

# King's Daughters' Health Community Needs Assessment

Summary Report  
October 2016

## Background

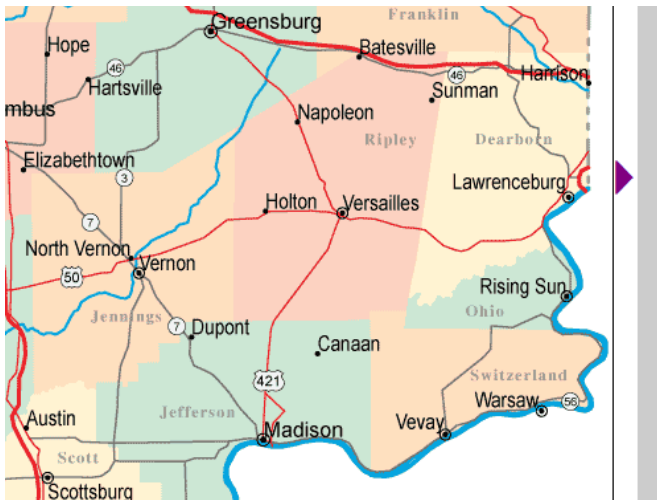
- King's Daughters' Health conducted a community needs analysis during 2016 that involved its primary service area of Jefferson County and Switzerland County, Indiana and Trimble County, Kentucky. The last time a community needs assessment was conducted was in 2013.
- The focus of this assessment was on the health needs that could be addressed by KDH and can be used by KDH in planning future services, applying for grants and planning outreach efforts.
- Carri Dirksen, an independent marketing consultant, assisted with this needs analysis and has produced this overview report summarizing key findings from the multiple parts of the study.
- The study included the following components:
  - Analysis of secondary data to develop a profile of the residents of each county and to indicate, where possible future trends and to show comparisons with state and national data;
  - In-person interviews with 28 key leaders within KDH including board, staff and medical staff;
  - In-depth-interviews by telephone with 34 community leaders including government, medical, education, and other community leadership positions in all three counties;
  - Comments from 46 Community Leaders in attendance of a Healthy Community Initiative Meeting including medical, clergy, educational, civic, business and other leaders.
  - In-person written surveys from 58 individuals in a low income location;
  - In-person written surveys of 47 senior citizens;
  - A web-based survey open to the general public which resulted in 132 completed interviews.

## Background continued

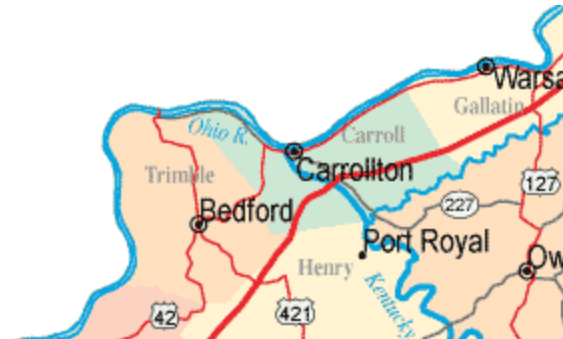
- This assessment allowed all individuals to provide responses on any community needs not listed in the questions and allowed individuals to make comments on community health issues on which KDH could have an impact.
- Key health issues explored were the following:
  - Lack of Physical Activity
  - Overweight and Obesity
  - Tobacco Use
  - Substance Abuse/Gambling/Addictions
  - Responsible Sexual Behavior
  - Mental Health/Suicide
  - Injury and Violence (including Domestic Violence and Sexual Assault)
  - Environmental Quality
  - Immunization
  - Access to Health Care for the Insured and Uninsured
  - Maternal and Child Health
  - Infectious Disease
  - Occupational and Safety Health
  - Special needs/Disabled/Impaired
  - Chronic Disease

# KDH Service Areas

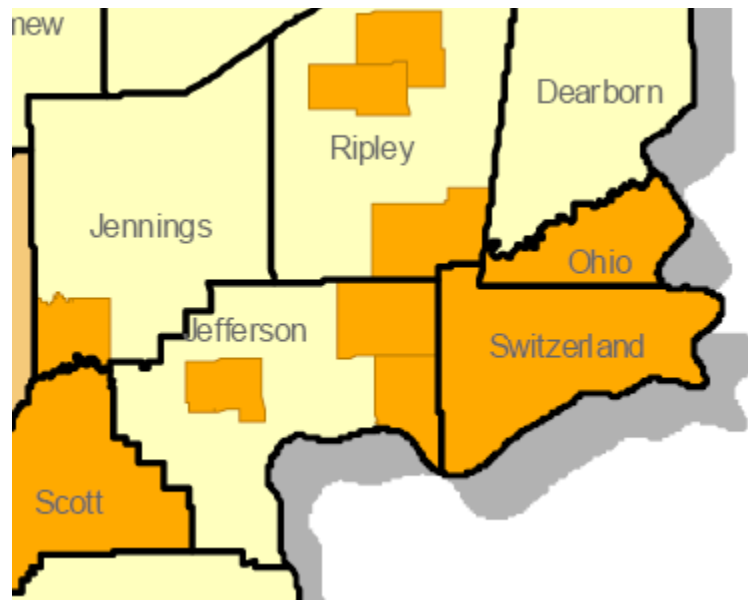
Jefferson County and Switzerland County, Indiana



