



Lourdes Hospital

2019 COMMUNITY HEALTH  
NEEDS ASSESSMENT

# Acknowledgements

The community health needs assessment for Mercy Health Lourdes Hospital supports the organization's mission and values:

## Our Mission

We extend the compassionate ministry of Jesus by improving the health and well-being of our communities and brings good help to those in need, especially people who are poor, dying and underserved.

## Our Values

- Human Dignity — we commit to uphold the sacredness of life and to be respectful and inclusive of everyone.
- Integrity — we commit to act ethically and to model right relationships in all of our individual and organizational encounters.
- Compassion — we commit to accompany those we serve with mercy and tenderness, recognizing that “being with” is as important as “doing for.”
- Stewardship — we commit to promote the responsible use of all human and financial resources, including Earth itself.
- Service — we commit to provide the highest quality in every dimension of our ministry.

This health assessment was made possible because of the commitment toward addressing the health needs in the community. Many individuals across the organization devoted time and resources to the completion of this assessment.

Mercy Health Lourdes Hospital would also like to thank leaders from the many community organizations (Reported in Appendix B) who participated in interviews and focus groups providing valuable information to be used in the assessment.

This community health needs assessment has been facilitated by Crowe LLP (“Crowe”). Crowe is one of the largest public accounting, consulting, and technology firms in the United States. Crowe has significant healthcare experience including providing services to hundreds of large healthcare organizations across the country. For more information about Crowe's healthcare expertise visit [www.crowe.com/industries/healthcare](http://www.crowe.com/industries/healthcare).

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## Executive Summary

Mercy Health Lourdes Hospital (Lourdes Hospital) enjoys a 113-year history of compassionate care for people within its service area and currently operates as a part of Bon Secours Mercy Health. Bon Secours Mercy Health operates with a strong focus on continuing the healing ministry of Jesus. Lourdes Hospital serves as a regional referral center for a wide geographic region, including more than a dozen counties in western Kentucky, southern Illinois, southeast Missouri, and northwest Tennessee.

Lourdes Hospital desires to continue providing clinical programs and services to meet community needs, while also pursuing continuous improvement in existing and future programs to improve the overall health of the communities they serve. As such, Lourdes Hospital has conducted a Community Health Needs Assessment (CHNA), using primary and secondary data, to ensure community benefit programs and resources are focused on significant health needs as perceived by the community at large, as well as alignment with Lourdes Hospital's mission, services and strategic priorities.

As discussed in more detail below, for the purposes of this CHNA, Lourdes Hospital has defined its "community" to include McCracken, Ballard, Graves and Marshall Counties in Kentucky and Massac County in Illinois. These five counties represent approximately 72% of patient discharges, with nearly 37% of patient discharges originating in McCracken County. While Lourdes Hospital serves patients across a broader region, defining the CHNA community similarly to its primary service area will allow Lourdes Hospital to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

Lourdes Hospital obtained input from twenty-two stakeholders representing public health, local government officials, various nonprofit organizations, local churches and Lourdes Hospital through face-to-face meetings. In addition, three focus groups were conducted to obtain input from public health, social service agencies, local governmental agencies, public schools and libraries.

Secondary data was assessed including:

- Demographics (population, age, sex, race)
- Socioeconomic indicators (household income, poverty, unemployment, educational attainment)
- Health access indicators
- Community health status indicators (causes of death, chronic conditions, health behaviors, etc.)
- Availability of health care facilities and resources

Information gathered in the above steps was reviewed and analyzed to identify health issues in the community.

The process identified the following health issues:

Access/Clinical Care	Social & Economic Factors	Health Behaviors
<ul style="list-style-type: none"> <li>• Access to Care for Uninsured and Low-Income Persons</li> <li>• Access to Primary Care</li> <li>• Cancer</li> <li>• Chronic Diseases (Diabetes, Heart Disease and High Blood Pressure)</li> <li>• Mental/Behavioral Health</li> <li>• Oral Health/Access to Dentists</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Healthy, Affordable Food</li> <li>• Poverty/Children Living in Poverty</li> </ul>	<ul style="list-style-type: none"> <li>• Health Literacy</li> <li>• Obesity</li> <li>• Smoking</li> <li>• Substance Use</li> </ul>

Key findings for each identified health need were summarized (see Appendix C) and health needs were prioritized with input from a broad base of members of Lourdes Hospital’s Leadership Team. Members were asked to categorize issues as high or low need in the community. They were also asked to determine the feasibility of Lourdes Hospital’s ability to make an impact on the issue through programs administered by Lourdes Hospital directly or through community partnerships.

A review of existing community benefit and outreach programs was also conducted as part of this process and opportunities for increased community collaboration were explored.

Based on the information gathered through this Community Health Needs Assessment and the prioritization process described above, Lourdes Hospital chose the needs below to address over the next three years.

- Cancer Treatment
- Mental Health
- Substance Abuse
- Chronic Illnesses

Opportunities for health improvement exist in each area. Lourdes Hospital will work to identify areas where they can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2020-2022.

## How the Assessment was Conducted

Lourdes Hospital conducted a community health needs assessment to support its mission responding to the needs in the community it serves and to comply with the Patient Protection and Affordable Care Act of 2010 and federal tax-exemption requirements. Identified health needs were prioritized in order to facilitate the effective allocation of hospital resources to respond to the identified health needs. Based on current literature and other guidance from the Treasury and the IRS, the following steps were conducted as part of the Lourdes Hospital's CHNA:

- Community benefit initiatives which were implemented over the course of the last three years were evaluated.
- The “community” served by Lourdes Hospital was defined by reviewing the origin of the inpatient population. The CHNA community was determined by geography and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency. This process is further described in *Community Served by Mercy Health Lourdes Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and assessed utilizing various third parties.
- The health status of the community was assessed by reviewing community health status indicators from multiple sources. Health indicators with significant opportunity for improvement were noted. Information on the leading causes of death and morbidity information was analyzed in conjunction with social determinants of health.
- Community input was obtained through key stakeholder interviews of twenty-two community leaders representing public health, local government officials, various nonprofit organizations, local churches and Lourdes Hospital. Additionally, three focus groups were conducted to obtain input from public health, social service agencies, local governmental agencies, public schools and libraries. A total of 42 individuals participated in the focus groups.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared.
- Identified health needs were then prioritized taking into account community perception regarding the significance of each identified need as well as the ability for Lourdes Hospital to impact overall health based on alignment with Lourdes Hospital's mission and services provided. Lourdes Hospital Leadership participated in identifying and prioritizing significant health needs.

## Limitations and Information Gaps

As with all data collection efforts, there are several limitations related to the assessment's research methods that should be acknowledged. Years of the most current data available differ by data source. In some instances, 2018 may be the most current year available for data, while 2012 may be the most current year for other sources. Likewise, survey data based on self-reports, such as the Behavioral Risk Factor Surveillance Survey (BRFSS), should be interpreted with particular caution. In some instances, respondents may over or under report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked.

In addition, respondents may be prone to recall bias – that is, they may attempt to answer accurately, but they remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Despite these limitations, most of the self-report surveys analyzed in this CHNA benefit from large sample sizes and repeated administrations, enabling comparison over time. Similarly, while the qualitative data collected for this study provide valuable insights, results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size. Data were collected at one point in time and among a limited number of individuals. Therefore findings, while directional and descriptive, should not be interpreted as definitive.

## General Description of Mercy Health Lourdes Hospital

Mercy Health — Lourdes Hospital serves as a regional referral center for a wide geographic region, including more than a dozen counties in western Kentucky, southern Illinois, southeast Missouri, and northwest Tennessee.



## Mercy Health Lourdes Hospital's Evaluation of the Impact of Actions Taken Since the Last CHNA

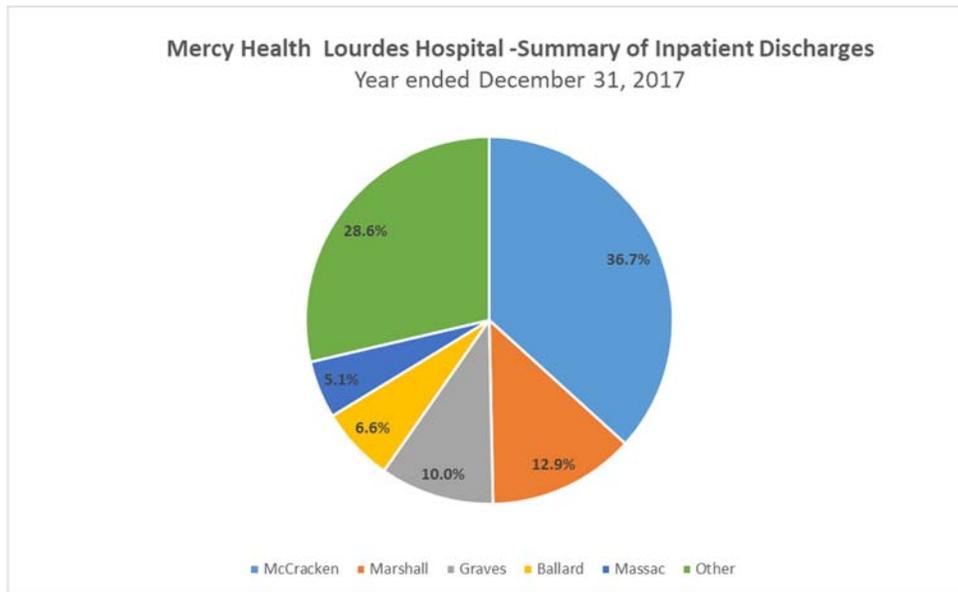
Lourdes Hospital provides a broad array of services that provide benefit to the community. Below is a summary of some of Lourdes Hospital's significant community benefit initiatives.

- Grew Mercy Health's community partnership(s) to over 50+ community coalitions, board appointments, work group, committees, etc. throughout the Commonwealth.
- Educated over 11,000 Purchase Area high school & middle school students in Substance Use Disorder prevention & Mental Health awareness.
- Provided our region with Cancer Support Group(s) and free regional Smoking Cessation Classes
- Strengthened Paducah City's smoking ordinance in collaboration with Paducah City Commission & McCracken County's Agency for Substance Abuse Policy & Prevention Coalition. Mercy Health's collaboration efforts opened an opportunity for Paducah City to received 2019 Smoke-free Indoor Air Excellence Award.

## Community Served by Mercy Health Lourdes Hospital

Lourdes Hospital in Paducah, Kentucky serves a population of more than 200,000 people in portions of at least three states. Approximately 89% of patients served reside within the Jackson Purchase Area of western Kentucky.

The “community” served by Lourdes Hospital was defined by reviewing the origin of the inpatient population. Lourdes Hospital admitted more than 11,500 patients in 2017. Based on the patient origin of inpatient discharges from January 1, 2017 to December 31, 2017, management has identified the Kentucky Counties of McCracken, Ballard, Graves and Marshall and the Illinois County of Massac as the defined CHNA Community (community). Patients from these counties represent 72% of inpatient discharges, with McCracken County having the highest percentage of discharges at 36.7%. On a combined basis, the CHNA Community has a population of 156,983 persons. The CHNA community was determined by geography and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency. All counties examined for this CHNA are medically underserved areas as designated by the Health Resources & Services Administration (HRSA).



