Partnering for a healthy community

Community is defined as a group of people who live in the same area, but it also refers to a unified body of individuals who have common interests. This more fitting definition can be applied to the word “community” as it is used throughout this Community Health Needs Assessment (CHNA) 2016-2018 Action Plan and 2016 Update.

The other important word that we focus on is partnership. As we strive to improve the health of the citizens of Henderson and the four county area we serve, we reach out to others to partner with us in our efforts. More than 30 organizations and institutions are represented among the Healthy Henderson Coalition’s members, who have come together as a team with a common goal to promote health and wellness. We extend our thanks and appreciation to each member of the coalition who participates on a volunteer basis.

We have now entered the second three-year period of a Community Health Needs Assessment that will run from 2016-2018. Read about the history of this process on page 2.

Partnering with you for a healthy community has, and will continue to be, a top priority for Methodist Hospital. Since forming the Community Benefit Committee as a standing committee of the Methodist Hospital Board of Directors in 2011, progress has been made in identifying and adopting major issues that affect the health status of those we serve.

Starting on page 4, we have included information to help define “community benefit” and outline the elements included under it, including financial assistance/charity care, bad debt, government shortfalls and community benefit services, which includes health improvement initiatives overseen by the Healthy Henderson coalition.

You will read in this report about strategies that have been undertaken to address the three issues originally identified in 2012:
- Obesity/Diabetes
- Teen Issues (Pregnancy/Bullying)
- Smoking Cessation

Since making progress in these areas is not an overnight process, the decision was made to continue to address these same goals and work toward further improvement with an added focus on mental health issues for the CHNA goals of 2016-2018.

We extend our gratitude to the many community members who have participated in forums and surveys intended to improve the health status of our citizens. We also thank those who have participated in the events and services offered by Methodist Hospital and other community organizations intended to educate and empower others on their road to better health.

Finally, we commend those who have already taken steps to live a healthier lifestyle. Some of those stories are included in this report and we look forward to sharing more success stories with you in the future.

Together, we can achieve Healthy Henderson’s vision to be in the top 20% of Kentucky counties for overall health.

Gary R. Colberg, FACHE, President and CEO
Libby Brown, PsyD

Libby Brown, PsyD
Methodist Hospital
OUR MISSION

Methodist Hospital, in keeping with its Christian heritage, exists to provide a broad-based health care delivery system.

In partnership with our medical staff, the focus will be on safe, compassionate, high-quality and cost-effective services that address the mental, spiritual, and physical needs, and work to improve the health status of the people in the communities served.

Healthy Henderson Coalition
MISSION AND VISION

Mission: The Healthy Henderson Coalition will collaborate to create a culture of wellness and promote healthy lifestyles to improve the physical, psychological, emotional and spiritual well-being of the citizens of this region.

Vision: To be in the top 20% of Kentucky counties for overall health.

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2 History of Methodist-Community Benefit
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In 2012, Methodist Hospital formed an internal committee to support the work of the Community Benefit Committee of Methodist Hospital, to provide consistent staff support to the community wide health and wellness coalitions for Henderson, Union and Webster Counties, and to guide the work of the Community Health Needs Assessment (CHNA). This process included a three-step process of data analysis, public comment via written and electronic surveys and individual county public forums. In order to assure access to all citizens, including the most vulnerable, copies of manual surveys were provided to local health departments. Surveys also were accessible through the area development district, the Coordinated Approach to Child Health (CATCH) program office and on the Methodist Hospital website.

Over the past three years, this committee has evolved to encompass all of the areas influenced by Methodist Hospital’s commitment to the Community Health Improvement Plan (CHIP) of the CHNA. Upon completion of the CHNA, Methodist Hospital reached out to health and community leaders across the region to form the Henderson Health Coalition, now known as Healthy Henderson. The purpose of Healthy Henderson is to promote health and wellness throughout the community. Since its inception, Healthy Henderson has adopted three health issues and has formed sub-groups to focus on each of the three – obesity/diabetes, teen issues and smoking cessation. Members of Healthy Henderson represent a broad spectrum of professionals and meet monthly to implement evidence based actions to provide positive outcomes and improve the county’s health statistics in the areas addressed.

Methodist Hospital continues to collaborate with the Green River District Health Department with the CHNA update for the next three years, 2016-2018.

Methodist Hospital hosted a community forum in Henderson County on May 4, 2015. Methodist Hospital co-hosted the Webster County forum in Dixon, Kentucky and the Union County public forum at Methodist Hospital Union County. Staff from the University of Kentucky Department of Public Health facilitated the Mobilizing for Action through Planning and Partnerships process to discuss data facts and gather input on the most critical healthcare issues for the citizens of the county.

