Jennie Stuart Health 2025

Community Health Needs Assessment

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Executive Summary

Jennie Stuart Health ("JSH" or the "Hospital") performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare ("Ovation") to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

1) a definition of the community served by the Hospital and a description of how the community was determined;

2) a description of the process and methods used to conduct the CHNA;

3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;

4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;

5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The health priorities identified by Jennie Stuart Health from this assessment are:

Improve ***chronic disease burden*** by focusing on addressing the top health conditions in our community, like Cancer and Heart Disease.

Grow ***access to local and affordable healthcare*** services through continuous recruitment and growth of services.

Expand ***access to mental healthcare*** for the community by focusing on the growth of the Behavioral Health Unit.

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment
Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community members' perceptions of healthcare in the region
- Support community organizations for collaborations

CHNA Process

1 Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

2 Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

3 Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

4 Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data

- Augmentation of data with community opinions through a community-wide survey

- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report, with the majority of the data used in this assessment coming from:

- County Health Rankings 2025 Report

- Centers for Medicare & Medicaid Services – CMS

- Centers for Disease Control and Prevention – CDC

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's economic, racial, and geographically diverse population. One thousand nine hundred seventy-six (1,976) survey responses from community members were gathered in October 2025.

Community Input

Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.

Survey Question: Please select all roles that apply to you (n=1,899)

Role	Count
Community Resident	1,699
Healthcare Professional	241
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or…	127
Government Employee or Representative	88
Representative of Chronic Disease Group or Advocacy Organization	10
Public Health Official	7
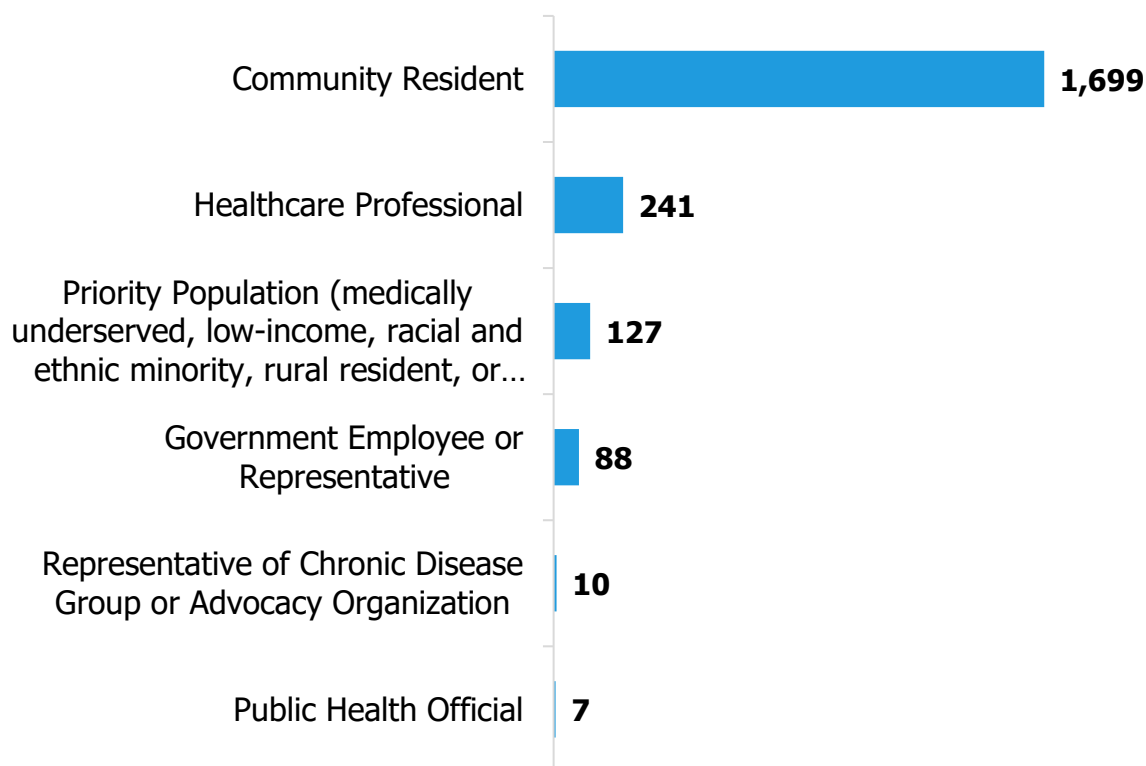
Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?

Group	Percentage
Low-income groups	64%
Older adults (65+)	55%
Uninsured and underinsured individuals	46%
Individuals requiring additional healthcare support	33%
Residents of rural areas	23%
Racial and ethnic minority groups	21%
Women	20%
Children/Adolescents	16%
Men	6%
LGBTQ+	3%
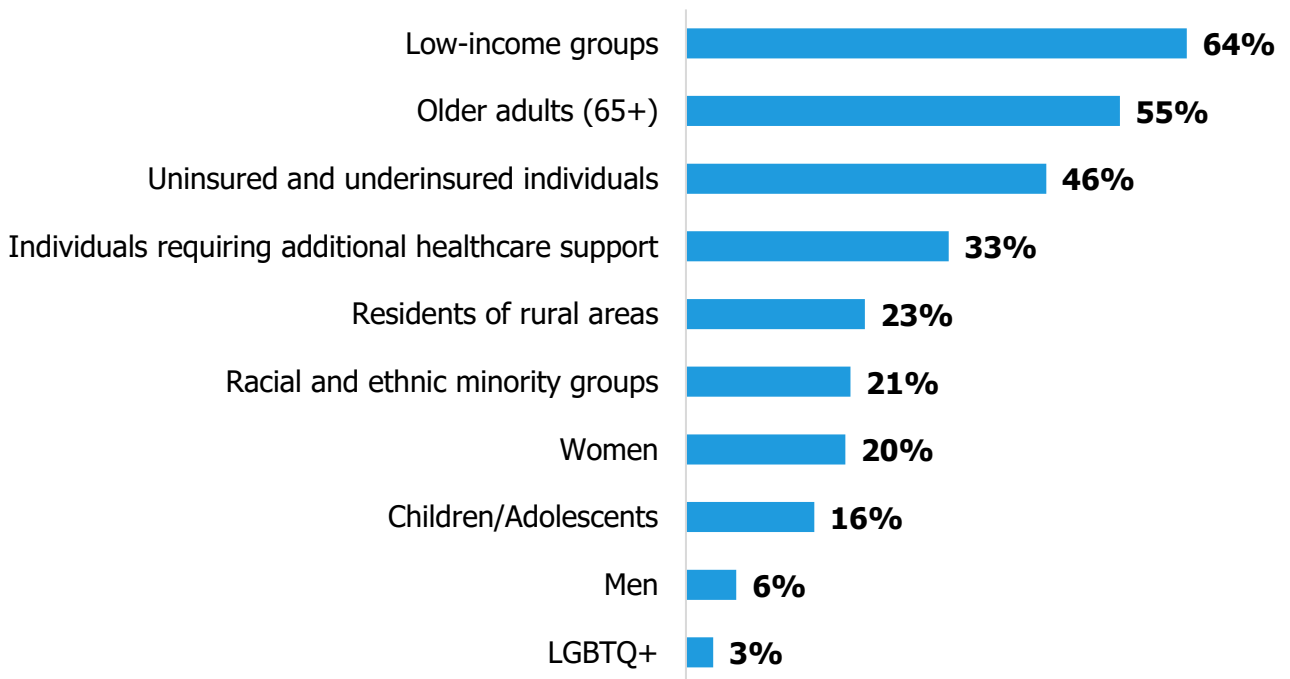
Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, older adults (65+), and un/underinsured individuals.