A review of pertinent demographic and socioeconomic data for the five counties in Lourdes Hospital's CHNA Community reflected no significant shift from a similar examination three years ago. The following pages provide additional demographic and socioeconomic data for the community described above. Data is reported for the community as a whole as well as each of the five counties in the community. Counties are reported in descending order based on the number of discharges for the calendar year ending December 31, 2017.

## Community Profile

The U.S. Bureau of Census has compiled population and demographic data. Table 1 below shows the total population of the community. In 2016, the largest age group in the community was between the ages of 35 and 54 at 25.9%. In general, healthcare needs increase as age increases. The elderly population (Age 65+) made up 18.8% of the population. This percentage is higher than state and national percentage for Age 65+ population.

**Table 1**  
**Mercy Health Lourdes Hospital**  
**CHNA Population by Age and Gender**

Report Area	Age 0-17	Age 18-34	Age 35-54	Age 55-64	Age 65+	Total	Male	Female
<b>CHNA Community</b>	<b>34,887</b>	<b>29,509</b>	<b>40,687</b>	<b>22,435</b>	<b>29,465</b>	<b>156,983</b>	<b>75,901</b>	<b>81,082</b>
McCracken County, KY	14,310	12,691	16,900	9,549	11,842	65,292	31,043	34,249
Marshall County, KY	6,390	5,555	8,082	4,639	6,547	31,213	15,413	15,800
Graves County, KY	9,098	7,212	9,649	4,988	6,432	37,379	18,309	19,070
Ballard County, KY	1,821	1,469	2,156	1,184	1,586	8,216	4,081	4,135
Massac County, IL	3,268	2,582	3,900	2,075	3,058	14,883	7,055	7,828
Illinois	2,990,629	3,023,050	3,440,821	1,613,087	1,784,097	12,851,684	6,310,460	6,541,224
Kentucky	1,014,190	994,554	1,172,549	577,696	653,000	4,411,989	2,172,745	2,239,244
United States	73,612,438	74,694,484	84,008,866	40,061,742	46,180,632	318,558,162	156,765,322	161,792,840

Report Area	Age 0-17	Age 18-34	Age 35-54	Age 55-64	Age 65+	Total	Male	Female
<b>CHNA Community</b>	<b>22.2%</b>	<b>18.8%</b>	<b>25.9%</b>	<b>14.3%</b>	<b>18.8%</b>	<b>100.00%</b>	<b>48.35%</b>	<b>51.65%</b>
McCracken County, KY	21.9%	19.4%	25.9%	14.6%	18.1%	100.00%	47.54%	52.46%
Marshall County, KY	20.5%	17.8%	25.9%	14.9%	21.0%	100.00%	49.38%	50.62%
Graves County, KY	24.3%	19.3%	25.8%	13.3%	17.2%	100.00%	48.98%	51.02%
Ballard County, KY	22.2%	17.9%	26.2%	14.4%	19.3%	100.00%	49.67%	50.33%
Massac County, IL	22.0%	17.3%	26.2%	13.9%	20.5%	100.00%	47.40%	52.60%
Illinois	23.3%	23.5%	26.8%	12.6%	13.9%	100.00%	49.10%	50.90%
Kentucky	23.0%	22.5%	26.6%	13.1%	14.8%	100.00%	49.25%	50.75%
United States	23.1%	23.4%	26.4%	12.6%	14.5%	100.00%	49.21%	50.79%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

While the relative age of the population can impact community health needs, so can the ethnicity and race of a population. The following table shows the population by ethnicity and race. The white non-Hispanic population makes up 88% of the population, with black non-Hispanic population accounting for 7%, Hispanic 3% and all others at 2%.

**Table 2**  
**Mercy Health Lourdes Hospital**  
**Population by Ethnicity and Race**

Report Area	Total Population	White Non-Hispanic		Black Non-Hispanic		Asian Non-Hispanic		Hispanic		All Others	
		Population	Percentage	Population	Percentage	Population	Percentage	Population	Percentage	Population	Percentage
<b>CHNA Community</b>	<b>156,983</b>	<b>138,396</b>	<b>88.16%</b>	<b>10,338</b>	<b>6.59%</b>	<b>824</b>	<b>0.52%</b>	<b>4,621</b>	<b>2.94%</b>	<b>2,804</b>	<b>1.79%</b>
McCracken County, KY	65,292	54,628	83.67%	7,274	11.14%	479	0.73%	1,508	2.31%	1,403	2.15%
Marshall County, KY	31,213	30,260	96.95%	178	0.57%	94	0.30%	419	1.34%	262	0.84%
Graves County, KY	37,379	32,594	87.20%	1,633	4.37%	151	0.40%	2,217	5.93%	784	2.10%
Ballard County, KY	8,216	7,676	93.43%	298	3.63%	38	0.46%	96	1.17%	108	1.31%
Massac County, IL	14,883	13,238	88.95%	955	6.42%	62	0.42%	381	2.56%	247	1.66%
Illinois	12,851,684	7,996,856	62.22%	1,810,559	14.09%	650,929	5.06%	2,136,474	16.62%	256,866	2.00%
Kentucky	4,411,989	3,766,346	85.37%	345,715	7.84%	56,789	1.29%	146,945	3.33%	96,194	2.18%
United States	318,558,162	197,362,672	61.95%	39,098,319	12.27%	16,425,317	5.16%	55,199,107	17.33%	10,472,747	3.29%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

## Population with any Disability

Table 3 reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers. The percentage population with a disability residing in the community is higher than the national percentage with Massac County reporting over 20% of its population with a disability.

**Table 3**  
Mercy Health Lourdes Hospital  
Population with any Disability

Report Area	Total Population (For Whom Disability Status is Determined)	Total Population with a Disability	Percent Population with a Disability
CHNA Community	154,515	25,253	16.34%
McCracken County, KY	64,129	10,249	15.98%
Marshall County, KY	30,679	4,960	16.17%
Graves County, KY	36,958	5,939	16.07%
Ballard County, KY	8,091	1,155	14.28%
Massac County, IL	14,658	2,950	20.13%
Illinois	12,671,738	1,376,858	10.87%
Kentucky	4,327,357	745,988	17.24%
United States	313,576,137	39,272,529	12.52%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

## Population in Limited English Households

The percentage of the population aged 5 and older living in Limited English speaking households are reported in Table 4 below. Households with limited English proficiency are primarily located in Graves County.

**Table 4**  
Mercy Health Lourdes Hospital  
Population in Limited English Households

Report Area	Total Population Age 5+	Linguistically Isolated Population	Percent Linguistically Isolated Population
CHNA Community	147,652	989	0.67%
McCracken County, KY	61,364	136	0.22%
Marshall County, KY	29,588	26	0.09%
Graves County, KY	34,828	781	2.24%
Ballard County, KY	7,790	3	0.04%
Massac County, IL	14,082	43	0.31%
Illinois	12,061,479	548,584	4.55%
Kentucky	4,137,464	51,873	1.25%
United States	298,691,202	13,393,615	4.48%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

## Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. Those variables also have an impact on community health, including household income and poverty, employment, uninsured population and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to the states of Kentucky and Illinois as well as the United States.

### Household Income and Poverty

Table 5 presents household income statistics for the community. Average household income within the community is below state and national levels. Average household income for McCracken County is higher than the Kentucky rate, and the highest of the five counties in the community, at \$65,626.

The percentage of total population below 100% Federal Poverty Level for the community is 16.50% which is slightly higher than the national rate and favorable to the Kentucky rate. Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health.

Within the report area 14,708 public school students or 58% are eligible for free/reduced price lunch out of 25,360 total students enrolled. This indicator is relevant because it assesses vulnerable populations that are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Approximately 4,600 households have no motor vehicle. This indicator is relevant, particularly in rural areas, because transportation is often a barrier to access for health services.

**Table 5**  
Mercy Health Lourdes Hospital  
Household Income and Poverty

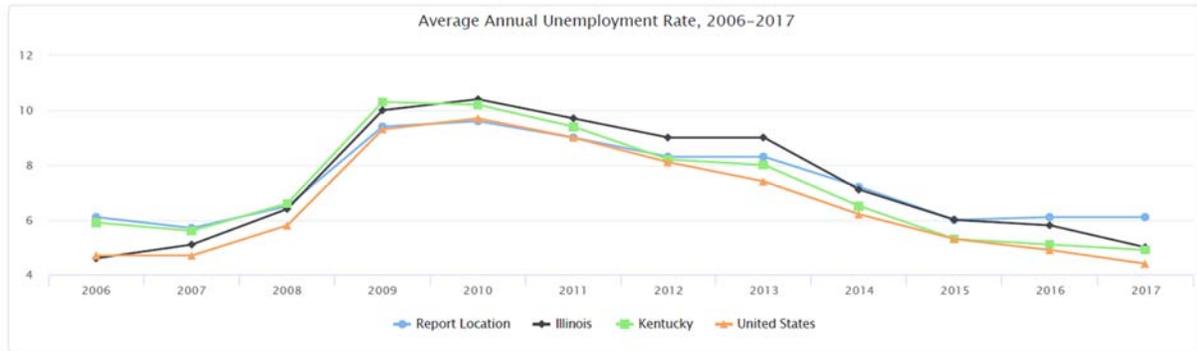
Report Area	Average Household Income	Percentage of Population Living below 100% Federal Poverty Level	Percentage of Children Eligible for Free/Reduced Price Lunch	Percentage of Households with No Motor Vehicle
CHNA Community	\$60,615	16.50%	58.00%	7.16%
McCracken County, KY	\$65,626	17.76%	57.49%	7.69%
Marshall County, KY	\$60,258	10.50%	50.22%	3.34%
Graves County, KY	\$53,296	18.39%	64.19%	9.07%
Ballard County, KY	\$59,082	16.39%	53.32%	5.66%
Massac County, IL	\$56,238	18.81%	62.12%	9.14%
Illinois	\$81,865	13.98%	49.88%	10.82%
Kentucky	\$61,757	18.81%	59.47%	7.76%
United States	\$77,866	15.11%	52.61%	8.97%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract  
National Center for Education Statistics, NCES - Common Core of Data. 2015-2016. Source geography: Address

## Employment

Major employers are in the inland marine, healthcare and education sectors, with the largest employers being Ingram Barge, Baptist Health Paducah, Lourdes Hospital, Marquette Transportation and McCracken County Public Schools.

The unemployment rate has continued to trend downward since 2010. Historically, the unemployment rate for the community has been consistent with state and national rates. In 2017, the unemployment rate for the community was unfavorable to state and national rates.



## Uninsured Population

Table 6 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage. The uninsured population is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. The uninsured population for the community is favorable to state and national rates. However, rates for Ballard and Massac Counties exceeds 10%.