Trimble County, Kentucky



## Designations of Medically Underserved Areas (in orange)



The Shortage Designation Branch in the HRSA Bureau of Health Professions National Center for Health Workforce Analysis develops shortage designation criteria and uses them to decide if a geographic area or population group is a Health Professional Shortage Area (HPSA), a Medically Underserved Area (MUA), or a Medically Underserved Population (MUP).

Medically Underserved Areas (MUAs) may be an entire county or group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services.

Source: Shortage Designation Branch, HRSA,  
U.S. Department of Health and Human Services – January 2015

# KDH Service Areas Description

## Jefferson County

- Jefferson County is experiencing a slight decrease in total population, currently at 32,428. By 2025, the population is expected to be about 32,880. It has a median age of 40.9, above that of the state average of 37.0. The unemployment rate is the same as that of the state of Indiana rate of 6.0%.
- The population is fairly homogeneous with a largely Caucasian population, 95.4%. Of the total population in the county, 48.2% are male and 51.8% are female.
- The median average household income, of \$45,964, is lower than that for Indiana and the nation. In Jefferson County, about 16.2% of the individuals, or about 5,264, live below the poverty level, above the 15.2% poverty rate of individuals in Indiana and the 16.0% rate for the entire United States.
- 40% of all families in Jefferson County are single parent families with 40% of these families in poverty. In Indiana, 33.3% of all families are single parent families with 44.7% of these families in poverty.
- The child abuse/neglect rate per 1,000 children under the age of 18 has increased from 14.6 in 2011 to 20.6 in 2014.
- 22% of adults in Jefferson County use tobacco compared to 23% of adults living in the state of Indiana.
- According to the Indiana State Department of Health 2014 report, Jefferson County was not listed as a county that had a shortage of healthcare professionals or of mental health professionals. However, the 2014 report lists Milton, Shelby and Smyrna townships as medically underserved.
- The rate of all cancer incidence is higher in Jefferson County, at 479 for 100,000 population, than for Indiana, at 462 for 100,000 population. The rate of lung cancer is higher in Jefferson, at 84 per 100,000 population than for Indiana at 72 per 100,000. The rate of prostate cancer is higher in Jefferson, at 104 per 100,000 population than for Indiana at 94 per 100,000. The rate of breast cancer in Jefferson is lower, at 99 per 100,000 population than for Indiana at 119 per 100,000 population. The rate of colorectal cancer is slightly lower in Jefferson, at 42 per 100,000, than the rate for Indiana, at 43 per 100,000.
- The suicide death rate per 100,000 population is significantly higher in Jefferson County at 26.8 versus the state of Indiana at 14.2 and the United States at 13.0.

# KDH Service Areas Description

## Jefferson County

- The percentage of driving fatalities with alcohol involvement was 23% for Jefferson County compared to 19% for the state of Indiana.
- According to INSPECT (Indiana Scheduled Prescription Electronic Collection and Tracking), Jefferson County had 1.45 opioids dispensed per capita compared to Indiana at 0.82.
- The drug overdose mortality rate is higher in Jefferson County at 21 versus Indiana at 18.
- The percent of mothers who smoked during pregnancy in Jefferson County is 27.1%. It is significantly higher than the state of Indiana average of 15.1%. In 2014, the percent of low-weight births for Jefferson County was 8.8%, above the 8.0% for Indiana.
- The number of teen pregnancies among women 15 to 19 years old has slightly decreased in Jefferson County from 2010 to the most recent measurement in 2014. In Jefferson County, there were 44 teen pregnancies in 2010 and 37 teen pregnancies in 2014. For the state of Indiana, a significant decrease took place - there were 8,629 teen pregnancies in 2010 and 6,218 in 2014.
- The rate of deaths related to major cardio vascular diseases in Jefferson County increased from 2013 - 321.0 per 100,000 population to 362.2 per 100,000 population in 2014. The opposite trend occurred in Indiana with 243.7 per 100,000 deaths recorded in 2013 falling to 240.0 per 100,000 in 2014.
- The stroke death rate in Jefferson, at 79.6 per 100,000 population in 2014, was significantly higher than the 41.7 per 100,000 population for the state of Indiana and the 36.5 per 100,000 for the nation.
- The rate of pediatric asthma in Jefferson County, at 2.0%, is slightly higher than the rate for Indiana, at 1.9%.
- The death rate from Chronic Lower Respiratory Disease (CLRD) is higher in Jefferson County with a death rate of 65.2 per 100,000 versus the state of Indiana's death rate of 54.1 per 100,000 and the nation's death rate at 40.5%.

