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Executive Summary

Jewish Hospital is pleased to present its 2020-2022 Community Health Needs Assessment (CHNA). KentuckyOne Health contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) to conduct a CHNA in accordance with the Affordable Care Act (ACA) and section 501(r) of the Internal Revenue Code for nonprofit tax-exempt hospitals. This CHNA is the first report prepared by CEDIK for Jewish Hospital. This report will be used to create an implementation plan with wide community input to address the identified health needs for the community served by Jewish Hospital over the next three years.

Summary of the Process

Methodology
The Louisville Metro Department of Public Health and Wellness collected over 3,600 responses to a community wide survey from Jefferson County residents from December 2017 to March 2018. The online and paper survey (see Appendix for survey) was offered in 6 languages (English, Spanish, Arabic, French, Swahili, and Nepali), and the goal of the survey was to learn more about the assets and challenges in Louisville, as well as understanding more about how people in Louisville access health care. From June 2018 through August 2018, the department held 8 focus groups with a total of 82 people participating. Throughout the process, input from populations that are often not engaged in conversations about their health needs or gaps in service has been prioritized.

KentuckyOne Health gathered even more community input at a September 2018 kickoff event for the Healthy Louisville 2025 effort. In addition to the surveys, focus groups, and the fall 2018 kickoff event, KentuckyOne Health also gathered input from the Forces of Change event, and the Health Equity Report. KentuckyOne Health is working with the Louisville Metro Department of Public Health and Wellness to address the issues uncovered in the surveys and focus groups, and partnering on the larger Healthy Louisville 2025 effort: an action plan for improving community health.

CEDIK facilitated the development of this CHNA report to address identified health needs through the various efforts described. As part of this report, CEDIK provided county specific secondary data and 2017 hospital utilization data to help examine the social determinants of health. This CHNA report synthesizes community health needs survey data with social and economic data as well as health outcomes data collected from secondary sources to help provide context for the community data.

Prioritized Areas
The Jewish Hospital CHNA Steering Committee reviewed survey results as well as key secondary health data. The committee considered existing local, state and national priorities, conducted an open discussion and voted on specific strategic initiatives for the county. Members identified current resources and possible barriers to resources that residents may experience. This information can assist the hospital and the larger KentuckyOne Health network, as implementation plans are developed to address the prioritized health needs.

Jewish Hospital CHNA Steering Committee selected the following priority areas for action:

- Tobacco and drug abuse
- Transportation
- Connecting families to health and wellness
- Housing
- Obesity
Acknowledgements

This Community Health Needs Assessment is a joint effort by KentuckyOne Health, Jewish Hospital, and the Community and Economic Development Initiative of Kentucky (CEDIK).

CEDIK at the University of Kentucky provided assistance with the secondary data and compilation of this analysis. CEDIK works with stakeholders to build engaged communities and vibrant economies. If you have questions about CEDIK’s assessment process, contact Melody Nall, CEDIK Extension Specialist: melody.nall@uky.edu or (859) 218-5949.

Jewish Hospital would like to thank CEDIK, the Louisville Metro Department of Public Health and Wellness and all community partners for their contributions to the information compiled in this document.
Dear Community Resident,

KentuckyOne Health and Jewish Hospital are committed to building a healthier community and we appreciate your input regarding your health care concerns and needs through the Community Health Needs Assessment to help us attain this goal. The information in this report will help to guide us in identifying health needs in our community and prioritizing allocation of resources to meet those needs.

Kentucky and many of the communities we serve face daunting health challenges. Added to the challenge is the fact that many areas are medically underserved. We are committed to providing the highest quality care close to home, reducing the incidence of disease, promoting health equity, advancing care delivery, and shaping and leading health policy. We are grateful for the partnerships we have in this community that aid us in working to improve the lives of people in the communities we serve. This cooperative effort helps us to truly live our mission of a healing ministry and better serve our community.

The information in this report was gathered through surveys and focus groups conducted in our community, as well as from other data, such as discharge information and facts about our communities including population and economics. The report provides a snapshot of the information we have gathered, how we have responded and the progress we have made in addressing the challenges we face.

Our goal is to lead the transformation of health care to achieve optimal health and well-being for the individuals and communities we serve, especially those who are poor and vulnerable. We are committed to serving our community and addressing the health needs here.

Thank you,

Deborah Lee-Eddie
Interim Louisville Market CEO
1. Introduction

1.1 CHNA Report Objective
The purpose of a Community Health Needs Assessment (CHNA) is to understand health needs and priorities in a given community, with the goal of addressing those needs through the development of an implementation strategy. Jewish Hospital has produced this CHNA in accordance with the Affordable Care Act (ACA) and section 501(r) of the Internal Revenue Service tax code for nonprofit, tax exempt hospitals. The results are meant to guide Jewish Hospital in the development of an implementation strategy and to help direct overall efforts to impact priority health needs.

1.2 KentuckyOne Health - Jewish Hospital
KentuckyOne Health’s Louisville Region includes hospitals, physician groups, clinics, primary care centers and specialty institutes. Our facilities provide patients and their families in the Greater Louisville Area with a wide array of patient care services ranging from high-tech tertiary and rehabilitative care available at Jewish Hospital and Frazier Rehab Institute on the downtown medical campus, to inpatient acute care and outpatient services available in community settings at Sts. Mary & Elizabeth Hospital, Jewish Hospital Shelbyville and Medical Centers Jewish East, Northeast, South and Southwest. All the Louisville Region facilities are committed to continuing the legacy of care that has been provided to patients in this area for over a century.

Jewish Hospital, part of KentuckyOne Health Louisville Region, is an internationally renowned, high-tech tertiary referral center, developing leading-edge advancements in hand and microsurgery, heart and lung care, orthopedics and sports medicine, neuroscience, organ transplantation and outpatient care. The hospital is the site of the world’s first successful hand transplant and AbioCor® implantable replacement heart procedures, in addition to the first trial of adult cardiac stem cells in chronic heart failure. Jewish Hospital continues to be recognized for its specialized heart care procedures, including the implantation of ventricular assist devices (VAD), and transcatheter aortic valve replacement (TAVR). The Jewish Hospital Trager Transplant Center is in a select group of hospitals nationwide that perform heart, lung, liver, kidney and pancreas transplantation. The center also includes a Pancreas Disease Center, a GI Motility Clinic, and Advanced Heart Failure and Ventricular Assist Device programs. Jewish Hospital services may also be accessed throughout the community at multiple freestanding outpatient/ambulatory/emergency care centers, as well as through the Healthy Lifestyle Center located on the downtown medical campus.

1.3 CHNA Defined Community
For the purposes of its CHNA, Jewish Hospital has defined the primary service area as Jefferson County, Kentucky. Jefferson County will serve as the unit of analysis for this CHNA, and health needs discussed will pertain to residents of Jefferson County.
2. Evaluation of Progress Since Prior CHNA

The following section describes the evaluation of impact of the previous community health needs assessment conducted in 2017 to cover FY2017-2019.

Needs Identified in 2017-2019 CHNA and Impact of Actions

The health needs addressed in the Jewish Hospital FY2017-2019 CHNA included: alcohol, tobacco and drug use; community safety; diet and exercise; and access to care. The hospital’s actions toward improving these health needs over the previous CHNA coverage period are described below.

