



Community Health Needs Assessment
2018 Action Plan & 2017 Update

Partnering for a
healthy community



Message To Our Community



“Goals allow you to control the direction of change in your favor.”

- Brian Tracy,
motivational speaker
and author

Controlling the direction of change in our favor through goal-setting, as Brian Tracy’s quote describes above, is what we have endeavored to do in

multiple ways throughout the past year.

In this year’s Community Health Needs Assessment (CHNA) 2017 Update, we are happy to share the progress made to meet the health needs of our community, maintaining a focus on three areas first identified in 2012:

- Obesity/Diabetes
- Teen Issues (Including pregnancy/bullying)
- Smoking Cessation

Through our partnership with Healthy Henderson, a coalition of members representing more than 30 organizations and institutions, including Methodist Hospital, we have continued a team effort to take action in these areas, with additional emphasis on mental health issues.

A coalition can be defined as an alliance (or association formed for mutual benefit) for combined action.

Goals and strategies have been set under each of the identified areas. You will read about events that have already been held and those planned for the future, along with efforts to educate and raise awareness, with the ultimate goal of prevention.

We also share success stories of those who have taken steps to improve their health through participating in health screenings or classes and making positive lifestyle changes.

In the financial section of this report, you will see the amount of financial assistance and charity care we have provided during the past year to patients who are unable to pay for the care they have received. This amount has increased substantially—280%—from the previous year. Unreimbursed Medicaid Loss jumped nearly 150% from the previous year, while unreimbursed Medicare tripled from FY 2016-2017. These increases have had an impact on our Hospital and many others in Kentucky and throughout the country.

As always, the health of our patients, regardless of their ability to pay, is paramount. Our ultimate goal is always to improve the health status of our patients and of everyone in the communities we serve. Progress in several areas first identified as areas of focus in 2012 have been made toward Healthy Henderson’s vision to achieve a top 20% ranking among all counties in Kentucky for overall health.

Since 2012, smoking has decreased from 27% to 22% in Henderson County while the number of teenage births has decreased by 6%, from 65% to 59% in the latest report. Henderson County’s overall health ranking was 72 in 2012 and is now at 39 out of 120 counties.

(Source: www.countyhealthrankings.org)

We can all play a part in creating a healthier community by making changes in our individual lifestyles, and by supporting events and services designed to improve and enhance our health through education and access to care.

Thank you in advance for partnering with us and for helping us to fulfill our mission to improve the health status of the people in the communities we serve.

A handwritten signature in black ink that reads "Benny Nolen". The signature is fluid and cursive.

Benny Nolen, MHA, Interim President
and CEO



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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History of Methodist - Community Benefit



On May 4, 2015, Methodist Hospital, in partnership with the Green River District Health Department, hosted a community forum in Henderson County. 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 Community Health Needs Assessment (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, as well as the Healthy Henderson Coalition, and developed an updated CHNA for Methodist Hospital. Methodist Hospital chose to continue to focus on the same three areas for 2016-2018 – obesity/diabetes, teen issues and smoking cessation – and also added an emphasis on mental health throughout each sub-group.

The findings from the CHNA pertaining to Union County were also 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.

Value of Methodist Hospitals – Henderson and Union – Community Benefits

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.

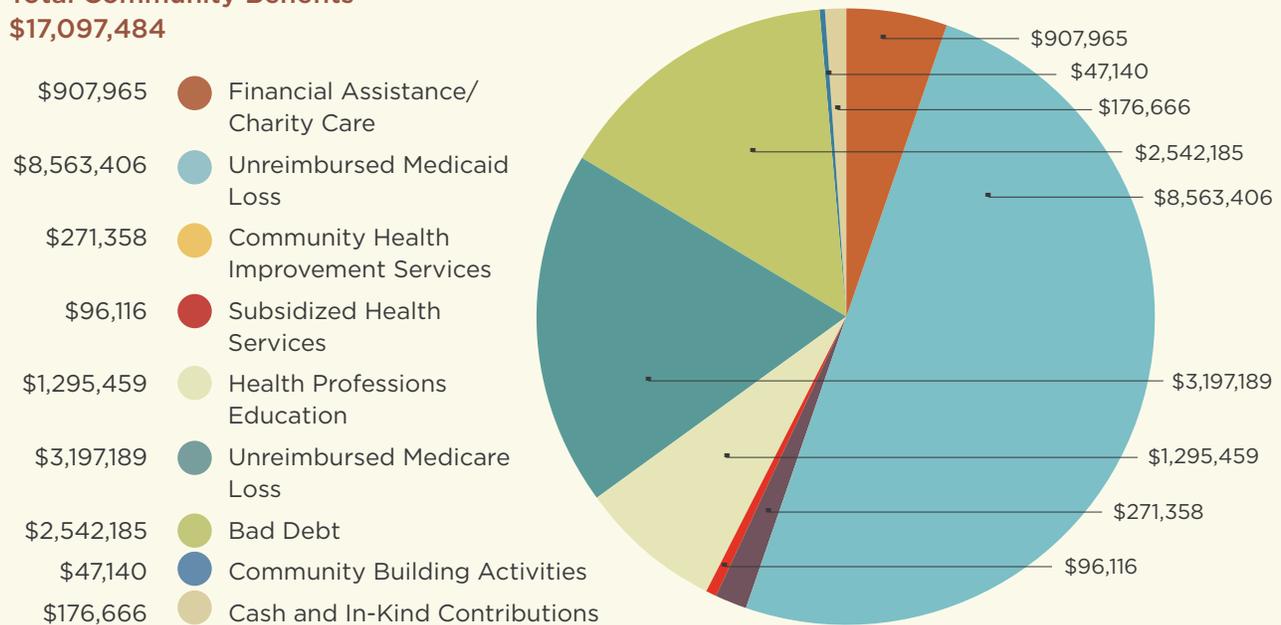
Methodist Hospital’s mission of improving the health status of the people in the communities we serve was displayed in a number of ways during the 2015-2016 fiscal year. In addition to acute and swing bed healthcare services, other services offered included health fairs, health screenings, civic and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

