

Community Health Needs Assessment FY 2017-19



Contents

Introduction	3
Forward	3
Executive Summary.....	3
Organization Description	3
Community Served by the Hospital	5
Defined Community	5
Identification and Description of Geographical Community	6
Jefferson County Population Demographics.....	6
Health Data for Jefferson County Residents	7
Health Outcomes	7
Health Factors	10
Community Input, Data Sources, and Collaborators	14
Data Sources	14
Primary Data: Community and Organizational Input.....	14
Third Party Collaboration.....	15
Information Gaps	15
Community Health Needs Assessment Process.....	17
County Health Rankings Population Health Model	17
Purpose-Focused Prioritization of Health Needs.....	18
Process for Collecting and Analyzing Data.....	18
Prioritized Significant Community Health Needs.....	27
Prioritization of Community Health Needs According to Data	27
Final Priorities Identified by Hospital Leadership	28
Needs Not Addressed	29
Potentially Available Resources in Community	30
Hospitals and Ambulatory Care Clinics	30
Other Licensed Facilities	30
Health Care Provider Ratios	31
Health Departments.....	32
Evaluation of Impact	33
Needs Identified in 2013-2016 CHNA and Impact of Actions	33

Evaluation of Written Comments 34

Learning from Previous CHNA..... 34

Next Steps 34

Adoption/Approval 35

References 35

Introduction

Forward

During 2015-2016, Jewish Hospital conducted a community health needs assessment (CHNA) to support its mission to enhance the health of people in the communities it serves by identifying health needs in these communities and prioritizing the allocation of hospital resources to meet those needs. Additionally, the completion of this report and subsequent approval and adoption by the KentuckyOne Health Board of Directors complies with CHNA requirements mandated by the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements. Special CHNA requirements from Catholic Health Initiatives (CHI) are also reflected in this report.

Executive Summary

The community health needs assessment process involved the following steps:

- The “community served” was defined utilizing inpatient data on patient county of residence.
- Secondary data in the form of population demographics and socioeconomic characteristics of the community was gathered and reported using various sources.
- Primary data was solicited from the following groups:
 - Louisville Metro Department of Public Health and Wellness (LMDPHW)
 - Residents of the community served by Jewish Hospital, including individuals representing the senior population and the medically-underserved
 - KentuckyOne Health Strategy and Business Development representatives
 - Comments on Jewish Hospital’s previous CHNA
- Health needs were prioritized according to a weighted ranking system using the aforementioned data sources.
- Jewish Hospital convened its leadership team to formally identify the priority health needs based on the data and hospital resources. These needs have been identified as:
 - Tobacco Use
 - Diet and Exercise
 - Alcohol and Drug Use
 - Access to Care
 - Community Safety
- An inventory of health care facilities and resources was prepared.
- These findings were presented to the KentuckyOne Health Board of Directors for approval and adoption for July 1, 2016-June 30, 2019 (FY 2017-19).
- This final report will be made public and widely-available on or before June 30, 2016.

Organization Description

Jewish Hospital opened in 1905 with a mission to provide all patients with the highest quality care and a strong emphasis on research and education. Today, it is a 462-bed, internationally renowned, high-tech tertiary referral center located in downtown Louisville, developing leading-edge advancements in hand and microsurgery, heart and lung care, cancer care, home care, rehab medicine, sports medicine, orthopedics, neuroscience, occupational health, organ transplantation and outpatient and primary care.

Jewish Hospital is at the vanguard of medical science. It is among a select group of hospitals performing heart, lung, liver, kidney, and pancreas transplantation. It was the site of the world's first successful hand transplant, the world's first and second successful AbioCor® Implantable Replacement Heart procedures, and world's first trial of cardiac stem cells in chronic heart failure.

Jewish Hospital is part of KentuckyOne Health, one of the largest health systems in Kentucky with more than 200 locations including hospitals, outpatient facilities and physician offices, and more than 3,100 licensed beds. An 18-member volunteer board of directors governs KentuckyOne Health, its facilities and operations, including Jewish Hospital, with this mission:

- **Our Purpose:** To bring wellness, healing and hope to all, including the underserved.
- **Our Future:** To transform the health of communities, care delivery and health care professions so that individuals and families can enjoy the best of health and wellbeing.
- **Our Values:**
 - **Reverence:** Respecting those we serve and those who serve.
 - **Integrity:** Doing the right things in the right way for the right reason.
 - **Compassion:** Sharing in others' joys and sorrows.
 - **Excellence:** Living up to the highest standards.

Community Served by the Hospital

Defined Community

For the purposes of our community health needs assessment, the community served by Jewish Hospital is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. Inpatient discharge data for Jewish Hospital from July 1, 2014-June 30, 2015 (the latest fiscal year available as of data collection for this writing) shows that Jefferson County was the county of residence for the largest concentration of patients, with 57.4% of patients living in Jefferson County. Therefore, the service area for this community health needs assessment is defined as Jefferson County. The chart below shows residence information by county and zip code:

FY15 Inpatient Discharges County of Residence—Jewish Hospital				
Zip Code	City	County, State	Discharges	Percent Total Discharges
40211	Louisville	Jefferson - KY	994	6.1%
40203	Louisville	Jefferson - KY	825	5.1%
40212	Louisville	Jefferson - KY	815	5.0%
40216	Louisville	Jefferson - KY	688	4.2%
40210	Louisville	Jefferson - KY	556	3.4%
40229	Louisville	Jefferson - KY	516	3.2%
40165	Shepherdsville	Bullitt - KY	512	3.1%
40214	Louisville	Jefferson - KY	466	2.9%
40065	Shelbyville	Shelby - KY	431	2.6%
40272	Louisville	Jefferson - KY	405	2.5%
40004	Bardstown	Nelson - KY	395	2.4%
40219	Louisville	Jefferson - KY	385	2.4%
40202	Louisville	Jefferson - KY	312	1.9%
40258	Louisville	Jefferson - KY	295	1.8%
40215	Louisville	Jefferson - KY	292	1.8%
40218	Louisville	Jefferson - KY	247	1.5%
47130	Jeffersonville	Clark - IN	235	1.4%
40208	Louisville	Jefferson - KY	229	1.4%
42701	Elizabethtown	Hardin - KY	207	1.3%
42718	Campbellsville	Taylor - KY	206	1.3%
40220	Louisville	Jefferson - KY	195	1.2%
40206	Louisville	Jefferson - KY	183	1.1%
47150	New Albany	Floyd - IN	181	1.1%
40291	Louisville	Jefferson - KY	179	1.1%
40047	Mount Washington	Bullitt - KY	178	1.1%
40299	Louisville	Jefferson - KY	170	1.0%
Other		Jefferson - KY	1,592	9.8%
Other		Bullitt - KY	133	0.8%
Other		Nelson - KY	221	1.4%
Other		Shelby - KY	112	0.7%
All Other			4,129	25.4%
FY15 Total Discharges			16,284	100.0%

Source: KentuckyOne Health Strategy

Identification and Description of Geographical Community

Louisville is a major city—the largest in the state of Kentucky and the county seat of Jefferson County. The metro area includes Louisville-Jefferson County and 12 surrounding counties, eight in Kentucky and four in Southern Indiana. In Kentucky, Jefferson County is bordered by Bullitt, Spencer, Shelby, and Oldham counties. Louisville is southeasterly situated along the border between Kentucky and Indiana, the Ohio River, in north-central Kentucky at the Falls of the Ohio. The Louisville metropolitan area is often referred to as Kentuckiana because it includes counties in Southern Indiana.

Jefferson County Population Demographics

Understanding the population demographics of the community served by Jewish Hospital helped the hospital team understand characteristics unique to their community and can impact the identification of health needs. Notable for Jefferson County is a more diverse racial and ethnic profile than found in the rest of Kentucky.