Alcohol and Drug Use

- Participated in the Louisville and Kentucky Task Force on Human Trafficking
- The Healing Place – Collaboration with their Healing Angel Program and donation of medication
- Developed new model of care for patients struggling with addiction within the hospital to improve outcomes and treat underlying addiction that leads to physical disease

Tobacco Use

- Tobacco-free campus
- State-wide Advocacy Team efforts

Community Safety

- Developed and implemented an active shooter training emergency response simulation, in partnership with law agencies, EMS and other community partners
- Habitat for Humanity
- High School Career Day
- University of Louisville – Internships
- Spalding University – Internships
- Metro Louisville Mayor Summer Works Program in partnership with Jewish Family Career Services, provided additional mentoring and support to participants (10 youth)
- Shawnee Newcomer Academy – Back to School Drive
- Pivot to Peace Violence Prevention and Case Management (grant-funded and in collaboration with the Mayor’s Office for Public Safety and the University of Louisville Hospital’s Trauma Department; FY 2017)
**Diet & Exercise**
- Diabetes education and community outreach
- Healthy Lifestyle Center – scholarship opportunities
- Walk With A Doc (FY 2017)
- Food Drive for Jewish Family Career Services Popsie’s Food Pantry
- Community Organizing Advocacy on healthy eating, healthy living and related poverty issues

**Access to Care**
- MECs team
- Charity care and financial assistance
- Advocacy Team – Medicaid coverage
- Transportation vouchers
- Education/Promoting Health Professions – school rotations, etc.
- Funding for Education and Research (financial support to the University of Louisville through the JOA/AAA)
- Education: Kidney Transplant Symposium; National Kidney Foundation Walk; Trust for Life Walk; American Lung Association Gala, Big Ask, Big Give; community presentations on human trafficking education and awareness and end of life planning
- Outreach/Screenings:
  - Healthy Lifestyle Center – free blood pressure screenings
  - Transplant Program Outreach Visits; kidney, heart, lung and liver (2017: 892; 2018: 1789)
- Supplies Overseas
- Health Fair/Screenings/Access; Iroquois Health Fair, Shawnee Northwest Neighborhood Place Health Fair
3. CHNA Process

3.1 CHNA Process Overview

Here is an overview of the CHNA process that CEDIK uses based on the IRS guidelines:

*Figure 1. CHNA Process Overview.*

3.2 The Healthy Louisville 2025 Steering Committee

KentuckyOne Health recently participated in a process led by the Louisville Metro Department of Public Health and Wellness that was designed to gather input from community members on community health needs to inform their Healthy Louisville 2025 initiative. The public health department was willing to share their survey data and focus group results so that KentuckyOne Health could use this information to complete their CHNA process.

Listed on the next page are the agencies and organizations represented in the Louisville Metro Department of Public Health and Wellness’ input gathering process. The individuals that represent these agencies and organizations in Louisville agreed to assist with the collection of community input from a broad representation of the county, and in particular, populations that are not often engaged in conversations about their health needs.
**Table 1. Organizations Represented on Louisville Metro Department of Public Health and Wellness Steering Committee for their Healthy Louisville 2025 Effort.**

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Globalization</td>
</tr>
<tr>
<td>Office of Resilience and Community Services</td>
</tr>
<tr>
<td>University of Louisville Office of Community Engagement</td>
</tr>
<tr>
<td>University of Louisville Hospital</td>
</tr>
<tr>
<td>University of Louisville - Commonwealth Institute of Kentucky</td>
</tr>
<tr>
<td>Kentucky State Data Center</td>
</tr>
<tr>
<td>Greater Louisville Project</td>
</tr>
<tr>
<td>United Way</td>
</tr>
<tr>
<td>Ideas Xlab</td>
</tr>
<tr>
<td>Jefferson County Public Schools</td>
</tr>
<tr>
<td>Norton</td>
</tr>
<tr>
<td>KentuckyOne Health</td>
</tr>
<tr>
<td>Baptist Health</td>
</tr>
<tr>
<td>Humana</td>
</tr>
<tr>
<td>Seven Counties/Centerstone</td>
</tr>
<tr>
<td>United Auto Workers/Ford/Kentuckiana Health Collaborative</td>
</tr>
<tr>
<td>Metro Parks</td>
</tr>
<tr>
<td>Foundation for a Healthy Kentucky</td>
</tr>
<tr>
<td>Urban League of Louisville</td>
</tr>
<tr>
<td>55,000 Degrees</td>
</tr>
<tr>
<td>Youth Build</td>
</tr>
<tr>
<td>The Coalition for the Homeless</td>
</tr>
<tr>
<td>Family Health Centers</td>
</tr>
<tr>
<td>Park DuValle Community Health Center</td>
</tr>
</tbody>
</table>

### 3.3 Collection of Jefferson County Data

The assessment process included collecting secondary data related to the health of the community. Social and economic data as well as health outcomes data were collected from secondary sources to help provide context for the community. Data sources are listed next to the tables and further information (when available) is in the Appendix.
4. Jefferson County Secondary Data

Below is the demographic, social, economic and health data that were compiled for Jefferson County. Demographic data were retrieved from the Census Bureau’s American FactFinder website.

*Table 2. Demographics.*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jefferson County</th>
<th>Kentucky</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Population Estimates</td>
<td>771,158</td>
<td>4,454,189</td>
</tr>
<tr>
<td>2017 Households</td>
<td>344,850</td>
<td>1,772,382</td>
</tr>
<tr>
<td>Percent Population Change 2010-2017</td>
<td>4.1%</td>
<td>2.70%</td>
</tr>
</tbody>
</table>

**2017 Population by Race**

<table>
<thead>
<tr>
<th>Race</th>
<th>Jefferson County</th>
<th>Kentucky</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>552,798</td>
<td>3,839,352</td>
</tr>
<tr>
<td>Black/African American</td>
<td>162,364</td>
<td>369,787</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1,092</td>
<td>11,179</td>
</tr>
<tr>
<td>Asian</td>
<td>20,376</td>
<td>68,723</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>376</td>
<td>3,296</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>5,866</td>
<td>67,417</td>
</tr>
<tr>
<td>2+ Races</td>
<td>21,506</td>
<td>96,749</td>
</tr>
</tbody>
</table>

**2017 Population by Ethnicity**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Jefferson County</th>
<th>Kentucky</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>32,542</td>
<td>165,200</td>
</tr>
<tr>
<td>Not Hispanic/Latino</td>
<td>708,554</td>
<td>4,291,303</td>
</tr>
</tbody>
</table>

**2017 Population by Age**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Jefferson County</th>
<th>Kentucky</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &lt; 18</td>
<td>172,442</td>
<td>1,005,336</td>
</tr>
<tr>
<td>Age 18+</td>
<td>591,936</td>
<td>3,451,167</td>
</tr>
<tr>
<td>Age 25+</td>
<td>524,906</td>
<td>3,018,439</td>
</tr>
<tr>
<td>Age 65+</td>
<td>114,227</td>
<td>727,138</td>
</tr>
<tr>
<td>Median Age</td>
<td></td>
<td>39.1</td>
</tr>
</tbody>
</table>
Table 2. Demographics, continued.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jefferson County</th>
<th>Kentucky</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Population by Language Spoken at Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>651,796</td>
<td>3,962,001</td>
</tr>
<tr>
<td>Spanish</td>
<td>27,394</td>
<td>108,146</td>
</tr>
<tr>
<td>Asian/Pacific Island</td>
<td>10,362</td>
<td>33,650</td>
</tr>
<tr>
<td>Indo-European</td>
<td>16,391</td>
<td>56,705</td>
</tr>
<tr>
<td>Other</td>
<td>9,355</td>
<td>20,211</td>
</tr>
<tr>
<td>Average Household Size</td>
<td>2.42</td>
<td>2.44</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$52,237</td>
<td>$48,515</td>
</tr>
<tr>
<td>2017 Households By Race and Household Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median HH Income, White</td>
<td>$58,727</td>
<td>$49,987</td>
</tr>
<tr>
<td>Median HH Income, Black/African American</td>
<td>$32,456</td>
<td>$33,715</td>
</tr>
<tr>
<td>Median HH Income, Am Ind/AK Native</td>
<td>$41,990</td>
<td>$40,630</td>
</tr>
<tr>
<td>Median HH Income, Asian</td>
<td>$64,640</td>
<td>$69,456</td>
</tr>
<tr>
<td>Median HH Income, Native HI/PI</td>
<td>$41,929</td>
<td>$44,666</td>
</tr>
<tr>
<td>Median HH Income, Some Other Race</td>
<td>$50,817</td>
<td>$39,924</td>
</tr>
<tr>
<td>Median HH Income, 2+ Races</td>
<td>$45,338</td>
<td>$41,864</td>
</tr>
<tr>
<td>2017 Household by Ethnicity and Household Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median HH Income, Hispanic/Latino</td>
<td>$45,412</td>
<td>$40,951</td>
</tr>
<tr>
<td>Median HH Income, Not Hispanic/Latino</td>
<td>$59,372</td>
<td>$48,744</td>
</tr>
<tr>
<td>Families Below Poverty</td>
<td>184,658</td>
<td>168,059</td>
</tr>
<tr>
<td>Families Below Poverty with Children</td>
<td>86,720</td>
<td>123,698</td>
</tr>
<tr>
<td>Population 25+ with Less than High School Graduation</td>
<td>54,052</td>
<td>457,101</td>
</tr>
<tr>
<td>Percent Civ. Labor Force Unemployed</td>
<td>4.2%</td>
<td>6.99%</td>
</tr>
</tbody>
</table>
The following health care providers available data were retrieved from Kentucky Health Facts accessed at http://www.kentuckyhealthfacts.org/. For specific data sources see appendix.