- Summary of unique or pressing needs of the priority groups identified by the respondents:
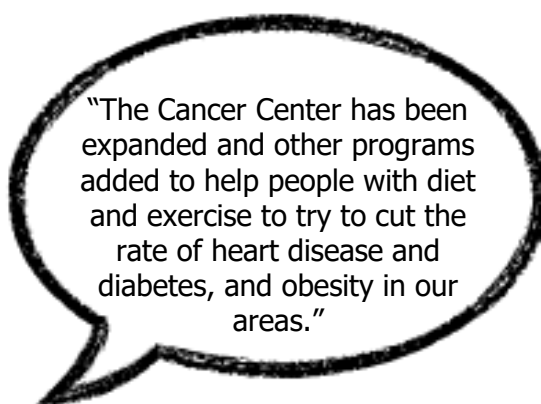
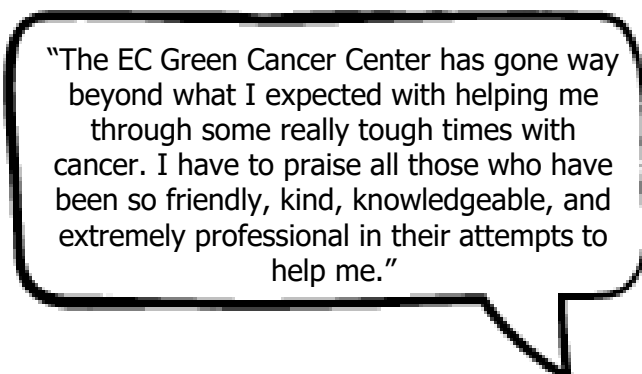| Limited Financial Resources	Access to Health Services	Community Safety

Input on the Actions Taken Since the 2022 CHNA

JSH considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by JSH since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2022 CHNA are listed below with a selection of survey responses.
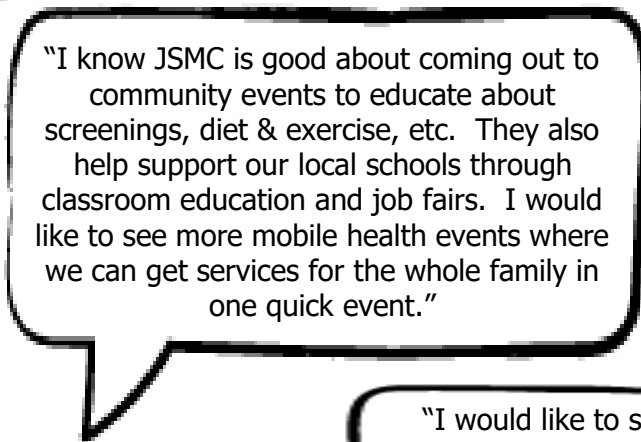
- Cancer
- Behavioral Health: Mental Health, Drug/Substance Abuse
- Healthy Living: Diabetes, Heart Disease, Obesity, Physical Inactivity
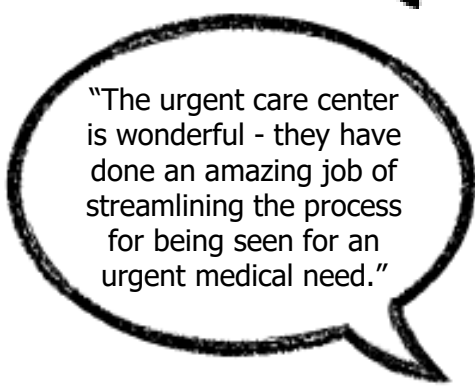
"The Cancer Center has been expanded and other programs added to help people with diet and exercise to try to cut the rate of heart disease and diabetes, and obesity in our areas."
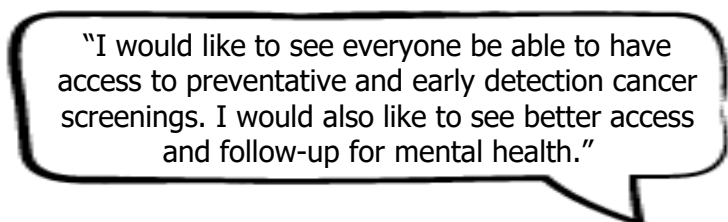
"The EC Green Cancer Center has gone way beyond what I expected with helping me through some really tough times with cancer. I have to praise all those who have been so friendly, kind, knowledgeable, and extremely professional in their attempts to help me."

"I know JSMC is good about coming out to community events to educate about screenings, diet & exercise, etc. They also help support our local schools through classroom education and job fairs. I would like to see more mobile health events where we can get services for the whole family in one quick event."

"The urgent care center is wonderful - they have done an amazing job of streamlining the process for being seen for an urgent medical need."

"I would like to see everyone be able to have access to preventative and early detection cancer screenings. I would also like to see better access and follow-up for mental health."

Community Served

For the purpose of this study, the service area is defined as Christian County in Kentucky. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, JSH is centrally located in Christian County. Jennie Stuart Health is the only hospital in Christian County.

Service Area

Christian County

Total Population: **72,032**

Source: *County Health Rankings 2025 Report, ArcGIS*

Service Area Demographics

	Christian	Kentucky
Demographics		
Total Population	72,032	4,526,154
Age		
Below 18 Years of Age	28.5%	22.5%
Ages 19 to 64	58.5%	59.7%
65 and Older	13.0%	17.8%
Race & Ethnicity		
Non-Hispanic White	64.2%	82.4%
Non-Hispanic Black	21.2%	8.4%
American Indian or Alaska Native	0.8%	0.3%
Asian	1.6%	1.8%
Native Hawaiian or Other Pacific Islander	0.5%	0.1%
Hispanic	9.1%	5.0%
Gender		
Female	47.7%	50.4%
Male	52.3%	49.6%
Geography		
Rural	29.1%	41.3%
Urban*	70.9%	58.7%
Income		
Median Household Income	$54,934	$61,099

Notes: *Urban is defined by the US Census Bureau as census blocks that encompass at least 5,000 people or at least 2,000 housing units
Source: County Health Rankings 2025 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

1,976 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:

- ✓ Worse than benchmark
- ✓ Identified by the community
- ✓ Impact on health disparities
- ✓ Feasibility of being addressed

Select

Select priority health needs for implementation plan

Available Resources

Capital Spending

Health Priority

Potential Partners

Health Equity
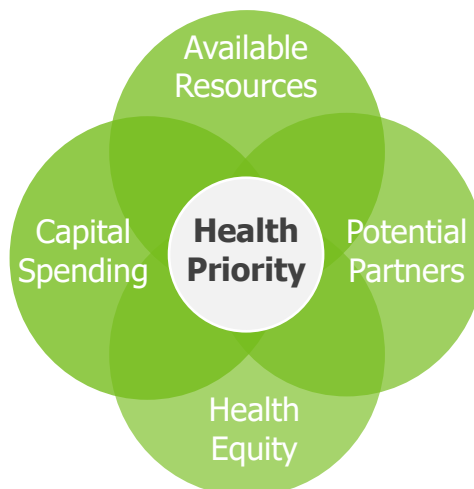
Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given that they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.

- Community factors are the social drivers that influence community health and health equity.

- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

Health Factor	1	2	3	4	5	Weighted Average
Cancer		6%		14%	77%	4.65
Heart Disease		9%		21%	67%	4.52
Mental Health		8%		20%	68%	4.49
Alzheimer's and Dementia			12%	20%	64%	4.42
Diabetes			12%	24%	61%	4.41
Stroke			12%	26%	59%	4.39
Women's Health			13%	27%	57%	4.37
Kidney Disease			15%	24%	57%	4.31
Children/Adolescent Health			13%	24%	58%	4.31
Lung Disease			15%	24%	56%	4.30
Obesity			15%	24%	56%	4.28
Substance Use Disorder			15%	22%	55%	4.20
Liver Disease			19%	25%	51%	4.19
Men's Health			20%	29%	46%	4.15
Dental			22%	25%	46%	4.10
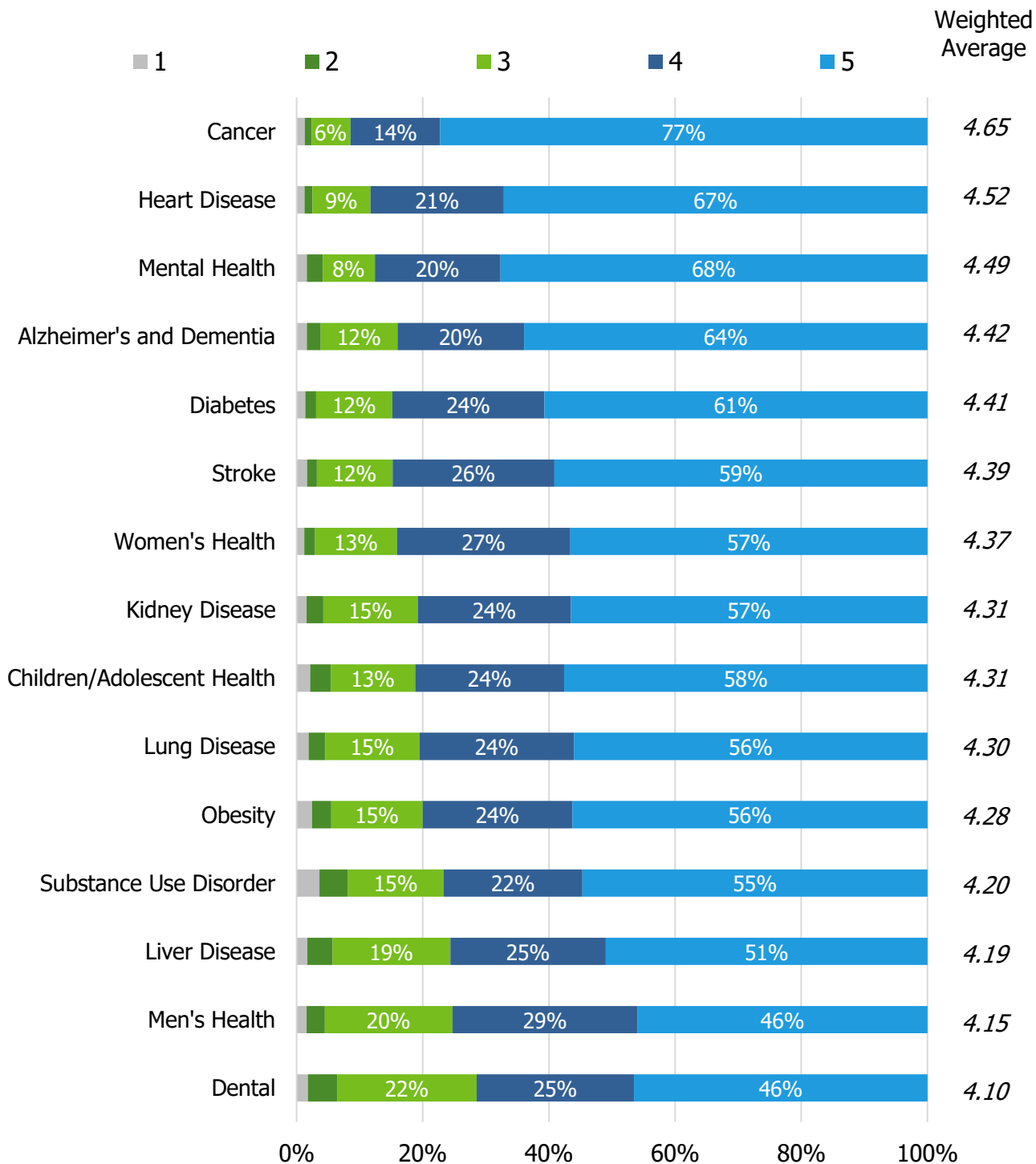
Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