2014 Jefferson County Community Demographics			
Population		<i>Jefferson County</i>	<i>Kentucky</i>
	Population, 2014 Estimate	760,026	4,413,457
	Population, Percent Change: April 1, 2010 to July 1, 2014	2.6%	1.70%
Age	Persons under 5 Years	6.5%	6.30%
	Persons under 18 Years	22.7%	22.90%
	Persons 65 Years and Over	14.5%	14.80%
Gender	Female Persons, 2014	51.8%	50.80%
Race	White (alone)	73.4%	88.30%
	Black or African American (alone)	21.5%	8.20%
	American Indian and Alaska Native (alone)	0.2%	0.30%
	Asian (alone)	2.5%	1.40%
	Native Hawaiian and Other Pacific Islander (alone)	0.1%	0.10%
	Two or More Races	2.2%	1.80%
	Hispanic or Latino	4.8%	3.40%
Source: U.S. Census Bureau: State and County QuickFacts			

Health Data for Jefferson County Residents

Health Outcomes

Health outcomes detail how healthy a community is and are measured by the Robert Wood Johnson Foundation *County Health Rankings* population health model as length of life (mortality) and quality of life (morbidity).

Mortality

Mortality is described in these counties by two data sets: 1) the leading causes of death and 2) premature death.

1. Leading Causes of Death

The 2014 leading causes of death data for this community (the most recent year available as of this writing) show that cancer and heart disease are the major causes of death in this community and outweigh the third leading cause of mortality by more than three times as many deaths.

Health Outcomes: Mortality			
Jefferson County, KY Leading Causes of Death 2014			
#	Leading Causes of Death	Deaths	Crude Rate Per 100,000 Residents
1	Cancer	1,706	224.5
2	Diseases of the Heart	1,392	183.2
3	Accidents	416	54.7
4	Chronic Lower Respiratory Diseases	412	54.2
5	Cerebrovascular Diseases	327	43.0
6	Alzheimer's Disease	299	39.3
7	Diabetes	195	25.7
8	Kidney Diseases	191	25.1
9	Influenza and Pneumonia	189	24.9
10	Septicemia	164	21.6
11	Suicide	111	14.6
12	Liver Disease and Cirrhosis	104	13.7
13	Pneumonitis	75	9.9
14	Parkinson's Disease	65	8.6
15	Homicide	62	8.2
Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2015)			

2. Premature Death

Premature death is another mortality measure, but more heavily reflects attention on preventable deaths by reviewing the years of potential life lost before age 75 (YPLL-75). For example, a death at age 50 contributes 25 years of life lost. The most recent data available for this measure is from 2010-2012 and is expressed as a rate per 100,000 Jefferson County residents. The Jefferson County rate shows that Jefferson County residents have slightly fewer years of life lost compared to Kentucky residents overall but experience more years of life lost as compared to top U.S. counties in this performance area.

Health Outcomes: Mortality			
Premature Death			
Years of Life Lost Before Age 75 Per 100,000 Residents (Data from 2010-2012)	<i>Jefferson County</i>	<i>Kentucky Average</i>	<i>Top U.S. Performer</i>
	8,666	8,900	5,200
Source: County Health Rankings and Roadmaps (2015)			

Morbidity

Morbidity is described in this county by two data sets: 1) the top ten diagnosis groups responsible for inpatient hospital discharges in Jefferson County and 2) self-reported quality of health metrics.

1. Top Ten Diagnosis Groups Responsible for Inpatient Hospital Discharges

The 2014 Jefferson County inpatient hospital discharges (the most recent year available as of this writing) show diagnoses related to the circulatory and respiratory systems are the most common diagnosis groups responsible for making patients sick enough to be admitted to the hospital.

Health Outcomes: Morbidity			
Jefferson County, KY Top Ten Diagnosis Groups Responsible for Inpatient Hospital Discharges			
#	Top Diagnosis Groups for Hospital Discharges	CY 2014 Discharges	Percent of Total
1	Circulatory System	11,816	12.46%
2	Respiratory System	10,704	11.29%
3	Musculoskeletal System/Connective Tissue	9,451	9.97%
4	Digestive System	8,496	8.96%
5	Nervous System	6,091	6.42%
6	Mental Diseases/Disorders	5,977	6.30%
7	Kidney and Urinary Tract	4,784	5.05%
8	Infectious and Parasitic Diseases	4,212	4.44%
9	Metabolic Diseases/Disorders	2,858	3.01%
10	Hepatobiliary System and Pancreas	2,732	2.88%
Source: Kentucky Hospital Association InfoSuite CY2014 Discharges (excluding Normal Newborn)			

2. Self-Reported Quality of Health Metrics

The self-reported health metrics show the perception that Jefferson County residents have about their own health. Jefferson County residents perceive their own health to be better than the general population perceives their health to be in Kentucky overall, but Jefferson County residents still report poorer health than national benchmarks.

Health Outcomes: Morbidity			
Quality of Life Metrics			
Self-Reported Health Metric	Jefferson County	Kentucky	Top U.S. Performers
Poor or Fair Health	17%	21%	10%
# of Poor Physical Health Days in Past 30 Days	4.3	4.8	2.5
# of Poor Mental Days in Past 30 Days	3.8	4.3	2.3
Source: County Health Rankings and Roadmaps (2015)			

Health Factors

Health factors influence the health of a community and are measured by four different factors: health behaviors, clinical care, social and economic factors, and physical environment. Each of these factors encompasses several measures, all adding up to what is known as the social determinants of health. The World Health Organization defines social determinants of health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”

Health Behaviors

Health behaviors describe the individual choices community members make that impact their overall health. Behaviors related to tobacco use, diet and exercise, alcohol and drug use, and sexual activity are measured against Kentucky and national rates. Notable for Jefferson County is a high rate of sexually-transmitted infections compared to both state and national averages as well the relatively high teen birth rate as compared to national averages, which indicates a gap in healthy behaviors related to sexual activity. Although on par with the state averages for health behaviors, Jefferson County exhibits high rates of adult smoking, physical inactivity, and obesity as compared to national benchmarks. *Health behaviors are responsible for 30% of overall health outcomes.*

Health Factors: Health Behaviors			
Health Behaviors Related to Alcohol and Drug Use			
Health Behaviors	Jefferson County	Kentucky	Top U.S. Performers
Adult Smoking Rate ¹	23%	26%	14%
Excessive Drinking Rate ¹	15%	12%	10%
Drug Overdose Deaths Per 100,000 Residents ²	26.8	24.63	13.5
Health Behaviors Related to Sexual Activity			
Chlamydia Incidence Per 100,000 Residents ¹	676	394	138
Teen Births Per 1,000 Female Residents Ages 15-19 ¹	46	48	20
Health Behaviors Related to Diet and Exercise			
Physical Inactivity Rate ¹	26%	29%	20%
Adult Obesity Rate ¹	32%	32%	25%
Sources: County Health Rankings and Road (2015) ¹ and 2014 Overdose and Fatality Report ²			

Clinical Care

Clinical care refers to access to care (measured by the uninsured rate and the ratio of community residents to providers) and quality of care (measured by preventable hospital stays). Notable for Jefferson County is the rate of preventable hospital stays, which is lower than the Kentucky average, potentially indicating that in Jefferson County there is increased accessibility to primary care services and more effective hospital services than in other parts of Kentucky. Additionally Jefferson County has a ratio of residents to mental health providers that is on par with national benchmarks. *Clinical care factors are responsible for 20% of overall health outcomes.*

Health Factors: Clinical Care			
<i>Clinical Care Measures</i>	<i>Jefferson County</i>	<i>Kentucky</i>	<i>Top U.S. Performers</i>
Uninsured Rate	16%	16%	11%
Preventable Hospital Stays Per 1,000 Medicare Enrollees	67	94	41
Ratio of Residents to One Primary Care Physician	1,104:1	1,551:1	1,045:1
Ratio of Residents to One Mental Health Provider	390:1	621:1	386:1
Source: County Health Rankings and Roadmaps (2015)			

Social and Economic Factors

Social and economic factors encompass education, employment, income, family and social support, and community safety. Notable for Jefferson County is the low high school graduation rate as compared to the state average. Jefferson County also experiences higher rates of violent crime than the Kentucky average and much higher rates than national benchmarks. There are also relatively low numbers of social associations in both Jefferson County and in the state overall as compared to national benchmarks. This indicates the potential for low levels of social support among Jefferson County residents. *Social and economic factors are responsible for 40% of overall health outcomes.*

