alcohol and substance abuse through health education team.
- I am sorry that i am not aware of the actions. I know there is a strong relationship with surrounding treatment facilities, for example, cumberland hall.
- Unaware of actions taken in this area
- I am not aware of any actions taken.
- Not sure of anything specific that has been done other than the creation of a mental health floor.
- I have no idea.
- A medically-supervised detox unit would be another service to add at jsh.
- Unfortunately, substance abuse is a growing issue across the country. I think JSH has done a good job of addressing what they can, but there is so much more that needs to be done. I don't have the answers, but there are so many affected by substance addiction, which goes hand in hand with mental health.

- You hear a lot concerning this issue( JSMC and the health dept) and have supplies available to anyone who overdosed.
- I know the hospital participates in kasper to avoid over-prescribing narcotics.
- Focusing on health and help.
- Secession services

**Q11: Please share comments or observations about the actions JSH has taken to address Affordability/Accessibility.**

- The issue is bigger than you. Policies on access are generous. Sustainable?
- They work with you if you can't pay your bill.
- Willing to help patients with their bills
- Convenient care/walk-in clinic
- Affordability- haven't observed. Accessibility- yes. Multiple locations.
- Jsh has a financial assistant policy complete with sliding scale and self pay discounts, there are financial counselors available to assist with signing up for medicare/medicaid, and payments plans, and jsh provides free sports physicals to local student athletes.
- Breaking ground on new emergency serviced
- Accessibility is good, both with access to departments and providers and with access to facilities.
- Unaware of actions taken in this area
- Some are affordable, where as some are pricey. It depends on the doctors. The emergency room is definitely not affordable, because you get two to three bills for one visit. If they were combined, then it would make it more affordable, because you can then make monthly payments on one bill and not three.
- Cannot recall anything specific regarding affordability/accessibility
- Charitable care
- I think partnering with the army, as recently seen during the training program at the high school facility, was a great opportunity to provide access to quality healthcare for those that couldn't afford it previously.
- No improvements in affordability that i am aware of
- Partnered with schools for physicals and immunizations
- Working always with systems, medicaid, medicare, patient costs to make treatment affordable and accessible.

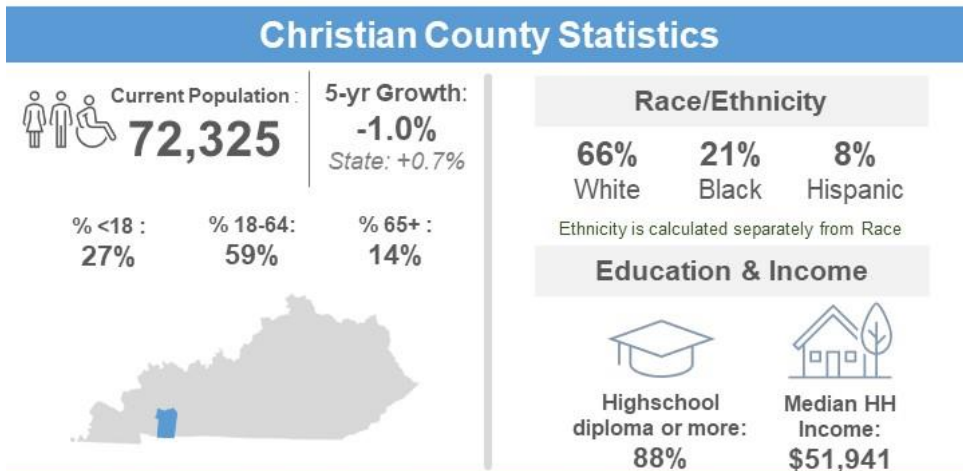
- Awesome that there are 3 jennie stuart family health locations, including the expanded eagle way/keeton drive site. Seriously consider locating a clinic in the east side/attucks area. Explore partnering with the christian co. Health department and hopkinsville christian co. Fire and EMS to establish mobile integrated health/community paramedicine program with an ambulance staffed by community paramedics, advanced providers (APRN or PA), and behavioral health providers to serve neighborhoods (housing authority projects, senior housing complexes, rural outlying areas, etc.) Also, partner with public school system to rebrand school nurse clinics as jennie stuart neighborhood health w/expanded services open to parents, as well as faculty and staff.
- I don't feel like affordability has been addressed until recently. Only then was it made accessible to many that normally would not have been seen. They had them free evaluations at the school (I believe) but then any problems( things out of normal routine) were to be addressed by a more advanced physician.
- I know that jsh participates in several events offering free health screenings throughout the year. The hospital has attempted to address the need for primary care providers through family clinics. JSH also provides space for the st. Luke free clinic which serves the working uninsured/underinsured.
- Financial services