Legend: ■ 1 ■ 2 ■ 3 ■ 4 ■ 5

Community Factor	3	4	5	Weighted Average
Healthcare: Affordability	6%	15%	77%	4.64
Cost of Health Insurance	7%	13%	77%	4.62
Healthcare: Access to Specialty Care	10%	24%	64%	4.47
Healthcare: Access to Primary Care	12%	22%	63%	4.42
Access to Senior Services	12%	25%	60%	4.39
Access to Affordable Healthy Food	12%	22%	61%	4.36
Healthcare: Location of Services	13%	26%	57%	4.34
Community Safety	15%	22%	58%	4.31
Employment and Income	15%	25%	56%	4.30
Education System	14%	24%	55%	4.27
Affordable Housing	14%	20%	59%	4.27
Healthcare: Prevention Services	17%	26%	53%	4.25
Access to Childcare	16%	24%	53%	4.20
Access to Home Health	18%	29%	49%	4.19
Transportation	20%	25%	47%	4.08
Access to Exercise/Recreation	24%	29%	39%	3.95
Social Connections	29%	26%	32%	3.71

Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

Behavioral Factor	3	4	5	Weighted Average
Illegal Drug Use	12%	21%	59%	*4.28*
Nutrition and Diet	17%	30%	48%	*4.18*
Smoking/Vaping/Tobacco Use	16%	22%	51%	*4.10*
Physical Inactivity	20%	31%	42%	*4.07*
Alcohol Use/Excess Drinking	22%	25%	45%	*4.02*
Risky Sexual Behavior	23%	23%	42%	*3.88*

Legend: ■ 1 ■ 2 ■ 3 ■ 4 ■ 5

X-axis: 0% 20% 40% 60% 80% 100%
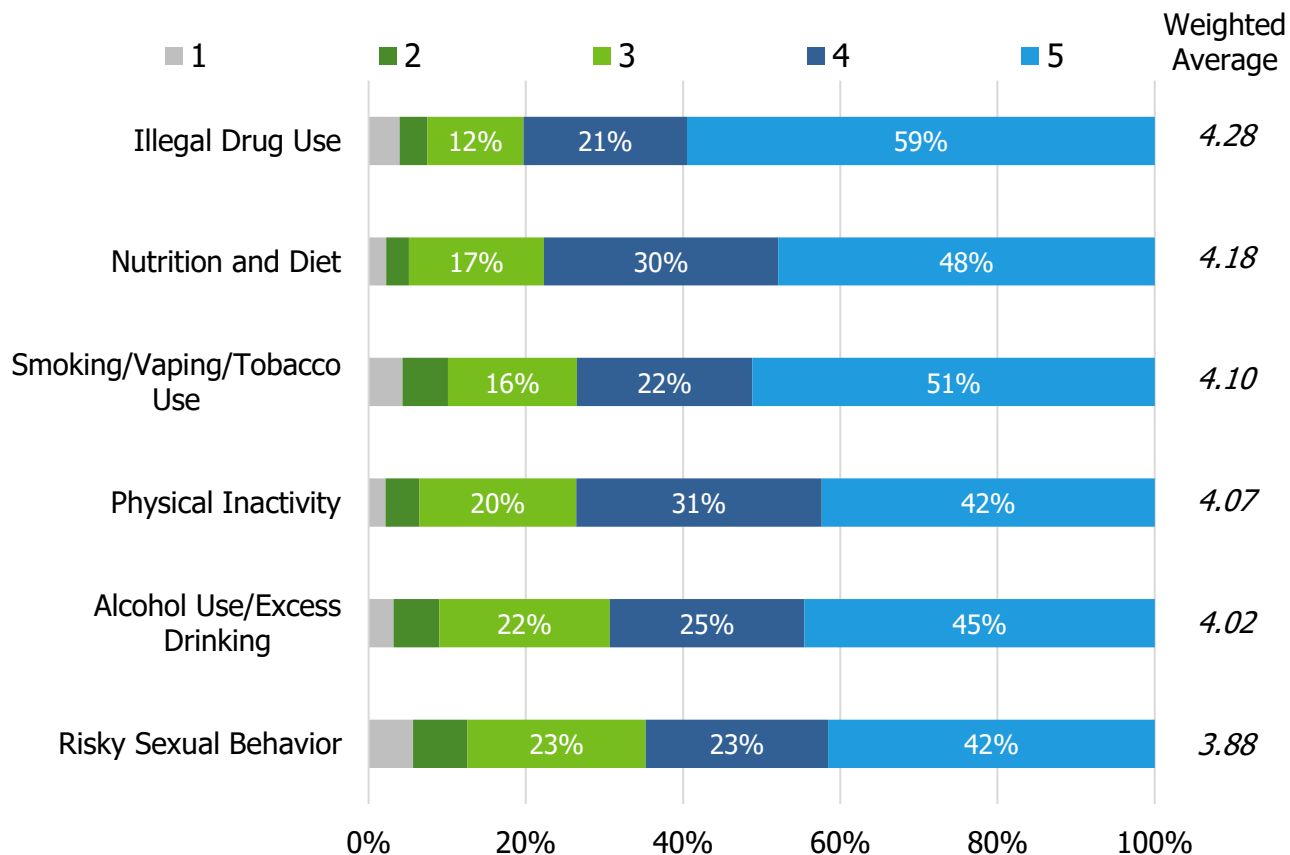
Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Cancer	4.65	91.5%
Healthcare: Affordability	4.64	91.1%
Cost of Health Insurance	4.62	89.9%
Heart Disease	4.52	88.3%
Mental Health	4.49	87.6%
Healthcare: Access to Specialty Care	4.47	87.6%
Alzheimer's and Dementia	4.42	84.0%
Healthcare: Access to Primary Care	4.42	84.7%
Diabetes	4.41	84.8%
Stroke	4.39	84.8%
Access to Senior Services	4.39	84.5%
Women's Health	4.37	84.1%
Access to Affordable Healthy Food	4.36	82.3%
Healthcare: Location of Services	4.34	82.9%
Children/Adolescent Health	4.31	81.2%
Kidney Disease	4.31	80.8%
Community Safety	4.31	80.3%
Lung Disease	4.30	80.5%
Employment and Income	4.30	80.7%
Obesity	4.28	80.0%
Illegal Drug Use	4.28	80.3%
Affordable Housing	4.27	78.6%
Education System	4.27	80.0%
Healthcare: Prevention Services	4.25	78.7%
Substance Use Disorder	4.20	76.7%
Access to Childcare	4.20	77.3%
Liver Disease	4.19	75.6%
Access to Home Health	4.19	77.3%
Nutrition and Diet	4.18	77.7%
Men's Health	4.15	75.3%
Dental	4.10	71.5%
Smoking/Vaping/Tobacco Use	4.10	73.5%
Transportation	4.08	72.1%
Physical Inactivity	4.07	73.6%
Alcohol Use/Excess Drinking	4.02	69.3%
Access to Exercise/Recreation	3.95	67.1%
Risky Sexual Behavior	3.88	64.8%
Social Connections	3.71	57.9%

Survey Ranking Comparison from 2022 to 2025

Between 2022 and 2025, the community's identified health priorities remained broadly consistent with cancer, heart disease, mental health, and diabetes continuing to rank highly. The 2025 results provide a reliable and positive picture for community engagement due to the dramatic increase in survey participation (from 75 to 1,976 respondents). In 2025, concerns related to healthcare access and affordability rose sharply into the top tier of priorities, including the cost of insurance, access to specialty care, and access to primary care, reflecting growing financial and access-related pressures in the community.