Health Factors: Social and Economic Factors			
<i>Social and Economic Measures</i>	<i>Jefferson County</i>	<i>Kentucky</i>	<i>Top U.S. Performers</i>
High School Graduation	77%	86%	NA
Some College	68.1%	58.10%	71%
Unemployment	8.1%	8.30%	4%
Income Inequality (the ratio of household income at the 80th percentile to that at the 20th percentile)	4.9	5.1	3.7
Social Associations (number of associations per 10,000 residents)	10.0	10.8	22.0
Violent Crimes Per 100,000 Residents	579	235	59
Source: County Health Rankings and Roadmaps (2015)			

Physical Environment

Physical environment factors include air and water quality, as well as housing and transit. Transportation is often not considered when measuring housing affordability, so it is included here to better understand the overall affordability of life in Jefferson County. Notable for Jefferson County is the relative affordability of housing and transportation as compared to national benchmarks. Jefferson County, while low as compared to national benchmarks, provides the highest calculated transit success to the community in the state of Kentucky. As far as environmental conditions, particulate matter in Jefferson County is high, which could contribute to the respiratory conditions causing hospitalizations. *Physical environment factors account for 10% of overall health outcomes.*

Health Factors: Physical Environment			
<i>Physical Environment Measures</i>	<i>Jefferson County</i>	<i>Kentucky</i>	<i>Top U.S. Performers</i>
Air Pollution-particulate matter ¹	13.5	13.5	9.5
% of Residents Affected by Drinking Water Violations ¹	0%	9%	0%
% of Residents with Severe Housing Problems ¹	15%	14%	9%
% of Household Income Spent on Housing and Transportation ²	51%	NA	≤45%
Transit Ridership % of Workers ²	4%	NA	NA
Transit Access ²	3.4	NA	10
Source: County Health Rankings and Roadmaps (2015) ¹ , Housing and Transportation Affordability Index (2015) ²			

Community Input, Data Sources, and Collaborators

Data Sources

Data sources used in this report include:

- Center for Neighborhood Technology
 - The *Housing and Affordability Transportation Index* was used to determine the potential impact of housing and transportation costs on the health outcomes in the community.
- Centers for Disease Control and Prevention
 - *Community Health Status Indicators (CHSI 2015)* report was used to provide comparative health data between this community and other like communities.
 - The *Underlying Causes of Death (2014)* were used to determine the mortality in the community served.
- Kentucky Cabinet for Health and Family Services
 - The *March 2016 Inventory of Health Facilities and Services* report was used to identify other community resources potentially-available to address health needs.
- Kentucky Hospital Association
 - The *Top Ten Diagnostic Categories Responsible for Inpatient Hospitalizations (2014)* report was used to determine the morbidity in the community served.
- Kentucky Office of Drug Control Policy (Commonwealth of Kentucky Justice & Public Safety Cabinet)
 - The *2014 Overdose Fatality Report* was used to determine the effect of substance abuse on the community.
- Robert Wood Johnson Foundation
 - The *2015 County Health Rankings and Roadmaps* report was used to determine the varying measures of health in the community served.
- United States Census Bureau
 - The *2014 Jefferson County Quick Facts* report was used to illustrate community demographics.

Primary Data: Community and Organizational Input

- Community Input
 - Primary data from the community served by the hospital was solicited by the KentuckyOne Health Louisville hospitals (including Jewish Hospital), Norton Healthcare, Baptist Health Kentucky and the Louisville Metro Department of Public Health and Wellness between April 2015 and September 2015. These organizations shared a Survey Monkey link with councils, workgroups, patients, county government and community members to solicit feedback about their perception of health and safety in the community. Two surveys—a community survey and a physician/health care provider survey—were circulated widely. The community survey link was also made available on the KentuckyOne Health website when the survey was active. The provider link was circulated multiple times internally to KentuckyOne Health providers from August 2015-September 2015.
 - The anonymous surveys asked community members and health care providers to prioritize their health needs, identify barriers to good health and rate risky health behaviors in the community. The survey asked about perceptions of community safety and where community members access health information. The survey also asked basic demographic questions to cross-walk specific needs to certain

populations. The provider survey had additional questions about the patient populations served and perceptions of patient access. Both surveys were designed by the LMDPHW with input from KentuckyOne Health, Norton Healthcare, Baptist Health Kentucky, and the Greater Louisville Medical Society.

- Soliciting input from these groups satisfies the IRS requirement to take into account input from leaders, representatives, or members of medically-underserved populations in the community served by the hospital. Additionally, input from those representing the broad interests of the community was used to prioritize health needs, which complies with IRS requirements.
- Soliciting this input regarding community safety and soliciting input from those representing the senior population satisfies the CHI requirement to include this input.
- Louisville Metro Department of Public Health and Wellness (LMDPHW)
 - Primary data collection was completed in conjunction with the LMDPHW. The LMDPHW staff provided survey analysis and distributed the surveys internally to their staff teams.
 - Soliciting LMDPHW's input satisfies the IRS requirement to take into account feedback from local health departments with expertise relevant to the needs of the community served by the hospital. Additionally, feedback from the LMDPHW further represents feedback from the underserved, including the senior population, in Jefferson County due to special knowledge that LMDPHW has because of the services provided by local health departments.
- Regional Strategy Representative
 - Michael Spine, Senior Vice President, Strategy and Business Development for KentuckyOne Health, provided feedback for this report in the form of prioritizing 13 health needs for each KentuckyOne Health hospital, including Jewish Hospital in January 2016. Mr. Spine considered county-level data in conjunction with each measure's potential link to KentuckyOne Health's strategic alignment and the likelihood of building sustainable strategies to address those efforts related to each health need.
 - Soliciting Mr. Spine's input satisfies the CHI requirement for a representative from KentuckyOne Health's regional strategy and business development department to be engaged in the CHNA process.

Third Party Collaboration

No third-party organizations were involved in the writing of this report outside of the collaborating parties, and their specific involvement efforts detailed on the lists above. KentuckyOne Health is wholly responsible for the data gathering and needs analysis in this report.

Information Gaps

As is often the case with data collection, the data collected for this report contained some data that was two-four years old. In the interest of maintaining consistent reporting sources across all KentuckyOne Health hospitals for this CHNA process, some data, for example the uninsured rate reported by the *County Health Rankings* data, had multiple options for source material that may have reflected differently than the data we chose due to differences in those sources reporting methods.

Although feedback, as required, was solicited from the community and the sample size of the surveys responses was statistically valid, an information gap may lie in the diversity of the community input used in this report. Many