# KDH Service Areas Description

## Switzerland County

- Switzerland County has a population of 10,613 and has had a growth decline of 0.95%, while the state of Indiana has had a growth increase of 0.4%. By 2025, the population will be 12,484.
- The ethnicity is 97.7% white. Males make up 51.0% of the population, while females make up 49.0%.
- The unemployment rate is 4.9% in Switzerland County, slightly higher than the state of Indiana rate of 4.8%.
- The median household income is \$47,606, compared to \$49,384 for Indiana and \$53,637 for the nation. In Switzerland, 28% of the families are below the poverty level, compared to 20.6% of Indiana families, and 20.8% of families in the nation. 28.2% of the children in Switzerland County are below the poverty level.
- In 2014, 18% of all adults age 25+ had less than a high school diploma.
- The teen birth rate for Switzerland County in 2012 was 16.9 per 1,000 females age 15-17. This is higher than the rate for the state of Indiana at 15.5 per 1,000.
- The rate of mothers smoking during pregnancy is 33.6% in Switzerland County, which is significantly than the rate of 15.1% for the state of Indiana. In Switzerland, there is a 10.2% low birth weight, compared to 8.0% in Indiana.
- Switzerland County has a shortage of health care professionals. All areas of Switzerland County are considered medically underserved. Switzerland County also has a shortage of mental health professionals.
- The percentage of driving fatalities with alcohol involvement is 31% for Switzerland County compared to 19% for the state of Indiana.
- The death rate in Switzerland County from Chronic Lower Respiratory Disease (CLRD) is significantly higher at 82.2% than that of 54.1% for the state of Indiana and 40.5% for the nation.
- The death rate from major cardiovascular disease was 352.6 per 100,000 population for Switzerland County in 2014. This is significantly higher than Indiana's 240.0 and the nation's 203.5 per 100,000 during the same period.
- The incidence of cancer rate (all sites) was lower in Switzerland County - 434 per 100,000 population compared to Indiana's rate of 462 per 100,000. The only type of cancer in which Switzerland County recorded an incidence rate higher than the state of Indiana was Colorectal Cancer - Switzerland County 65 per 100,000 versus Indiana's 43 per 100,000 population.
- The stroke death rate for Switzerland County was significantly higher at 86 per 100,000 compared to Indiana at 41.7 per 100,000



# KDH Service Areas Description

## Trimble County, Kentucky

- Trimble County, Kentucky, has a population of 8,769 and a declining growth rate of -0.37 per 1,000 population, compared to 0.47% increased growth for the state of Kentucky. By 2025, the population will be 9,807.
- The population is 94% white. Males make up 50.2% and females make up 49.8% of the total county population.
- The average median household income in Trimble County is \$45,394 compared to \$43,307 for the state of Kentucky. The unemployment rate is 7.2%, compared to 6.5% for the state of Kentucky and 5% for the nation.
- The teen birth rate for girls ages 15 - 19 is 43.6% per 100,000 compared to 40.6% per 100,000 for the state of Kentucky.
- The rate of smoking during pregnancy in Trimble County is 31.3%, compared to 22.5% for the state of Kentucky. The low birth weight rate in Trimble County is 9.8% which is above the state of Kentucky's 8.7%.
- In Trimble County, 28% of adults smoke, which is higher than the 27% for the state of Kentucky.
- There has been a significant increase in drug arrests per 100,000 population in Trimble County from 411 in 2011 to 2,632 in 2013.
- In Trimble County, 35% of the adults are obese, which is higher than Kentucky's 32%. In Trimble, 28% of adults lack physical activity, compared to 29% of adults in the state of Kentucky.
- In Trimble County, there is an 8% rate of adult diabetes, compared to 11% in the state of Kentucky. The death rate per 100,000 due to diabetes was 39.8 for Trimble County, compared to 24.1 for Kentucky.
- Deaths due to Pancreatic Cancer were 17 per 100,000 for Trimble County compared to 10.8 per 100,000 for the state of Kentucky. Deaths due to Prostate Cancer were 18 per 100,000 for Trimble County and 21.3 per 100,000 for Kentucky.