2025 JSH Survey (n=1,976)		2022 JSH Survey (n=75)	
Top 10 Health Priorities	**Rank**	**Top 10 Health Priorities**	**Rank**
Cancer	*4.65*	Cancer	*4.59*
Healthcare: Affordability	*4.64*	Mental Health	*4.53*
Cost of Health Insurance	*4.62*	Diabetes	*4.50*
Heart Disease	*4.52*	Drug/Substance Abuse	*4.46*
Mental Health	*4.49*	Heart Disease	*4.40*
Access to Specialty Care	*4.47*	Obesity	*4.39*
Alzheimer's and Dementia	*4.42*	Education System	*4.39*
Access to Primary Care	*4.42*	Access to Childcare	*4.37*
Diabetes	*4.41*	Community Safety	*4.37*
Stroke	*4.39*	Physical Inactivity	*4.37*

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Christian County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of the service area county to that of Kentucky can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #5 community-identified health priority, with 88% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Christian County is 18.1, which is higher than the Kentucky average.

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Christian	Kentucky
Suicide Mortality Rate per 100,000 (2019-2023)	18.1	17.5
Poor Mental Health Days past 30 days (2022)	5.6	5.0
Population per 1 Mental Health Provider (2024)	186:1	320:1
Adult Depression (2021-2023)	26.8%	25.8%

Source: NIH: HDPulse, County Health Rankings 2025 Report, PLACES: Local Data for Better Health, America's Health Rankings

Drug, Substance, and Alcohol Use

Christian County has a lower drug-related overdose death rate compared to Kentucky (37.3 compared to 49.9 per 100,000 population, respectively). The prevalence of excessive drinking and alcohol-impaired driving deaths is lower in Christian County compared to the state. Alternatively, the rate of adult smoking is higher than the state average.

	Christian	Kentucky
Drug-Related Overdose Deaths per 100,000 (2023)	37.3	49.9
Excessive Drinking (2022)	14.1%	15.3%
Alcohol-Impaired Driving Deaths (2018-2022)	16.2%	25.6%
Adult Smoking (2022)	21.3%	17.6%

Source: CDC National Vital Statistics System, County Health Rankings 2025 Report

Chronic Diseases

Cancer

Cancer was identified as the #1 community health concern, with 91% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Christian County. Additionally, 35% of survey respondents said they would like to see additional access to cancer care locally.

While Christian County has a higher cancer mortality rate than Kentucky, its cancer incidence rate is lower. A higher cancer mortality rate with a lower incidence rate suggests late diagnoses or limited access to quality care. This pattern often indicates barriers to early detection and treatment, particularly in underserved communities.

When evaluating health disparities across gender, men have higher incidence rates of cancer compared to women in the county and the state. This disparity can be due to a multitude of factors, including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

	Christian	Kentucky
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	503.9	513.7
Cancer Mortality Rate per 100,000 (2019-2023)	195.1	180.4

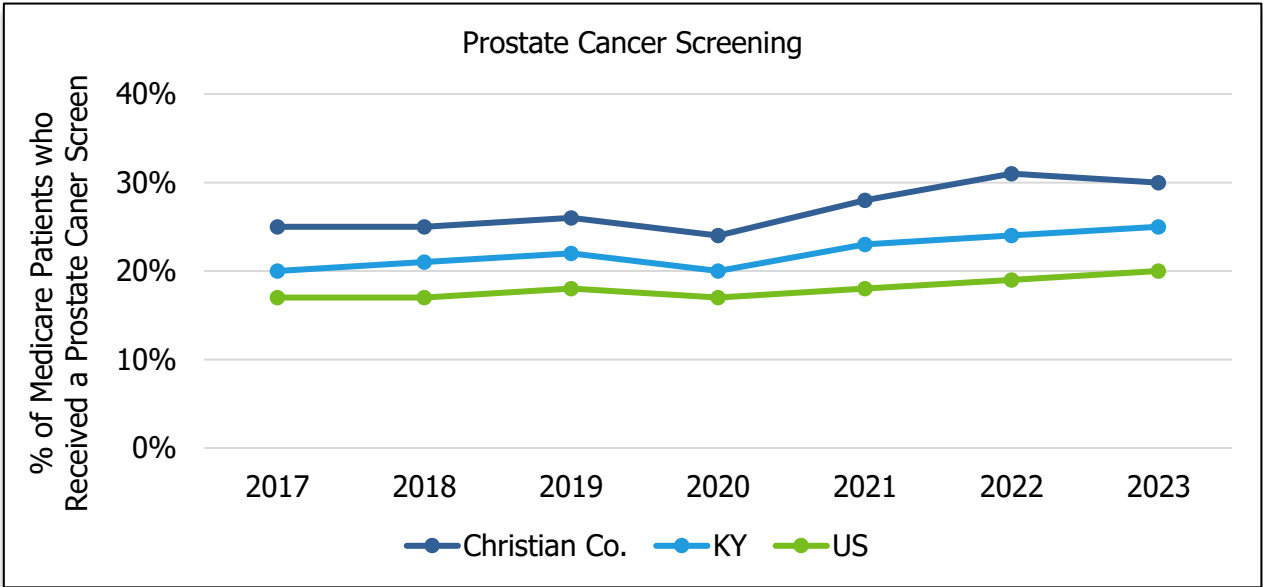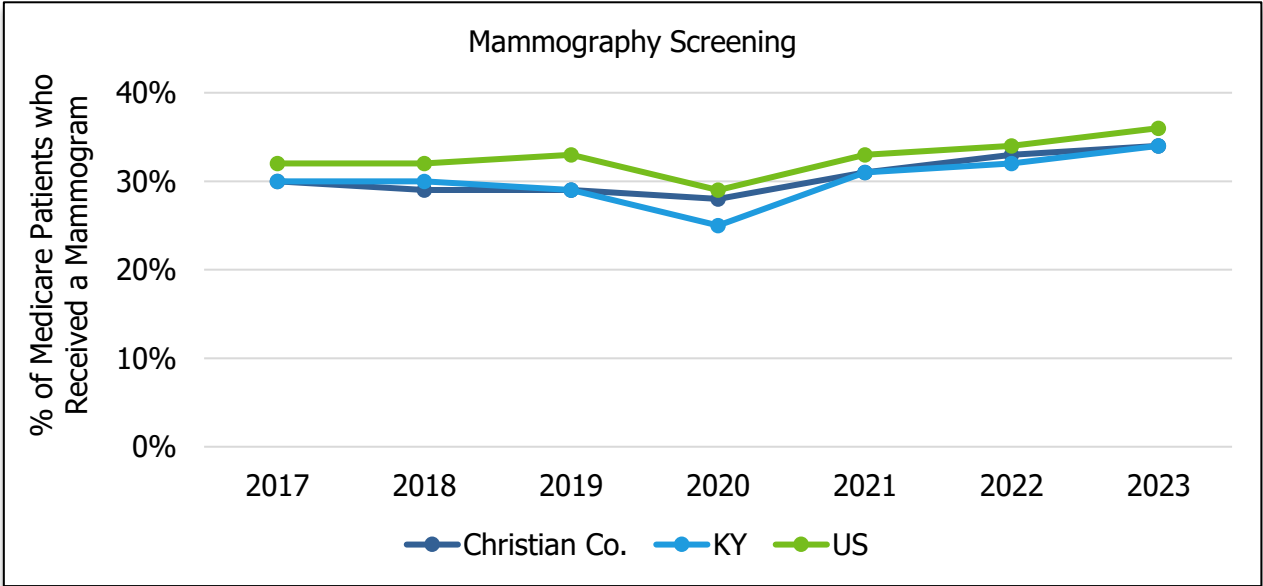*Source: NIH: HDPulse, National Cancer Institute*

Cancer Incidence Rates by Gender (*per 100,000*)

Christian Co.: Men 528.0, Women 494.8
Kentucky: Men 564.9, Women 480.1

■ Men ■ Women
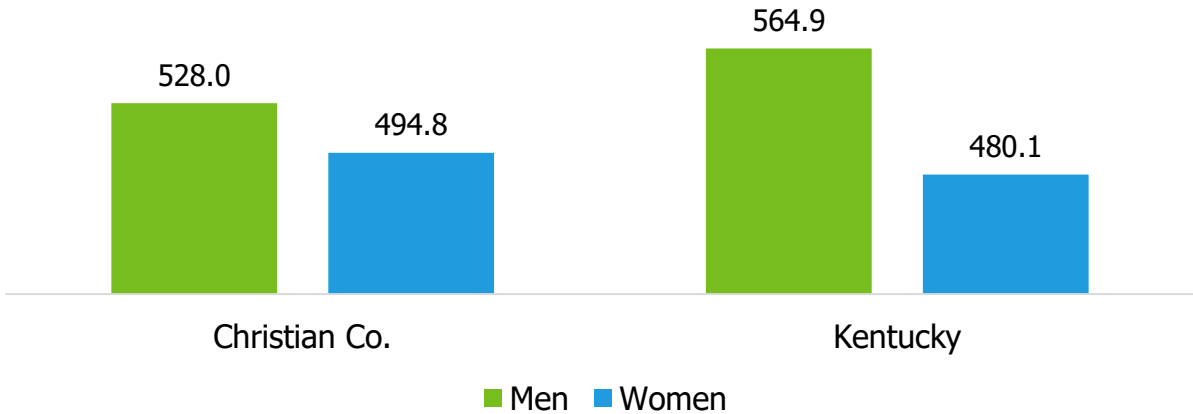
Source: National Cancer Institute

The rate of Medicare enrollees (women age 65+) who have received a mammogram in the past year is the same in Christian County as the state (34%). These rates have increased in recent years after a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Christian County has higher rates of prostate cancer screening compared to the state (30% compared to 25% respectively).