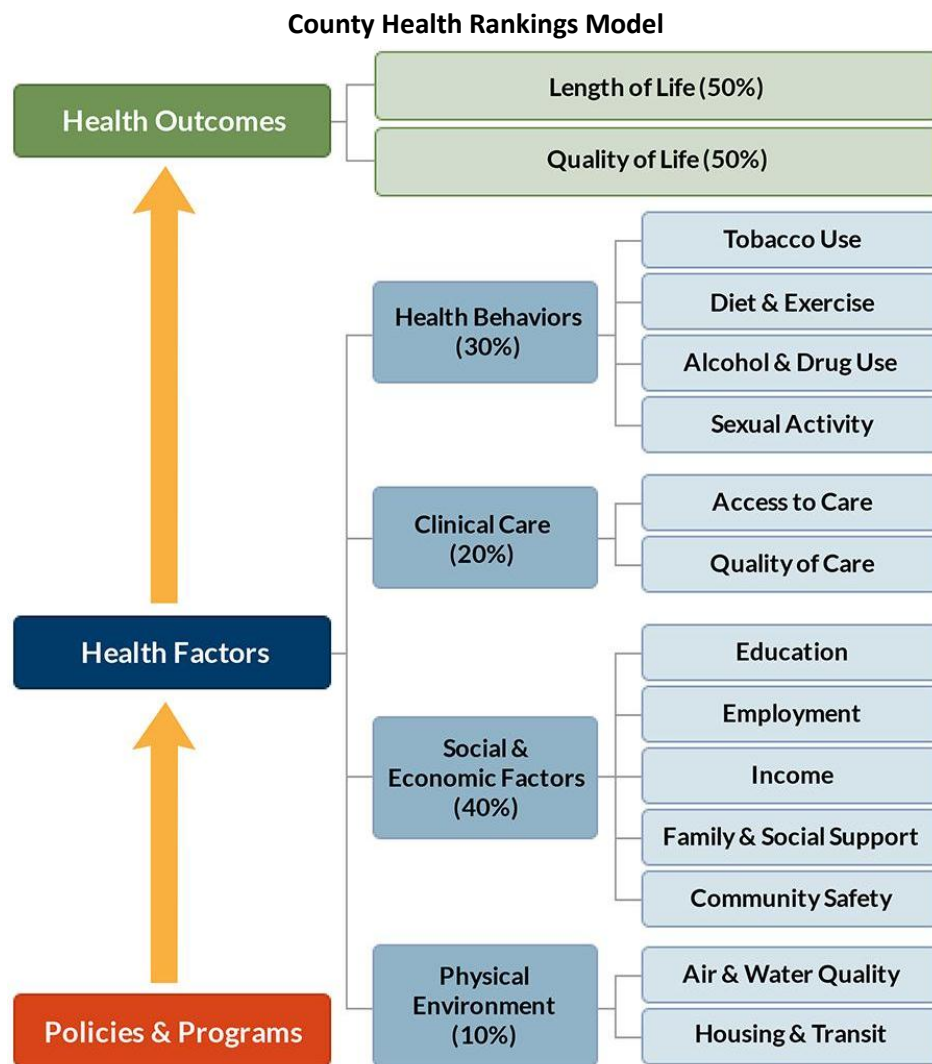
community-based organizations representing the medically-underserved chose to not participate in the surveys or provide access to the community members they serve, which did reduce the input on these surveys from the underserved. Certain organizations with special expertise on the community's health also did not provide input. Additionally, it would have been ideal for more hospital administrators and health care providers to provide feedback to best illustrate the needs and concerns around health and safety in Jefferson County.

Community Health Needs Assessment Process

County Health Rankings Population Health Model

As described earlier in this report, our main data source, the *County Health Rankings*, is based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places. This model tells us that the vast majority of health outcomes—measured by both length of life and quality of life—are determined by the health factors in these categories: social and economic factors, health behaviors, clinical care and the physical environment.

These health factors represent what is commonly referred to as social determinants of health. The model shows that 40% of our health outcomes are determined by social and economic factors, 30% are determined by health behaviors, 20% are determined by clinical care, and 10% are determined by our physical environment. Each factor has multiple measures associated with it. A fifth set of health factors, genetics, is not included in these rankings because these variables cannot be impacted by community-level intervention.



County Health Rankings model © 2014 UWPHI

Purpose-Focused Prioritization of Health Needs

An analysis of various health outcomes and factors can illustrate opportunities for our hospitals to address our community's health needs. By prioritizing which opportunities to address health needs are the most effective and applicable for the hospital's resources, we best understand how to be a community leader who can actively participate in improving the community's habits, culture and environment. In our effort to address the very most influential health factors that can be impacted by community-level intervention, we have included a weighted measure of the health needs to give additional emphasis to health needs that more heavily influence health outcomes. Using a ranking system to acknowledge this impact on health illustrates KentuckyOne Health's commitment to bringing wellness, healing and hope to all as we recognize the disproportionately negative impact of these social determinants on the health of the poor, vulnerable and underserved in our communities.

Process for Collecting and Analyzing Data

Data was collected between April 2015-March 2016 according to the descriptions in the "Data Sources" section of this report, and website links to these resources can be found in the "References" section.

In order to prioritize the health needs of our community, we developed a ranking system. Health needs were assessed on eight prioritization factors: magnitude, impact on mortality, impact on morbidity, trends, community input, strategic alignment, comparison to peer communities and common identification. Each factor received a score of zero to four, with a four indicating the greatest need possible for that particular factor. The total score is the sum of all prioritization factors for that particular measure, and the possible total score is 32.

Additionally, we included a weighted scale to account for the measure of influence of each set of health factors. The measure of influence is the percentage of effect that this category of health factors has on health outcomes. The weighted score was created by multiplying the total score for each health measure by the percentage of their influence on overall health. For example, tobacco use is a health behavior. If all eight prioritization factors added up to a total score of 21, we then multiplied this total score by 30%—the measure of influence for a health behavior according the *County Health Rankings* model. This weighted score was compared against the other categories. The factors with the highest weighted scores were identified as community health needs for the community served.

The descriptions on the following pages provide the methods used to score each health need according to the eight prioritization factors.

1. Magnitude: How many people are personally affected by this health need?

Rankings for this factor were based on the magnitude of the health need, or how many residents in the community served were personally affected by this health need. Each health need was correlated with a measurable health behavior or factor. The percentage of the population whose personal health was impacted by that behavior or factor was ranked from the greatest to the least percent of the community personally affected.

A score of 0-4 was given to each of the 16 health measures as follows:

- 0= none of the residents in the community served are affected by health need
- 1= Health measure ranked thirteen-sixteen by number of residents affected
- 2= Health measure ranked nine-twelve by number of residents affected
- 3= Health measure ranked five-eight by number of residents affected
- 4= Health measure ranked one-four by number of residents affected

Percentage of Jefferson County Residents Impacted by Health Needs				
Ranking	Health Behavior/Factor	% of Population	Correlating Health Measure	Score
1	Physical Inactivity ¹	26%	Diet and Exercise	4
2	Adult Smokers ¹	23%	Tobacco Use	4
3	Did Not Graduate High School ¹	23%	Education	4
4	Inadequate Social Support ⁴	19%	Family and Social Support	4
5	Living in Poverty ⁴	17%	Income	3
6	Uninsured ¹	16%	Access to Care	3
7	Severe Housing Problems ¹	15%	Housing and Transit	3
8	Excessive Drinking ¹	15%	Alcohol and Drug Use	3
9	Unemployment Rate ¹	8%	Employment	2
10	Do Not Live Close to Grocery Store ⁴	5%	Diet and Exercise	2
11	Transit Ridership % Workers ³	4%	Housing and Transit	2
12	% of Deaths Due to Drug Use ²	3%	Alcohol and Drug Use	2
13	Preventable Hospital Stays ⁴	1%	Quality of Care	1
14	Chlamydia Rate ¹	0.7%	Sexual Activity	1
15	Violent Crime ¹	0.6%	Community Safety	1
16	Drinking Water Violations ¹	0%	Air & Water Quality	0
Sources: County Health Rankings ¹ , 2014 Overdose Fatality Report ² , Housing and Transportation Affordability Index ³ , Centers for Disease Control and Prevention ⁴				

2. Impact on Mortality (Length of Life): How is this health need related to the leading causes of death in this community?

Rankings for this factor were based on risk of mortality associated with this health need by reviewing the Centers for Disease Control and Prevention's *15 Underlying Causes of Death* in the community for the most recent year available as of this writing (2014). The leading causes of death were ranked in order at the top of the chart and given an "X" as they related to the health measures listed on the side of the chart. For our purposes, a health measure was defined as being related to a leading cause of death if there is an established causal and/or correlating relationship between the two. The number of linkages to the leading causes of death (indicated by the number of "X's") was totaled for each health measure.

A score of 0-4 was given to each of the 13 health measures as follows:

- 0= health measure does not correlate to any leading causes of death
- 1= health measure correlates to one leading cause of death
- 2= health measure correlates to two leading causes of death
- 3= health measure correlates to three leading causes of death
- 4= health measure correlates to four or more leading causes of death

Leading Causes of Death and Correlating Health Factors—Jefferson County (2014)																
Measures	#1: Cancer	#2: Diseases of the Heart	#3: Accidents	#4: Lower Respiratory Disease	#5: Cerebrovascular Disease	#6: Alzheimer's Disease	#7: Diabetes	#8: Kidney Disease	#9: Influenza and Pneumonia	#10: Septicemia	#11: Suicide	#12: Liver Disease	#13: Pneumonitis	#14: Parkinson's Disease	#15: Homicide	Score
Tobacco Use	X	X		X	X			X	X			X	X			4
Diet and Exercise	X	X			X		X	X				X				4
Alcohol and Drug Use	X	X	X	X	X			X	X		X	X	X		X	4
Sexual Activity	X															1
Access to Care	X	X		X	X		X	X	X	X	X	X	X			4
Quality of Care		X		X	X		X	X	X	X		X				4
Education		X					X									2
Employment											X				X	2
Income	X	X		X			X	X	X	X			X		X	4
Family & Social Support											X				X	2
Community Safety			X								X				X	3
Air & Water Quality	X			X					X				X			3
Housing & Transit	X	X	X	X	X		X	X	X		X		X		X	4
Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2015)																

3. Impact on Morbidity (Quality of Life): How does this need relate to this hospital community's discharge data and indicate what makes this community sick?