# Major Community Needs Identified in Past Health Need Assessments

## 2010:

- Tobacco Use
- Overweight and Obesity
- Lack of Physical Activity
- Substance Abuse/Addictions
- Mental Health
- Chronic Disease
- Responsible Sexual Behavior
- Maternal and Child Health (Teen Pregnancy)

## 2013:

- Overweight and Obesity
- Substance Abuse/Addictions
- Chronic Disease
- Tobacco Use
- Access to Health Care
- Lack of Physical Activity
- Mental Health

# 2016 Top Health Issues: Percent Rating this as a Major Issue

Issues highlighted in yellow are those in which the majority of at least one group considers this a major issue.

	Internal	Community Leaders	Low-Income	Web-based Community	Senior Citizens
Substance Abuse/ Addictions	96%	100%	100%	97%	95%
Overweight and Obesity	96%	90%	82%	87%	95%
Tobacco Use	93%	84%	94%	77%	59%
Lack of Physical Activity	89%	75%	82%	75%	75%
Chronic Disease	85%	94%	Not asked	85%	61%
Mental Health/Suicide	85%	87%	85%	86%	68%
Access to Health Care	81%	61%	81%	59%	40%
Responsible Sexual Behavior	48%	63%	71%	64%	Not Asked

## Summary of Top Health Issues: Percent Rating this as a Major Issue

Issues highlighted in yellow are those in which the majority of at least one group considers this a major issue.

	Internal	Community Leaders	Low-Income	Web-based Community	Senior Citizens
Maternal and Child Health (Teen Pregnancy)	41%	55%	Not asked	58%	Not asked
Infectious Disease	41%	49%	Not asked	42%	Not asked
Injury & Violence (Domestic Abuse/Sexual Assault)	37%	61%	78%	66%	Not asked
Special Needs (Disabled/Impaired)	33%	52%	Not asked	48%	Not asked
Occupational & Safety Health	19%	14%	Not asked	28%	Not asked
Environmental Quality	15%	29%	50%	56%	Not asked
Immunization	15%	19%	35%	30%	Not Asked

# Major Problems

- There are some patterns that indicate similar opinions on the major issues and community health needs. The following areas are rated as major issues by more than half of the respondents in the indicated categories:
  - Substance Abuse and Addictions (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community, Senior Citizens)
  - Overweight and Obesity (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community, Senior Citizens)
  - Tobacco Use (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community, Senior Citizens)
  - Lack of Physical Activity (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community, Senior Citizens)
  - Chronic Disease (Internal Leaders, Community Leaders, Web-based Community, Senior Citizens)
  - Mental Health/Suicide (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community, Senior Citizens)
  - Access to Health Care (Internal Leaders, Community Leaders, Low-income Residents, Web-based community)
  - Maternal and Child Health/Teen Pregnancy (Community Leaders, Web-based Community)
  - Responsible Sexual Behavior (Community Leaders, Low-income Residents, Web-based Community)
  - Injury and Violence/Domestic Abuse (Community Leaders, Low-income Residents)
  - Special Needs/Disabled/Impaired (Community Leaders)
- The majority of community leaders believe KDH should have a leadership role in:
  - Access to Health Care
  - Chronic Disease
  - Mental Health/Suicide
  - Substance Abuse/Addictions
  - Infectious Disease
  - Lack of Physical Activity
  - Tobacco Use

## Major Problems

- The majority of community leaders believe KDH should have a supporting role in:
  - Injury and Violence/Domestic Abuse/Sexual Assault
  - Special Needs for the Disabled/Impaired
  - Responsible Sexual Behavior
  - Occupational and Safety Health
  - Maternal and Child Health (Teen Pregnancy)
  - Environmental Quality
- The health issue of Overweight and Obesity was rated a major issue by the community leaders, however it is worth noting that exactly half of those surveyed felt KDH should take a leadership role in addressing the issue.

# Community Leaders' Opinions on KDH Role in Addressing Issues

Items under “leadership” highlighted in yellow indicate that the majority of community leaders believe KDH should have a leadership role in addressing this issue.

Items under “supporting” highlighted in blue indicate that the majority of community leaders believe KDH should have a supporting role in addressing this issue.