Mammography Screening

% of Medicare Patients who Received a Mammogram

	2017	2018	2019	2020	2021	2022	2023
Christian Co.	30%	29%	29%	28%	31%	33%	34%
KY	30%	30%	29%	25%	31%	32%	34%
US	32%	32%	33%	29%	33%	34%	36%

Prostate Cancer Screening

% of Medicare Patients who Received a Prostate Caner Screen

	2017	2018	2019	2020	2021	2022	2023
Christian Co.	25%	25%	26%	24%	28%	31%	30%
KY	20%	21%	22%	20%	23%	24%	25%
US	17%	17%	18%	17%	18%	19%	20%

Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in Christian County, and the county has a higher mortality rate for both heart disease and stroke compared to state averages. Looking at risk factors for negative cardiovascular health, Christian County has a lower prevalence of high blood pressure and high cholesterol compared to the Kentucky averages.

	Christian	Kentucky
Heart Disease Mortality Rate per 100,000 (2019-2023)	245.1	208.2
Stroke Mortality Rate per 100,000 (2019-2023)	44.7	43.9
High Blood Pressure (2021-2023)	36.9%	39.9%
High Cholesterol (2021-2023)	32.8%	37.5%

Source: NIH: HDPulse, PLACES: Local Data for Better Health, America's Health Rankings

In the Medicare population, Christian County has a lower prevalence of heart disease compared to the state (18% compared to 23% respectively), while the prevalence of stroke is the same (5%).

Heart Disease Prevalence

Stroke Prevalence
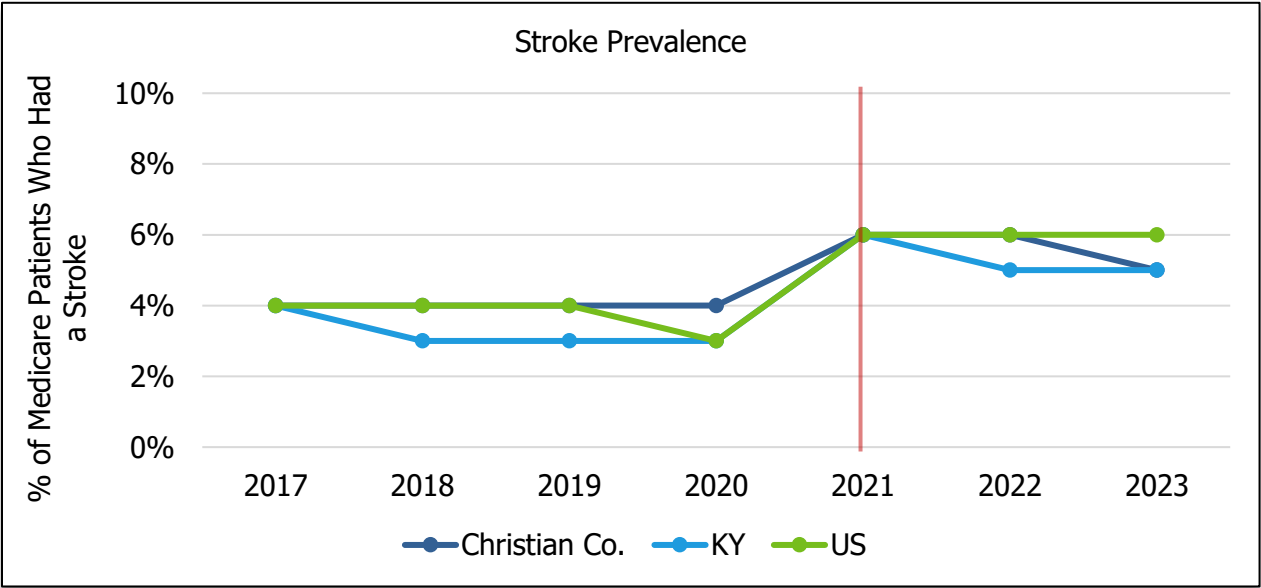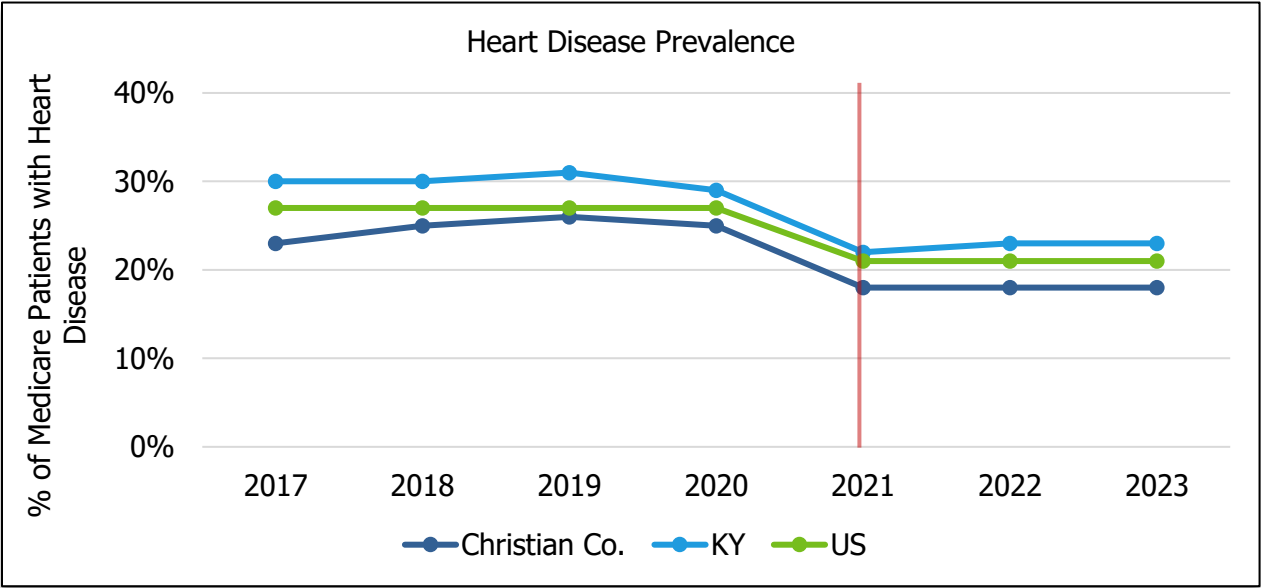
Note: There was a change in the algorithm of reported data in 2021 noted by a red bar
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Alzheimer's and Dementia

Christian County has a lower mortality rate for Alzheimer's compared to the state on average. In the Medicare population, the prevalence of Alzheimer's, related disorders, or senile dementia is 7% which is the same as state and national averages.