**Table 3. Health Care Providers Available.**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jefferson County</th>
<th>Kentucky</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Physicians</td>
<td>3,237</td>
<td>10,115</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>1,107</td>
<td>4,241</td>
</tr>
<tr>
<td>Physician Specialists</td>
<td>2,130</td>
<td>5,874</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>9,204</td>
<td>47,948</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>714</td>
<td>2,797</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>94</td>
<td>772</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>855</td>
<td>4,524</td>
</tr>
<tr>
<td>Dentists</td>
<td>704</td>
<td>2,461</td>
</tr>
</tbody>
</table>
The following community health status data were retrieved from County Health Rankings & Roadmaps accessed February 2019 at http://www.countyhealthrankings.org/. For specific data sources see appendix.

**Table 4. Physical Environment.**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jefferson County</th>
<th>Kentucky</th>
<th>National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Daily Density of Air Pollution - PM 2.5</td>
<td>11.3</td>
<td>10.3</td>
<td>8.7</td>
</tr>
<tr>
<td>Presence of Drinking Water Violations</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Percentage of Severe Housing Problems with at least one of the following:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overcrowding, High Housing Cost, or Lack of Kitchen or Plumbing Facilities</td>
<td>16.0%</td>
<td>14.4%</td>
<td>19%</td>
</tr>
<tr>
<td>Percentage of Workforce Driving Alone to Work</td>
<td>81.0%</td>
<td>82.2%</td>
<td>76%</td>
</tr>
<tr>
<td>Percentage of Workforce Commuting Alone for More than 30 Minutes</td>
<td>25.0%</td>
<td>29.0%</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Table 5. Social and Economic Environment.**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jefferson County</th>
<th>Kentucky</th>
<th>National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Rate of 9th Grade Cohort in 4 Years</td>
<td>79.0%</td>
<td>89.2%</td>
<td>83%</td>
</tr>
<tr>
<td>Percentages of Ages 25-44 with Some Post-Secondary College</td>
<td>69.0%</td>
<td>60.3%</td>
<td>65%</td>
</tr>
<tr>
<td>Percent of Unemployed Job-Seeking Population 16 Years and Older</td>
<td>4.4%</td>
<td>5.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Percent of Children in Poverty</td>
<td>21.0%</td>
<td>24.4%</td>
<td>20%</td>
</tr>
<tr>
<td>Income Inequality Ratio</td>
<td>4.9</td>
<td>5.1</td>
<td>5</td>
</tr>
<tr>
<td>Percent of Single-Parent Households</td>
<td>42.0%</td>
<td>34.6%</td>
<td>34%</td>
</tr>
<tr>
<td>Percent of Children Qualifying for Free or Reduced Lunches</td>
<td>63.0%</td>
<td>59.4%</td>
<td>52%</td>
</tr>
<tr>
<td>Violent Crime Rate per 100,000 Population</td>
<td>562</td>
<td>215</td>
<td>380</td>
</tr>
<tr>
<td>Injury Death Rate per 100,000 Population</td>
<td>87</td>
<td>88</td>
<td>65</td>
</tr>
<tr>
<td>Firearm Fatalities Rate per 100,000 Population</td>
<td>18</td>
<td>15</td>
<td>11</td>
</tr>
</tbody>
</table>
### Table 6. Clinical Care.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jefferson County</th>
<th>Kentucky</th>
<th>National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Uninsured Adults</td>
<td>8.0%</td>
<td>8.2%</td>
<td>13%</td>
</tr>
<tr>
<td>Percent Uninsured Children</td>
<td>3.0%</td>
<td>4.3%</td>
<td>5%</td>
</tr>
<tr>
<td>Primary Care Provider Ratio</td>
<td>1040:1</td>
<td>1507:1</td>
<td>1320:1</td>
</tr>
<tr>
<td>Dentist Ratio</td>
<td>980:1</td>
<td>1561:1</td>
<td>1480:1</td>
</tr>
<tr>
<td>Mental Health Provider Ratio</td>
<td>360:1</td>
<td>525:1</td>
<td>470:1</td>
</tr>
<tr>
<td>Other Primary Care Provider Ratio</td>
<td>645:1</td>
<td>885:1</td>
<td>1230:1</td>
</tr>
<tr>
<td>Preventable Hospital Stays</td>
<td>55</td>
<td>77</td>
<td>49</td>
</tr>
<tr>
<td>Percent of Population Receiving Mammography Screening</td>
<td>64.0%</td>
<td>58.9%</td>
<td>63%</td>
</tr>
</tbody>
</table>

### Table 7. Health Behaviors.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jefferson County</th>
<th>Kentucky</th>
<th>National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Adult Smokers</td>
<td>19.0%</td>
<td>24.5%</td>
<td>17%</td>
</tr>
<tr>
<td>Percent Obese Adults with BMI &gt;= 30</td>
<td>32.0%</td>
<td>33.7%</td>
<td>28%</td>
</tr>
<tr>
<td>Food Environment Index</td>
<td>7.4</td>
<td>7.0</td>
<td>7.7</td>
</tr>
<tr>
<td>Percent Physically Inactive Adults</td>
<td>26.0%</td>
<td>28.1%</td>
<td>23%</td>
</tr>
<tr>
<td>Percent of Population with Access to Exercise Opportunities</td>
<td>90.0%</td>
<td>72.4%</td>
<td>83%</td>
</tr>
<tr>
<td>Percent of Adult Excessive Drinking</td>
<td>19.0%</td>
<td>15.8%</td>
<td>18%</td>
</tr>
<tr>
<td>Percent Alcohol-Impaired Driving Deaths</td>
<td>30.0%</td>
<td>27.6%</td>
<td>29%</td>
</tr>
<tr>
<td>Chlamydia Rate Newly Diagnosed per 100,000 Population</td>
<td>676.4</td>
<td>395</td>
<td>478.8</td>
</tr>
<tr>
<td>Teen Birth Rate Ages 15-19 per 1,000 Population</td>
<td>34</td>
<td>38</td>
<td>27</td>
</tr>
<tr>
<td>Percent of Population Food Insecure</td>
<td>16.0%</td>
<td>15.8%</td>
<td>13%</td>
</tr>
<tr>
<td>Percent of Population Limited Access to Healthy Foods</td>
<td>4.0%</td>
<td>5.6%</td>
<td>6%</td>
</tr>
<tr>
<td>Drug Overdose Mortality Rate</td>
<td>22-23.9</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td>Motor Vehicle Mortality Rate</td>
<td>12</td>
<td>17</td>
<td>11</td>
</tr>
</tbody>
</table>
### Table 8. Health Outcomes.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jefferson County</th>
<th>Kentucky</th>
<th>National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Potential Life Lost Rate</td>
<td>440</td>
<td>9,047</td>
<td>6,700</td>
</tr>
<tr>
<td>Child Mortality Rate</td>
<td>60</td>
<td>58.5</td>
<td>50</td>
</tr>
<tr>
<td>Percent of Live Births with Low Birth Weight</td>
<td>9.0%</td>
<td>8.9%</td>
<td>8%</td>
</tr>
<tr>
<td>Percent of Population in Fair/Poor Health</td>
<td>19.0%</td>
<td>21.3%</td>
<td>16%</td>
</tr>
<tr>
<td>Physically Unhealthy Days</td>
<td>3.9</td>
<td>4.8</td>
<td>3.7</td>
</tr>
<tr>
<td>Percent of Population in Frequent Physical Distress</td>
<td>12.0%</td>
<td>15.6%</td>
<td>11%</td>
</tr>
<tr>
<td>Mentally Unhealthy Days</td>
<td>4.1</td>
<td>4.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Percent of Population in Frequent Mental Distress</td>
<td>13.0%</td>
<td>15.4%</td>
<td>12%</td>
</tr>
<tr>
<td>Percent of Population who are Diabetic</td>
<td>12.0%</td>
<td>12.8%</td>
<td>10%</td>
</tr>
<tr>
<td>HIV Prevalence Rate</td>
<td>274</td>
<td>180</td>
<td>362</td>
</tr>
</tbody>
</table>
4.1 Hospital Utilization Data

The Tables below provide an overview of Jewish Hospital patients and in particular where they come from, how they pay, and why they visited. These data were obtained from the Kentucky Hospital Association.

Table 9. Hospital Outpatient Visits, 1/1/17 - 12/31/17.