The final part of the new CHNA provided door-to-door electronic surveys in community settings, distributed in all three counties via the hospitals and health departments. The data from the community forums, surveys and statistical analysis was compiled into a fact sheet for each county upon completion of the regional CHNA and the assessment of the health issues facing the Henderson community. Methodist Hospital reached out to health leaders across the Henderson community through the Community Benefit Committee of the Board and developed an updated CHNA for Methodist Hospital. Methodist Hospital chose to continue to focus on the same three areas (obesity/diabetes, teen issues, smoking cessation) for 2016-2018 and also added an emphasis on Mental Health throughout each sub-group.

The findings from the CHNA pertaining to Union County also were shared with the Union County Health Coalition, represented by the health professionals in Union County. Methodist Hospital Union County collaborates with the Union County Health Coalition to discuss the health needs of the county and promote health and wellness activities for the members of their community. They chose to continue their areas, which were to reduce obesity, increase physical activity, and improve nutrition; reduce smoking; and access to care.
Methodist Hospital is committed to meeting the healthcare needs of everyone regardless of their ability to pay for services. Methodist Hospital provides community benefits and services to the community, schools and neighborhoods through programs and other coordinated care activities that make the community a healthy place to live.

Methodist Hospital’s mission of improving the health status of the people in the communities we serve was displayed in a number of ways during the 2015-2016 fiscal year. In addition to acute and swing bed healthcare services; other services offered included health fairs, health screenings, civic and charitable donations and sponsorships and education by medical providers on health topics such as heart disease, diabetes, nutrition and colon cancer.

Highlights include:

• Served 4,022 patients of limited financial means and chronic conditions in our Continuity Care Clinic.
• Treated 652 children with medical needs through the Methodist Hospital CATCH program.
• Provided free health screenings at over 40 local fairs, festivals, senior centers and annual meetings.
• Provided free monthly cholesterol screenings at the Henderson hospital, benefiting over 280 patients and also provided free health screenings at an open house event at Methodist Hospital Union County.
• Helped 194 women and their babies with lactation/breastfeeding services.
• Sponsored and donated to over 120 local community groups, youth sport teams, non-profit events and community fundraisers.
• Partnered with colleges and universities to provide clinical training, education and hands-on experience needed in support of various healthcare professions.
• To help meet the increased need for specialty physicians in Gastroenterology, the hospital made a three year pledge commitment and contributed to a university to allow for growth in their fellowship program.

Total Community Benefits Reported by Methodist Hospitals (Henderson and Union County) at Cost (June 30, 2015)

<table>
<thead>
<tr>
<th>Total Community Benefits</th>
<th>Amount</th>
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<tr>
<td>Total Community Benefits</td>
<td>$14,476,375</td>
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<tr>
<td>Financial Assistance/Charity Care</td>
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<td>Unreimbursed Medicaid Loss</td>
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<td>Community Health Improvement Services</td>
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<td>Subsidized Health Services</td>
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<td>Health Professions Education</td>
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<td>Unreimbursed Medicare Loss</td>
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<td>Bad Debt</td>
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<tr>
<td>Community Building Activities</td>
<td>$11,044</td>
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<tr>
<td>Cash and In-Kind Contributions</td>
<td>$142,455</td>
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</tbody>
</table>
What is Community Benefit?

Community benefit categories include:

I. Financial Assistance/Charity Care
   11. Bad Debt
      111. Government Shortfalls

IV. Community Benefit Services
   A. Community Health Improvement Services and Community Benefit Operations
      1. Community Health Education (support groups and self-help programs)
      2. Community-based Clinical Services (screenings, one-time or occasionally held clinics, clinics for underinsured and uninsured persons)
      3. Health Care Support Services
      4. Activities Associated with Community Health Needs Assessments; Community Planning and Administration; Fundraising and Grant Writing
   B. Health Professions Education
      1. Medical and Other Students
      2. Interns, Residents and Fellows
      3. Nursing
      4. Other Allied Health Professions
      5. Continuing Medical Education
      6. Scholarships for Community Members
   C. Subsidized Health Services
      1. Neonatal Intensive Care
      2. Addiction Recovery
      3. Inpatient/Outpatient Psychology
      4. Ambulatory Programs such as Emergency and Trauma Services
      5. Satellite Clinics for Low Income Communities
      6. Home Health Programs
   D. Research
      1. Clinical Research
      2. Community Health Research
   E. Cash and In-kind Contributions
      1. Cash Contributions
      2. Grants
      3. In-kind Contributions
   F. Community Building Activities
      1. Physical Improvements and Housing
      2. Economic Development
      3. Community Support
      4. Environmental Improvements
      5. Leadership Developments and Training for Community Members
      6. Coalition Building
      7. Community Health Improvement Advocacy
      8. Workforce Development
      9. Other Activities that Protect or Improve the Community’s Health or Safety
Financial Assistance/Charity Care