**Q12: Please share comments or observations about the actions JSH has taken to address Coronary Heart Disease.**

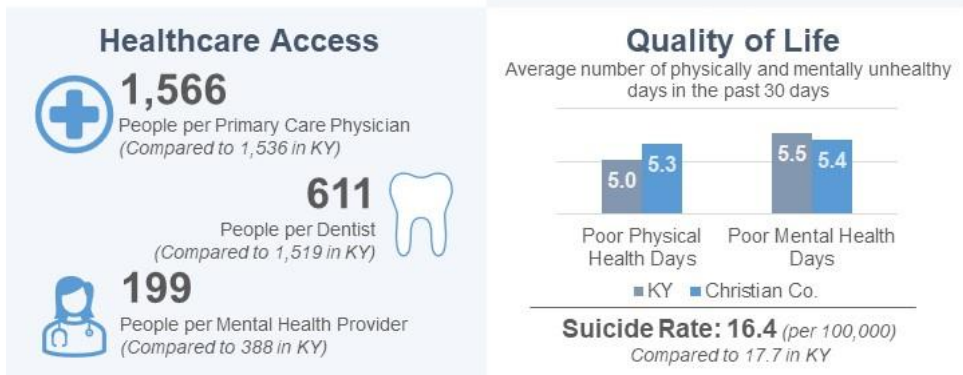
- They work well with st thomas hospital.
- None. They refer to nashville
- 1 rehabilitation
- JSH has a cardiac rehab program on site with education led by registered nurses, partners with CCHD in order to offer smoking cessation program, actively working to recruit another cardiologist to the area.
- Partnered and sponsor event with local chapter for american heart association
- An outstanding cardiac rehabilitation program is a blessing to all those with coronary heart disease.
- Have been seeking a cardiologist for years
- They have made none. I had to be life-flighted years ago, and people are still being sent to other hospitals. JSH has no heart doctors that I am aware of.
- Healthy living educational approach.

- None. We need more cardiologists.
- Seeking cardiologist
- Good to see that vanderbilt is recruiting for full-time local cardiologist(s). But, limited cardiology services locally cause too many patients to be referred out of town for cardiac cath diagnostic and interventional procedures, cardiac open heart surgery, etc. Many hospitals in cities and counties SMALLER than our community offer interventional cardiology and open heart surgery. These services need to be offered at JSH on a 24 hour availability.
- I didn't realize that heart disease was the leading cause of death in christian county. That being said, I think this should be a higher priority.
- No known improvements but we desperately need a heart specialist locally
- I do not know
- In addition to contracting with cardiologists, JSH has formed an affiliation with vanderbilt health. This affiliation agreement also includes a cardiology clinic staffed by vanderbilt health located in jsh's medical office building in bluecreek south.
- Focus on physicians, recruitment, and physical therapy area, which is greatly improved.
- Coronary rehab is excellent service
- Cardiac rehab

**Q13: Do you believe the above data accurately reflects your community today?**



### Factors that influence the health of the community



Answer Choices	Responses	
Yes, the data accurately reflects my community today	82.50%	33
No, the data does not reflect my community today	17.50%	7
	Answered	40
	Skipped	35