<table>
<thead>
<tr>
<th>County of Origin</th>
<th>Visits</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson - KY</td>
<td>50,614</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Clark - IN</td>
<td>2,665</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Bullitt - KY</td>
<td>2,281</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Hardin - KY</td>
<td>2,169</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Floyd - IN</td>
<td>1,621</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Nelson - KY</td>
<td>1,604</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Shelby - KY</td>
<td>999</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Oldham - KY</td>
<td>785</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Meade - KY</td>
<td>777</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Harrison - IN</td>
<td>650</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>
**Table 10. Hospital Outpatient Payer Mix, 1/1/17 - 12/31/17.**

<table>
<thead>
<tr>
<th>Payer</th>
<th>Visits</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>31,597</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Medicaid</td>
<td>21,307</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Medicare</td>
<td>17,748</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Other</td>
<td>2,404</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Self-Pay &amp; Charity</td>
<td>2,017</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Table 11. Hospital Inpatient Discharges, 1/1/17 - 12/31/17.**

<table>
<thead>
<tr>
<th>Payer</th>
<th>Discharges</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson - KY</td>
<td>9,258</td>
<td>$493,391,142.62</td>
<td>$53,293.49</td>
</tr>
<tr>
<td>Bullitt - KY</td>
<td>864</td>
<td>$45,989,511.72</td>
<td>$53,228.60</td>
</tr>
<tr>
<td>Nelson - KY</td>
<td>631</td>
<td>$40,827,071.81</td>
<td>$64,702.17</td>
</tr>
<tr>
<td>Hardin - KY</td>
<td>579</td>
<td>$47,424,970.94</td>
<td>$81,908.41</td>
</tr>
<tr>
<td>Clark - IN</td>
<td>531</td>
<td>$37,820,981.11</td>
<td>$71,225.95</td>
</tr>
<tr>
<td>Shelby - KY</td>
<td>523</td>
<td>$28,798,694.67</td>
<td>$55,064.43</td>
</tr>
<tr>
<td>Taylor - KY</td>
<td>280</td>
<td>$21,570,216.25</td>
<td>$77,036.49</td>
</tr>
<tr>
<td>Floyd - IN</td>
<td>250</td>
<td>$17,666,741.30</td>
<td>$70,666.97</td>
</tr>
<tr>
<td>Meade - KY</td>
<td>188</td>
<td>$12,839,834.86</td>
<td>$68,296.99</td>
</tr>
</tbody>
</table>
### Table 12. Hospital Inpatient Payer Mix, 1/1/17 - 12/31/17.

<table>
<thead>
<tr>
<th>Payer</th>
<th>Discharges</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>6,301</td>
<td>$410,863,443.43</td>
<td>$65,206.07</td>
</tr>
<tr>
<td>Commercial</td>
<td>5,855</td>
<td>$373,630,149.12</td>
<td>$63,813.86</td>
</tr>
<tr>
<td>Medicaid</td>
<td>3,621</td>
<td>$213,919,308.70</td>
<td>$59,077.41</td>
</tr>
<tr>
<td>Other</td>
<td>356</td>
<td>$27,104,447.97</td>
<td>$76,136.09</td>
</tr>
<tr>
<td>Self-Pay &amp; Charity</td>
<td>174</td>
<td>$7,496,049.07</td>
<td>$43,080.74</td>
</tr>
</tbody>
</table>

### Table 13. Hospital Inpatient Diagnosis Related Group, 1/1/17 - 12/31/17.

<table>
<thead>
<tr>
<th>Payer</th>
<th>Discharges</th>
<th>Total Charges</th>
<th>Average Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine - general</td>
<td>3,059</td>
<td>$93,528,936.02</td>
<td>$30,575.00</td>
</tr>
<tr>
<td>Medicine - cardiovascular disease</td>
<td>2,659</td>
<td>$86,225,105.11</td>
<td>$32,427.64</td>
</tr>
<tr>
<td>Surgery - cardiovascular &amp; thoracic</td>
<td>2,440</td>
<td>$284,781,190.96</td>
<td>$116,713.60</td>
</tr>
<tr>
<td>Medicine - pulmonary</td>
<td>2,175</td>
<td>$74,703,586.82</td>
<td>$34,346.48</td>
</tr>
<tr>
<td>Surgery - general</td>
<td>1,809</td>
<td>$197,852,702.26</td>
<td>$109,371.31</td>
</tr>
<tr>
<td>Surgery - orthopedics</td>
<td>1,033</td>
<td>$68,292,368.29</td>
<td>$66,110.71</td>
</tr>
<tr>
<td>Medicine - nephrology/urology</td>
<td>901</td>
<td>$23,463,121.55</td>
<td>$26,041.20</td>
</tr>
<tr>
<td>Medicine - neuro sciences</td>
<td>565</td>
<td>$18,243,454.61</td>
<td>$32,289.30</td>
</tr>
</tbody>
</table>
5. Community Feedback

Beginning in December 2017, and concluding in August 2018, the Louisville Metro Department of Public Health and Wellness surveyed over 3,600 people in Jefferson County, Kentucky, and held 8 focus groups with a total of 82 people participating. The online and paper survey was offered in 6 languages (English, Spanish, Arabic, French, Swahili, and Nepali), and the goal of the survey was to learn more about the assets and challenges in Louisville, as well as understanding more about how people in Louisville access health care. KentuckyOne Health is working with the Louisville Metro Department of Public Health and Wellness to address the issues uncovered in the surveys and focus groups, and partnering on the larger Healthy Louisville 2025 effort: an action plan for improving community health.

5.1 Community Survey

2017/2018 Survey Results

3,672 Respondents*

* Not all survey respondents answered every question. Respondents = total number of responses for each question.

What are the 3 most important health problems your community needs to work on?

- Addiction to overdose from drugs or alcohol: 21%
- Obesity: 13%
- Gun violence: 10%
- Mental health problems: 9%
- Heart disease, stroke, and/or high blood pressure: 8%
- Diabetes: 7%
- Cancer: 6%

What do you think are the 3 most important behaviors your community needs to work on?

- Drug abuse: 21%
- Distracted driving (texting, drinking): 14%
- Poor eating habits: 12%
- Lack of exercise: 10%
- Tobacco use: 10%
- Alcohol abuse: 10%
- Not getting adequate preventative health care/not going to doctor’s appointments: 8%

What are the 3 most important things your community needs to be healthy?

- Access to affordable fresh foods: 12%
- Access to healthcare (for example, having a family doctor): 12%
- Good schools/good place to raise children: 11%
- Clean environment (clean air, water, soil, and streets): 10%
- Good jobs: 10%
- Affordable and high quality housing: 8%
- Strong social support and connections: 7%
- Safe roads and walk ways: 7%

How healthy or unhealthy would you say your community is?

- Very healthy: 10%
- Somewhat healthy: 50%
- Somewhat unhealthy: 31%
- Very unhealthy: 9%

* Not all survey respondents answered every question.
Respondents’ self-rating of their health:

- Excellent: 9%
- Very Good: 31%
- Good: 40%
- Fair: 17%
- Poor: 3%

Within the past 12 months, how often have you delayed getting medical help because you couldn’t afford it?

- Often: 6%
- Sometimes: 17%
- Rarely: 17%
- Never: 59%

Where do you go when you cannot see your regular doctor or health care professional?

- Urgent care or Immediate care clinic: 48%
- A primary care doctor or family practitioner: 21%
- Emergency room: 7%
- I treat myself at home or use over the counter medicine: 6%
- A community health center: 5%

In the past year, has your household experienced any of the following barriers due to money to receiving needed health care?

- Can’t take time off work: 16%
- Can’t afford prescription medicine: 11%
- Can’t afford the health care visit: 11%
- Past due bill with a health care provider: 10%
- No insurance: 7%

In the past year, has your household experienced any of the following other barriers to receiving needed health care?

- Being able to get an appointment with my healthcare provider in a timely manner: 20%
- Waiting too long in the healthcare provider’s waiting room: 10%
- Finding a doctor or healthcare provider who will accept my insurance: 6%
- No transportation: 5%
- No one to watch my children: 4%

- Of respondents sometimes or often run out of food: 22%
- Of respondents sometimes or often feel isolated from others: 25%
- Of respondents rely on their doctor for health information: 67%
- Of respondents have health insurance: 89%
On average, over the last 30 days respondents reported:

4 days
- having a physical health problem, such as a physical illness and/or injury.

6 days
- having a mental health problem, such as stress, depression, and/or problems with emotions.

3 days
- poor physical or mental health kept them from doing their usual activities, such as self-care, work, or recreation.