Highlights include:

- Served 4,776 patients of limited financial means and chronic conditions in our Continuity Care Clinic.
- Provided free health screenings at over 40 local fairs, festivals, senior centers and annual meetings.
- Provided free monthly cholesterol screenings at Methodist Hospital, benefiting over 260 patients and also provided free health screenings at an open house event at Methodist Hospital Union County.
- Helped 137 women and their babies with lactation / breastfeeding services.
- Sponsored and donated to over 140 local community groups, youth sport teams, non-profit events and community fundraisers.
- Partnered with local colleges and universities to provide clinical training, education and hands-on experience needed in support of various healthcare professions.
- Through its Continuity Care Clinic, the Methodist Hospital Family Residency Program provided training to family physicians in Henderson and the surrounding area. In addition, the program delivered care to those who were unable to pay for needed services and to clients at the Women’s Addiction and Recovery Manor (WARM) in Henderson.

Total Community Benefits Reported by Methodist Hospitals (Henderson and Union County) at Cost (June 30, 2016)

Total Community Benefits
\$17,097,484



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, 2017.

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 Hospital 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 its 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.

What is Community Benefit? continued

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, patients who have high deductibles and copays, or patients who may qualify for financial assistance but 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

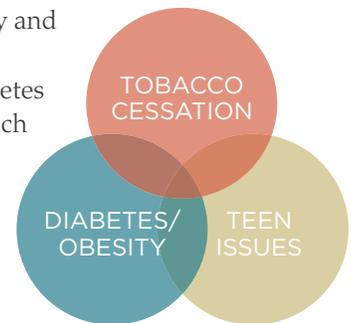
With the creation of Kynect, the online marketplace where consumers can buy health insurance, and the expansion of Medicaid eligibility permitted by the Affordable Care Act, many patients now have health coverage. Kentucky statistics reveal that the majority of the newly insured are covered by Medicaid. 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 and Goals

The Healthy Henderson coalition 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. Using the CHNA as a tool to identify issues of greatest concern in the community, Healthy Henderson selected three areas to address, thus making the greatest possible impact to improve community health status:

- Decrease teen pregnancy and other teen issues
- Reduce obesity and diabetes
- Reduce tobacco use, which includes e-cigarettes and tobacco dip/chew

Each area of focus will include an emphasis on mental health.



Diabetes/Obesity

Strategies under this objective included:

Partner with local organizations to offer diabetes education, awareness and prevention throughout the community.

Events offered included:

- Diabetes Adventure Camp for Kids
- Diabetes Alert day with free A1C's in March
- Diabetes Awareness Month in November with free A1C's
- Hunting Down Diabetes Run/Walk
- Taking Ownership of your Diabetes free classes at the UK Extension office

EMILY SMITH | BETTER BITES



Individuals from the Obesity and Diabetes subcommittee joined in the annual Henderson's Tri-Fest kids' activities to spread awareness

about the Better Bites program. They participated in the Kids Race for Habitat for Humanity, offering kids a "Better Bite" snack and water as they came across the finish line. They also attended the school relays and the Jump Rope for Hearts event. The kids loved the Whole Grain Rice Krispie Treats and proudly wore their "Better Bites Snack Strong" bracelets to remind them to make healthy and nutritious snack choices.

Future events will include:

- Diabetes Adventure Camp for Kids
- Taking Ownership of your Diabetes free classes at the Extension office
- Putting Downtown for Diabetes fundraiser
- Raise awareness and grow the Better Bites program. The program works to make healthy options more readily available to children. This will be through community involvement, offering free samples and information on Better Bites snacks, working with the Feather Lite initiative to have Better Bites options in restaurants and continuing to assist and encourage concession stands and other local food service organizations to offer a Better Bites option. Information will be communicated to the public through the Healthy Henderson Facebook page. Participants include:
 - Four local restaurants
 - Henderson County Fairgrounds
 - Atkinson Park pool

- School system offering Better Bite options on their menus
- YMCA Summer Camp
- Reading in the Park
- Build A Better Youth Henderson Co. Library program
- Family Fun Night
- Readifest
- Back to School Kick Off at First Assembly of God Church

Tobacco Cessation Including E-cigarettes

Strategies under this objective included:

- 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.
- Provided educational presentations at the Women's Addiction Recovery Manor (WARM) Center and referred to the Doctor of Osteopathic Medicine (DO) program.