**Table 6**  
**Mercy Health Lourdes Hospital**  
**Insurance Coverage**

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
CHNA Community	154,515	13,776	8.92%
McCracken County, KY	64,129	5,652	8.81%
Marshall County, KY	30,679	2,218	7.23%
Graves County, KY	36,958	3,950	10.69%
Ballard County, KY	8,091	826	10.21%
Massac County, IL	14,658	1,130	7.71%
Illinois	12,671,738	1,233,486	9.73%
Kentucky	4,327,357	415,778	9.61%
United States	313,576,137	36,700,246	11.70%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

## Educational Attainment

Linkages exist between education, economy and quality of life. Education often plays a key role in career success and economic self-sufficiency. Only 18% of the population over 25 years old has successfully attained post-secondary degree at a bachelor level or higher. This impacts the household income levels of the community and the insured population and levels of coverage. Over 14% of residents in the community do not have a high school degree.

**Table 7**  
**Mercy Health Lourdes Hospital**  
**Educational Attainment**

Report Area	Total Population Age 25+	Percent Population Age 25+ with No High Schol Diploma	Percent Population Age 25+ with Bachelor's Degree or Higher
CHNA Community	110,315	14.4%	18.8%
McCracken County, KY	46,026	12.2%	22.9%
Marshall County, KY	22,645	14.1%	15.9%
Graves County, KY	25,331	18.3%	16.8%
Ballard County, KY	5,766	13.8%	15.3%
Massac County, IL	10,547	15.0%	13.3%
Illinois	8,618,284	11.7%	32.9%
Kentucky	2,970,073	15.4%	22.7%
United States	213,649,147	13.02	30.3%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

## Community Need Index for CHNA Community

The nation's first standardized Community Need Index (CNI) was jointly developed by Dignity Health and Truven Health in 2014 to assist in the process of gathering vital socio-economic factors in the community. The CNI is strongly linked to variations in community health care needs and is a strong indicator of a community's demand for various health care services. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community:

### Income Barrier

- Percentage of households below poverty line, with head of household age 65 or more.
- Percentage of families with children under 18 below poverty line
- Percentage of single female-headed families with children under 18 below poverty line

### Cultural Barrier

- Percentage of population that is minority (including Hispanic ethnicity)
- Percentage of population over age 5 that speaks English poorly or not at all

### Education Barrier

- Percentage of population over 25 without a high school diploma

### Insurance Barrier

- Percentage of population in the labor force, aged 16 or more, without employment
- Percentage of population without health insurance

### Housing Barrier

- Percentage of households renting their home

Based on the demographic and economic statistics listed above, the CNI provides a score for every populated zip code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a zip code with the least need, while a score of 5.0 represents a zip code with the most need.

Table 8 summarizes the CNI for zip codes within the CHNA Community. Within the CHNA Community, CNI scores indicate needs are greatest in 5 zip codes (62910, 62960, 42066, 42003 and 42056). Nearly 68,000 persons reside in these five zip codes.

**Table 8**  
**Mercy Health Lourdes Hospital**  
**Community Need Index by Zip Code**

Zip Code	CNI Score	City	County	State
62910	3.8	Brookport	Massac	Illinois
62960	3.8	Metropolis	Massac	Illinois
42066	3.6	Graves County	Graves	Kentucky
42003	3.6	Paducah	Mccracken	Kentucky
42056	3.4	La Center	Ballard	Kentucky
42085	3.2	Water Valley	Graves	Kentucky
42024	3.2	Barlow	Ballard	Kentucky
42001	3.2	Paducah	Mccracken	Kentucky
42088	2.8	Wingo	Graves	Kentucky
42051	2.8	Graves County	Graves	Kentucky
42040	2.6	Graves County	Graves	Kentucky
42025	2.6	Benton	Marshall	Kentucky
42029	2.6	Calvert City	Marshall	Kentucky
42079	2.4	Graves County	Graves	Kentucky
42039	2.4	Carlisle County	Graves	Kentucky
42086	2.4	West Paducah	Mccracken	Kentucky
42048	2.4	Hardin	Marshall	Kentucky
42087	2.2	Wickliffe	Ballard	Kentucky
42027	2.2	Graves County	Graves	Kentucky
42053	2.2	Kevil	Mccracken	Kentucky
42082	2	Graves County	Graves	Kentucky
42044	1.8	Gilbertsville	Marshall	Kentucky
42069	1.6	Graves County	Graves	Kentucky

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Data Sources: 2014 Demographic Data, The Nielsen Company  
 2014 Poverty Data, The Nielsen Company  
 2014 Insurance Coverage Estimates, Truven Health Analytics

## Physical Environment

### Food Environment – Fast Food Restaurants

This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
CHNA Community	<b>157,812</b>	<b>118</b>	<b>74.77</b>
McCracken County, KY	65,565	72	109.81
Marshall County, KY	31,448	19	60.42
Graves County, KY	37,121	18	48.49
Ballard County, KY	8,249	3	36.37
Massac County, IL	15,429	6	38.89
Illinois	12,830,632	10,145	79.07
Kentucky	4,339,367	3,179	73.26
United States	308,745,538	237,922	77.06

Data Source: US Census Bureau, *County Business Patterns*. Additional data analysis by CARES, 2016. Source geography: ZCTA

### Food Environment – Grocery Stores

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
CHNA Community	<b>157,812</b>	<b>28</b>	<b>17.74</b>
McCracken County, KY	65,565	11	16.78
Marshall County, KY	31,448	7	22.26
Graves County, KY	37,121	5	13.47
Ballard County, KY	8,249	3	36.37
Massac County, IL	15,429	2	12.96
Illinois	12,830,632	2,770	21.59
Kentucky	4,339,367	796	18.34
United States	308,745,538	65,399	21.18

Data Source: US Census Bureau, *County Business Patterns*. Additional data analysis by CARES, 2016. Source geography: ZCTA

## Food Environment – SNAP-Authorized Food Stores

This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

	Total Population	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
CHNA Community	<b>157,812</b>	<b>163</b>	<b>10.33</b>
McCracken County, KY	65,565	67	10.22
Marshall County, KY	31,448	30	9.54
Graves County, KY	37,121	42	11.31
Ballard County, KY	8,249	11	13.33
Massac County, IL	15,429	13	8.43
Illinois	12,830,632	9,223	7.19
Kentucky	4,339,367	4,670	10.76
United States	312,411,142	257,596	8.25

Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2017. Source geography: Tract

## Housing - Housing Cost Burden (30%)

This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters.

	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
CHNA Community	<b>64,277</b>	<b>15,621</b>	<b>24.3%</b>
McCracken County, KY	27,950	7,456	26.68%
Marshall County, KY	12,856	2,464	19.17%
Graves County, KY	14,268	3,409	23.89%
Ballard County, KY	3,252	673	20.69%
Massac County, IL	5,951	1,619	27.21%
Illinois	4,802,124	1,573,736	32.77%
Kentucky	1,718,217	456,781	26.58%
United States	117,716,237	38,719,430	32.89%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

## Housing – Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Percent Occupied Housing Units with One or More Substandard Conditions
CHNA Community	<b>64,277</b>	<b>15,898</b>	<b>24.73%</b>
McCracken County, KY	27,950	7,411	26.52%
Marshall County, KY	12,856	2,570	19.99%
Graves County, KY	14,268	3,620	25.37%
Ballard County, KY	3,252	679	20.88%
Massac County, IL	5,951	1,618	27.19%
Illinois	4,802,124	1,592,308	33.16%
Kentucky	1,718,217	464,707	27.05%
United States	117,716,237	39,729,263	33.75%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

## Health Status of the Community-Leading Health Indicators

Healthy People 2020 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Healthy People 2020 contains 42 topic areas with more than 1,200 objectives. A smaller set of Healthy People 2020 objectives, called Leading Health Indicators (LHIs), are reported below to communicate high-priority health issues.

### Access to Health Services

#### Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
CHNA Community	<b>157,032</b>	<b>92</b>	<b>58.6</b>
McCracken County, KY	65,316	59	90.33
Marshall County, KY	30,953	14	45.23
Graves County, KY	37,618	16	42.53
Ballard County, KY	8,240	0	0
Massac County, IL	14,905	3	20.13
Illinois	12,880,580	12,477	96.9
Kentucky	4,413,457	3,264	74
United States	318,857,056	279,871	87.8

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County

## Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
CHNA Community	<b>16,600</b>	<b>1,321</b>	<b>79.6</b>
McCracken County, KY	6,425	387	60.3
Marshall County, KY	3,705	261	70.7
Graves County, KY	3,604	399	109.7
Ballard County, KY	1,152	68	59.7
Massac County, IL	1,677	203	121.5
Illinois	985,698	53,973	54.8
Kentucky	340,140	26,041	76.6
United States	22,488,201	1,112,019	49.4

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County

## Access to Dental Services

	Ratio of Population to Dentists
McCracken County, KY	1,070:1
Marshall County, KY	3,920:1
Graves County, KY	2,320:1
Ballard County, KY	4,030:1
Massac County, IL	2,440:1
Illinois	1,330:1
Kentucky	1,560:1
Top U.S. Performers	1,280:1

Data Source: University of Wisconsin Population Health Institute 2018 County Health Rankings

**Mental Health Providers**

	Ratio of Population to Providers
McCracken County, KY	690:1
Marshall County, KY	3,920:1
Graves County, KY	1,330:1
Ballard County, KY	8,050:1
Massac County, IL	470:1
Illinois	530:1
Kentucky	520:1
Top U.S. Performers	330:1

Data Source: University of Wisconsin Population Health Institute 2018 County Health Rankings

## Clinical Preventive Services

### Prevention Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years.

	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Years
CHNA Community	<b>21,412</b>	<b>2,006</b>	<b>1,367</b>	<b>68.2%</b>
McCracken County, KY	8,248	776	526	67.9%
Marshall County, KY	4,760	448	322	71.9%
Graves County, KY	4,727	443	289	65.5%
Ballard County, KY	1,488	137	91	67.2%
Massac County, IL	2,189	202	136	67.8%
Illinois	1,210,320	108,916	70,923	65.1%
Kentucky	429,871	42,505	25,372	59.7%
United States	26,937,083	2,544,732	1,607,329	63.2%

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County Data

### Diabetes Management

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. Within the community, 2,377 Medicare enrollees with diabetes have had an annual exam out of 2,685 Medicare enrollees in the report area with diabetes, or 88.5%

	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
CHNA Community	<b>21,412</b>	<b>2,685</b>	<b>2,377</b>	<b>88.5%</b>
McCracken County, KY	8,248	972	864	88.9%
Marshall County, KY	4,760	618	550	89.2%
Graves County, KY	4,727	596	508	85.2%
Ballard County, KY	1,488	205	192	94.1%
Massac County, IL	2,189	294	260	88.8%
Illinois	1,210,320	129,125	111,696	86.5%
Kentucky	429,871	56,019	49,648	86.8%
United States	26,937,083	2,919,457	2,501,671	85.7%

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County

## Environmental Quality

### Asthma Prevalence

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. The percent of adults with asthma for the community is lower than state and national rates.