	Christian	Kentucky
Alzheimer's Mortality Rate per 100,000 (2019-2023)	21.4	31.9

Source: NIH: HDPulse

Alzheimer's Disease, Related Disorders, or Senile Dementia Prevalence
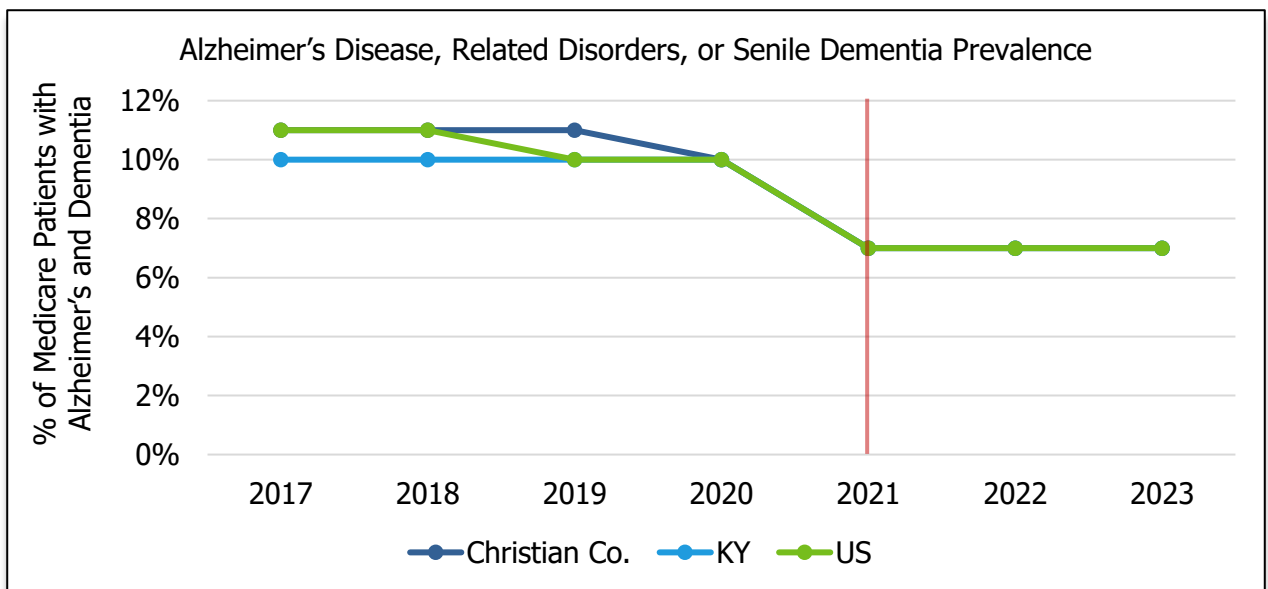
Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Between 2021 and 2023, the County, State, and National data overlap at 7%
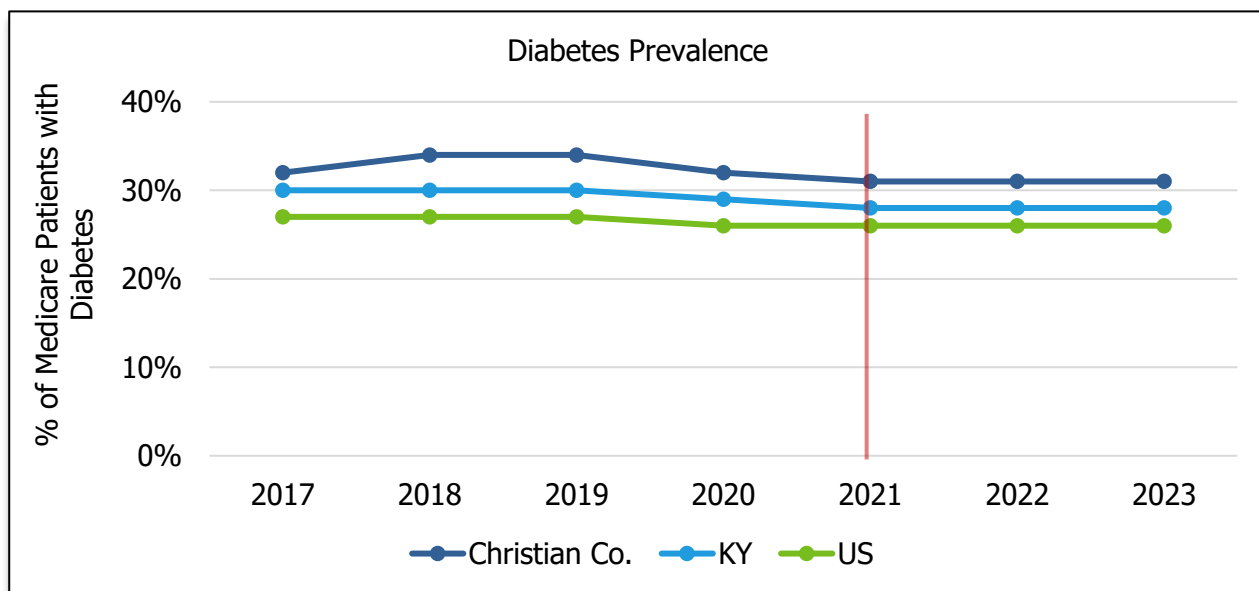*Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

Diabetes

The prevalence of diabetes in Christian County is slightly higher than the Kentucky average, though the county sees a diabetes mortality rate significantly higher than the state's. When evaluating the Medicare population, Christian County has a higher prevalence of diabetes compared to the state (31% and 28% respectively), though rates have remained stable over the past decade.

	Christian	Kentucky
Diabetes Mortality Rate per 100,000 (2019-2023)	59.2	29.8
Diabetes Prevalence (2022)	13.9%	12.9%

Source: NIH: HDPulse, County Health Rankings 2025 Report

Diabetes Prevalence

Note: There was a change in the algorithm of reported data in 2021 noted by a red bar
Sources: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Christian County, adults have higher rates of obesity than in Kentucky on average. Additionally, the county sees lower access to both healthy foods and exercise opportunities (proximity to a park or recreation facility). This combination contributes to an increased risk of chronic diseases and further exacerbates health disparities, especially in low-income and rural communities. Additionally, obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Christian	Kentucky
Adults Obesity (2022)	41.8%	38.1%
Limited Access to Healthy Foods (2019)	14.5%	6.4%
Physical Inactivity (2022)	29.6%	25.1%
Access to Exercise Opportunities (2020-2024)	50.0%	69.8%

Source: County Health Rankings 2025 Report, PLACES: Local Data for Better Health, Kentucky BRFSS

Healthcare Access

Access & Affordability

Access to affordable and quality healthcare services is a key driver of improved health outcomes, economic stability, and health equity. In the community survey, 40% of respondents said they would like to see additional primary care availability in the county. Christian County has a lower household income than the Kentucky average and sees a higher uninsured population than the state. Christian County has 1 primary care physician (MD, DO) for every 1,644 residents, which indicates similar access to the state average (1 physician for every 1,601 residents). Alternatively, Christian County has more access to dental providers compared to Kentucky on average.

Transportation can be a barrier to accessing health programs, services, and other basic needs. In Christian County, nearly 12% of households do not have a vehicle available, compared to only 8% in the state.

	Christian	Kentucky
Uninsured Population (2022)	8.8%	7.6%
Population per 1 Primary Care Physician (2021)	1,644:1	1,601:1
Population per 1 Primary Care Provider (APP) (2021)	259:1	523:1
Population per 1 Dentist (2022)	624:1	1,502:1
Households with No Vehicle Available (2021-2023)	11.8%	8.3%

Source: County Health Rankings 2025 Report, PLACES: Local Data for Better Health, American Community Survey

In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Mental Health was the top identified service need, with 43.1% of respondents saying they would like to see it available in their community, followed by cardiology (42.8%) and additional primary care availability (39.8%).

Survey Question: What additional services/offerings would you like to see available locally? (select all that apply)

| Service	Percentage
Mental Health	43%
Cardiology	43%
Additional Primary Care Availability	40%
Endocrinology	36%
Cancer Care	35%
Dental Care	34%
Rheumatology	34%
Gastroenterology	32%
Urgent Care / Walk-In / Extended Hours	31%
Women's Health	30%
Neurology	27%
Dermatology	25%
Pulmonology	25%
Health Prevention / Education Programs	23%
Substance Use Disorder Treatment	23%
Bariatric	23%
Orthopedics	22%
Pediatrics	22%
General Surgery	22%
Ophthalmology	21%
Telehealth / Virtual Care	21%
Nephrology	20%
Urology	19%
Audiology	19%
Reproductive Health	11%
Plastic Surgery	11%

Prevention Services

Prevention services, including routine check-ups, health screenings, and education, can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 23% of respondents said they would like to see additional health prevention and education programs available in the community.

Christian County has lower flu vaccine adherence rates and mammography screening rates than the state. The county has a slightly higher rate of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, the rate of annual wellness visits in the Medicare population is similar in Christian County as in Kentucky, with rates increasing in recent years.