Methodist Hospital works closely with patients and their families to gather information to determine if they qualify for government assistance and/or for the hospital’s financial assistance/charity care programs. Improving the health status of the community always takes precedence over matters of finance. Financial assistance/charity care includes free or discounted health services, at cost, provided to persons who meet the organization’s financial assistance policy because they are deemed unable to pay for all or a portion of the services. It does not include bad debt or uncollectible charges that the hospital recorded as revenue, but wrote off due to patient’s failure to pay, or the cost of providing care to such patients.

What Is 501(r) and Why Is It Important?

Community United Methodist Hospital Inc. is a 501(c)(3), a tax exempt, nonprofit corporation. 501(r) is a new IRS code added under the Affordable Care Act, which imposes new requirements on 501(c)(3) organizations. Compliance with the new 501(r) requirements must occur no later than July 1, 2016.

Under the Affordable Care Act of 2010, there are four new requirements that hospitals and other healthcare providers must satisfy to retain their tax exempt status.

- Establish written financial assistance and emergency medical care policies,
- Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital’s financial assistance policy,
- Make reasonable efforts to determine whether an individual is eligible for assistance under the hospital’s financial assistance policy before engaging in extraordinary collection actions against the individual, and
- Conduct a CHNA and adopt an implementation strategy at least once every three years.

Methodist Financial Assistance Policy

- When a patient falls below 400% of the poverty level they may qualify for financial assistance.
- An application must be submitted with supporting documentation.
- The application will be reviewed and a determination made of full, partial or no assistance.
- The minimum discount given must equal the amount we generally bill patients with Medicare and commercial insurance.
- This policy and application must be widely publicized.
- For an adjustment to be considered “charity” it has to go through the financial assistance process.
- The policy has to be approved by the Board of Directors and reviewed annually.
- Charity adjustment volume is monitored monthly.

Billing and Collection Policy

- Registration – Requires photo ID and insurance card (except in emergency situations). An insurance card only is needed for minors.
- Billing – Methodist will bill the insurance card presented at registration.
- Statement Cycle – Once a balance is deemed to be a patient’s responsibility the statement cycle will begin. This 120 day cycle includes three statements and a final notice.
- Account Review – At the end of the statement cycle the account will be reviewed by a qualified Methodist Hospital employee to verify completion of the billing cycle and compliance with the “reasonable efforts” requirements prior to collections.
- Collection Agency – Once referred, the collection agency is authorized to contact the patient to establish a plan for resolving debt. The collection agency is authorized to report the negative status of the debt to credit bureaus.
- Legal – Once the collection agency has exhausted their efforts, and the patient account(s) equal $1,000 or more, they are sent to an attorney who will take legal actions to obtain payment. This could include wage garnishment, levy and liens.
Bad Debt

Bad debt and charity care are often thought of as the same and hard to distinguish between. However, bad debt is the cost that the hospital incurs as a result of services provided to a patient from whom payment was expected but not received. This occurs for many reasons including patients who have incomes above the guidelines for financial assistance/charity care, but still cannot afford the cost of their care, when patients have high deductibles and copays, or when patients who may qualify for financial assistance fail to apply. As a result, Methodist Hospital absorbs a large magnitude of losses due to patient non-payments. This is a significant benefit to the community.

Government Shortfalls

Medicare

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act, or colloquially, Obamacare, is a United States federal statute signed into law by President Barack Obama on March 23, 2010. Together with the Health Care and Education Reconciliation Act amendment, it represents the most significant regulatory overhaul of the U.S. healthcare system since the passage of Medicare and Medicaid in 1965. Under the act, hospitals and primary physicians would transform their practices financially, technologically and clinically to drive better health outcomes, lower costs and improve their methods of distribution and accessibility.