Rankings for this factor were determined by the impact that this health need can have on quality of life by assessing underlying reasons for inpatient hospitalization in the community served. The Kentucky Hospital Association provided the top ten diagnosis groups responsible for all of Jefferson County hospital discharges. The diagnosis groups are listed on the chart in the order of the greatest to least number of discharges. Each health measure was assessed for its relation to the diagnosis group. For our purposes, a health measure was defined as being related to a diagnosis group if there was an established causal and/or correlating relationship between the measure and the affected system of the body for the diagnosis group is named.

A score of 0-4 was given to each of the 13 health measures as follows:

- 0= this health measure does not correlate with any diagnosis groups
- 1= this health measure directly correlates with the diagnosis group responsible for inpatient hospitalizations in the top four-ten diagnosis groups (#4-#10)
- 2= this health measure directly correlates with the diagnosis group responsible for the third-highest (#3) inpatient hospitalizations
- 3= this health measure directly correlates with the diagnosis group responsible for the second-highest (#2) inpatient hospitalizations
- 4= this health measure directly correlates with the diagnosis group responsible for the highest (#1) inpatient hospitalizations

Jefferson County, KY Top Ten Diagnosis Groups Responsible for Inpatient Hospital Discharges (2014)

Measures	#1: Circulatory System	#2: Respiratory System	#3: Musculoskeletal System/ Connective Tissue	#4: Digestive System	#5: Nervous System	#6: Mental Disease/Disorders	#7: Kidney/ Urinary Tract	#8: Infectious and Parasitic Diseases	#9: Metabolic Diseases/Disorders	#10: Hepatobiliary System and Pancreas	Score
Tobacco Use	X	X							X		4
Diet and Exercise	X	X	X	X		X	X		X		4
Alcohol and Drug Use	X					X	X		X	X	4
Sexual Activity							X			X	1
Access to Care	X	X	X	X	X	X	X	X	X	X	4
Quality of Care	X	X	X	X	X	X	X	X	X	X	4
Education											0
Employment											0
Income	X	X	X	X	X	X	X	X	X	X	4
Family & Social Support						X					1
Community Safety			X								2
Air & Water Quality		X									3
Housing & Transit		X									3

Source: Kentucky Hospital Association InfoSuite CY2014 Discharges (excluding Normal Newborn)

4. Trends: How does the measure of this need compare to previous years?

Rankings for this factor reflected the need to assess progress made toward improved community health since the previous CHNA. Data was collected from the Robert Wood Johnson Foundation *County Health Rankings* to compare the community's 2015 health rankings to its 2012 health rankings (when this community data was last gathered for the previous CHNA). Areas that are worsening, or are improving but are still comparatively unhealthy outcomes as compared to other communities (considered an "Area to Explore"), were recognized in the ranking of these measures.

A score of 0-4 was given to each of the 13 health measure as follows:

- 0= health measure is currently trending towards improved health
- 1= health measure is trending the same as in previous years
- 2= health measure is trending the same as or better than in previous years AND is an Area to Explore in the *County Health Rankings* (marked in red)
- 3= health measure is trending towards worse health
- 4= health measure is trending towards worse health AND is an Area to Explore in the *County Health Rankings* (marked in red)

Jefferson County Health Trends: County Health Rankings Trends 2012 to 2015					
Measures	Data Used	2012 CHR Data	2015 CHR Data	Trend	Score
Tobacco Use	Adult Smoking ¹	24%	23%	Better	2
Diet and Exercise	Physical Inactivity ¹	29%	26%	Better	0
Alcohol and Drug Use	Excessive Drinking ¹	14%	15%	Worse	4
Sexual Activity	Sexually-Transmitted Infections Per 100,000 residents ¹	568	676	Worse	4
Access to Care	Uninsured ¹	14%	16%	Worse	3
Quality of Care	Preventable Hospital Stays Per 1,000 Medicare Enrollees ¹	70	67	Better	0
Education	High School Graduation ¹	71%	77%	Better	2
Employment	Unemployment ¹	10.6%	8.1%	Better	0
Income	Children in Poverty ¹	24%	22%	Better	2
Family & Social Support	Inadequate Social Support ²	19.0%	19.0%	Same	1
Community Safety	Violent Crime Rate Per 100,000 Residents ¹	646	579	Better	2
Air & Water Quality	Air Pollution—Particulate Matter ¹	13.1 (2013 data)	13.5	Worse	3
Housing & Transit	Severe Housing Problems ¹	15% (2014 data)	15%	Same	1
Source: County Health Rankings and Roadmaps (2015) ¹ , Centers for Disease Control and Prevention Community Health Status Indicators (2015) ²					

5. Importance to the Community: Was this need identified as a priority by the community served?

Rankings for this factor were based on the primary data collected for community input. In cases where communities were not asked to rate the specific health measures in this report, their responses were grouped as they related to the established measure. The total number of related responses applicable to that measure was summed and then each health need was ranked according to the number of responses.

A score of 0-4 was given to each of the 13 health measure as follows:

- 0= health need not identified as health need by the community
- 1= health need identified as a health need, but not in top ten community-identified health needs
- 2= health need identified as sixth through tenth most important community-identified health needs
- 3= health need identified as fourth or fifth most important community-identified health needs
- 4= health need identified in top three community-identified health needs

Jefferson County 2015 Community Input: Primary Data								
Measures	Frequency of Response	Sum of Factors	Score		Measures	Frequency of Response	Sum of Factors	Score
Tobacco Use		3670	3		Education	0	0	0
Cancers	3670				Employment	0	0	0
Diet and Exercise	1930	14173	4		Income	0	0	0
Obesity	3929				Family & Social Support	0	0	0
Heart Disease and Stroke	3393				Community Safety		2894	3
High Blood Pressure	2647				Violent Crimes	676		
Diabetes	2274				Motor Vehicle Injuries	519		
Alcohol and Drug Use		Child Abuse/Neglect	502					
Alcohol/Drugs	3653	Domestic Violence	418					
Mental Health Problems	1411	Homicide	325					
Sexual Activity		634	2		Injuries Caused by Guns	279		
Teenage Pregnancy	318				Suicide	124		
HIV/AIDS	161				Rape/Sexual Assault	51		
Sexually-Transmitted Diseases	155				Violence in Schools/ Bullying	0		
Access to Care					5291	4	Air & Water Quality	
Aging Population	4768	Respiratory/lung disease	678					
Dental Problems	498	Housing & Transit		0			0	
Infant Death	25	Homeless	0					
Quality of Care		151	1					
Infectious Diseases	151							
Source: primary data solicited by the Louisville Metro Department of Public Health and Wellness and KentuckyOne Health								

6. Alignment and Sustainability: How closely does this need match with state-wide strategic efforts by KentuckyOne Health?

Rankings for this factor were determined by representatives from KentuckyOne Health's strategy and business development team according to strategic vision. Michael Spine, Senior Vice President for Strategy and Business Development assigned these values to each of the health needs in January 2016.

A score of 0-4 was given to each of the 13 health measure as follows:

- 0= health need not aligned with strategic efforts
- 1= health need aligned with system strategic efforts, but not this hospital's strategic efforts
- 2= health need aligned with this hospital's local strategic efforts, but not system's strategic efforts
- 3= health need aligned with system and this hospital's strategic efforts
- 4= health need aligned with system and this hospital's strategic efforts AND has sustainability plan/option

Health Measures Related to Strategic Alignment	
<i>Measures</i>	<i>Score</i>
Tobacco Use	4
Diet and Exercise	4
Alcohol and Drug Use	4
Sexual Activity	4
Access to Care	4
Quality of Care	4
Education	4
Employment	4
Income	0
Family & Social Support	0
Community Safety	4
Air & Water Quality	0
Housing & Transit	0
Source: KentuckyOne Health Strategy	

7. Comparison to Peer Communities: What are the community's health needs compared to peer communities?

Rankings for this factor were determined by identifying how this community compares to peer communities elsewhere in Kentucky and the United States to provide a broader view of the health outcomes in this community. The Centers for Disease Control and Prevention's county-level Community Health Status Indicators (CHSI) provided such a comparison. Each health measure has a related data point found in the CHSI and that metric is compared to the data point in other communities. The quartile this health measure fell into was described as better, moderate or worse as compared to other peer communities.