## Comments:

- How can you get accurate data when most minority's don't participate.
- I do not think the children of poverty looks valid whatsoever. Single parent homes also seems a tad low. The mental and dental health looks accurate. Mental health continues to carry a stigma and I cannot EVEN discuss dental in this town!!! How does ANYONE afford dental health? I personally make well above the average household income, have EXCELLENT dental insurance and STILL struggle to pay for the dentist.
- It seems correct with the exception of a continually lowering employment rate.
- I believe the median income is lower, the obesity rate is higher, children in poverty is higher, and the mental health only reflects those seeking care. Mental health is definitely higher.
- I think the black minority community is closer to 35% to 37% and I believe the household income is in the \$40K to \$43K range vs. \$51K. Otherwise, the other statistics look to be in the range I think is right.
- The population data always seems to skew lower due difficulty accounting for Ft. Campbell personnel. The new Ascend Elements EV Battery Component Plant in Commerce Park II should bring increased growth in population. Explore offering Occupational Health Services as part of a Workforce Services Center joint venture.
- I'm not sure. I was surprised by the high percentage of white in the Race/Ethnicity chart, and the median household income seemed high. But, if you are reporting it, I'll take it.

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

	1	2	3	4	5	Total	Weighted Average
Cancer	0	1	2	10	28	41	4.59
Mental Health	0	1	4	8	27	40	4.53
Diabetes	0	1	3	11	25	40	4.50
Drug/Substance Abuse	0	2	3	10	26	41	4.46
Heart Disease	0	3	2	12	25	42	4.40
Obesity	0	1	7	8	25	41	4.39
Stroke	0	0	10	12	19	41	4.22
Women's Health	1	1	7	13	19	41	4.17
Alzheimer's and Dementia	0	3	10	10	18	41	4.05
Lung Disease	1	2	6	17	15	41	4.05
Dental	2	1	9	12	17	41	4.00
Kidney Disease	0	4	11	13	13	41	3.85
Liver Disease	1	3	13	13	9	39	3.67
Other (please specify)						2	
						Answered	42
						Skipped	33

**Comments:**

- Arthritis, vision, Lupus, Multiple Sclerosis
- Definite need to recruit a full-time Endocrinologist, additional Neurologists, Dentists (Oral/Maxillofacial Surgeons, Endodontists, Periodontists), Pulmonologists, Urologists, etc.



**Q15: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Education System	1	1	6	6	27	41	4.39
Access to Childcare	1	2	4	8	26	41	4.37
Community Safety	1	1	6	7	26	41	4.37
Employment and Income	0	2	4	15	19	40	4.28
Healthcare Services: Affordability	1	2	4	15	19	41	4.20
Access to Healthy Food	1	2	4	15	19	41	4.20
Access to Senior Services	1	0	8	13	18	40	4.18
Healthcare Services: Prevention	1	0	8	16	15	40	4.10
Healthcare Services: Physical Presence (location, services, physicians)	1	1	7	17	14	40	4.05
Affordable Housing	3	0	8	12	18	41	4.02
Access to Exercise/Recreation	1	2	9	14	14	40	3.95
Transportation	3	2	16	10	10	41	3.54
Social Connections	3	1	15	16	6	41	3.51
Other (please specify)						1	
						Answered	42
						Skipped	33

**Comments:**

- The addition of a Mobile Integrated Health/Community Paramedicine service could help address many of the Access to health services. It could compliment our already second-to-none HFD EMS.

**Q16: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Physical Inactivity	0	1	6	11	23	41	4.37
Livable Wage	1	0	6	13	22	42	4.31
Diet	1	0	4	17	19	41	4.29
Smoking/Vaping/Tobacco Use	1	0	11	11	18	41	4.10
Excess Drinking	1	2	10	8	19	40	4.05
Risky Sexual Behavior	1	2	15	9	13	40	3.78
Other (please specify)						1	
						Answered	42
						Skipped	33

Comments:

- Mobile Integrated Health/Community Paramedicine could bring education, follow-up, and intervention these services to the neighborhood, and could help prevent hospital readmissions for certain high utilization patients.