	Leadership	Supporting	No Specific
Access to Health Care	88%	12%	0%
Chronic Disease	85%	15%	0%
Mental Health/Suicide	67%	33%	0%
Substance Abuse / Addictions	59%	41%	0%
Infectious Disease	58%	42%	0%
Lack of Physical Activity	54%	46%	0%
Tobacco Use	53%	38%	9%
Overweight and Obesity	50%	44%	6%
Maternal and Child Health (Teen Pregnancy)	44%	56%	0%
Immunization	37%	50%	13%
Responsible Sexual Behavior	22%	71%	7%
Special Needs / Disabled / Impaired	20%	76%	4%



Majority of all groups considers this a major issue.



Issues highlighted in yellow are those in which the majority of at least two groups considers this a major issue. (See charts on previous pages.)

# List of Educational Program Topics or Outreach Suggestions for KDH

<p>Implement substance abuse education starting in elementary schools and on up through high school in conjunction with law enforcement, local mental health providers, area churches and area school systems.</p>	<p>Collaborate with schools on obesity/physical education and nutrition including school lunches from elementary school through high school. Provide classes during the school day to insure all children can participate.</p>
<p>Utilize a Diabetes Educator to lead Diabetes Support Groups in each of the counties that KDH serves.</p>	<p>Provide sex education to all area high school students in conjunction with the CPR program for younger children. Work with local school systems to insure the CPR program or similar program is being utilized.</p>
<p>Meet more regularly (monthly at a minimum) with the health department, area law enforcement, churches and school systems on how to better address the substance abuse issue in the community.</p>	<p>Conduct public forum(s) to educate the public on substance abuse issues in conjunction with area law enforcement, churches and school systems. Publicize what occurs at these forums for those unable to attend.</p>
<p>Develop a Stroke Prevention Plan aimed at reducing the high stroke death rates in both Jefferson and Switzerland Counties.</p>	<p>Expand quarterly program where citizens can dispose of their prescription drugs without consequence by offering both a downtown and hilltop location each time.</p>
<p>Facilitate nutrition and cooking classes aimed at school-aged children through adults which include portion size, how many calories are in the foods we eat, how to eat healthy on a budget etc.</p>	<p>Educate the public on the need for prenatal care including the impact substance abuse/smoking may have on unborn children.</p>
<p>Evolve "Madison Moves" into a year-round program in conjunction with area government leaders to encourage people to become more active and lower the community's obesity levels.</p>	<p>Teach the public on safety for kids such as the need to wear helmets while riding a bike/skateboarding, why booster seats are important etc.</p>
<p>Offer Smoking Cessation Classes in each county KDH serves.</p>	<p>Work with the health department, area schools, area churches, and local mental health providers on creating a Suicide Prevention Task Force incorporating life coping skills, building self esteem and taking the stigma away from having a mental health issue.</p>



## List of Educational Program Topics or Outreach Suggestions for KDH

Provide education to area youth and their parents on the risks from vaping/e-cigarettes.	Formulate a plan with local law enforcement and area mental health providers on how best to provide available and affordable in-patient substance abuse treatment to individuals within the KDH service area.
Increase water aerobic offerings at the Rehabilitation Center, so more people may participate. Work with both Madison Consolidated and Southwestern School systems on creating additional water aerobic class times/open swim availability at their indoor pools at affordable prices.	Educate the public on STD's - particularly high school and 50+ age groups.
Expand the Girls on the Run program beyond Jefferson County.	Provide proactive education on occupational and safety health to major area employers.
Address the needs of our aging population by adding caregiver support groups.	Teach patients about how to handle chronic pain management and the other treatments available to them in addition to medication.
Work with Safe Passage on educating area citizens on domestic violence/sexual assault.	Partner with NAMI (National Alliance for Mental Illness) on providing support groups for both patients and caregivers of those with mental illness.
Establish a Narcotics Anonymous (NA) Program	Provide Mental Health counseling.
Create a support group for grandparents who are raising their children's children.	Offer a "Dying with Dignity" program incorporating advanced directives.
Develop resources for area employers with employees dealing with substance abuse issues.	Implement life line screenings.
Create/and or support a treatment program for dealing with withdrawal and maintaining sobriety.	Form an AlaTeen Program in conjunction with Alcoholics Anonymous

## List of Educational Program Topics or Outreach Suggestions for KDH

Increase the use of digital mental health screening.	Educate parents on the need for the HPV vaccine for their sons and daughters.
Work with local agencies in designing a support program for teenage mothers.	Partner with IN*SOURCE to provide parents, families and service providers in the KDH service area with the information and training necessary to assure effective educational programs and appropriate services for children and young adults with disabilities.
Design a collaborative program on diabetes management.	Offer an Osteoporosis Clinic.
Provide services formerly offered by Planned Parenthood such as STD testing, birth control and well-exams for women at no cost or at a nominal fee for low-income individuals.	