Methodist Hospital’s continued participation in the Medicare and Medicaid programs and their treatment of these patients at below cost is a significant community benefit. Unlike private insurance programs that negotiate payment rates with hospitals, government programs set the amounts they will pay for health care services. Unfortunately, the government reimbursement rate that Medicare allows is often less than the cost hospitals incur to treat patients. This results in a government shortfall. Medicare payments to hospitals will continue to be cut to help finance health reform.

Medicaid

With the creation of Kynect, the online marketplace where consumers can buy health insurance, and the expansion of Medicaid eligibility permitted by the Affordable Care Act, many patients now have health coverage. Kentucky statistics reveal that the majority of the newly insured are covered by Medicaid. The Medicaid programs reimburse health providers at a much lower rate than those with private health insurance plans. Medicaid expansion in Kentucky has and will continue to significantly increase government shortfalls to hospitals.

Community Benefit Services

Healthy Henderson serves as the accountability group for community health improvement initiatives. Using a strong network of community partners, members of the Healthy Henderson coalition work within the community to affect change. Healthy Henderson selected three areas to address: decrease teen pregnancy and other teen issues, reduce obesity and diabetes and reduce tobacco use, which includes e-cigarettes and tobacco dip/chew.

Reduce Obesity and Diabetes

The Henderson County Diabetes Coalition was selected as the workgroup to partner with the Healthy Henderson Coalition to address goals to reduce childhood obesity by 1% and reduce adult obesity by 1%, build community awareness about the problem of obesity and diabetes, serve as a guide for agencies, institutions and the community of Henderson County.

Strategies under this objective included:
1. Partner with local organizations to offer diabetes education, awareness and prevention throughout the community (ABC’s of Diabetes presentation at the Senior Expo Center, Annual events include Diabetes Adventure Camp for kids, Diabetes Alert Day with free A1C’s and Hunting Down Diabetes Walk/Run.)
2. Implement and grow the Better Bites and CATCH programs (events/schools) and expand Farmers Market. Better Bites was introduced to the community at the Health and Hospitality Fest at Audubon Mill Park following the River Run, and at First United Methodist Church.
LINDA STONE
On a recent, A1C check, as a community benefit for Diabetes Alert Day, Linda Stone decided to “just have it checked to see what it was.” Linda related that she had no idea that she could possibly have diabetes, yet her A1C during the routine check was 6.9. The normal A1C is less than 5.7. Linda was referred to her family physician, Dr. Paul Moore. After diagnosing diabetes, Linda was referred to a diabetes self-management course where she adamantly vowed that she was not willing to go on medication for diabetes. “Let me just do the diet and exercise. I’ll do whatever it takes to stay off the medicine,” Linda stated. Linda’s case is unusual, in that she doesn’t fit the typical profile of one to develop Type 2 Diabetes. After her initial education, her A1C dropped. Linda’s ability to incorporate the knowledge and skills she gained into her everyday routine has been worthwhile as her A1C continues to decrease. Her goal to begin retirement in good health has been met!

SALLY BURCH
Smoking controlled my lifestyle. I was always thinking of when I could schedule time to take a smoke break or where I was going to smoke. No more! I’ve been smoke-free as of October 10, 2010 and have not looked back.

It took me eight times to quit. I would quit for one month, and then up to six months, and go back to smoking. Finally, on my ninth try, I used the Cooper Clayton program to stop smoking. I was able to kick this horrible habit and I now live a clean, smoke-free life. The key to quitting is that you have to be ready.

When my employer decided to go smoke free, I knew then it was time to quit. I didn’t smoke around my grandkids, nor in my house or in my car. I think this helped me when I was ready. My advice to others is to never give up trying!

Reduce Tobacco/E-Cigarette Use
The Healthy Henderson Tobacco Committee serves as the workgroup for the substance abuse and tobacco use initiative. This research and goal driven group utilizes evidence-based practice and the Transtheoretical Model for Change as a foundation for promoting change throughout the community.

Strategies under this objective included:
1. To enable successful access to a diverse number of individuals in need and educate the public on a variety of reputable and evidence-based smoking cessation programs, e-cigarette research and smoking cessation literature distribution.
2. Refer individuals who desire to quit smoking to a Cooper Clayton program and follow graduates who self-report smoking cessation 12 months post graduation.
3. Support the Methodist Hospital Doctor of Osteopathy Family Residency research study titled, “Smoking Cessation in a Rural Community: An Intervention Study.” This descriptive research study was published in the Kentucky Academy of Family Physicians, Spring, 2016.
**Decrease Teen Pregnancy and Other Teen Issues**

Collaborative Partners, a coordinated community organization with representation from local schools, healthcare providers, community organizations and citizens, guides local activities focused on decreasing teen pregnancy and the factors which contribute to this and other poor choices among adolescents. Their group members are participants in the teen sub-group of Healthy Henderson. During the 2012-2015 CHIP Cycle, Collaborative Partners set about identifying the top issues impacting area teens and put mechanisms in place to educate teens on the positive effect of good decisions. The same strategies were chosen to continue the next CHNA cycle from 2016-2018.