A score of 0-4 was given to each of the 13 health measure as follows:

- 0 = this health need is not identified with peer county values
- 1 = this health need is in the first quartile (the "Better" category as compared to peer communities)
- 2 = this health need is in the second quartile (the "Moderate" category as compared to peer communities)
- 3 = this health need is in the third quartile (the "Moderate" category as compared to peer communities)
- 4 = this health need is in the fourth quartile (the "Worse" category as compared to peer communities)

Jefferson County Comparison to Peer United States Communities			
Measure	Data Point from CHSI for Improving Community Health	Comparison to Peer Counties (Quartile)	Score
Tobacco Use	Adult Smoking	Worse-Q4	4
Diet and Exercise	Limited Access to Healthy Foods	Moderate-Q2	2
Alcohol and Drug Use	Adult Binge Drinking	Moderate-Q2	2
Sexual Activity	Gonorrhea Rate	Worse- Q4	4
Access to Care	Uninsured	Moderate-Q2	2
Quality of Care	Older Adult Preventable Hospitalizations	Worse-Q4	4
Education	No High School Diploma	Moderate-Q2	2
Employment	Unemployment	Worse-Q4	4
Income	Poverty	Moderate-Q3	3
Family & Social Support	Inadequate Social Support	Moderate-Q2	2
Community Safety	Violent Crime	Moderate-Q3	3
Air & Water Quality	Annual Average PM2.5 Concentration	Moderate-Q3	3
Housing & Transit	Housing Stress	Better-Q1	1
Source: Centers for Disease Control and Prevention			

8. Commonly Identified: How many data sources identified this as a need?

Ratings for this factor are based on the alignment of all major sources of data identifying this as a health need. A common alignment represents opportunities for synergistic efforts to address these needs. The scores for each health measure were listed with their score for each prioritization factor described on the previous pages of this report. These factors were then averaged and rounded, resulting in a final score 0-4.

A score of 0-4 was given to each of the 13 health measure as follows:

- 0= health need not identified in any of the sources of data
- 1= health need identified by few sources of data
- 2= health need identified by some sources of data
- 3= health need identified by most sources of data
- 4= health need identified by all sources of data

Commonly Identified Health Needs in Jefferson County									
<i>Measure</i>	Identified in Magnitude	Identified in Mortality	Identified in Morbidity	Identified in Trends	Identified in Community Input	Identified in Alignment	Identified in Comparison	Average	Score
Tobacco Use	4	4	4	2	3	4	4	3.57	4
Diet and Exercise	4	4	4	0	4	4	2	3.14	3
Alcohol and Drug Use	3	4	4	4	5	4	2	3.71	4
Sexual Activity	1	1	1	4	2	4	4	2.43	2
Access to Care	3	4	4	3	4	4	2	3.43	3
Quality of Care	1	4	4	0	1	4	4	2.57	3
Education	4	2	0	2	0	4	2	2.00	2
Employment	2	2	0	0	0	4	4	1.71	2
Income	3	4	4	2	0	3	3	2.71	3
Family & Social Support	4	2	1	1	0	4	2	2.00	2
Community Safety	1	3	2	2	2	4	3	2.43	2
Air & Water Quality	0	3	3	3	2	0	3	2.00	2
Housing & Transit	3	4	3	1	0	0	1	1.71	2
Source: see original tables with data									

Prioritized Significant Community Health Needs

Prioritization of Community Health Needs According to Data

Below is the chart of each health measure's ranking according to each priority. The total score, as indicated on the previous charts, is listed here. The weighted score is the multiplication for the total score by the measure of influence on overall health outcomes, as described by the Robert Wood Johnson *County Health Rankings* model. A total score and a weighted score are both provided. The health needs with the top four highest weighted scores are highlighted in red. Two measures had the same weighted score, so a total of five health needs are highlighted.

Prioritization of Community Health Needs: Jewish Hospital												
Community: Jefferson County												
Health Factors	Measures	Prioritization Factors								Total Score	Measure of Influence	Weighted Score
		Magnitude	Mortality	Morbidity	Trend	Importance to the Community	Alignment	Comparison to Peers	Commonly Identified			
Health Behaviors	Tobacco Use	4	4	4	2	3	4	4	4	29	30%	8.7
	Diet and Exercise	4	4	4	0	4	4	2	3	25	30%	7.5
	Alcohol and Drug Use	3	4	4	4	5	4	2	4	30	30%	9
	Sexual Activity	1	1	1	4	2	4	4	2	19	30%	5.7
Clinical Care	Access to Care	3	4	4	3	4	4	2	3	27	20%	5.4
	Quality of Care	1	4	4	0	1	4	4	3	21	20%	4.2
Social and Economic Factors	Education	4	2	0	2	0	4	2	2	16	40%	6.4
	Employment	2	2	0	0	0	4	4	2	14	40%	5.6
	Income	3	4	4	2	0	0	3	3	19	40%	7.6
	Family & Social Support	4	2	1	1	0	0	2	2	12	40%	4.8
	Community Safety	1	3	2	2	2	4	3	2	19	40%	7.6
Physical Environment	Air & Water Quality	0	3	3	3	2	0	3	2	16	10%	1.6
	Housing & Transit	3	4	3	1	0	0	1	2	14	10%	1.4

Final Priorities Identified by Hospital Leadership

To achieve consistency across the KentuckyOne Health system and to identify opportunities for cross-hospital collaboration, we have chosen to identify our priorities as named in the Robert Wood Johnson *County Health Rankings* measures. Additionally, the leaders at KentuckyOne Health hospitals in Louisville made the decision to meet as one group to determine priorities together to allow for more synergy across hospitals serving the same community. This group included leaders from not only Jewish Hospital, but also Frazier Rehab Institute, Our Lady of Peace, Sts. Mary and Elizabeth Hospital, and University of Louisville Hospital, all of which determined their community served to be defined as Jefferson County based on inpatient county of residence data.

In March 2016, representatives from these leadership teams gathered to review the Jefferson County data and the aforementioned prioritization chart. This group discussed each of the health measures in the chart and where they believed the hospital had the greatest capacity to make the most marked improvement. The areas below were chosen as the FY2017-2019 community health needs assessment priority areas:

- **Tobacco Use**
 - The data in the health needs prioritization chart showed tobacco use to have the both the second highest total and weighted scores of all health measures assessed. The leadership teams concluded that this issue continues to present itself as a major concern in the community and that the hospital had the capacity to address this health need. Additionally, Jewish Hospital identified tobacco control and prevention as a health need to address in its last community health needs assessment and implementation strategies reports.
- **Diet and Exercise**
 - The data in the health needs prioritization chart showed diet and exercise to be in the top four highest weighted scores of all the measures assessed. The leadership teams concluded that there were many opportunities to address this health need at various levels in the community and in the hospitals.
- **Alcohol and Drug Use**
 - The data in the health needs prioritization chart showed alcohol and drug use to have the both the highest total and weighted scores of all health measures assessed. As this issue continues to have increasing impact in Jefferson County, the leadership team discussed the need to respond.
- **Access to Care**
 - The data in the health needs prioritization chart showed access to care to have the third highest total score of all health measures assessed, although its weighted score was lower. The leadership teams discussed the importance of using the CHNAs to guide work where the hospitals could impact community health in the most organic sense, so promoting access to care was determined to be a priority. Additionally, concerns about not receiving enough community feedback related to access to care was a driving force in determining this as a priority.
- **Community Safety**
 - The data in the health needs prioritization chart showed community safety to have the third highest weighted score of all the health measures assessed. The leadership teams discussed this health need in relation to the violence prevention work in which Jewish Hospital will be involved as increasing efforts in KentuckyOne Health's Louisville market focus on violence prevention work. The leadership team

decided that community safety should be an area of focus due to the current violence prevention initiatives already in place.