# List of General Suggestions for KDH

<p>Educate the public on the process, the concept of hospitalists, and the difficulty in finding physicians to fill current available positions at KDH.</p>	<p>Formulate a plan for those patients whose doctor has left the area to receive needed medication refills.</p>
<p>Change the hours of the KDH Convenient Care Center so it is both more convenient and competitive. Considering opening the CCC that is designed to be next to the ER as part of a triage system and/or opening a facility downtown for those with transportation issues.</p>	<p>Conduct a pricing comparison of KDH services with area hospitals.</p>
<p>Expand physician service hours for those patients who work second or third shift.</p>	<p>Broaden KDH public relations/marketing efforts to include more educational topics. Showcase the available services in the community offered by the Clearinghouse, Boys &amp; Girls Club, etc. Use KDH existing billboards for periodic public service announcements such as "Have you got your Mammogram this year?" or "Heart Disease Kills". Sponsor Public Service Announcements (PSAs) about depression and it's symptoms and where to get help.</p>
<p>Offer flu shots that are convenient, cost-effective and readily available so it is as easy or easier to get a flu shot through KDH as it is at Wal-Mart and other area pharmacies.</p>	<p>Continue to participate in more community outreach opportunities such as the House of Hope Food Pantry, Salvation Army (offering health screenings) etc. and offer financial support to Safe Passage.</p>
<p>Communicate on a weekly basis all the fitness opportunities available in the community. Allocate space at the hospital and medical offices to hang posters and promote activities focused on physical fitness.</p>	<p>Focus on reducing the obesity rates of KDH employees. so KDH can "lead by example". Eliminate unhealthy foods from the hospital's cafeteria such as doughnuts.</p>
<p>Improve the directional signage throughout the hospital and medical office buildings.</p>	<p>Increase the security/police presence at the hospital - particularly in the ER.</p>

# List of Suggested Services or Specialties for KDH

(yellow indicates not currently offered)

Acupuncture	Mental Health Professionals and Services; Long-term Care
Bariatric Counseling and Surgery	Obesity Prevention Coordinator offering Nutritional Counseling.
Breast MRI	Occupational Health Services
Cardiology Services and Surgery Expansion	Pain Management Clinic
Dermatology	Palliative Care Program for Chronic Disease
Full-time Registered Dietician	Plastic Surgery which offers breast reconstruction one or two days each week
Disease Control	Psychiatry
Drug and Alcohol In-patient Rehab Program	Pulmonologist for children
Endocrinology	Rheumatology
Fertility Treatment	SANE (Sexual Assault Nurse Examiner) Nurses
Hospitalists	In-patient Substance Abuse Detox Program
Hyperbaric oxygen chambers	Transitional Care
Infectious Disease Specialist	Comprehensive Non-Surgical Weight Loss Clinic
Lap-Band Surgery	

## KDH Existing Service Lines - October 2016

- Ambulance Service
- Ambulatory Surgery Unit
- Anesthesiology
- Blood Bank
- Cardiac Rehabilitation
- Cardio-pulmonary Services
- Cardiology
- Case Management
- Diagnostic and Interventional Catheterization Lab
- Community Health Screenings
- Convenient Care Center
- Coumadin Clinic
- Diabetes Education
- Ear Nose and Throat Services
- Emergency Services
- Gastrointestinal Services
- General Surgery
- Gynecology/Obstetrics
- Home Health
- Hospice
- Infection Prevention
- Intensive Care
- Internal Medicine
- Laboratory Services
- Nursery
- Lithotripsy
- Medical Imaging
  - X-ray
  - 64-slice CT
  - MRI
  - Ultrasound
  - Nuclear Medicine
  - Mammography
  - Bone Density
  - Mobile PET
- Medical Oncology/Hematology and Radiation Oncology (IMRT)
- Medical-Surgical Care
- Mother / Baby Services
- Nephrology
- Neurology
- Orthopedics
- Pain Management
- Pathology
- Pediatrics
- Pharmacy Services
- Primary Care Medicine
- Pulmonology
- Radiology School
- Rehabilitation (Inpatient/Outpatient)
- Respiratory Therapy
- Sleep Center
- Social Services
- Urology
- Volunteer Services
- Wound Management

## KDH Potential Service Line Expansions/ Additions/ Under Consideration

Physician recruitment efforts will include:

Immediate Needs	Possible Future Needs (Next Five Years)
Pediatrics	Internal Medicine
Internal Medicine	Family Practice
Family Practice	Pediatrics
Hospitalist	Other specialties may be considered.