Respondents who identify as female: 79%

Respondent age:
- 27% Age 18-34
- 40% Age 35-54
- 30% Age 55-74
- 3% Age 75+

Respondent educational attainment:
- 3% No HS
- 18% HS Diploma
- 37% Some College
- 25% Completed 4 year degree
- 16% Completed education beyond 4 year degree

Respondent race/ethnicity:
- White, 65%
- Black or African American, 27%
- Hispanic, Latino or Spanish, 4%
- Multiple Races, 2%
- Asian, 2%
- Other, 3%

Respondent income:
- 14% Less than $15,000
- 19% $15,000 - $24,999
- 14% $25,000 - $34,999
- 14% $35,000 - $49,999
- 13% $50,000 - $74,999
- 12% $75,000 - $99,999
- 18% $100,000 or More

- 79% Of respondents work at least part-time.
- 39% Of respondents are a parent/guardian of a child under 18.
- 14% Of respondents provide unpaid care to family member or friend due to a medical condition.
- 89% Of respondents have stable housing.
5.2 Focus Group Feedback

From June through August 2018, the Louisville Metro Department of Public Health and Wellness coordinated 8 focus groups. The focus groups were organized so that the needs of underrepresented populations in Jefferson County could be heard. Focus groups were held with residents who identify as the following: Black men ages 18-24; Somalis; Spanish speakers, Nepali or Butanese elders; Syrian or Iraqi; LGBTQ/Transient; underemployed persons; and older adults. A total of 82 people participated in these focus groups. What follows are the questions asked, and a listing of all responses given across the focus groups.

What would you describe as the strengths, attractions, and assets in Louisville for [the population]?

- Ability to organize
- More young black men running for office
- Close knit communities
- Community is family
- Always something here
- People come and success here
- There is more here
- Everybody knows each other
- Easy to connect
- Stay together
- Community gardens/backyard gardens across West Louisville
- Ingenuity, passion, thoughtfulness
- Local music scene
- Country vs r&b. Need a black owned radio station
- Local artists go to ATL to be successful
- People are homeless but housed
- There is cheap real estate
- Its easy to start a business
- There is fertile land, bourbon, moonshine
- Mountain with the hunks and chunks
- Ownership of real estate
- AMPED and other community orgs
- YUM Center
- Food city
- Urban league
- PCC
- 502 Come up- local artists movement
- Derby
- Six Flags
- The city is LGBTQ friendly and accepting
- We have Fairness
- There are protection laws
- We feel safer
- A lot of things to get involved with
- Strong social justice community
- It’s a fair city
- Belle of Louisville
- Social services
- Foodie city
- Budding development
- Fun and entertainment
- Waterfront
- Kentucky kingdom
- Shakespeare in the park
- All are accepted, not judged
- Cultural pass
- Activities for kids
- Mayor to improve city/people person
- One person can use their voice
- Louisville takes care of people
- Many resources
- Lou Trans Man
- Good community
- We are able to practice our culture (Nepali/Butanese)
- It’s a welcoming place for immigrants
- Easy to find jobs
- We are able to naturalize easily
- Everything is fine
- Dirt Bowl
- Track and Field
- Cleaner atmosphere- littering
- Easy to get around
- Proud of who I’ve changed into
- YUM Center
- Science Center
- Churchill
- Glassworks
- Downtown
- NULU
- Kentucky Kingdom
- Cultural Attractions
- Waterfront
- Health of the people
- Jobs
- Walking/riding
- Slugger field
- Louisville bat museum
- Derby
- Main events for kids
- Peaceful
- Church
- Family functions (Weddings, celebrations)
- Keep the property nice
- Everyone’s helpful
- I’ve been in J-town since 1953
- I love it
- Love this place
- Best medical care

- Patient doctors
- Architecture
- People are helpful. Helped me with my driving test
- The church feeds the homeless
- I have the ability to give back
- I do volunteer work
- Library in Mid City Mall
- Helping the ACA
- I travel
- My grandchildren
- The casino
- I have cats
- Parklands at Floyds Fork
- Bingo
- Play cards
- Hang around the airport
- The various parks
- Churchill Downs
- Got to the fair, to the mall
- Seniors will help seniors because we understand what it’s like
- A new life
- Comfortable
- Open-minded
- Respect
- Safety
- Health treatment
- United
- Work together
- Parks
- Lake
- Science Museum
- Schools
- Hospitals
- Ohio River

What challenges, frustrations, and barriers do you face in Louisville as [the population]?

- Employment rate
- Crime rate
- Cooperation can improve
- Easy for transplants/immigrants but harder for residents to succeed
- Policy
• Hard to get lines of credit
• Non-residents are buying real estate
• Banks aren’t willing to invest in black communities
• Low investment for certain projects
• No support from people that have money
• No black owned media
• Need more close knit powerful connections
• There is a fear of rejection
• Redlining
• Language is the main barrier (Spanish speakers)
• Need educated translators in various dialects to prevent confusion. We understand health terms, translators need to use the right ones. They are different across dialects and countries. (Spanish speakers)
• Health care IS better than other countries, but the language barrier prevents good results
• Prejudice against people with accents, although we speak English!
• Justice and mental health
• Judgment
• Family network
• Segregated city
• Poor health outcomes
• CPS
• Maggots @ Salvation Army, minimal drug safety/security, only 6am-5pm
• It’s sometimes safer on the street
• Too any barriers
• Transwomen Health
• Only night shelters
• Too few women’s shelters
• 2nd chance housing
• Smoking enforcement
• No non-binary shelter
• Vet homelessness
• Housing wait-list
• Need health check-ups other than TB
• Homelessness
• 2nd chance housing
• LGBTQ shelter
• Foster system age out process

• LFPL/GED Safe places
• Drug addiction
• Get more done with fellow homeless persons
• Need public restrooms
• Kroger on 2nd and Broadway was a resource
• Need INVESTMENT in youth safe havens
• Language is a barrier
• Our home care employees should be family members
• We have problems at night that need attention and we trust our family members
• Travel for retail from West Louisville
• Public transportation
• Hard to get to the free stuff
• Homelessness
• Trash at 28th and Broadway
• Alleys need cameras
• As if people don’t care about the look of the community
• Schools
• Parks are not built for kids (Elliot Park atmosphere)
• LFPL- computer use
• Shawnee library
• Western library
• Relationship with police
• Old enemies/retribution
• Gun violence
• Don’t need to be scared of police
• Community center keeps kids inside
• Language barrier
• Transportation
• Translation services
• Provide interpretation services in all agencies
• Education about multicultural groups
• Access to appropriate Medicaid assistance
• Help with burial expenses
• Need housing
• Better transportation system
• Social security improvements
• Isolation
• The ability to transport ourselves
• Mobility to do activities of daily life
• We are forced into using technology and feel left behind
• Computers lead to isolation
• More activities for seniors
• Bus rides are too long
• We need to feel useful…who needs me?
• Caregiving for children **
• Caregiving prevents our ability to work
• Vision prevent ability to work
• Understand each other to provide help

• Acceptance/open-minded
• Listen more
• If we improve the situation for low-income/homeless then we will improve it for all
• Section 8 does not value children, they only consider parents in eligibility
• Housing laws to do cater to those with a disability
• Insurance coverage needs to expand

What are the top 2 things that would make Louisville a better place to live? Why?
• Control of the roads (safety)
• Schools
• Better sense of community
• Respect for each other
• LMPD response time/race education
• Race issues
• Use of the “n” word/derogatory
• More kids activities
• Free meals/directions to get there
• Feed the community (Algonquin Park)
• Crackdown on spice
• We need personal care advocates
• Need better sidewalks
• What happened to parents without partners?
• Better TARC stops
• Need more caregiver resources. We are taking care of our parents/spouses
• Public is not aware of seniors enough and what we have to offer
• Safety education to prevent injury