**Q17: Overall, how much has the COVID-19 pandemic affected you and your household?**

Answer Choices	Responses	
Some impact, does not change daily behavior	45.24%	19
Noticeable impact, planning for changes to daily behavior	35.71%	15
Significant daily disruption, reduced access	9.52%	4
No impact, no change	4.76%	2
Severe daily disruption, immediate needs unmet	4.76%	2
	Answered	42
	Skipped	33

**Q18: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)**

Answer Choices	Responses	
Employment	60.00%	24
Education	57.50%	23
Childcare	55.00%	22
Social support systems	50.00%	20
Poverty	45.00%	18
Public safety	42.50%	17
Food security	37.50%	15
Housing	32.50%	13
Nutrition	25.00%	10
Racial and cultural disparities	25.00%	10
Access to healthcare services	22.50%	9
Transportation	17.50%	7
Other	5.00%	2
	Answered	40
	Skipped	35

**Q19: Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic? (Please select all that apply)**

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	21.95%	9
Elective care (planned in advance opposed to emergency treatment)	12.20%	5
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	12.20%	5
Specialty care (care and treatment of a specific health condition that require a specialist)	9.76%	4
All types of healthcare services	7.32%	3
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	4.88%	2
JennieCare Urgent Clinic	2.44%	1
None of the above	56.10%	23
Other (please specify)	2.44%	1
	Answered	41
	Skipped	34

Comments:

- No. We sought medical attention as necessary.

**Q20: How can healthcare providers continue to support the community through the challenges of COVID-19? (please select all that apply)**

Answer Choices	Responses	
Serving as a trusted source of information and education	76.92%	30
Offering alternatives to in-person healthcare visits	69.23%	27
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	58.97%	23
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	43.59%	17
Sharing local patient and healthcare providers stories and successes with the community	28.21%	11
Other	5.13%	2
	Answered	39
	Skipped	36

**Q21: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)**

Answer Choices	Responses	
Primary care	85.37%	35
Mental health	65.85%	27
JennieCare Urgent Clinic	58.54%	24
Pediatrics/children's health	56.10%	23
Women's health	51.22%	21
Elder/senior care	48.78%	20
Substance abuse services	48.78%	20
Specialty care	46.34%	19
Chronic disease management programming	43.90%	18
Emergency care	34.15%	14
Other (please specify)	9.76%	4
	Answered	41
	Skipped	34

Comments:

- Dental
- More education directed to our youth about healthy lifestyles and the benefits for later in life
- More aggressive recruitment of physicians of various specialties, expanding services to neighborhoods, expanded Vanderbilt Health services/partnerships, etc. Consider adding Vanderbilt Residency Programs for various physician specialties, etc.
- Home health

**Q22: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)**

Answer Choices	Responses	
Video visits with a healthcare provider	65.79%	25
Smartphone app to communicate with a healthcare provider	55.26%	21
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	47.37%	18
Patient portal feature of your electronic medical record to communicate with a healthcare provider	47.37%	18
Telephone visits with a healthcare provider	42.11%	16
Virtual triage/screening option before coming to clinic/hospital	42.11%	16
Other (please specify)	5.26%	2
	Answered	38
	Skipped	37

Comments:

- Pt. portals do not work well and often cumbersome
- Perhaps a 24-hour provider service for these services similar to the Pennycroft Center's RESPOND service but with these virtual/at-home healthcare options would be awesome!

**Q23: Please share resources and solutions that would support you and the community during the COVID-19 pandemic and in the future.**

- More of the population vaccinated. More of the community concerned and using preventive measures
- Continue to push vaccines and let it go. Covid needs to be over. It will never be eradicated. Like the flu it now needs to be treated as a regular illness and let the world move on. If one is sick stay home.
- Eliminate all mandates. Allow people in consultation with their dr. To choose if they get a vaccination or wear a mask.
- Best information dissemination possible.
- Offer covid-19/omicron bivalent vaccines to the public at outreach locations and clinics.
- Just words of encouragement, information on available helps, access to providers, answers from phone calls, a friendly voice of support....Prayers.
- Need more cardiac care options and behavioral health