Strategies under this objective included:
1. Survey area teens to identify top teen issues. The results indicated three priority areas for the partners to address: bullying, sexual activity/teen pregnancy and alcohol/substance abuse. This survey will be re-administered in August 2016 to middle schools and high school students for comparison.
2. Utilize survey results to prioritize tactics among teen issues.
3. Select and implement evidence based programs to address factors contributing to poor choices among adolescents. The Teen Outreach Program (TOP®) was implemented in Henderson County Middle Schools; Making Proud Choices was offered to high risk teens; and sex education for all freshmen was established in high school. Anti-bullying training was offered to all schools and local partners. Henderson County Schools adopted the Stop, Walk & Talk program district wide to address bullying. Challenge Days were held at North and South Middle Schools and Henderson County High School to build relationships among diverse backgrounds. Henderson County Schools also promoted an Anti-Bullying Week due to the significant number of teens surveyed who were victims of bullying, witnessed bullying or admitted to being a bully. The Teen Issues subgroup has worked on implementing the model Adverse Childhood Events (ACE) and is seeking ways to implement the ACE model into the operational work of the school system.

**Community Benefit Results and Rankings**

- Ranking of 62 in the County Health Rankings in 2013
- Ranking of 48 in the County Health Rankings in 2016

<table>
<thead>
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<th></th>
<th>2012</th>
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<td>33</td>
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<tr>
<td>Smoking (Percent)</td>
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<tr>
<td>Teenage Births (per 1000 births)</td>
<td>65</td>
<td>65</td>
<td>63</td>
<td>63</td>
</tr>
</tbody>
</table>
**Bad debt:** Health care services for which a hospital expected but did not receive payment due to a patient’s unwillingness or inability to pay. Distinguishing bad debt from charity care is challenging and dependent upon the patient’s disclosure of their financial situation, which may not occur until the billing and collection process has begun. Accounting rules require hospitals to classify non-payment as bad debt if it is unknown whether the patient qualifies for charity; however, a large portion of hospital bad debt is attributable to low income patients. This is recorded at the cost of care to the hospital, not charges.

**Cash and in-kind contributions:** Supplies or services donated by the hospital to individuals, other nonprofits or the community at large. These include the value of meeting space, equipment, money, food and personnel to assist other community health care providers, social service agencies and organizations.

**Charitable organizations:** Organizations that help the poor or underprivileged; advance education or science; lessen the burdens of government; decrease neighborhood tensions; or combat community deterioration.

**Community benefits:** Programs or activities that provide treatment and/or promote health and healing and tend to generate little profit or lose money; respond to needs of low income or underserved people; provide services that would not be provided or would need to be provided by the government or other nonprofits if the decision was based on financial terms; respond to public health needs; or involve education or research that furthers community health.

**Community benefit operations:** Administrative costs, including staff, for implementing, managing and documenting community benefit activities and programs.

**Community-building activities:** Costs the hospital incurs to support programs or activities intended to protect or improve the community’s health or safety. Typical activities include physical improvement (e.g., development or maintenance of parks and playgrounds), the provision or rehabilitation of housing for vulnerable populations, supporting economic development or environmental protection efforts, and/or community support for vulnerable populations.

**Community health improvement services:** Activities or programs carried out or supported for the express purpose of improving community health that are subsidized by the health care organization. Such services do not generate inpatient or outpatient bills and are offered for little or no fees. Examples include community health education, support groups, transportation or other programs provided by a hospital, for little or no fees, to improve community health.

**Financial assistance/charity care:** Free or discounted care provided to patients who cannot pay, who are not eligible for public programs and who meet certain financial criteria in accordance with hospital policy (e.g., income below a certain threshold of the federal poverty level). Charity care includes services for which hospitals neither received nor expect to receive payment due to the patient’s inability to pay. This number is reported at the cost of care to the hospital, not charges.