	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
CHNA Community	<b>116,500</b>	<b>11,294</b>	<b>9.7%</b>
McCracken County, KY	46,913	5,544	11.8%
Marshall County, KY	25,409	1,840	7.2%
Graves County, KY	28,500	3,910	13.7%
Ballard County, KY	No Data	No Data	No Data
Massac County, IL	15,678	0	0%
Illinois	9,701,927	1,265,744	13%
Kentucky	3,308,269	513,969	15.5%
United States	237,197,465	31,697,608	13.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

### Unintentional Injuries-Mortality

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because accidents are a leading cause of death in the U.S.

	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
CHNA Community	<b>157,062</b>	<b>106</b>	<b>67.6</b>	<b>62.3</b>
McCracken County, KY	65,284	45	68.6	63.5
Marshall County, KY	31,174	23	75.1	66.4
Graves County, KY	37,443	22	58.8	56.7
Ballard County, KY	8,234	6	77.7	69.5
Massac County, IL	14,927	10	64.3	58.6
Illinois	12,859,901	4,800	37.33	35.65
Kentucky	4,410,247	2,806	63.63	62.59
United States	318,689,254	140,444	44.1	41.9

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County

## Maternal, Infant and Child Health

### Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
CHNA Community	<b>9,595</b>	<b>59</b>	<b>6.1</b>
McCracken County, KY	3,910	29	7.3
Marshall County, KY	1,685	7	4.2
Graves County, KY	2,495	14	5.8
Ballard County, KY	505	5	9.2
Massac County, IL	1,000	4	4.1
Illinois	879,035	6,065	6.9
Kentucky	285,390	1,998	7
United States	20,913,535	136,369	6.5

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2006-10. Source geography: County

### Teen Births

This indicator reports the rate of total births to women age 15-19 per 1,000 female population age 15-19. Teen parents have unique social, economic, and health support services. Teen births exceed state and national rates for each county in the community.

	Female Population Age 15-19	Births to Mothers Age 15-19	Teen Birth Rate (Per 1,000 Population)
CHNA Community	<b>4,810</b>	<b>253</b>	<b>52.6</b>
McCracken County, KY	1,952	103	52.9
Marshall County, KY	932	43	46.5
Graves County, KY	1,201	66	55.0
Ballard County, KY	259	14	55.7
Massac County, IL	466	27	57.5
Illinois	448,356	15,692	35.0
Kentucky	144,688	7,003	48.4
United States	10,736,677	392,962	36.6

Data Source: US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System, CDC Wonder, 2006-12. Source geography: County

## Mental Health

### Suicides

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Suicide rates (where available) are significantly higher in the CHNA Community than state and national rates.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
CHNA Community	<b>157,062</b>	<b>38</b>	<b>24.3</b>	<b>23.4</b>
McCracken County, KY	65,284	15	23.3	23.4
Marshall County, KY	31,174	10	31.4	29.2
Graves County, KY	37,443	7	18.7	18.6
Ballard County, KY	8,234	2	29.1	Suppressed
Massac County, IL	14,927	4	25.5	Suppressed
Illinois	12,859,901	1,358	10.56	10.26
Kentucky	4,410,247	737	16.71	16.32
United States	318,689,254	42,747	13.4	13

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County

## Nutrition, Physical Activity and Obesity

### Food Environment - Food Desert Census Tracts

This indicator reports the number of neighborhoods in the report area that are within food deserts. Nearly 50% of the community resides in food deserts.

	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
CHNA Community	<b>157,812</b>	<b>16</b>	<b>23</b>	<b>73,577</b>	<b>84,235</b>
McCracken County, KY	65,565	9	8	41,228	24,337
Marshall County, KY	31,448	2	4	11,685	19,763
Graves County, KY	37,121	4	5	16,415	20,706
Ballard County, KY	8,249	0	3	0	8,249
Massac County, IL	15,429	1	3	4,249	11,180
Illinois	12,830,632	994	2,127	4,679,620	8,151,012
Kentucky	4,339,367	328	787	1,456,337	2,883,030
United States	308,745,538	27,527	45,337	129,885,212	178,860,326

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.

## Physical Inactivity

Within the report area, 34,148 or 26.8% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
CHNA Community	<b>118,523</b>	<b>34,148</b>	<b>26.8%</b>
McCracken County, KY	49,518	13,568	25.6%
Marshall County, KY	24,183	6,602	25%
Graves County, KY	27,383	8,845	30.5%
Ballard County, KY	6,220	2,171	32.6%
Massac County, IL	11,219	2,962	24.2%
Illinois	9,535,048	2,049,168	20.9%
Kentucky	3,298,521	905,001	26.4%
United States	238,798,321	52,960,511	21.6%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source

## Obesity

33.6% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area.

	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
CHNA Community	<b>118,575</b>	<b>39,696</b>	<b>33.6%</b>
McCracken County, KY	49,665	15,744	31.8%
Marshall County, KY	24,1129	8,952	37.7%
Graves County, KY	27,385	9,585	35.1%
Ballard County, KY	6,205	2,203	35.7%
Massac County, IL	11,191	3,212	28%
Illinois	9,553,207	2,742,258	34.1%
Kentucky	3,298,508	1,127,164	34.1%
United States	238,842,519	67,983,276	28.3%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

## Oral Health

### Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
CHNA Community	<b>156,518</b>	<b>90</b>	<b>57.5</b>
McCracken County, KY	65,018	58	89.21
Marshall County, KY	31,101	8	25.72
Graves County, KY	37,421	16	42.76
Ballard County, KY	8,212	2	24.35
Massac County, IL	14,766	6	40.63
Illinois	12,859,995	9,336	72.6
Kentucky	4,425,092	2,736	61.8
United States	321,418,820	210,832	65.6

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County

### Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection.

	Total Population (Age 18+)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
CHNA Community	<b>121,299</b>	<b>29,939</b>	<b>24.7%</b>
McCracken County, KY	50,452	14,410	28.6%
Marshall County, KY	24,672	7,689	31.2%
Graves County, KY	27,924	7,840	28.1%
Ballard County, KY	6,376	0	0%
Massac County, IL	11,875	0	0%
Illinois	9,654,603	1,418,280	14.7%
Kentucky	3,294,652	782,958	23.8%
United States	235,375,690	36,842,620	15.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County

## Substance Abuse

### Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). Over 12,000 adults in the community report drinking excessively.

	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
<b>CHNA Community</b>	<b>121,904</b>	<b>12,334</b>	<b>11.9%</b>	<b>13.9%</b>
McCracken County, KY	50,712	5,832	11.5%	13%
Marshall County, KY	24,875	3,532	14.2%	19.2%
Graves County, KY	28,015	2,970	10.6%	10.7%
Ballard County, KY	6,402	No Data	No Data	No Data
Massac County, IL	11,900	No Data	No Data	No Data
Illinois	9,654,603	1,930,921	20%	20.4%
Kentucky	3,294,652	388,769	11.8%	12.2%
United States	232,556,016	38,248,349	16.4%	16.9%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

## Tobacco

### Tobacco Usage – Current Smokers

In the report area an estimated 29,007, or 25.8% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Smoking rates for the CHNA Community are unfavorable to state and national averages.

	<i>Total Population Age 18+</i>	<i>Total Adults Regularly Smoking Cigarettes</i>	<i>Percent Population Smoking Cigarettes (Crude)</i>	<i>Percent Population Smoking Cigarettes (Age-Adjusted)</i>
CHNA Community	<b>121,904</b>	<b>29,007</b>	<b>23.8%</b>	<b>25.8%</b>
McCracken County, KY	50,712	11,613	22.9%	25.4%
Marshall County, KY	24,875	6,318	25.4%	29.3%
Graves County, KY	28,015	5,771	20.6%	20.8%
Ballard County, KY	6,402	1,997	31.2%	36.7%
Massac County, IL	11,900	3,308	27.8%	Data Suppressed
Illinois	9,654,603	1,766,792	18.3%	18.4%
Kentucky	3,294,652	843,431	25.6%	26.1%
United States	232,556,016	41,491,223	17.8%	18.1%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County*

## Health Status of the Community-Health Outcomes

### Cancer Rates

<u>Cancer Incidence Rate Per 100,000 Population</u>				
	<b>Breast Cancer</b> (Female Population)	<b>Colon and Rectum</b> (Total Population)	<b>Lung</b> (Total Population)	<b>Prostate</b> (Male Population)
CHNA Community	<b>121.1</b>	<b>43.6</b>	<b>81.1</b>	<b>89.2</b>
McCracken County, KY	124.4	42.9	78.3	96.4
Marshall County, KY	125	47.9	84.4	84.7
Graves County, KY	113.8	41.5	77.2	80
Ballard County, KY	142.7	37.9	92.3	90.1
Massac County, IL	103.2	45.1	87.7	91.2
Illinois	131.7	43.9	66	114.9
Kentucky	125	49.5	93.5	108.8
United States	124.7	39.2	60.2	109

Data Source: State Cancer Profiles. 2011-15. Source geography: County

### Cancer Cases

<u>New Cases (Annual Average)</u>				
	<b>Breast Cancer</b>	<b>Colon and Rectum</b>	<b>Lung</b>	<b>Prostate</b>
CHNA Community	<b>134</b>	<b>92</b>	<b>182</b>	<b>94</b>
McCracken County, KY	57	37	71	40
Marshall County, KY	29	21	41	20
Graves County, KY	27	20	39	19
Ballard County, KY	9	4	11	5
Massac County, IL	12	10	20	10
Illinois	9,947	6,250	9,401	7,862
Kentucky	3,371	2,506	4,857	2,716
United States	234,445	139,950	217,545	190,639

Data Source: State Cancer Profiles. 2011-15. Source geography: County

## Diabetes

	<u>Adult</u>		<u>Medicare Population</u>	
	Total Adults with Diabetes	Percent Adults with Diabetes	Beneficiaries with Diabetes	Percent Beneficiaries with Diabetes
CHNA Community	<b>14,306</b>	<b>9.96%</b>	<b>8,092</b>	<b>27.9%</b>
McCracken County, KY	6,009	10.2%	3,162	27%
Marshall County, KY	2,899	9.6%	1,631	26.8%
Graves County, KY	3,279	10.1%	1,864	28.68%
Ballard County, KY	839	11.1%	579	30.54%
Massac County, IL	1,280	8.8%	856	30.43%
Illinois	890,266	8.5%	381,457	26.27%
Kentucky	430,988	11.77%	173,098	28.65%
United States	24,722,757	9.28%	9,057,809	26.55%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County  
 Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County

## Heart Disease

	<u>Adult</u>		<u>Medicare Population</u>	
	Total Adults with Heart Disease	Percent Adults with Heart Disease	Beneficiaries with Heart Disease	Percent Beneficiaries with Heart Disease
CHNA Community	<b>5,707</b>	<b>4.9%</b>	<b>8,263</b>	<b>28.5%</b>
McCracken County, KY	1,857	4%	3,342	28.5%
Marshall County, KY	1,599	6.3%	1,716	28.11%
Graves County, KY	1,471	5.2%	1,699	26.14%
Ballard County, KY	No Data	No Data	575	30.33%
Massac County, IL	780	5%	941	33.45%
Illinois	369,926	3.8%	389,168	26.80%
Kentucky	194,665	5.9%	175,856	29.11%
United States	10,407,185	4.4%	9,028,604	26.46%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County  
 Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County