What are the biggest health issues for [the population]? And why? Of the health issues you mentioned, which would you say are the most important or urgent to address and why?
• Bullet holes
• Health care enrollment
• Sex ed
• Fear of the health care system
• Access to drugs alcohol tobacco
• Need treatment for the side effects of medications
• Costs of health care impacts # of visits
• That bill was real
• They just tell you you’re dying
• Don’t trust the drugs prescribed
• Its not free. Less coverage if you pay a premium
• Harvesting organs
• Mental health/mental health services in schools
• Psychiatrists waiting list/inconsistent staff
• Insurance
• Medicaid requirements
• Communicare
• Trans health prescription regimens are harder to maintain if homeless or in unstable housing
• Jewish Hospital
• Mental health vs. detox
• Human trafficking
• Education- need to recognize credits from other systems
• Transportation
• We need an interpreter for driver’s license
• Elderly care workers should be family
• Fast food on every corner/obesity
• Governor taking away health insurance coverage
• HepA
• Drug addictions
• Lack of health resources
• Too much screen time
• Gun violence
• Drug related crime
• Need a VICE unit to combat drugs
• Domestic violence LMPD needs better interventions
• Environmental health-too many free radicals in West Louisville
• Poor air quality
• Employment gap
• Housing policies
• Unjust landlords
• Income assistance is not enough for our large families
• Food stamps
• Medicaid coverage is not enough for our families-medications and bills are high
• Income assistance is not enough. There needs to be more assistance for larger families
• Employers are biased toward us
• We are seen as lazy if we do not work
• Muscular problems because of hard labor
• High blood pressure
• Neck/joint pain
• Physical injury while trying to be independent
• Wayfinding/confusion

• Adjusting after retirement
• Feeling useful
• Depression, isolation, craziness
• Loneliness
• Legal advice
• Financial advice
• Prevent fraud
• Insurance coverage can improve
• Dental/crown insurance coverage is low
• We need face-to-face interpretation to overcome dialect barriers
• Doctor communication
• Environmental safety
• Dental coverage needs to improve
• KIPDA should allow/compensate family members as caregivers since
• We are not able to work with the 24 hour care we give
• Health coverage is poor those with disabilities
• It takes 3 weeks to book just a dental appointment
• Emergency care
• Medicaid
• Diabetic strips are not covered
• Break the insurance loop
• We have had difficulty at Family health center, Norton, Jewish, U of L (Syrians/Iraqis)
• Passport and Anthem are our insurance companies

When you or someone you know cannot get health care services that they need, what are the challenges they experience or barriers they come across? Are there services that do not exist?

• Free clinics
• ECC
• People get shot then must pay for injury
• Didn’t choose the problem…but we must pay for it
• Automatic drug testing “showing proof” waiting periods
• Good providers who understand our needs, but we must KNOW who they are to find them
• Outcarehealth.org
• GLAMA.org

• Radremedy.org
• 7th and Ali- Phoenix Health care center
• Need more FREE clinics
• The city is a mecca for homeless services, so the wait-list is LONG
• YMCA Safeplace
• Interpreter in hospital
• Diabetes
• Chronic diseases
• Cancer- middle age
• Transportation/keeping appointments
• Reminders are sent in English, not in our language (Nepali/Butanese)
• Interpreters need to be in-person as we communicate through body language as well
• Drug abuse, alcoholism, and smoking among younger community members
• Inform caretakers about the resources
• Tell the community
• We need massage therapy
• Phoenix health clinic
• Shawnee Christian health center
• Open Arms Clinic
• Booklet from Churchills House of Hope
• Keeping secrets
• General knowledge

Is there anything else you would like to share with our team about the health of your community (that hasn’t already been addressed)?

• Factories
• Mental health
• In-school behavior
• Natural remedies
• PTSD
• Trauma
• VA care is good

• Dental/vision
• Churchills House of Hope
• Mental health services
• Homeless pregnant women and teens
• More places that accept patients without insurance
• We don’t know where to go for resources.
• If we do recommend, they’re not the right resources for us
• Resources need to reflect our culture (food, traditions, etc…)
• We recommend the hospitals, the clinics. We get most of our resources from the community center

• UL mental health care
• Library
• Movies
• Answer the doorbell, answer the phone to prevent loneliness
• Counseling
• Get a pet
6. Selected Priority Areas

Jewish Hospital hosted the second CHNA steering committee meeting for members of the committee to review findings from the community survey and county specific secondary health data.

The process of priority selection followed the Association for Community Health Improvement (ACHI) recommendations to consider:

- The magnitude of the problem (i.e., the number of people or the percentage of a population impacted).
- The severity of the problem (i.e., the degree to which health status is worse than the national norm).
- A high need among vulnerable populations.
- The community’s capacity/willingness to act on the issue.
- The ability to have a measurable impact on the issue.
- Community resources already focused on the issue.
- Whether the issue is a root cause of other problems.

Members of the committee discussed the findings and based on all of the information identified the following as areas of needs to address in the next three years:

- Tobacco and drug abuse
- Transportation
- Connecting families to health and wellness
- Housing
- Obesity
6.1 Implementation Strategy

Jewish Hospital’s priorities over the next three years are:

Tobacco abuse
- Enforce tobacco free policy on hospital grounds.
- Provide smoking cessation information and nicotine replacement therapy to patients and employees.
- Provide education and pulmonary rehab to patients as appropriate, or make referrals as needed.

Drug abuse
- Enforce drug free policy on hospital grounds.
- Monitor hospital provider opiate prescribing practices.
- Monitor and educate to prevent drug diversion practices.
- Continue to develop evidence-based interventions to address the unique needs of patients with a history of drug use who want to leave the hospital against medical advice (AMA).
- Provide addiction withdrawal support and rehabilitation information to patients, as well as encouraging patients with a history of addiction to be discharged to drug rehabilitation programs in order to support them in their healing and recovery.
- Connect patients struggling with addiction to peer support specialists (“healing angels”) which research demonstrates doubles the likelihood of being successful in overcoming addiction.
- Provide medication and support to “The Healing Place” and other organizations in the community dedicated to addressing the opioid epidemic and other forms of addiction.

Transportation
- Assist patients and families with free or subsidized transportation for eligible patients.
Connecting Families to Health and Wellness

- Connect patients without primary care providers to medical homes, and other medical providers as needed.
- Assist patients without insurance in signing up for Medicare, Medicaid or other programs as appropriate.
- Prescription assistance program for eligible patients
- Host education, outreach, support groups and seminars related to health and wellness, with a focus on transplant and cardiovascular care.
- Jewish Hospital leaders dedicate time to committees and boards of organizations with like missions. The goal is to collaborate for better care of community members needing health care.
- For higher education students pursuing careers in health care, provide opportunities to perform shadowing, observation, and clinical rotations. This includes, but is not limited to, students enrolled in these programs: nursing, therapy, social work, and pharmacy, as well as partnering with the University of Louisville, School of Medicine, for residents and fellows.

Housing

- Provide temporary subsidized housing for patients or family members during the course of medical treatment as needed and indicated.

Obesity

- Healthy Lifestyle Center program offerings and access.
- Registered dietician and certified diabetes educators
- GI Center of Excellence to support patients undergoing gastric bypass and other procedures that can improve their health outcomes.
7. Conclusion

Jefferson County is a community with many assets, with a caring community spirit being an important driver in the approach to community health improvements through collaborative efforts. While there are many areas of need in the county, this report identifies priority areas that KentuckyOne Health and Jewish Hospital will use for guidance in planning its community benefit efforts and strategic direction for addressing health needs related to alcohol/drug abuse, mental health and increasing access to healthcare education/treatment. Further investigation may be necessary for determining and implementing the most effective interventions.

Community feedback to the report is an important step in the process of improving community health. Please send your comments to Rabbi Dr. Nadia Siritsky, MSSW, BCC, Vice President of Mission. Email: nadiasiritsky@kentuckyonehealth.org
## Appendix

Source listing for secondary data used in this report.