## KDH Facilities

- King's Daughters' Hospital, 1373 E. SR 62, Madison, IN 47250
- Main Campus Medical Building, 1373 E. SR 62, Madison, IN 47250
- Cancer Treatment Center, 1373 E. SR 62, Madison, IN 47250
- Convenient Care Center, 445 Clifty Drive, Madison IN 47250
- Home Health and Hospice, 2670 North Michigan Road, Madison, IN 47250
- Rehabilitation Center, 2670 North Michigan Road, Madison, IN 47250
- Downtown Medical Office Building, 630 North Broadway, Madison, IN 47250
- Hilltop Clinic, 445 Clifty Drive, Madison, IN 47250
- Hanover Clinic, 36 Medical Plaza, Hanover, IN 47243
- Versailles - Tyson Street, 206 West Tyson Street, Versailles, IN 47042
- Versailles - Main Street, 128 North Main Street, Versailles, IN 47042
- Trimble County Medical Building, 10235 US Highway 421, Milton, KY 40045
- Carrollton Medical Building, 205 Marwill Drive, Carrollton, KY 41008
- Switzerland County Medical Building, 1190 West Main Street, Vevay, IN 47043

# KDH Community Programs and Services in 2015

- Participated in one corporate health fair.
- Orchestrated 15 corporate health screening sessions.
- Offered health education at seven community health fairs.
- Administered specific screening for colon cancer.
- Provided 172 corporate flu shots.
- Conducted 23 speaking engagements.
- Held classes on: fit kids program, tobacco cessation & education, pre-natal prep/childbirth education/Lamaze techniques and CPR & first aid.
- Facilitated monthly health education at House of Hope food pantry. Topics included: CPR Friends & Family, Heart Health, Nutrition, Emergency Preparedness, Car Seat Safety, Sun Safety, Tobacco, Kids Health, Safe Drug Drop Off/HIV testing, Breast Cancer, Diabetes and Holiday Food Safety.
- Created Strive for 5 Program, a five-week weight loss education program open to the community.
- Organized employee wellness challenges, weight loss programs, and health screens in addition to providing newsletters about health issues and calendars detailing wellness opportunities.
- Promoted health education on various topics through "To Your Health", a 30-minute monthly radio program.
- Managed insurance premium reduction incentive program in conjunction with employee health screens and employee health risk assessment.
- Coordinated a local council of *Girls on the Run*, part of a national program, designed to educate and prepare preteen girls for a lifetime of self respect and healthy living.
- Co-sponsored "Speaking of Women's Health", a one day event focused on educating women to make informed decisions about health, women's well-being and personal safety.
- Conducted annual 5K Walk/Runs.
- Participated in numerous community programs involving dealing with substance abuse, anti-smoking, wellness and area corporate health and safety.
- Hosted a breast cancer support group.
- Supported local high school and colleges' medical internships and medical job shadowing experiences.
- Obtained grants to address tobacco prevention & cessation.
- Supplied EMS stand-by coverage at all Jefferson County activities.



## KDH Gaps

- There does not appear to be large gaps in the topics or types of community outreach programs that KDH has conducted in the past with the possible exception of treatment for those with substance abuse/mental health issues. However, there may be gaps due to funding levels or staffing levels in the number of programs and the geographic reach of the programs that have been offered. KDH should use the list of major health issues in which KDH is expected to have a leadership and supporting role as well as the list of specific topics suggested to develop programs and apply for grants to improve health in the communities it serves.
- The gaps in the current medical service lines and the medical specialties desired are worth exploring. However, this analysis focuses only on expressed needs and does not contain patient projection information or financial analysis for a business case analysis. That would be an additional step, if appropriate. The services suggested which are not currently offered include:

Acupuncture	Mental Health Professionals and Services; Long-term Care
Bariatric Counseling and Surgery	Obesity Prevention Coordinator
Breast MRI	Occupational Health Services
Dermatology	Pain Management Clinic
Disease Control	Plastic Surgery which offers breast reconstruction one or two days each week
Drug and Alcohol In-patient Rehab Program	Psychiatry
Endocrinology	Pulmonologist for children
Fertility Treatment	Rheumatology
Hospitalists	SANE (Sexual Assault Nurse Examiner) Nurses
Hyperbaric oxygen chambers	In-patient Substance Abuse Detox Program
Infectious Disease Specialist	Transitional Care
Lap-Band Surgery	Comprehensive Non-Surgical Weight Loss Clinic