## High Blood Pressure

	<u>Adult</u>		<u>Medicare Population</u>	
	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure	Beneficiaries with High Blood Pressure	Percent Beneficiaries with High Blood Pressure
CHNA Community	<b>36,975</b>	<b>33.61%</b>	<b>17,736</b>	<b>61.2%</b>
McCracken County, KY	15,974	31.5%	7,207	61.54%
Marshall County, KY	10,174	40.9%	3,604	59.38%
Graves County, KY	8,573	30.6%	3,794	58.38%
Ballard County, KY	2,254	35.2%	1,241	65.45%
Massac County, IL	No Data	Suppressed	1,890	67.19%
Illinois	2,722,598	28.20%	818,162	56.35%
Kentucky	1,070,762	32.5%	360,498	59.66%
United States	65,476,522	28.16%	18,761,681	54.99%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County  
 Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County

## Sexually Transmitted Infections

	<u>Chlamydia Incidence</u>		<u>Gonorrhea Incidence</u>	
	Total Chlamydia Infections	Chlamydia Infection Rate (per 100,000 Population)	Total Gonorrhea Infections	Gonorrhea Infection Rate (per 100,000 Population)
CHNA Community	<b>610</b>	<b>389.7</b>	<b>196</b>	<b>125.2</b>
McCracken County, KY	351	539.9	143	219.9
Marshall County, KY	67	215.40	7	22.5
Graves County, KY	115	307.3	29	77.5
Ballard County, KY	33	401.9	7	85.2
Massac County, IL	44	298.0	10	67.7
Illinois	72,201	561.4	21,199	164.8
Kentucky	18,286	413.2	5,812	131.3
United States	1,598,354	497.3	468,514	145.8

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Source geography: County

## Health Status of the Community-Mortality

	Age Adjusted Death Rate (Per 100,000 Population)				
	Drug Poisoning	Coronary Heart Disease	Cancer	Lung Disease	Stroke
CHNA Community	<b>21.9</b>	<b>111.6</b>	<b>178.6</b>	<b>74.2</b>	<b>45.2</b>
McCracken County, KY	23.9	109.9	171.6	73.5	41
Marshall County, KY	26.5	87.3	184.3	67.2	56.1
Graves County, KY	14.5	132.8	189.2	86.4	45.9
Ballard County, KY	No Data	109.4	189.2	55.2	43.6
Massac County, IL	No Data	117.6	164.8	72.1	39.6
Illinois	14.1	94.44	169.42	38.67	37.65
Kentucky	27.36	111.29	197.8	64.65	41.77
United States	15.6	99.6	160.9	41.3	36.9

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-2016. Source geography: County.

## Primary Data Assessment

### Community Input – Key Stakeholder Interviews

Interviews were performed with leaders from 22 community organizations/agencies representing public health, local government officials, various nonprofit organizations, local churches and Lourdes Hospital. Interviews were conducted between October 29 and November 13, 2018.

To ensure consistency in the topics covered a semi-structured interview guide was used (see Appendix A for a copy of the interview guide). All interviews were conducted by Crowe, LLP. Feedback was gathered on pressing health care concerns, access challenges and identification of populations with serious unmet health care needs. Approaches to improve our community's health were also solicited. The following input was identified and described by the key stakeholders and are based on qualitative statements provided during the interview process.

Several themes surfaced in the interviews with community leaders. Below is list of themes in alphabetical order. The list is not intended to indicate any ranking or priority and a more detailed summary follows.

<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>• Medicaid expansion for the State of Kentucky has provided increased access</li> <li>• Persons do not seek medical treatment due to fear of costs and lack of insurance</li> <li>• Dental care is not available to low-income and uninsured families.</li> <li>• Access to pediatric and primary care is limited, especially in the surrounding rural counties.</li> </ul>
<p><b>Built Environment</b></p> <ul style="list-style-type: none"> <li>• The parks have improved and stakeholders had positive things to say about the bike trail being developed.</li> </ul>
<p><b>Drugs</b></p> <ul style="list-style-type: none"> <li>• There is a need for needle exchange program in the community to proactively address a potential Hepatitis C outbreak.</li> <li>• There is an increasing need for behavioral health in the community, which includes treatment for substance abuse.</li> </ul>
<p><b>Poverty</b></p> <ul style="list-style-type: none"> <li>• There is a widening gap in income and education levels.</li> <li>• There is a growing population that is homeless.</li> <li>• The community is very giving and many people and organizations are stepping up to help those in need.</li> </ul>
<p><b>Smoking</b></p> <ul style="list-style-type: none"> <li>• The cultural norm around smoking is challenging. It is very difficult to initiate smoke-free policies in the community.</li> <li>• Schools do not have smoke free campuses</li> <li>• Stakeholders indicated that a high percentage of the population smoke tobacco.</li> </ul>

**Mental and Behavioral Health**

- Stakeholders noted the lack of providers for mental health services.
- There is an increasing need for social and emotional support because historical support systems are no longer available.
- The school shooting at Marshall County High School highlighted the need for mental health training and education for coping skills, conflict resolution, stress management, etc.
- There is a lack of awareness regarding available mental health services.
- Persons with mental health needs are viewed as having serious unmet health needs regarding physical health as well.

**Obesity**

- Stakeholders shared that Paducah is known as the “fast food capital of America”
- A majority of the stakeholders reported obesity as a major health concern for the community, and particularly noted the increase in youth obesity.
- Stakeholders noted poor eating habits and lack of exercise negatively affects the health of the community.

The questions on the interview instrument were grouped into four major categories for discussion and the interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

**1. General opinions regarding health and quality of life in the community**

The key stakeholders were asked to rate the health and quality of life in the community. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

The majority of the stakeholders rated the health and quality of life in their county as “good” or “above average”. Stakeholders noted that the quality of life is above average and the community has a great deal of health resources for its size and they shared both hospitals in the community had been very proactive in bringing additional services to the community such as cardiac care and expanded cancer treatment options. They noted the community has a lot to offer in regards to higher education and cultural events. They noted the economic conditions in the community were favorable to surrounding counties and the walking and bike trails were an improvement to the community overall.

Stakeholders also noted factors that were negatively impacting persons in the community. Obesity was consistently noted as a health issue in the community. Lack of healthy food options, overeating and poor eating habits were identified as significant causes for the increase in obesity rates. So too was the fact that the culture is generally not very physically active. Stakeholders noted obesity is affecting overall health for persons in the community and contributing to increasing rates of diabetes, cancer and heart disease.

High rates of smoking were also reported as a significant health issue in the community. Stakeholders noted difficulty with passing smoke-free policies at the state, county and local levels due to Kentucky's strong tobacco industry.

Stakeholders also shared their concern regarding the increasing levels of poverty and homelessness in the community. There is a widening gap of economic disparities within the community and it seems like there is no middle class. Persons living in poverty face many obstacles to achieving a healthy lifestyle including food insecurity. They also have difficulty with accessing dental services as many dental providers do not accept Medicaid and self-pay patients.

Mental health was consistently reported as a big issue in the community and many stakeholders noted that quality mental health care is the biggest unmet health need. Stakeholders noted that many individuals in the community suffering with mental health issues are going untreated because of insufficient medical providers. They noted there are numerous agencies that provide social workers to the low-income population, but there are simply not enough resources for the high need in the community.

When asked whether the health and quality of life had improved, declined or stayed the same participants responses varied. Many agreed access has improved due the Affordable Care Act and Kentucky's Medicaid Expansion. Emphasis on preventive care and additional facilities including urgent care and the West Kentucky Dental Clinic have also contributed to improved health.

*"Mental health is a big issue!"*

*"Paducah is the 'fast-food capital of America.'"*

*"The cultural norm around smoking is challenging."*

## 2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. They were also asked to provide their opinions as to why they thought these populations were underserved or in need. Each key stakeholder was asked to consider the specific populations they serve or those with which they usually work.

Virtually, all of the key stakeholders identified persons living with low-incomes or in poverty, particularly children, as most likely to be underserved due to lack of access to services. Lack of financial resources prevents persons with low-income from seeking medical care and receiving the services they need. It also leads to people being uninsured and underinsured. A reason for the lack of financial resources noted by several key stakeholders is due to a lack of employment opportunities and affordable housing.

People with mental health issues and drug addiction have unmet health needs because there are not a lot of services to treat and support them. Also, the stigma surrounding mental health and drug addiction can limit one's ability to seek treatment.

The poor elderly were also identified as a population that is faced with challenges accessing care due to isolation and fixed incomes. Seniors have to decide between food, medicines or heat and prescriptions are often not filled due to their high cost. Poor elderly who do not have adequate support systems have a difficult time managing chronic diseases without additional support and they are often not equipped to take care of themselves when they are released from an inpatient stay at the hospital.

Many stakeholders reported that children that have special health needs routinely have to travel 2-3 hours to larger cities to get the care they need.

The last group of underserved persons noted was immigrant workers who have moved to the community, primarily for employment opportunities. The language barrier and lack of legal status for many of these undocumented workers limits the health care services they are able to access.

*“When you are worried about what you are going to feed your children, dentist appointments are just not that important.”*

*“Kids with special health needs have to travel to get the care they need.”*

### 3. Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community.

The community has high needs stemming from high levels of poverty. Stakeholder noted the community has a great deal of resources, but they are insufficient to address the high needs in the community. Many stakeholders had very positive things to say about Lourdes Hospital's outreach efforts and they shared they appreciated all of the good work Lourdes is doing out in the community. Stakeholders felt there were many opportunities for Lourdes and other agencies in the community to partner together and share resources. They also expressed that both hospitals should collaborate and work together in addressing health needs in the community.

When asked their opinion as to the primary reason people are not able to access health services, including physical, mental and dental health services, approximately 80% of the stakeholders cited lack of insurance or the inability to afford co-pays and/or deductibles as the reason. Stakeholders shared that many employers in the community do not offer insurance to their employees or working families are unable to afford insurance. The working poor population is in need of services out in the community at convenient locations and times that are affordable.

Transportation was also noted as an access barrier. Stakeholders noted there are not enough bus lines in the community and that busses do not run very late in the day. Persons who require bus transportation are unable to make doctor appointments late in the day due to limited transportation options. Transportation is even a bigger barrier for persons living in the outlying rural counties where transportation options are limited.

For persons suffering with mental health issues and/or addiction to drugs and alcohol, the biggest barrier is lack of providers. Stakeholders reported the negative impact related to Four Rivers closing certain locations. For persons with mental health issues, finding a service provider. Often persons are passed from provider to provider and the underlying issues are not being addressed.

Comments from key stakeholders indicate an increasing need for health education as well as outreach regarding available support services in the community. Many persons do not access services for which they qualify because they simply are unaware of their availability. The community also has a need for more education on healthy living, preventative care and navigating the health system. The current insurance system is very hard to navigate and for many, the challenges with enrolling and understanding benefits is limiting their desire to seek care.