### Health Care Providers Available

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Physicians</td>
<td>Kentucky Board of Medical Licensure</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>Kentucky Board of Medical Licensure</td>
</tr>
<tr>
<td>Physician Specialists</td>
<td>Kentucky Board of Medical Licensure</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>Kentucky Board of Nursing</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>Kentucky Board of Nursing</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>Kentucky Board of Medical Licensure</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>Kentucky Board of Pharmacy</td>
</tr>
<tr>
<td>Dentists</td>
<td>Kentucky Board of Dentistry</td>
</tr>
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</table>

### Physical Environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Daily Density of Air Pollution - PM 2.5</td>
<td>Environmental Public Health Tracking Network</td>
<td>2014</td>
</tr>
<tr>
<td>Presence of Drinking Water Violations</td>
<td>Safe Drinking Water Information System</td>
<td>2017</td>
</tr>
<tr>
<td>Percentage of Severe Housing Problems with at least one of the Following: Overcrowding, High Housing Costs, or Lack of Kitchen or Plumbing Facilities</td>
<td>Comprehensive Housing Affordability Strategy (CHAS) data</td>
<td>2011-2015</td>
</tr>
<tr>
<td>Percentage of Workforce Driving Alone to Work</td>
<td>American Community Survey, 5-year estimates</td>
<td>2013-2017</td>
</tr>
<tr>
<td>Percentage of Workforce Commuting Alone for More than 30 Minutes</td>
<td>American Community Survey, 5-year estimates</td>
<td>2013-2017</td>
</tr>
</tbody>
</table>
# Social and Economic Environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Rate of 9th Grade Cohort in 4 Years</td>
<td>State Sources and EDFacts</td>
<td>Varies</td>
</tr>
<tr>
<td>Percentage of Ages 25-44 with Some Post-Secondary College</td>
<td>American Community Survey, 5-year estimates</td>
<td>2013-2017</td>
</tr>
<tr>
<td>Percent of Unemployed Job-Seeking Population 16 Years and Older</td>
<td>Bureau of Labor Statistics</td>
<td>2017</td>
</tr>
<tr>
<td>Percent of Children in Poverty</td>
<td>Small Area Income and Poverty Estimates</td>
<td>2017</td>
</tr>
<tr>
<td>Income Inequality Ratio</td>
<td>American Community Survey, 5-year estimates</td>
<td>2013-2017</td>
</tr>
<tr>
<td>Percent of Single-Parent Households</td>
<td>American Community Survey, 5-year estimates</td>
<td>2013-2017</td>
</tr>
<tr>
<td>Percent of Children Qualifying for Free or Reduced Lunch</td>
<td>National Center for Education Statistics</td>
<td>2016-2017</td>
</tr>
<tr>
<td>Violent Crime Rate per 100,000 Population</td>
<td>Uniform Crime Reporting - FBI</td>
<td>2014 &amp; 2016</td>
</tr>
<tr>
<td>Injury Death Rate per 100,000 Population</td>
<td>CDC WONDER mortality data</td>
<td>2013-2017</td>
</tr>
<tr>
<td>Firearm Fatalities Rate per 100,000 Population</td>
<td>CDC WONDER mortality data</td>
<td>2013-2017</td>
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### Clinical Care

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Uninsured Adults</td>
<td>Small Area Health Insurance Estimates</td>
<td>2016</td>
</tr>
<tr>
<td>Percent Uninsured Children</td>
<td>Small Area Health Insurance Estimates</td>
<td>2016</td>
</tr>
<tr>
<td>Primary Care Provider Ratio</td>
<td>Area Health Resource File/American Medical Association</td>
<td>2016</td>
</tr>
<tr>
<td>Dentist Ratio</td>
<td>Area Health Resource File/National Provider Identification file</td>
<td>2017</td>
</tr>
<tr>
<td>Mental Health Provider Ratio</td>
<td>CMS, National Provider Identification file</td>
<td>2018</td>
</tr>
<tr>
<td>Other Primary Care Provider Ratio</td>
<td>CMS, National Provider Identification file</td>
<td>2017</td>
</tr>
<tr>
<td>Preventable Hospital Stays</td>
<td>Mapping Medicare Disparities Tool</td>
<td>2016</td>
</tr>
<tr>
<td>Percent of Population Receiving Mammography Screening</td>
<td>Mapping Medicare Disparities Tool</td>
<td>2016</td>
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### Health Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Adult Smokers</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Percent Obese Adults with BMI &gt;30</td>
<td>CDC Diabetes Interactive Atlas</td>
<td>2015</td>
</tr>
<tr>
<td>Food Environment Index</td>
<td>USDA Food Environment Atlas, Map the Meal Gap</td>
<td>2015 &amp; 2016</td>
</tr>
<tr>
<td>Percent Physically Inactive Adults</td>
<td>CDC Diabetes Interactive Atlas</td>
<td>2015</td>
</tr>
<tr>
<td>Percent of Population with Access to Exercise Opportunities</td>
<td>Business Analyst, Delorme map data, ESRI, &amp; U.S. Census Files</td>
<td>2010 &amp; 2018</td>
</tr>
<tr>
<td>Percent of Adult Excessive Drinking</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Percent Alcohol-Impaired Driving Deaths</td>
<td>Fatality Analysis Reporting System</td>
<td>2013-2017</td>
</tr>
<tr>
<td>Chlamydia Rate Newly Diagnosed per 100,000 Population</td>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</td>
<td>2016</td>
</tr>
<tr>
<td>Teen Birth Rate Ages 15-19 per 1,000 Population</td>
<td>National Center for Health Statistics - Natality files</td>
<td>2011-2017</td>
</tr>
<tr>
<td>Percent of Population Food Insecure</td>
<td>Map the Meal Gap</td>
<td>2016</td>
</tr>
<tr>
<td>Drug Overdose Mortality Rate</td>
<td>CDC WONDER mortality data</td>
<td>2015-2017</td>
</tr>
<tr>
<td>Motor Vehicle Mortality Rate</td>
<td>CDC WONDER mortality data</td>
<td>2011-2017</td>
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# Health Outcomes

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<tr>
<th>Indicator</th>
<th>Original Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Potential Life Lost Before Age</td>
<td>National Center for Health Statistics - Mortality Files</td>
<td>2015-2017</td>
</tr>
<tr>
<td>75 Lost Rate per 100,000 Population</td>
<td>National Center for Health Statistics - Mortality Files</td>
<td>2017</td>
</tr>
<tr>
<td>Child Mortality Rate</td>
<td>CDC WONDER mortality data</td>
<td>2014-2017</td>
</tr>
<tr>
<td>Percent of Live Births with Low Birth Weight</td>
<td>National Center for Health Statistics - Natality files</td>
<td>2011-2017</td>
</tr>
<tr>
<td>Percent of Population in Fair/Poor Health</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Physically Unhealthy Days (Out of Last 30)</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Percent of Population in Frequent Physical Distress</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Mentally Unhealthy Days (Out of Last 30)</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Percent of Population in Frequent Mental Distress</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2016</td>
</tr>
<tr>
<td>Percent of Population Who are Diabetic</td>
<td>CDC Diabetes Interactive Atlas</td>
<td>2015</td>
</tr>
<tr>
<td>HIV Prevalence Rate</td>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</td>
<td>2015</td>
</tr>
</tbody>
</table>
Community Health Needs Assessment 2017

This survey is being conducted by the Louisville Metro Department of Public Health and Wellness on behalf of organizations who serve the community. The results of this survey will help us improve the health of people who live in Louisville. Your answers will be combined with many others; we will not share your individual responses with anyone.

Please answer each of the following questions to the best of your ability. We would like to hear about the issues that are most important to you, even if you don’t experience any of these issues yourself. If you feel uncomfortable answering any of the questions, you may leave them blank or you can stop at any time.

For more information on this survey, including how we will use the results to create a community health plan, please visit www.healthylouisvillemetro.org or contact us at chna@louisvilleky.gov

Thank you for your time!

1. In what zip code do you live? ____________________________

2. How healthy or unhealthy would you say our community is? (Please think of “community” as the zip code in Jefferson County where you live.) Choose 1.
   - Very healthy
   - Somewhat healthy
   - Somewhat unhealthy
   - Very unhealthy

3. Looking at the list below, what are the 3 most important health problems your community needs to work on? (That is, what problems have the greatest impact on the overall community health?) Choose 3.
   - Addiction to/toxicology from drugs or alcohol
   - Cancer
   - Child abuse/neglect
   - Chronic Pain
   - Dental problems (for example, gum disease, tooth decay, tooth loss)
   - Developmental disabilities (for example, autism spectrum disorders, cerebral palsy, Down syndrome)
   - Diabetes
   - Diseases from ticks and/or mosquitoes
   - Diseases that affect the lungs (for example, COPD, emphysema, asthma)
   - Gun violence (including homicide)
   - Heart disease, stroke, and/or high blood pressure
   - HIV/AIDS
   - Infant death
   - Infectious diseases (for example, hepatitis, tuberculosis, flu)
   - Intimate partner violence (including rape and sexual assault)
   - Lead poisoning
   - Mental health problems
   - Motor vehicle crash injuries
   - Obesity
   - Sexually transmitted diseases (STDs)
   - Suicide
   - Unintended pregnancy
   - Other (please specify): ____________________________
Community Health Needs Assessment 2017

4. Looking at the list below, what do you think are the 3 most important behaviors your community needs to work on? (That is, what behaviors have the greatest impact on the overall community’s health?) Choose 3.