TIM LUTZ



I had smoked for most of my adult life. I didn't smoke in my house or around kids. I knew smoking was risky behavior.

I figured it was just my life and it was my business. That all changed with grandkids. It was then that I decided I might just live long enough to see them get married and have kids. I enrolled in Methodist Hospital's smoking cessation class and it was really easier than I thought. I have been smoke free for three years and plan to stay that way!

What is Community Benefit? continued

- Conducted Walmart surveys providing educational literature.
- Methodist Hospital facilitators underwent training for the Freedom From Smoking® program.
- Refer individuals who desire to quit smoking to a Cooper Clayton program and follow graduates who self-report smoking cessation 12 months post graduation.
 - Thirty participants enrolled and 20 participants completed classes.
- 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

Strategies under this objective included:

- A survey was re-administered to area teens in August to identify top teen issues. The prior results indicated three priority areas for the partners to address: bullying, sexual activity/teen pregnancy and alcohol/substance abuse.
 - The survey was distributed electronically and by paper and was tallied manually with data recorded to date as 1,119 surveys completed with the following issues indicated: abuse, either physical, sexual, emotional, or neglect; sex/teen pregnancy; bullying; and depression.
- Utilize survey results to prioritize tactics among teen issues.
- Select and implement evidence based programs to address factors contributing to poor choices among adolescents.
 - Continue the Teen Outreach Program (TOP®) at South Middle School.
 - Continue the Stop, Walk & Talk program in the Henderson County School district to address bullying.
 - Currently collaborating with the City of Henderson to develop the Boys and Girls Club in Henderson County.

READIFEST



The Teen Issues group set up a booth at this year's Readifest at Henderson County High School. Information was distributed to parents on how to setup parental controls on smart phones, tablets and iPads. Students were invited to complete a Teen Issues Survey on a provided iPad.

Community Benefit Results and Rankings

- Ranking of **48** in the County Health Rankings in 2016
- Ranking of **39** in the County Health Rankings in 2017

	2016	2017
Obesity (Percent)	32	33
Smoking (Percent)	25	22
Teenage Births (per 1000 births)	61	59

Glossary of Terms (Provided by Kentucky Hospital Association)

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.

2016 Community Benefit Committee of the Board of Directors of Methodist Hospital

Board Members*:

Steve Austin, Mayor, City of Henderson
Reverend Dave Latham, Retired
Tim Lutz, Retired
Reverend Mike Sweeney, Cairo United Methodist Church
Frank Tulipana, Retired
Pastor Jim Wofford, Chairman

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 *

2016 Methodist Hospital Staff*

Dr. Libby Brown, Director of Prevention and Wellness Services, Chairman of Healthy Henderson

Lois Morgan, Vice President and Chief Nursing Officer
Brandi Schwartz, Marketing Manager

2016 Members of Healthy Henderson Coalition

Baltzell Ayers, Methodist Hospital
Merritt Bates-Thomas, Green River District Health Department
Jessi Booze, Henderson Family YMCA
Sheldon Booze, Henderson County YMCA
Janis Bratcher, Green River Health Department
Cyndee Burton, Matthew 25 AIDS Services
Sharon Carver, Pittsburg Tank and Tower Group
Tim Case, Home Instead Senior Care
Melanie Chapman, Health First CHC
Christa Cole, Methodist Hospital
Suzanne Craig, Green River Health Department
Amanda Curlin, Henderson County Schools
Karen Evans, BIAC-Nu-Life Wellness
Shawna Evans, Henderson County Schools
Brooke Fogle, Green River District Health Department
Annette Garrison, Henderson County YMCA
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

Jamie Liles, Premier Pediatrics and Wellness
Shannon Long, Methodist Hospital
Tina McCormick, Kentucky Rural Health Association
Erin McKee, BIAC-Nu-Life Wellness
Herb McKee Jr., County Attorney's Office
Richard Nading, Green River Health Department
Leslie Newman, American Lung Association
Anita Owens, Green River District Health Department
Kelly Palmer, Family Court
Dylan Phelps, Pittsburg Tank and Tower Group
Jaime Rafferty, Kentucky Cancer Program
Betsy Ray, Marsha's Place
Natalie Reynolds, Henderson County Schools
Jarrod Roberts, Wellcare Health Plans
Kelly Schneider, Easter Seals
Mallory Sherfield, Henderson County Public Library
Emily Smith, Methodist Hospital
Etha Smith, Pittsburg Tank and Tower Group
Sarah Smith, Methodist Hospital
Lisa Stanley, Green River Health Department
Sarah Stewart, Downtown Henderson Partnership
Donna Stinnett, City of Henderson
Beth Strawn, Downtown Henderson Partnership
Mitzi Weber, Henderson County Parks
Josh Wessel, Passport Health Plan
Kris Williams, Henderson Community College
Angela Woosley, Green River Health Department

* Also members of Healthy Henderson Coalition