*"It is too difficult to navigate enrollment in Medicaid plans. It's too complicated and people are hesitant to try to get available insurance."*

*"There are a lot of people working who don't have insurance."*

### 4. Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health issues facing the community. The issues identified most frequently were:

- Obesity
- Drug Addiction
- Smoking
- Mental Health

In closing, the key stakeholders were asked to recommend the most important issue Lourdes Hospital should address over the next three to five years.

Stakeholders most frequently recommended that Lourdes Hospital should focus on the drug abuse, obesity, addressing economic disparities and mental health.

## Community Input – Focus Groups

Three focus groups were conducted between October 29th and 31st. To assure that medically underserved were included in this CHNA, focus group participants represented agencies serving persons who are homeless, disabled, victims of domestic violence, unemployed and/or persons with low-income. Focus groups were held in McCracken, Marshall and Graves Counties and 42 individuals participated in the three focus group sessions.

Focus groups explored four areas to identify significant health needs of the community as well as potential ways to address identified needs. The areas included 1.) health and quality of life; 2.) barriers to improving community health; 3.) health disparities; and 4.) significant health issues. Below is a summary of key themes that emerged from each topic area.

### What factors are contributing to the health and quality of life in the community?

- There is greater availability of health services within the community and Kentucky's Medicaid expansion has improved access to services, but there are still barriers such as insufficient providers (dental and mental health) and certain services such as detoxification services are often not covered under Medicaid.
- There are cultural norms around smoking, eating, inactive lifestyles that contribute to poor health outcomes for the community. There has also been a noticeable decline in personal hygiene of members in the community with participants noting an increase in lice and bed bugs. It is challenging to motivate individuals to actively participate in their own well-being.
- Fear of high medical costs prevents persons from seeking medical treatments-even for those who have insurance. The increase in high-deductible health plans increases fear of unexpected costs as a result of seeking medical treatment leading many to forego going to the doctor on a regular basis or to address medical concerns. More education is needed on services and resources available to low-income populations.
- Increased drug usage and the opioid crisis is concerning for many of the participants. Drugs are impacting all socioeconomic classes and additional support and services are needed to address drug addiction. Participants voiced the need for additional detox centers in the community.
- There is limited access to healthy food in the community. Participants noted the cost of healthy food also prohibits persons from healthy eating. In addition, many in the community lack the knowledge on how to cook healthy meals from raw ingredients.
- Participants noted there has been improvements in local parks and bike trails. However, the community's sidewalks are in need of improvements.
- Collaboration among local agencies has improved but agencies need to continue to work and partner together to address the many needs in the community. The addition of Community Health Educators has improved collaboration, education and outreach efforts. A single unified resource directory is in progress and participants agree this is much needed. Focus groups identified libraries may be a possible place to increase outreach as many low-income persons utilize computers and the internet in the libraries.
- Focus group participants also cited huge mental health needs throughout the community. Participants noted coping skills, conflict resolution, life skills are all areas that individuals need assistance. The intensity of problems in people's day-to-day lives is increasing.

What barriers, if any, exist to improving health and quality of life in the community? What are the primary reasons why people are not able to access health services?

- Poverty and lack of financial resources was identified as a barrier in all focus groups. There is a noted increase in poverty rates as well as a rise in the percentage of students eligible for free and reduced lunch rates. The middle class is diminishing and persons are forced to make choices on paying for food and basic necessities or pay for medical care and prescriptions. Poverty influences one's ability to access health services. Even if you are covered under Medicaid, poverty leads to other barriers that limit one's ability to lead a healthy lifestyle and seek medical treatment.
- More programs are available for people to improve health and there are many community resources. However, populations most in need of support services are unaware they even exist or do not understand how to access them. There is a need for additional education for healthcare workers to inform them of the various resources available within the community so they can assist patients with navigating and accessing support services.
- Participants also reported there is poor health literacy as well as unhealthy culture for a large segment of the community. They noted there are disparities and certain segments engage in a very healthy lifestyle and participate in preventive care, but there are also segments that are unable to engage in healthy lifestyles due to limited resources or choose not to live a healthy lifestyle for various reasons. Families are stuck in a rut of unhealthy habits and they don't have knowledge regarding healthy living
- Focus group participants acknowledged the community had a great deal of medical resources for a community its size. However, they noted in some cases, members of the community are required to travel to 2-3 hours (Nashville, Louisville, Indianapolis) for medical treatment and follow-up care.
- Stigma associated with mental health issues leads to individuals self-medicating and not seeking needed treatment.
- Availability of reliable, timely, affordable transportation services is limited. For those persons that do not own a motor vehicle, transportation to and from medical appointments is a challenge.
- High cost of prescriptions, particularly for the elderly population, was also noted a barrier to improving health in the community

What groups of people in the community do you believe to have the most serious unmet health care needs? What are the underlying issues and causes of unmet health needs?

Identified underserved group of persons	Underlying issues
<b>Working poor</b>	<ul style="list-style-type: none"> <li>Working poor have needs for medical and support services but do not qualify for assistance or services.</li> <li>Financial literacy is needed.</li> </ul>
<b>Individuals with mental health needs</b>	<ul style="list-style-type: none"> <li>The stigma associated with mental health and substance abuse issues prevent persons from seeking treatment.</li> <li>There are limited mental health resources in the community.</li> </ul>
<b>Poor Elderly</b>	<ul style="list-style-type: none"> <li>As younger generations leave the community, the elderly population lack family support to assist with day-to-day needs, including transportation.</li> <li>Many of the elderly live on fixed incomes and may not be able to afford needed services or they do not know to access services that are available in the community.</li> <li>The high cost of prescriptions is challenging when living on a fixed income.</li> </ul>
<b>Children</b>	<ul style="list-style-type: none"> <li>Children rely on parents or grandparents for medical care and healthy lifestyle.</li> <li>More training on coping and life-skills is needed for children and adolescents.</li> </ul>
<b>Hispanic/Bi-lingual persons</b>	<ul style="list-style-type: none"> <li>Language and cultural barriers impact preventative care.</li> <li>Lack of payer source limits access.</li> </ul>
<b>Underinsured Homeless Unemployed Persons Living in Poverty</b>	<ul style="list-style-type: none"> <li>Lack of affordable insurance limits access to services.</li> <li>Education is needed regarding available health resources.</li> </ul>

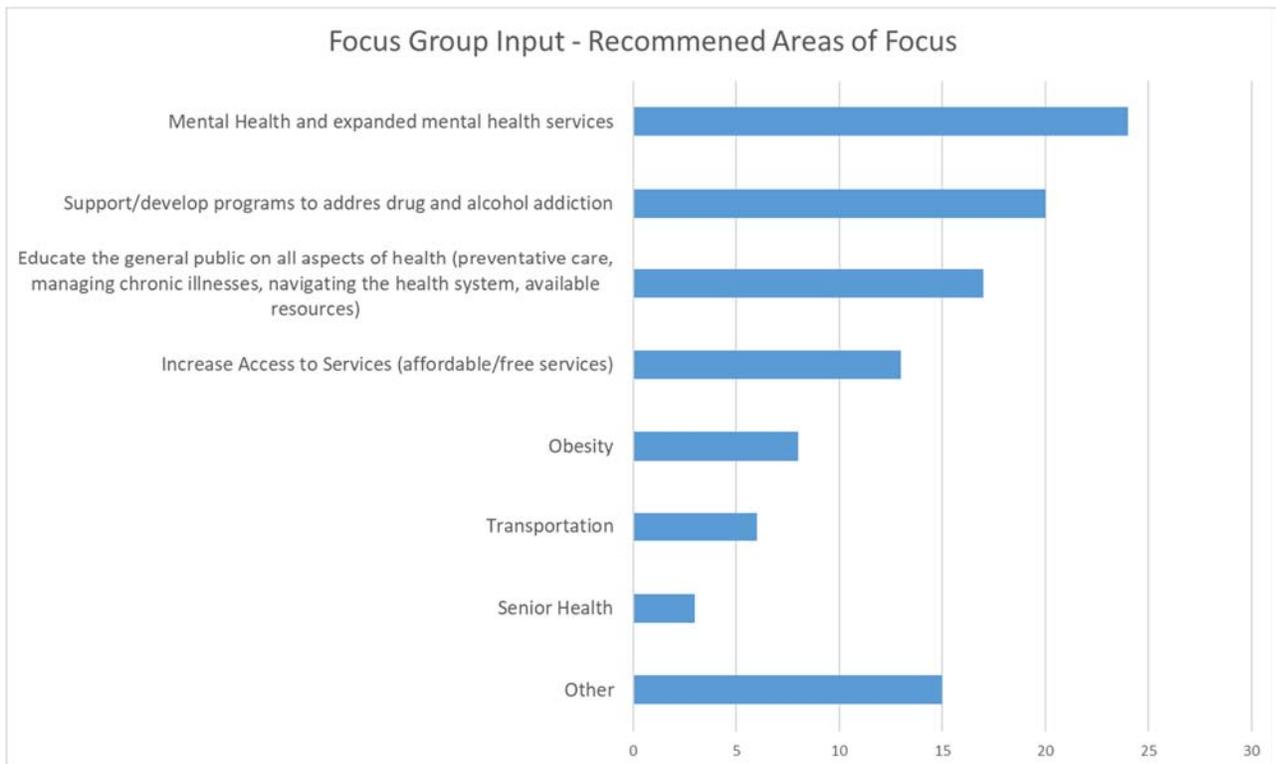
### Significant Health Issues

After the three areas above were discussed, participants were asked to identify those issues that were the most serious health issues facing the community. Interestingly, two of the three focus groups identified personal ownership of one’s health as being the biggest issue. Participants noted widespread apathy toward health and healthy living. They expressed challenges with communicating and motivating the community to engage in preventative care and healthy behaviors, including utilization of available resources.

In addition, the following issues identified:

- Mental Health
- Substance Abuse
- Lack of awareness and need for communication on what agencies/resources are already available
- Obesity
- Smoking
- Chronic Diseases

Each participant was also asked to provide their opinion as to the top three issues that Lourdes Hospital should focus its community benefit investments over the next 3-5 years. The chart below summarizes their recommendations.