	Christian	Kentucky
Preventable Hospital Stays per 100,000 (2022)	3,532	3,336
Mammography Screening (2022)	41.0%	43.0%
Flu Vaccination (2022)	37.0%	46.0%

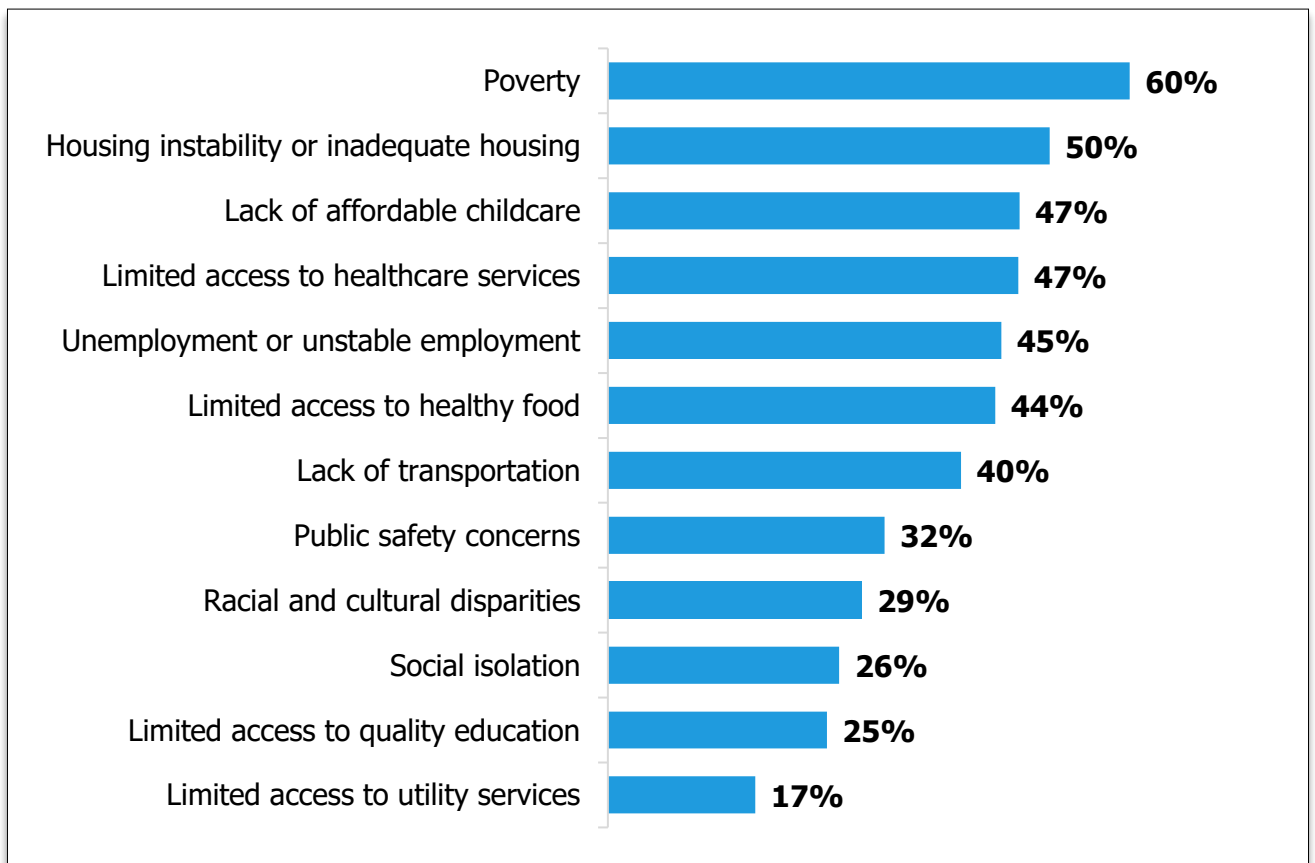*Source: County Health Rankings 2025 Report*
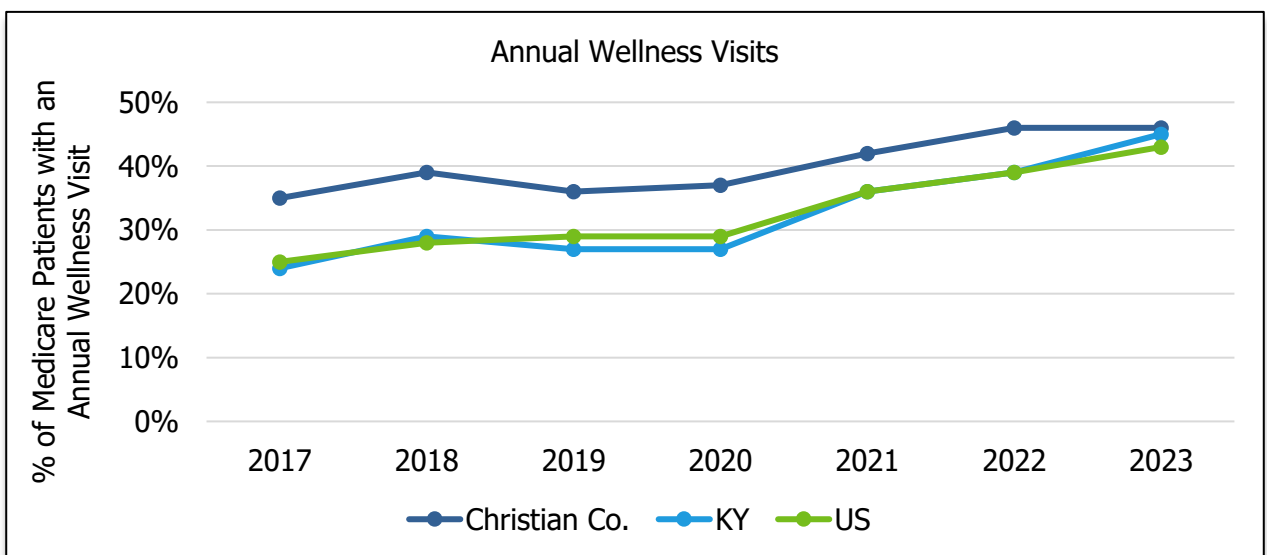
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Social Determinants of Health

Social determinants of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants (Healthy People 2030).

Survey respondents were asked to identify the key social conditions that negatively impact the community. The top social condition identified was poverty, with 60% of survey respondents reporting it as negatively affecting the community's health, followed by housing instability and lack of affordable childcare.

Survey Question: Please select the key social determinants that negatively impact the health of you or your community (select all that apply):

Social Determinant	Percentage
Poverty	60%
Housing instability or inadequate housing	50%
Lack of affordable childcare	47%
Limited access to healthcare services	47%
Unemployment or unstable employment	45%
Limited access to healthy food	44%
Lack of transportation	40%
Public safety concerns	32%
Racial and cultural disparities	29%
Social isolation	26%
Limited access to quality education	25%
Limited access to utility services	17%

Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). More Christian County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, nearly 16% of Christian County residents spend 50% or more of their household income on housing.

|	Christian	Kentucky
Severe Housing Problems (2017-2021)	16.2%	12.9%
Severe Housing Cost Burden (2019-2023)	15.6%	11.7%
Broadband Access (2019-2023)	82.1%	87.2%

Source: County Health Rankings 2025 Report

Access to Childcare

The average yearly cost of infant care in Kentucky is $9,685. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Economic Policy Institute). In Christian County, nearly 21% of household income is required for childcare expenses, and there are about 5 childcare centers for every 1,000 children under age 5 in the county, compared to 6 in the state.

	Christian	Kentucky
Children in Single-Parent Households (2019-2023)	28.5%	25.5%
Child Care Cost Burden - % of HHI used for childcare (2023-2024)	20.9%	25.2%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	4.7	6.1

Source: County Health Rankings 2025 Report

Annual Cost in Kentucky

Childcare	$18,210
Housing	$16,128
College Tuition	$11,819
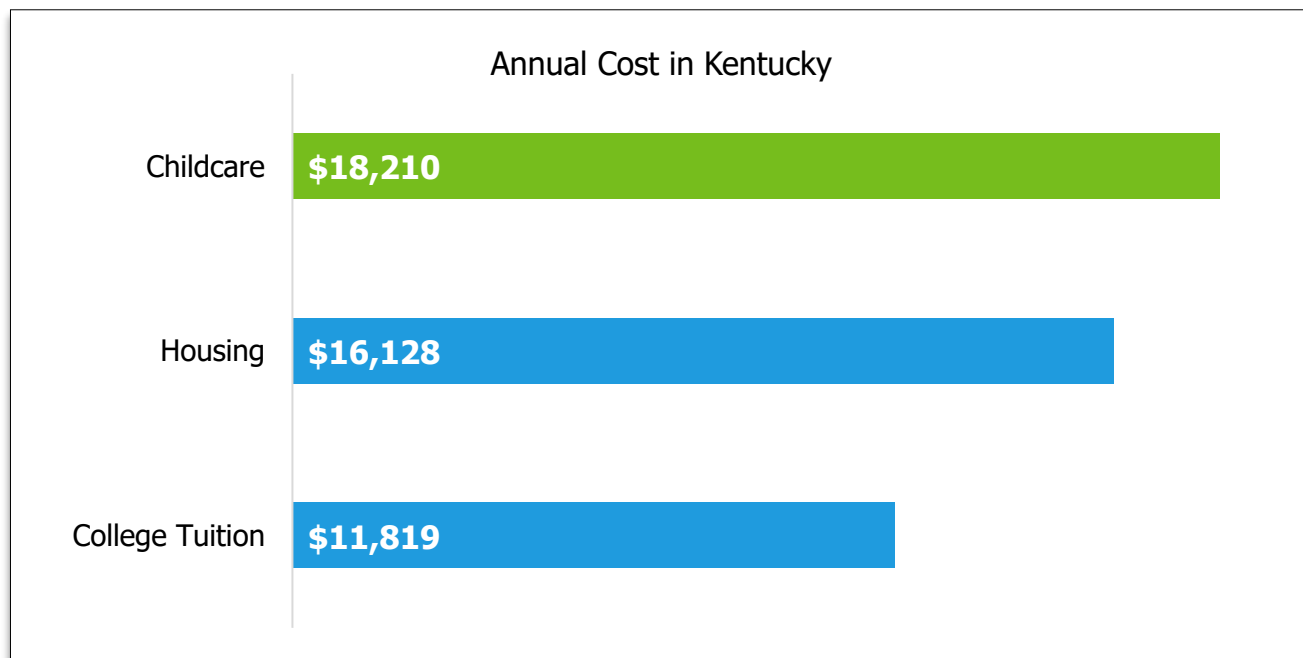
Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center
Source: Child Care Aware (2023)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Christian	Kentucky
Median Household Income (2023)	$54,934	$61,099
High School Completion (2021-2022)	86.9%	88.5%
Some College – Includes Those Who Had and Had Not Attained Degrees (2019-2023)	59.1%	63.2%
Unemployment (2023)	5.1%	4.2%
Children in Poverty (2019-2023)	23.2%	20.2%