- Alcohol abuse
- Distracted driving (texting, drinking)
- Dropping out of school
- Drug abuse
- Lack of exercise
- Not getting adequate preventative health care/not going to doctor’s appointments
- Not getting vaccines (shots) to prevent disease
- Not using seat belts
- Not wearing helmets when riding a motorcycle or bicycle
- Poor eating habits
- Tobacco use
- Unsafe sex
- Vaping (for example, e-cigarettes)
- Other (please specify):

5. Looking at the list below, what are the 3 most important things your community needs to be healthy? Choose 3.

- Access to affordable fresh foods
- Access to healthcare (for example, having a family doctor)
- Affordable and high quality housing
- Arts and cultural events
- Banks, restaurants, and businesses
- Being prepared for natural disasters and emergencies
- Civic engagement (voting, neighborhood associations, volunteering)
- Clean environment (clean air, water, soil, and streets)
- Community is accessible to those with disabilities
- Diverse, inclusive community
- Free public spaces (parks, community centers, libraries)
- Good jobs
- Good schools/good place to raise children
- Places to worship
- Safe roads and walkways
- Strong public transportation system
- Strong social support and connections
- Other (please specify):

For the remainder of the survey, please think about the things you have personally experienced.

6. Where do you go most often when you have a health problem? Choose 1.

- A primary care doctor or family practitioner
- A community health center (such as Family Health Centers, Park DuValle Community Health Center, Shawnee Christian Health Center, or others)
- Chiropractor
- Drug/grocery store clinic
- Emergency room
- Urgent care or immediate care clinic
- A specialist (such as an OB/GYN, dentist, mental health professional, cardiologist, etc.)
- Pharmacist
- I call a help line
- I treat myself at home or use over the counter medicine
- I rely on a family member
- Other
- None

Please continue to page 3
Community Health Needs Assessment 2017

7. Where do you go when you can’t see your regular doctor or healthcare professional? Please select all that apply. If you don’t have a doctor or regular healthcare professional, please select “N/A.”

- A primary care doctor or family practitioner
- A community health center (such as Family Health Centers, Park DuValle Community Health Center, Shawnee Christian Health Center, or others)
- Chiropractor
- Drug/grocery store clinic
- Emergency room
- Urgent care or immediate care clinic
- A specialist (such as an OB/GYN, dentist, mental health professional, cardiologist, etc.)
- Pharmacist
- I call a help line
- I treat myself at home or use over the counter medicine
- I rely on a family member
- N/A
- None

8. In the past year, have you or anyone in your household experienced any of the following barriers to receiving health care when you needed it? Barriers can be related to money or something else. In each list below, please select all that apply. (Household can refer to the people who live with you or a friend/family member you provide care for.)

**Barriers due to money:**

- Can’t afford gas for the car/truck
- Can’t afford medical equipment
- Can’t afford prescription medicine
- Can’t afford the health care visit
- Can’t take time off work
- No insurance
- Other barrier due to money
- Past due bill with a health care provider
- None

9. In the past year, have you or anyone in your household experienced any of the following barriers to receiving health care when you needed it? Barriers can be related to money or something else. In each list below, please select all that apply. (Household can refer to the people who live with you or a friend/family member you provide care for.)

**Barriers due to something other than money:**

- Being able to get an appointment with my healthcare provider in a timely manner
- Can’t receive information about health in my preferred language
- Can’t understand the information I’m given by the healthcare provider
- Difficulty reading instructions that my healthcare provider gives me
- Don’t know where to go for help
- Finding a doctor or healthcare provider who will accept my insurance
- I don’t feel comfortable telling a healthcare provider about my health problems
- My healthcare provider does not treat me with respect
- Need help at home to follow medical instructions
- No one to watch my children
- No transportation
- Physical disability
- Unable to have an interpreter in my language
- Waiting too long in the healthcare provider’s waiting room
- Other

Please continue to page 4
Community Health Needs Assessment 2017

10. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, Medicaid or Indian Health Service? Choose 1.
   - Yes
   - No
   - Not sure

11. Who do you rely on most often for information about health? Choose 1.
   - My doctor
   - Hospital staff
   - Internet (Google, WebMD, blogs, etc.)
   - Nurse, nurse practitioner, or physician assistant
   - TV, radio, newspaper
   - Other
   - Family and friends
   - Social media (Facebook, Instagram, Twitter, Snapchat, etc.)
   - Health department

12. What is your housing situation today? Choose 1.
   - I do not have permanent housing (I am staying in a hotel, in a homeless shelter, living outside on the street, in a camp, in a car, abandoned building, bus station, or in a park)
   - I have housing today, but I am worried about losing housing in the future
   - I have housing

13. Think about the place you live. Have you ever had issues such as mold, bug infestations, lead paint or pipes, inadequate heat, water leaks or other issues that made it unsuitable or unhealthy to live in? Choose 1.
   - Yes
   - No

14. Within the past 12 months, how often did the food you bought just not last and you didn’t have money to buy more?
   - Never
   - Rarely
   - Sometimes
   - Often

15. Within the past 12 months, how often have you put off getting medical help because you couldn’t afford it? Choose 1.
   - Never
   - Rarely
   - Sometimes
   - Often

16. How often do you feel isolated from others? Choose 1.
   - Never
   - Rarely
   - Sometimes
   - Often

17. In general, would you say your health is...? Choose 1.
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

Please continue to page 5
Community Health Needs Assessment 2017

18. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? ____________

19. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? ____________

20. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? ____________

Demographic Questions

21. What is your age? ____________

22. What sex were you assigned at birth, on your original birth certificate? Choose 1.

   Female  Male
   ☐      ☐

23. What is your current gender identity? (Choose all that apply):

   ☐ Female      ☐ Trans female/Trans woman      ☐ Genderqueer/Gender non-conforming
   ☐ Male        ☐ Trans male/Trans man         ☐ Different identity (please state)

24. What is your race or ethnicity? Select all that apply.

   ☐ White
   ☐ Black or African American
   ☐ American Indian or Alaska Native
   ☐ Asian
   ☐ Native Hawaiian/Pacific Islander
   ☐ Hispanic, Latino or Spanish
   ☐ Other

25. How often do you feel that racial/ethnic groups who are not white, such as African Americans and Latinos, are discriminated against? Choose 1.

   Never  Rarely  Sometimes  Often
   ☐      ☐      ☐      ☐

26. How often do you feel that you, personally, have been discriminated against because of your race or ethnicity? Choose 1.

   Never  Rarely  Sometimes  Often
   ☐      ☐      ☐      ☐


   Yes  No
   ☐      ☐
Community Health Needs Assessment 2017

   Married □ Living with a Partner □ Separated □ Divorced □ Widowed □ Never Married □

29. Are you the parent or guardian of a child (or children) under the age of 18? Choose 1.
   Yes, child(ren) live with me all of the time □
   Yes, child(ren) live with me most of the time □
   Yes, child(ren) live with me half of the time □
   Yes, child(ren) live with me some of the time □
   Yes, child(ren) do not live with me □

30. Do you provide unpaid care for a family member or friend who is unable to take care of themselves due to a medical condition? Choose 1.
   Yes □ No □

31. Which of the following do you consider yourself to be? Choose 1.
   Heterosexual or straight □ Gay or lesbian □ Bisexual □ Something else □

32. What is the highest degree or level of school you have completed? If you completed your education outside of the US, please select the equivalent. Choose 1.
   No schooling completed □ High school diploma □ Some college, but no degree □ Bachelor’s degree □
   Less than a high school diploma (1-12 years) □ GED or alternative □ Associate’s degree □ Master’s degree, professional degree (MD, DDS, DVM, JD), or doctorate (PhD, EdD) □

   Employed full time □ Not employed □ Retired □ Other □
   Employed part time □ Unable to work due to a disability □ Student □

34. What was your total household income from all sources in 2016? Choose 1.
   Less than $15,000 □ $15,000 – $24,999 □ $25,000 – $34,999 □ $35,000 – $49,999 □ $50,000 – $74,999 □ $75,000 – $99,999 □ $100,000 and above □

Thank you for your time!

If you are currently in need of assistance for things like housing, food, or other necessities, call Metro United Way by calling 211, texting ‘TXT211’ or visiting http://www.navideert resources.net/metro/Search.aspx.
KentuckyOne Health’s Board of Directors includes representation across the state and support the work that each facility completes to improve the health of their community. The Board of Directors approves Jewish Hospital’s community health needs assessment and the methods used to identify priority areas of need in this hospital’s community.

Jane F. Chiles  
Chair, KentuckyOne Health Board of Directors  
4-24-19  
DATE

D. Lee-Oldie  
Interim Louisville Market Chief Executive Officer, KentuckyOne Health  
4-24-19  
DATE