Needs Not Addressed

One health need appeared in the data analysis which the Jewish Hospital leadership team chose not to select as a priority area for this community health needs assessment:

- Income
 - The data in the health needs prioritization chart showed income to be in the top three highest weighted scores of all the health measures assessed. The leadership team chose not to address this area specifically in the Implementation Strategies report due to the lack of feasible opportunities to make an impact on the overall community beyond employees of the hospital.

Potentially Available Resources in Community

The availability of health care resources is critical to the health of a county's residents and addressing health needs, including those identified in this assessment. A limited supply of health resources, especially providers, results in poorer health status of the community. The sections below briefly describe potentially available resources to address the health needs of Jewish Hospital's community. The Kentucky Cabinet for Health and Family Services updates the list of these resources monthly in their report "Inventory of Kentucky Health Facilities, Health Services and Major Medical Equipment" at this link: <http://chfs.ky.gov/ohp/con/inventory.htm>.

Hospitals and Ambulatory Care Clinics

According to the Kentucky Hospital Association, the below facilities were licensed as hospitals and ambulatory care clinics in Jefferson County as of March 2016:

- **Hospitals:** Baptist Health Louisville, Our Lady of Peace, Frazier Rehab Institute, Jefferson Alcohol and Drug Center, Jewish Hospital, Kindred Hospital, Norton Audubon Hospital, Kosair Children's Hospital, Norton Brownsboro Hospital, Norton Women's and Kosair Children's Hospital, Sts. Mary and Elizabeth Hospital, The Brook Hospital—Dupont, The Brook Hospital—KMI, University of Louisville Hospital
- **Ambulatory Care Centers:** Baptist East Ambulatory Care Center - Bardstown Road, Baptist Eastpoint Ambulatory Care Center, Baptist Urgent Care, Baptist Urgent Care Jeffersontown, Jewish Hospital Medical Center Northeast, Jewish Hospital Medical Center East, Kosair Children's Medical Center Pediatric Outpatient Center, Jewish Hospital Medical Center Southwest, Payless Clinic

Other Licensed Facilities

According to the Kentucky Cabinet for Health and Family Services, the below facilities offered services to Jefferson County residents as of March 2016:

- **Long-Term Care Beds:** Arden Courts of Louisville, Atria Springdale, Atria Stony Brook, Barton House of Louisville #1, Belmont Village, Brownsboro Hills Healthcare and Rehabilitation, Charles P Moorman Home, Christian Health Center—Louisville, Christian Health Center—West, Clarity Pointe Louisville, Crown Place Alzheimer's Special Care Center, Diversicare of Seneca Place, Eastern Star Home of Kentucky, Elmcroft of Valley Farms, Brookdale Stonestreet, Episcopal Church Home, Essex Nursing and Rehabilitation Center, Exceptional Senior Living—Prospect, Forest Hills Commons, Forest Springs Health Campus, Franciscan Health Care Center Georgetown Manor, Glen Ridge Health Campus, Golden Living Center—Hillcreek, Golden Living Center—Mt. Holly, Golden Living Center—St. Matthews, Golden Living Center—Camelot, Hallmark House of Louisville, Providence of Louisville East Post-Acute, Heartsong Memory Care, Home of the Innocents, Brookdale Blankenbaker, Hurstbourne Care Center—Stony Brook, Elmcroft at Oaklawn, Signature Healthcare at Jefferson Manor Rehab & Wellness Center, Kindred Hospital-Louisville, Kindred Nursing and Rehabilitation-Bashford, King's Daughters' & Sons' Home, Klondike Center, Louisville Protestant Altenheim, Masonic Homes of KY, Meadowview Health & Rehabilitation Center, Morning Pointe of Louisville, Nazareth Home, Oaklawn Health and Rehabilitation Center, Park Terrace at Norton Southwest, Parkway Medical Center, Parr's Rest Home, Regency Center, Regis Woods, Rivers Edge Nursing and Rehabilitation Center, Signature Healthcare at Rockford Rehab & Wellness Center, Rose Anna Hughes Home, Sacred Heart Village, Signature Healthcare at Cherokee Park, Signature Healthcare of East Louisville, Signature Healthcare at Glenview, Signature Healthcare of South Louisville, Signature HealthCARE at

Sts. Mary and Elizabeth Hospital, Springhurst Health & Rehab, St. Joseph's Home for the Aged, Signature Healthcare at Summerfield Rehab & Wellness Center, Sunrise of Louisville, The Forum at Brookside, The Good Samaritan Society-Jeffersontown, The Villages at Forest Springs, The Villages at Forest Springs, Treyton Oaks Towers, Westport Place Health Campus, W. W. Spradling Rest Home, Wesley Manor Nursing Center, Westminster Terrace

- **Home Health Services:** Amedisys Home Health Care Services, Baptist Health Home Care Louisville, Caretenders, Gentiva Health Services, Rescare Homecare, VNA Health at Home
- **Hospice:** Hosparus Inc.
- **Adult Day Health Programs:** Access Adult Health Day Care, Active Day of Louisville Audubon Park, Active Day of Louisville Audubon Park, Active Day of Louisville Third Street, Caritas Peace Neurobehavioral Center/Day Health Care Program, Christian Care Communities, Inc., Day Break Adult Day Center, Elderclub at Oak and Acorn, Elderly Adult Day Care, ETA Day Care Center, Fern Creek/Highview United Ministries Adult Day Care Center, Guardiacare, Heartsong Adult Day, Highlands Community Ministries Adult Day Health Center, Kaleidoscope, Inc., Louisville Diversified Services-Pals, Mariposa Place, Masonic Home Adult Day Care Center, Mattingly Center Inc., Nazareth Home, Inc., Peak Community Supports, Gathering Place, South Louisville Community Ministries Adult Day, Southwest YMCA Adult Day Health Center, Touch the Heart Adult Care
- **Rehabilitation Agencies:** Anderson Physical Therapy, Associates In Pediatric Therapy (nine locations), Baptist East Rehab Agency (two locations), Baptist Health Physical Therapy (six locations), Bingham Specialty Clinic, Brownsboro Hills Nursing Home, C.M. Kleinert Institute—Louisville Rehabilitation, C.M. Kleinert Institute for Hand and Microsurgery (two locations), Louisville Pediatric Therapy Center, Cattera Health Systems, Children's Therapy Center, Christian Health Center, Christian Health Center West, Heartland of Louisville, Episcopal Church Home Rehab Agency, Essex Nursing & Rehabilitation Center, Five Star Rehab and Wellness at Brookside, Forest Springs Health Campus, Franciscan Health Care Center Inc., Frazier Rehab Institute (nine locations), Glen Ridge Health Campus, Golden Living Center—Hillcreek, Hazelwood Specialty Clinic, Home of The Innocents, Kaleidoscope, Inc., Kentucky Orthopedic Rehabilitation (two locations), Kids Center for Pediatric Therapies, Kids Center for Pediatric Therapies, Kindred Nursing & Rehabilitation—Bashford, KORT (ten locations), Louisville Physical Therapy, Lumina of Westminster Terrace, Masonic Home of Louisville, Nazareth Home (two locations), Park Terrace Health Campus, Parkway Medical Center, Physiotherapy Associates (two locations), Precision Physical Therapy, Preston Physical Therapy, Radical Rehab Solutions, Results Physiotherapy (seven locations), Rivers Edge Nursing & Rehabilitation Center, Sacred Heart Village Rehab Agency, Select Physical Therapy (two locations), Signature Healthcare (three locations), Spalding University CORF, Springhurst Health and Rehab, Syntricity Rehab Solutions, Treyton Oak Towers, Wesley Manor Retirement Community, Wesley Manor Retirement Community, Westport Place Health Campus Outpatient Rehabilitation, Wisdom & Health Rehab Centre
- **Private Duty Nursing:** Malone Healthcare Solutions, Maxim Healthcare Services, VNA Nazareth Home Care
- **Limited-Service Clinics:** Baptist Express Care Clinic (five locations), Minute Clinic (two locations), The Little Clinic (12 locations)

Health Care Provider Ratios

According to the 2015 Robert Wood Johnson *County Health Rankings*, Jefferson County had a lower ratio of residents to health care providers than the Kentucky state average, which indicates increased availability to these providers as

compared to the state. Jefferson County had 1,104 residents for every one primary care physician as compared to a state average of 1,551 residents to one primary care physician. Jefferson County was almost on par with the national benchmark for this metric. Additionally, Jefferson County had 390 residents for every one mental health provider as compared to a Kentucky state average of 621 residents to one mental health provider. This metric was also on par with national benchmarks.