## Conclusions and Recommendations for KDH

- Substance Abuse - was the top major health need cited by all groups interviewed. It is prevalent in all counties served by KDH. It is important to note that this health issue is one that is wide-spread nation-wide and not just in the KDH service area.
  - There were many differing opinions expressed on what KDH's role should be in combating substance abuse. The consensus was that KDH needs to have a leadership issue in relation to substance abuse. At a minimum, many felt this leadership role should be to pull the powers together to systematically address the issue together with a three prong approach of justice, treatment and prevention. Groups that need to be involved include: law enforcement, the health department, mental health providers, the judicial system, churches, the schools etc. This core group needs to meet at the minimum of once a month. Meetings twice a year are not enough. The outcome from these meetings needs to be shared with the public who are concerned that nothing is being done to combat this issue.
  - The lack of in-patient substance treatment centers and mental care facilities to refer these type of patients to is a major issue and one that needs to be addressed.
  - Many interviewed felt the public needs to be further aware of how much of an issue substance abuse is in the community i.e. amount of babies born addicted to meth/heroin and the detoxification required.
  - The need for further drug education in the schools from elementary on up through high school was mentioned numerous times. This education needs to also include alcohol abuse which is a concern of many.
  - The prescription drug/used syringe drop-off program with no questions asked needs to be expanded to include locations both downtown and on the hilltop in Jefferson County.
- Several of the top major community health concerns involve addressing the frequently inter-related issues of obesity, lack of physical activity, and smoking. These health issues lead to chronic disease, such as stroke where the death rate in both Jefferson and Switzerland Counties is over double the nation's death rate, and have an impact on patients served by KDH facilities. The majority of community leaders expect KDH to take a leadership role in addressing overweight and obesity and tobacco use. Those in outlying counties have asked that current KDH programs available in Jefferson County be offered in their own counties or at a minimum that the Jefferson County programs be promoted to citizens in these other counties for their potential attendance.

# Conclusions and Recommendations for KDH

- KDH should consider ways in which it can set an example at its own facilities for the community; increasing the healthy food offerings in its cafeteria and vending machines and expanding its wellness program which focuses on all employees including those at satellite offices.
- Expanding the successful Madison Moves program to a regular program was cited by many.
- Dedicated space should be allocated in both the hospital and medical office buildings to promote physical fitness opportunities. In addition, KDH should communicate physical fitness opportunities available in the community on a regular basis via social media.
- KDH should consider asking for grants to offer community outreach programs to educate individuals on topics such as nutrition, healthy weight, healthy eating, and exercise.
- In addition, KDH should work with the local school districts and the KDH rehabilitation center to offer more water aerobic fitness opportunities with affordable pricing at indoor swimming pool facilities.
- Mental health was a major issue among each of the groups interviewed. All the groups felt KDH should take a leadership role in addressing mental health.
  - The large jump in suicides, particularly in Jefferson County, was a primary concern of many. A Suicide Prevention Task Force comprised of KDH, the health department, area schools, area churches, and local mental health providers incorporating life coping skills, building self esteem and taking the stigma away from having a mental health issue is recommended at a minimum.
  - Many interviewed mentioned the need for expanding TeleMed as a mental health resource, recruiting on-staff psychiatrist(s) or an improved referral program for those with mental illness.
  - KDH leaders interviewed stressed the hours of staff time that is currently spent finding facilities to refer patients to with open beds. This concern was also expressed by those in the law enforcement/judicial sector. This issue is worth further study by KDH to determine what role it can provide to the community in this area.
  - Educating the public on the signs of depression and where to seek help was cited by many as a need that should be addressed by KDH.

## Conclusions and Recommendations for KDH

- A lack of available primary care physicians in the KDH service area was cited by all groups interviewed.
  - There is concern that KDH is apathetic to the issue. KDH is encouraged to educate the public on the lack of available physicians, the concept of hospitalists, and the process of recruiting those that are available to the KDH service area.
  - There were several who mentioned difficulty in getting a prescription refilled because their doctor has left the area and there was no physician to take his/her place. A system needs to be put in place to insure those in need of prescription refills are taken care of.
  - KDH is encouraged to continue preventative health screenings such as blood pressure, glucose etc. at events where those of lower income may gather such as the Salvation Army End of the Month Meal, the distribution at the House of Hope Food Pantry etc. since many attending may lack a primary care physician.
- The lack of transportation was cited numerous times as a health issue particularly for those of lower income. Catch-a-Ride and Medi-cab are well utilized in the KDH service area, but they do not operate after 5 p.m. nor do they run on weekends. KDH may want to consider working with Lifetime Resources on expanding its hours to help fill this void.