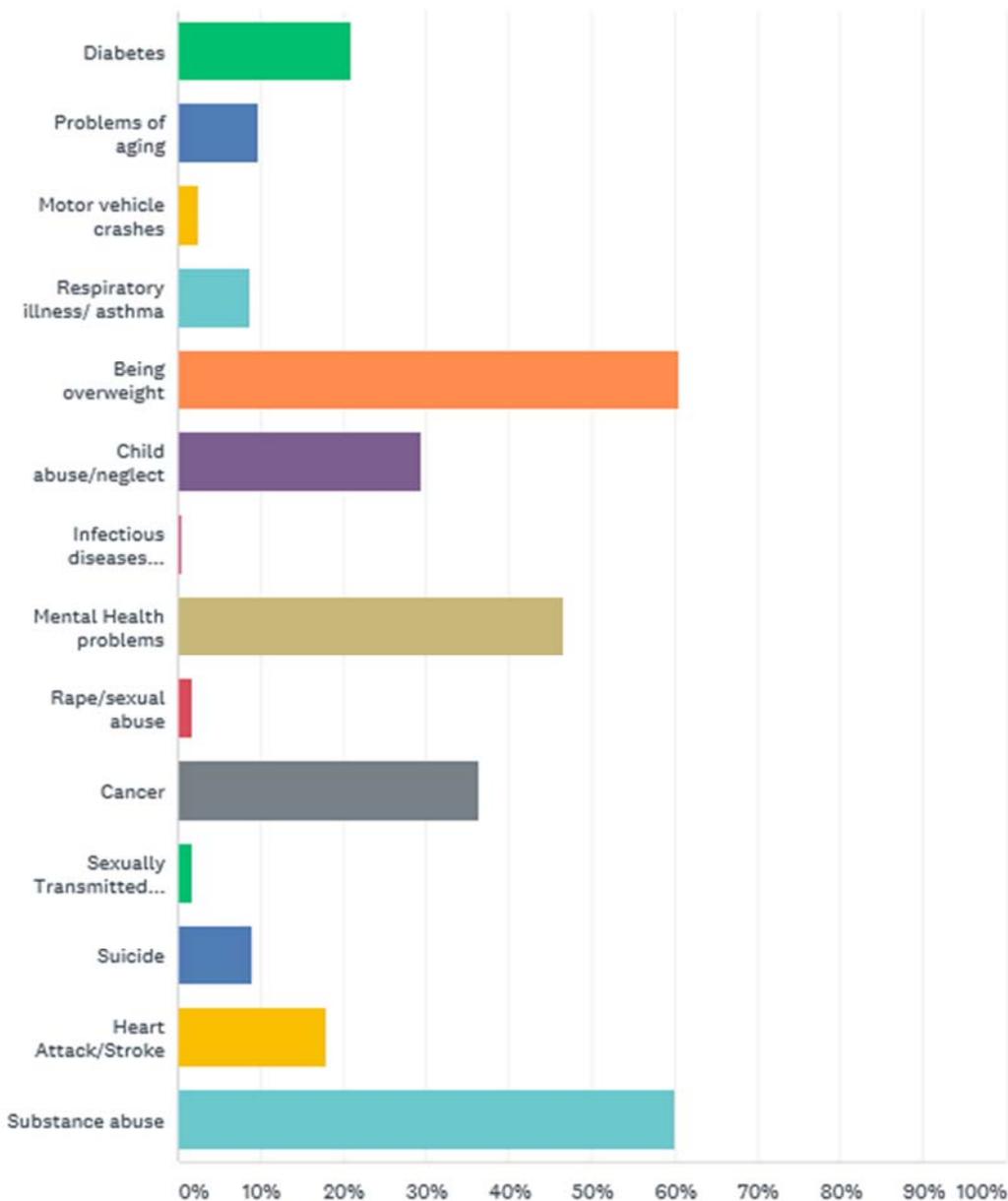


### Community Input – Community Survey

During 2018, the Purchase District Health Department conducted a community survey as part of their needs assessment process. The survey consisted of 12 questions. 559 persons participated in the survey with a large percentage representing the CHNA Community for Lourdes Hospital. Below are results for two of the survey questions.

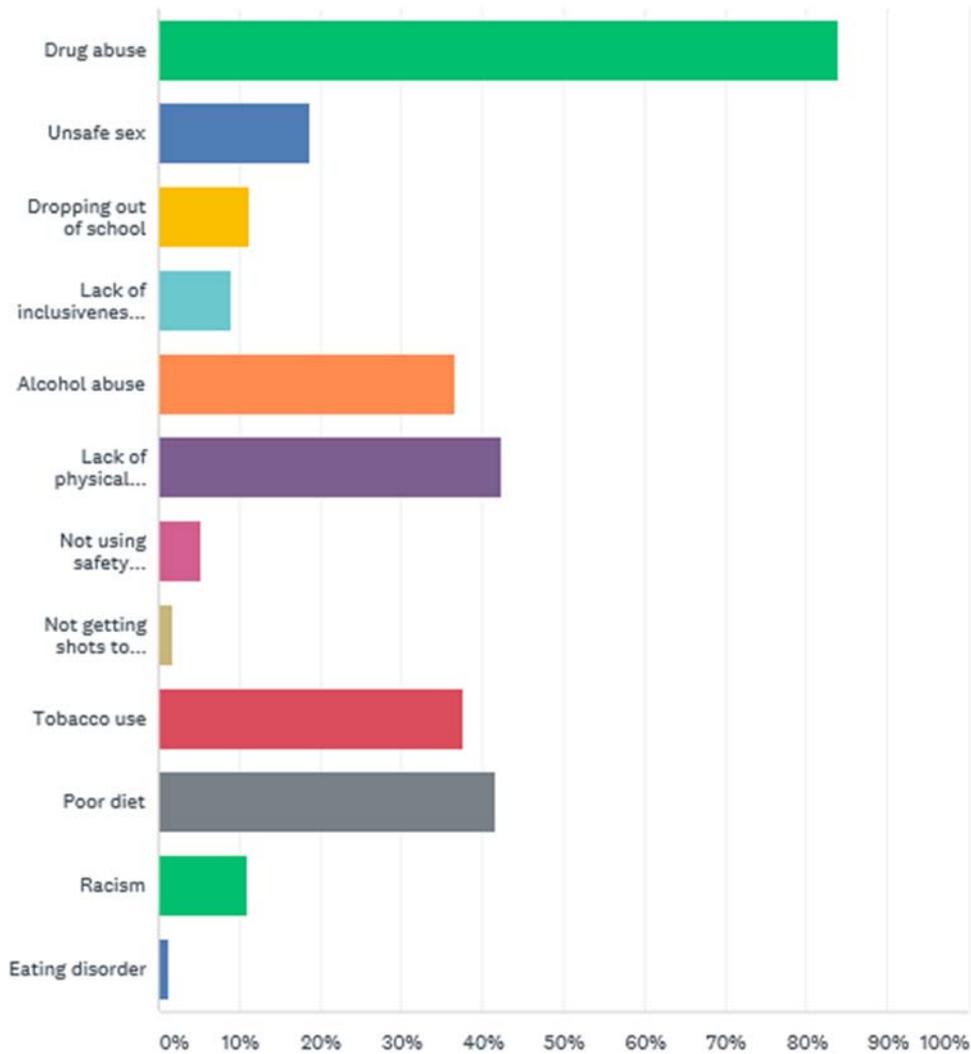
From the following list what are the THREE most important HEALTH ISSUES facing our community? Please CHECK your top three issues.

Answered: 565 Skipped: 4



From the following list, what do you think are the THREE most serious RISK BEHAVIORS in our community. Please CHECK the top three behaviors.

Answered: 568 Skipped: 1



## Community Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Below is a summary of the available community resources.

<p><b>Associations:</b></p> <ul style="list-style-type: none"> <li>Animal care groups</li> <li>Anti-crime groups</li> <li>Block clubs</li> <li>Business organizations</li> <li>Charitable groups</li> <li>Civic event groups</li> <li>Special needs groups</li> <li>Education groups</li> <li>Elderly groups</li> <li>Environmental groups</li> </ul>		<p><b>Physical Space:</b></p> <ul style="list-style-type: none"> <li>Gardens</li> <li>Parks</li> <li>Playgrounds</li> <li>Parking lots</li> <li>Bike paths</li> <li>Forest/forest preserves</li> <li>Picnic areas</li> <li>Campsites</li> <li>Fishing spots</li> <li>Duck ponds</li> </ul>
<p><b>Institutions:</b></p> <ul style="list-style-type: none"> <li>Schools</li> <li>Universities</li> <li>Community colleges</li> <li>Hospitals</li> <li>Libraries</li> <li>Social service agencies</li> <li>Nonprofits</li> <li>Museums</li> <li>Fire departments</li> <li>Media</li> </ul>	<p><b>Individuals:</b></p> <p>Gifts, skills, capacities, knowledge and traits of:</p> <ul style="list-style-type: none"> <li>Youth</li> <li>Older adults</li> <li>Artists</li> <li>TANF recipients</li> <li>People with disabilities</li> <li>Students</li> <li>Parents</li> <li>Entrepreneurs</li> </ul>	<p><b>Local Economy:</b></p> <ul style="list-style-type: none"> <li>Business</li> <li>Consumer expenditures</li> <li>Merchants</li> <li>Chamber of commerce</li> <li>Business associations</li> <li>Banks</li> <li>Credit unions</li> <li>Foundations</li> <li>Institutional purchasing power</li> </ul>

## Prioritization of Identified Health Needs

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

The following data was assessed to identify health needs for the community:

### Socioeconomic Indicators

- Household Income and Poverty
- Employment
- Insurance Coverage
- Educational Attainment

### Community Health Status Indicators

- Leading Causes of Death
- Community Health Status Indicators

### Primary Data

- Key Stakeholder Interviews
- Provider Focus Groups
- Community Health Survey

As a result, the following summary list of needs was identified:

Access/Clinical Care	Social & Economic Factors	Health Behaviors
<ul style="list-style-type: none"> <li>• Access to Care for Uninsured and Low-Income Persons</li> <li>• Access to Primary Care</li> <li>• Cancer</li> <li>• Chronic Diseases (Diabetes, Heart Disease and High Blood Pressure)</li> <li>• Mental/Behavioral Health</li> <li>• Oral Health/Access to Dentists</li> </ul>	<ul style="list-style-type: none"> <li>• Poverty/Children Living in Poverty</li> </ul>	<ul style="list-style-type: none"> <li>• Health Literacy</li> <li>• Obesity</li> <li>• Smoking</li> <li>• Substance Use</li> </ul>

Using findings obtained through the collection of primary and secondary data, Lourdes Hospital completed a key findings summary for each identified health need (see Appendix C). Health needs were prioritized with input from a broad base of members of Lourdes Hospital's Leadership Team.

Based on the information gathered through this Community Health Needs Assessment and the prioritization process described above, Lourdes Hospital chose the needs below to address over the next three years.

- Cancer Treatment
- Mental Health
- Substance Abuse
- Chronic Illnesses

Opportunities for health improvement exist in each area. Mercy Health Lourdes Hospital will work to identify areas where Lourdes can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2020-2022.

## **APPENDICES**

**APPENDIX A**  
**KEY STAKEHOLDER INTERVIEW PROTOCOL**

**Key Stakeholder Interview Instrument**

Community Health Needs Assessment for: Mercy Health Lourdes Hospital

Interviewer is Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Stakeholder Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Current Position: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
\_\_\_\_\_

Brief description of role the stakeholder and his/her organization plays in the community:

1. In general, how would you rate the health and quality of life in the Community?
  
2. In your opinion, has the health and quality of life in the community improved/declined/stayed the same over the past few years?
  