Health Departments

The Louisville Metro Department of Public Health and Wellness (LMDPHW) is the only such health department that serves Jefferson County to provide health promotion and education to Jefferson County residents. KentuckyOne Health, on behalf of Jewish Hospital, collaborated with the LMDPHW to conduct its community health needs assessment, as the majority of patients originate in Jefferson County. The LMDPHW is an independent health department delivering programs and services primarily through three divisions: Clinical Services, Community Health, and Environmental Health and Preparedness. In addition, the department is home to the Center for Health Equity which aims to achieve equity in the social determinants of health throughout Metro Louisville using a "health in all policies" approach. More information about the LMDPHW can be found here: <https://louisvilleky.gov/government/health-wellness>.

Evaluation of Impact

The following section evaluates the impact of the previous community health needs assessment conducted by Jewish Hospital in 2013 to cover FY2014-16.

Needs Identified in 2013-2016 CHNA and Impact of Actions

The four health needs addressed in Jewish Hospital's 2014-2016 CHNA included: tobacco control and prevention, healthy eating and active living, prevention and management of chronic illness and access to services. The hospital's actions toward improving these health needs over the previous CHNA coverage period are described below.

- Tobacco Control and Prevention
 - Partnered with Kentucky Cancer Program to offer free Cooper Clayton method smoking cessation classes.
 - Registered community members for smoking cessation classes at community outreach events, including at the Kentucky State Fair.
 - Educated patients, participants in smoking cessation classes, and community members about relationship between chronic illness and smoking/environmental risk factors.
- Healthy Eating and Active Living
 - Expanded exercise opportunities for cancer patients through the KentuckyOne Health Healthy Lifestyle Centers.
 - Provided support to local farmers' markets.
- Chronic Diseases Prevention and Management
 - Provided screenings at community events to include glucose checks, cholesterol checks, blood pressure and body fat analysis to identify and educate about risk factors, especially as they relate to stroke.
 - Provided the health department, family health centers, and local retail establishments with educational materials on stroke prevention to increase awareness of risk factors.
 - Continued partnership with Kentucky Cancer Program to target African-Americans in Jefferson County at churches, businesses and community organizations to provide educational programs at their facilities.
- Access to Services (Addressing Health Disparities)
 - Developed community-wide care protocols to facilitate the seamless flow of patients between multiple providers and provider organizations.
 - Worked with the Family Health Centers to utilize appointment slots by modifying open access scheduling.
 - Expanded Care Coordination pilot program to serve more patient populations.
 - Partnered with Harambee Center and New Directions to host a health fair for residents in local housing complexes.
 - Partnered with Louisville Central Community Center (LCCC) in providing baby cribs and other supplies and resources as needed for the young, single moms in the Russell neighborhood and others.
 - Continued Health Connections (formerly listed as the Transitions of Care Program) to provide support to patients with Medicaid or no insurance who live in neighborhoods within zip codes 40203, 40211 and 40212 who were discharged from Jewish Hospital in an effort to improve their ability to self-manage their condition at home. This free program includes the coaching support of a nurse navigator by phone,

home visits from peer advisors (aka community health workers) trained to link residents with community resources, and a visit from a dietitian when nutritional counseling is needed.

- Maximized participation in local health events, offering free health screenings to provide preventative screenings to those who might not otherwise receive these screenings due to cost.
- Provided free cancer screenings (mammograms and colonoscopies) to qualified patients through grants and Surgery on Sunday.
- Supported PACT in Action, a youth-led initiative focused on teen dating violence prevention, a collaborative effort with the Center for Women and Families.

Evaluation of Written Comments

Feedback on the most recently-conducted CHNA and implementation strategy was solicited via a link on the KentuckyOne Health website: <http://www.kentuckyonehealth.org/healthy-community-contact-us>. Although the link has been accessed, none of the information shared through this link has been related to the previous CHNA or Implementation Strategies reports. So, Jewish Hospital has solicited feedback with a readily-accessible tool, but has not received any written comments and thus has no opportunity to evaluate those comments.

Learning from Previous CHNA

This second cycle of the CHNA process lends itself as a learning opportunity to improve the CHNA process. Across the KentuckyOne Health system, discussions at the executive and hospital leadership levels indicated the need to concentrate resources to most effectively address community health needs, which led to the conclusion that fewer priorities should be of focus in the 2017-2019 CHNAs.

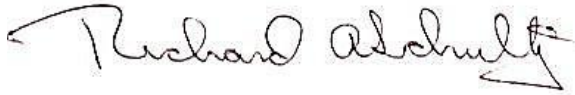
In the interest of further unifying our state-wide health system and leveraging system expertise, KentuckyOne Health decided to use consistent reporting resources across all hospital CHNAs and identify health needs with consistent naming conventions. This will allow for greater synergies among our hospitals and a greater potential to positively impact the health of citizens in our communities across the Commonwealth of Kentucky.

Next Steps

Jewish Hospital will use the findings in this community health needs assessment to guide the coordinated efforts in addressing the identified health priorities. This community health needs assessment will be made public and widely available no later than June 30, 2016. The efforts to address these identified health priorities will be described in an accompaniment to this document known as Jewish Hospital's Implementation Strategies. This will be made public and widely available no later than November 15, 2016.

Adoption/Approval

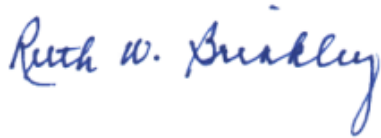
KentuckyOne Health's Board of Directors includes representation across the state and support the work that each facility completes to improve the health of their community. The Board of Directors approves Jewish Hospital's community health needs assessment and the methods used to identify priority areas of need in this hospital's community.



4/27/2016

Chair, KentuckyOne Health Board of Directors

Date



4/27/2016

President & Chief Executive Officer, KentuckyOne Health

Date

References

Center for Neighborhood Technology. (2016). *H+T Fact Sheet: County Jefferson, KY*. Retrieved January 11, 2016 from <http://htaindex.cnt.org/fact-sheets/?focus=county&gid=2536>.

Centers for Disease Control and Prevention. (2016). *CHSI Information for Improving Community Health: Jefferson, KY*. Retrieved January 11, 2016 from <http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/KY/Jefferson/>.

Centers for Disease Control and Prevention, National Center for Health Statistics. (2015). *Underlying Cause of Death, 1999-2014 Results—Jefferson County, KY Leading Causes of Death (2014)*. Retrieved December 28, 2015 from <http://wonder.cdc.gov/ucd-icd10.html>.

Kentucky Cabinet for Health and Family Services. (2016). *Inventory of Health Facilities and Services*. Retrieved April 11, 2016 from <http://chfs.ky.gov/ohp/con/inventory.htm>.

Kentucky Hospital Association. (2016). *KHA InfoSuite CY2014 Discharges (excluding Normal Newborn). Top Ten Diagnosis excludes MSMD14: Pregnancy and MSMD15: Neonates/Newborns*.

Kentucky Office of Drug Control Policy. (2016). *Overdose Fatality Report*. Retrieved on December 28, 2015 from <http://odcp.ky.gov/Pages/Overdose-Fatality-Report.aspx>.

Robert Wood Johnson Foundation. (2016). *Kentucky 2015 Rankings: Jefferson County*. Retrieved January 2, 2016, from <http://www.countyhealthrankings.org/app/kentucky/2015/rankings/jefferson/county/outcomes/overall/snapshot>.

United States Census Bureau. (2016). *United States Quick Facts: State and County*. Retrieved December 28, 2015 from <https://www.census.gov/quickfacts/table/PST045215/00,21,21111>.