**Health professions education:** Unpaid costs associated with providing educational programs that result in a degree, certificate or training necessary to be licensed to practice as a health professional or continuing education necessary to retain state license or certification. It does not include education or training programs available exclusively to the organization’s employees and medical staff or scholarships provided to those individuals. However, it does include education programs if the main purpose is to educate health professionals in a broader community. Costs for medical residents and interns may be included, even if they are considered employees.

**Medicaid/Medicare losses:** The financial loss suffered by hospitals resulting from the difference between payments received from Medicaid/Medicare and the cost of care provided to Medicaid/Medicare patients.

**Subsidized health services:** Clinical services provided despite a financial loss to the organization, measured by cost associated with bad debt, financial assistance, Medicaid and other means-tested government programs. In order to qualify, the organization must provide the service because it meets an identified community need and it would be reasonable to conclude that if the organization no longer offered the service, the service would be unavailable in the community, would not effectively meet the community’s need or the service would become the responsibility of government or another tax-exempt organization.
2015 Community Benefit Committee of the Board of Directors of Methodist Hospital

Board Members:
- Steve Hargis, Retired
- Reverend Dave Latham, Retired
- Tim Lutz, Retired
- Bill Roberts, Roberts’ Farms
- Reverend Mike Sweeney, Cairo United Methodist Church
- Pastor Jim Wofford, Chairman, First United Methodist Church

Community Members:
- Reverend Wayne Burt, Bennett Memorial United Methodist Church
- Garland Certain, Chairman of the Board, ex-officio, United Community Bank
- Melissa Clements, United Way of Henderson County
- Deborah Fillman, Green River Health Department
- Nancy Gibson, Henderson County School System

2015 Methodist Hospital Internal Community Benefit Committee*

Dr. Libby Brown, Director of Prevention and Wellness Services, Chairman of Healthy Henderson
- Dana Delano, Operations Coordinator
- Joy Griffith, Director of Finance
- Susan Hughes, Employee Wellness Coordinator

Community Members:
- Samantha McClary, Administrative Assistant
- Lois Morgan, Vice President and Chief Nursing Officer
- Brandi Schwartz, Manager of Marketing and Public Relations
- Cathy Titzer, Director of Organizational Development

2015 Members of Healthy Henderson Coalition

Merritt Bates-Thomas, Green River District Health Department
- Sheldon Booze, Henderson County YMCA
- Janis Bratcher, Green River Health Department
- Cyndee Burton, Matthew 25 AIDS Services
- Tim Case, Home Instead Senior Care
- Melissa Clements, United Way
- Suzanne Craig, Green River Health Department
- Karen Evans, BIAC-Nu-Life Wellness
- Debbie Fillman, Green River Health Department
- Annette Garrison, Henderson County YMCA
- Nancy Gibson, Henderson County Schools
- Karen Goldie, Methodist Hospital
- Gary Hall, River Valley Behavioral Health
- Karen Hill, Diabetes Coalition
- Jan Hite, City of Henderson
- Robert Hobson, Aetna Better Health of Kentucky
- Rebecca Horn, Green River Health Department
- Malinda Hudson, Henderson Community College
- Jenna Jarvis, Indiana State (RD Intern)
- Darla Jones, Marsha’s Place
- Candi Kamuf, Green River District Health Department
- Jamie Like, Henderson County Schools
- Shannon Long, Methodist Hospital
- Tina McCormick, Kentucky Rural Health Association
- Erin McKee, BIAC-Nu-Life Wellness

- Herb McKee Jr., County Attorney’s Office
- Rosie McMichael, Green River District Health Department
- Athena Minor, Green River District Health Department
- Megan Mortis, Volunteer and Information Center of Henderson, Kentucky
- Richard Nading, Green River Health Department
- Leslie Newman, American Lung Association
- Anita Owens, Green River District Health Department
- Jaime Rafferty, Kentucky Cancer Program
- Betsy Ray, Marsha’s Place
- Natalie Reynolds, Henderson County Schools
- Jarrod Roberts, Wellcare Health Plans
- Amy Sanchez, Methodist Hospital
- Nancy Satterfield, Henderson County Schools
- Kelly Schneider, Easter Seals
- Mallory Sherfield, Henderson County Public Library
- Aleisha Sheridan, Henderson County Schools
- Dianne Siewert, Henderson Community College
- Emily Smith, Methodist Hospital
- Lisa Stanley, Green River Health Department
- Sarah Stewart, Downtown Henderson Partnership
- Donna Stinnett, City of Henderson
- Mitzi Weber, Henderson County Parks
- Kris Williams, Henderson Community College
- Angela Woosley, Green River Health Department

* Also members of Healthy Henderson Coalition