3. Why do you think it has improved/declined/stayed the same?
  
4. What other factors have contributed to health and quality of life in the community?
  
5. What barriers, if any, exist to improving health and quality of life in the community?
  
6. In your opinion, what are the most critical health and quality of life issues in the community?
  
7. What needs to be done to address these issues?
  
8. Do you think access to health services has improved over the last 3 years? Why or why not?
  
9. In your opinion, what is the reason why people are not able to access health services (medical, dental, mental health)?
  - \_\_\_ Lack of Health Insurance
  - \_\_\_ Inability to afford co-pays and/or deductibles
  - \_\_\_ Transportation
  - \_\_\_ Physicians refuse to take insurance or Medicaid
  - \_\_\_ People do not know how to find a doctor.
  - \_\_\_ Lack of time
  - \_\_\_ Too long to wait for appointment
  - \_\_\_ Inconvenient hours/locations for medical services

\_\_ Other

10. Please provide your thoughts on how well the community participates and takes ownership in personal wellness and healthy living?
11. What groups of people in the community do you believe to have the most serious unmet health care needs? Please describe the causes. What should be done to address the health needs of these persons?
12. Are there any specialists (physicians) which are needed in the Community? If so, what specialties are needed?
13. What is the most important issue the Lourdes Hospital should address in the next 3-5 years?

**APPENDIX B**  
**ORGANIZATIONS PROVIDING INPUT**

Organization providing input	Nature and extent of Input	Medically underserved, low-income or minority population represented by organization
American Heart Association	Participated in focus group discussions	Community at-large
Baptist Health	Participated in focus group discussions	Community at-large
Central Family Resource Center	Participated in focus group discussions	Families and Children
City of Benton	Participated in focus group discussions	Community at-large
City of Paducah	Participated in focus group discussions and one-on-one stakeholder interview	Community at-large
Crowdus Maintenance	Participated in one-on-one stakeholder interview	Community at-large
Four Rivers Behavioral Health	Participated in focus group discussions	Individuals with substance abuse issues, mental illness and families and children
Fuller Center-Mayfield	Participated in focus group discussions	Individuals with substance abuse issues
Graves County Head Start	Participated in focus group discussions	Low-income and families and children
Graves County Health Department	Participated in one-on-one stakeholder interview	Community at-large
Heartland Church	Participated in one-on-one stakeholder interview	Community at-large
Hope Unlimited Family Care Center	Participated in focus group discussions	Families and Children, Low-income
Kentucky Cancer Program	Participated in focus group discussions	Many populations
Kentucky Care	Participated in one-on-one stakeholder interview	Low-income, uninsured, homeless and families and children
Lundberg Imaging	Participated in focus group discussions	Community at-large
Marshall County 4-H	Participated in one-on-one stakeholder interview	Community at-large
Marshall County EMS	Participated in focus group discussions	Community at-large

Organization providing input	Nature and extent of Input	Medically underserved, low-income or minority population represented by organization
Marshall County Extension Office - University of Kentucky	Participated in focus group discussions and one-on-one stakeholder interview	Community at-large
Marshall County Health Department	Participated in focus group discussions and one-on-one stakeholder interview	Community at-large
Marshall County Hospital	Participated in focus group discussions and one-on-one stakeholder interview	Community at-large
Marshall County Library	Participated in focus group discussions	Community at-large
Marshall County School District	Participated in focus group discussions	Community at-large
Marshall County Senior Citizens Center	Participated in one-on-one stakeholder interview	Senior citizens
Mayfield and Graves County Family Resource Center	Participated in focus group discussions	Families and Children
Mayfield Head Start	Participated in focus group discussions	Low-income and families and children
Mayfield Plaza Apartments	Participated in focus group discussions	Low-income
Mayfield-Graves Chamber of Commerce	Participated in focus group discussions	Community at-large
Mayfield-Graves County Senior Citizens, Inc.	Participated in focus group discussions	Senior citizens
McCracken County Public Library	Participated in focus group discussions	Community at-large
McCracken County Sherriff	Participated in one-on-one stakeholder interview	Community at-large
Mercy Health Lourdes Hospital	Participated in one-on-one stakeholder interview	Community at-large
Merryman House Domestic Crisis Center	Participated in one-on-one stakeholder interview	Individuals affected by domestic violence
Murray Head Start	Participated in one-on-one stakeholder interview	Low-income and families and children
Office of the Kentucky Health Benefit Exchange Assister Program	Participated in focus group discussions	Low-income, uninsured
Paducah Area Chamber of Commerce	Participated in focus group discussions and one-on-one stakeholder interview	Community at-large
Purchase Area Development District	Participated in focus group discussions	Community at-large
Purchase District Health Department	Participated in focus group discussions and one-on-one stakeholder interview	Community at-large

Organization providing input	Nature and extent of Input	Medically underserved, low-income or minority population represented by organization
Regional Prevention Center	Participated in focus group discussions and one-on-one stakeholder interview	Community at-large
St. Nicholas Healthcare Payment Assistance Program	Participated in one-on-one stakeholder interview	Low-income working community members, uninsured
St. Thomas More Catholic Church	Participated in one-on-one stakeholder interview	Community at-large
Stilley House	Participated in focus group discussions	Senior citizens
United Way of Paducah-McCracken County	Participated in focus group discussions and one-on-one stakeholder interview	Low-income, uninsured, homeless and families and children
WellCare	Participated in focus group discussions	Low-income, Senior citizens
West Kentucky Allied Services	Participated in focus group discussions	Low-income
West KY Community Citizen	Participated in focus group discussions	Community at-large
West KY Regional Prevention Center	Participated in focus group discussions	Community at-large
Workforce Development	Participated in one-on-one stakeholder interview	Community at-large
Youth Service Center	Participated in focus group discussions	Families and Children

**APPENDIX C**  
**SUMMARY OF KEY FINDINGS**

	<b>Data Assessment</b>	<b>Key Stakeholder Interviews</b>	<b>Focus Groups</b>	<b>Purchase District Health Department Survey</b>
<b>Access to Care for Uninsured and Low-Income Persons</b>	<ul style="list-style-type: none"> <li>• .Nearly 14,000 persons are uninsured in the CHNA Community.</li> </ul>	<ul style="list-style-type: none"> <li>• Persons do not seek medical treatment due to fear of costs.</li> </ul>	<ul style="list-style-type: none"> <li>• .Recommended area of focus by participants.</li> </ul>	
<b>Access to Primary Care</b>	<ul style="list-style-type: none"> <li>• The rate of primary care physicians to 100,000 population is significantly lower than state and national rates, particularly in the rural counties.</li> <li>• Preventable hospital events are more than double the national rate for Massac and Graves Counties.</li> </ul>	<ul style="list-style-type: none"> <li>• .Access to pediatric and primary care is limited, especially in the surrounding rural counties.</li> </ul>		
<b>Cancer</b>	<ul style="list-style-type: none"> <li>• Cancer Incidence Rate for Lung Cancer is significantly higher than national rates.</li> </ul>			<ul style="list-style-type: none"> <li>•Cancer was one of the top 3 issues on the survey.</li> </ul>
<b>Chronic Diseases (Diabetes, Heart Disease and High Blood Pressure)</b>	<ul style="list-style-type: none"> <li>• Over 14,000 adults have Diabetes.</li> <li>• High Blood Pressure Rates for the adult and Medicare populations are higher than national rates</li> <li>• Mortality rates related to chronic diseases are significantly higher than national rates..</li> </ul>		<ul style="list-style-type: none"> <li>• Identified as a significant health issue.</li> </ul>	
<b>Mental/Behavioral Health</b>	<ul style="list-style-type: none"> <li>• Ratio of population to Mental Health Providers indicates a shortage of providers for Marshall, Graves and Ballard Counties.</li> <li>• Suicide rate for the CHNA community is nearly double national rates. Marshall County's rate is nearly triple the national rate.</li> <li>• The death rate related to drug poisoning is significantly higher than national rates for McCracken and Marshall Counties.</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholders noted the lack of providers for mental health services</li> <li>• There is a lack of awareness regarding available mental health services.</li> <li>• Mental health is a big issue in the community.</li> <li>• Quality mental health care is a significant unmet health need.</li> <li>• Identified as significant health issue facing the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Identified as the most significant health issue.</li> <li>• Recommended area of focus by participants.</li> </ul>	<ul style="list-style-type: none"> <li>•Mental Health was one of the top 3 issues on the survey.</li> </ul>
<b>Oral Health/Access to Dentists</b>	<ul style="list-style-type: none"> <li>• Ratio of population to dentists indicates a shortage of dentists for all counties except McCracken.</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care is not available for low-income and uninsured families.</li> </ul>		

	<ul style="list-style-type: none"> <li>The rate of adults who report poor dental health (who have reported 2ix or more of their permanent teeth have been removed) is significantly unfavorable to national rates.</li> </ul>			
<b>Poverty/Children Living in Poverty</b>	<ul style="list-style-type: none"> <li>16.5% (almost 26,000 persons in the CHNA Community) of the CHNA Community lives below 100% of the federal poverty level.</li> <li>58% of the students in the CHNA Community are eligible for Free/Reduced Price Lunch.</li> <li>4,600 households in the CHNA Community have no motor vehicle.</li> <li>Only 18.8% of the population Age 25+ has a college degree.</li> </ul>	<ul style="list-style-type: none"> <li>There is a widening gap in income and education levels.</li> <li>There is a growing population that is homeless.</li> </ul>		
<b>Health Literacy</b>			<p>Need for communication on what agencies/resources are already available is needed. Recommended area of focus by participants.</p>	
<b>Obesity</b>	<ul style="list-style-type: none"> <li>34,148 adults in the CHNA Community are physically inactive. Nearly 40,000 of the adults in the community are obese.</li> <li>73,577 persons in the CHNA Community live in food deserts.</li> </ul>	<p>Stakeholders shared Paducah is the Fast Food Capital of America The majority of stakeholder reported obesity is a major health concern. Stakeholders noted poor eating habits and lack of exercise negatively affects the health of the community Identified as significant health issue facing the community.</p>	<ul style="list-style-type: none"> <li>Identified as a significant health issue.</li> <li>Recommended area of focus by participants.</li> </ul>	<ul style="list-style-type: none"> <li>Being overweight was one of the top 3 issues.</li> <li>Poor diet and lack of physical activity were 2 of the 3 most serious risk behaviors on the survey.</li> </ul>
<b>Smoking</b>	<ul style="list-style-type: none"> <li>Smoking rates for the CHNA Community are significantly higher than national rates.</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder indicate a high percentage of the population smokes.</li> <li>It is challenging to initiate smoke-free policies in the community.</li> <li>Identified as significant health issue facing the community.</li> </ul>	<ul style="list-style-type: none"> <li>Identified as a significant health issue.</li> </ul>	

<p><b>Substance Abuse</b></p>	<ul style="list-style-type: none"> <li>Over 12,000 adults in the CHNA Community report drinking excessively.</li> </ul>	<ul style="list-style-type: none"> <li>There is an increasing need for behavioral health in the community, which includes treatment for substance abuse.</li> <li>Identified as significant health issue facing the community.</li> </ul>	<ul style="list-style-type: none"> <li>Identified as the 2<sup>nd</sup> most significant health issue. Recommended area of focus by participants.</li> </ul>	<ul style="list-style-type: none"> <li>Drug abuse was the most serious risk behaviors on the survey.</li> </ul>
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