Source: County Health Rankings 2025 Report

Evaluation Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Equity
Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or U.S. averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible, and the Hospital could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Cancer	✓	✓	✓	✓
Healthcare: Affordability	✓	✓		✓
Cost of Health Insurance	✓	✓		✓
Heart Disease	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Healthcare: Access to Specialty Care	✓	✓	✓	✓
Alzheimer's and Dementia	✓	✓	✓	✓
Healthcare: Access to Primary Care	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Stroke	✓	✓	✓	✓

Implementation Strategy

Health Priority Selection Process

To determine the top health priorities for the community, a structured evaluation and selection process was conducted, where Hospital leaders reviewed both community survey findings and key secondary data indicators, comparing local health outcomes to state benchmarks to identify areas of concern. Each potential priority was assessed based on several criteria: the level of community concern (as reflected in survey responses), whether the issue showed worse-than-average performance compared to the state, the Hospital's capacity and resources to meaningfully address the need, and the alignment with the Hospital's strategic goals.

The top 3 health priorities identified by JSH with the development of implementation strategies are:

Goal: Improve **chronic disease burden** by focusing on addressing the top health conditions in our community, like Cancer and Heart Disease.

Relevant Health Needs: Cancer, Heart Disease, Alzheimer's and Dementia, Diabetes, Stroke

Goal: Grow **access to local and affordable healthcare** services through continuous recruitment and growth of services.

Relevant Health Needs: Healthcare Affordability, Access to Specialty Care, Access to Primary Care

Goal: Expand **access to mental healthcare** for the community by focusing on the growth of the Behavioral Health Unit.

Relevant Health Needs: Mental Health, Access to Specialty Care

Health Needs Not Addressed

JSH acknowledges the significance of all health priorities identified through the community survey and overall assessment. While many of these needs are currently being addressed through existing programs, resources, and strategies led by other community organizations and the Hospital, JSH has chosen to focus its future efforts on three top-priority areas where it can make the most meaningful impact in line with its strategic goals. By concentrating attention and resources on these key issues, the Hospital aims to strengthen outcomes through targeted programming and strategic collaboration with local partners.

Chronic Disease Management

- **E.C. Green Cancer Center**: JSH provides comprehensive cancer care through advanced diagnostic testing, treatment planning, chemotherapy, radiation therapy, and infusion services. The Cancer Center also coordinates a full continuum of support, including counseling, pastoral care, home health, hospice, pharmacy, and rehabilitation services. Care is delivered by oncology specialists who treat a wide range of cancers, including breast, colon, lung, prostate, lymphoma, melanoma, and other complex conditions.

- **Cardiac Rehabilitation Program:** The cardiac rehab program offers supervised outpatient rehabilitation for individuals recovering from a heart attack, angioplasty, bypass surgery, or managing stable angina. Patients receive individualized exercise prescriptions alongside education and counseling focused on symptom management and long-term risk-factor reduction. The program supports improved fitness, healthier cholesterol levels, and an overall better quality of life.

- **Diabetes Education Program:** The diabetes education program provides individualized and group instruction guided by Certified Diabetes Care & Education Specialists and Registered Dietitians. Education covers blood glucose monitoring, nutrition, medications, physical activity, and goal-setting. The program also offers a virtual support group and risk-assessment tools to help individuals prevent or better manage Type 2 diabetes.

- **Weight-Loss Surgery (Bariatric Program):** JSH offers laparoscopic sleeve gastrectomy for qualifying patients with severe obesity or obesity-related health conditions. The program includes comprehensive support from initial consultation through surgery and long-term follow-up, with a team that includes experienced surgeons and registered dietitians. Patients receive ongoing nutritional counseling and lifestyle support to help achieve sustained weight loss and improved health outcomes.

- **Community Health Promotion:** JSH actively supports community wellness by sponsoring local physical-activity events and walking-path initiatives, providing materials for school athletic trainers, and staff participate in community health fairs offering free screenings for blood sugar, blood pressure, and BMI. The Hospital promotes healthy lifestyles through social media, hosts annual clinics such as Back-to-School and sports physical events, and contributes significantly to the United Way.

Goal: Improve chronic disease burden by focusing on addressing the top health conditions in our community, like Cancer and Heart Disease.

Objectives:

- Expand access to cardiology services in the region through physician recruitment and service line expansion.

- Continue to invest in the growth and success of the Cancer Center to deliver high-quality cancer care, close to home.

Impact of Actions and Access to Resources

- Reduce chronic disease burden through improved access to services, early detection, and coordinated treatment.

Other Local Organizations Available to Respond to This Need

- American Cancer Society
- American Diabetes Association
- American Heart Association
- Christian County Health Department
- Deaconess
- Hopkinsville / Christian County YMCA

Access to Local Healthcare Services

JSH Services and Programs Committed to Respond to This Need

- **Primary Care Access**: JSH offers primary care services at several convenient locations across western Kentucky, making access to care more manageable for those across the region. Providers manage a range of health needs from colds and immunizations to chronic disease management. Jennie Stuart Family Health can be found at:
    - Main Campus: 222 West 18th St., Hopkinsville, KY
    - Bypass Campus: 105 Keeton Dr., Hopkinsville, KY
    - Trenton Campus: 120 N. Main St., Trenton, KY
    - Burley Avenue Campus: 227 Burley Ave., Hopkinsville, KY
- **Specialty Care Access:** JSH offers a robust range of specialty services locally, including:
    - Surgical Services (including Robotics and Bariatrics)
    - Orthopedic and Physical Rehab
    - Oncology and Cancer Care
    - Wound Care
    - Pulmonary Rehab & Sleep Disorders
    - Cardiac Rehab
- **Specialty Pharmacy:** Jennie Stuart Specialty Pharmacy offers complete specialty pharmacy services to patients living in the Southwestern Kentucky/Northwestern Tennessee area. Services include one-on-one counseling about medication, refill reminders, free delivery of medication, and financial assistance, making access to needed medications easier.
- **JennieCare:** JennieCare is an Urgent Care clinic offering walk-in appointment availability 7 days a week, with extended hours on weekdays. Patients can see a provider in person or via telehealth, making accessing care convenient, easy, and more affordable than a traditional emergency room.

Future Goals and Objectives to Address this Significant Health Need

Goal: Grow access to local and affordable healthcare services through continuous recruitment and growth of services.

Objectives:

- Continue focused efforts on increasing primary care access through recruitment of providers and timely appointment availability.
- Grow specialty service capacity through recruitment and investment in key service lines like Cardiology and Oncology.

Impact of Actions and Access to Resources

- Improve access to local healthcare services and providers to reduce the community's need to travel for care.
    - Number of providers recruited
    - Appointment wait times (3rd next available)

Other Local Organizations Available to Respond to This Need

- Christian County Health Department
- Deaconess
- Generations Primary Care
- Hopkinsville Family Care

Mental Healthcare

JSH Services and Programs Committed to Respond to This Need

- **Behavioral Health Unit**: Jennie Stuart Behavioral Health is a 12-bed adult inpatient psychiatric unit serving individuals ages 18 and older who are experiencing depression, anxiety, behavioral disorders, or thinking disturbances. The program provides individualized treatment delivered by a multidisciplinary team of psychiatrists, nurses, therapists, and social workers who tailor care to each patient's medical and emotional needs. Daily programming includes assessment of daily living skills, neuropsychological evaluation, group therapy, recreational therapy, specialized medical assessments, continuity-of-care planning, and structured family support to promote a safe transition home after hospitalization.

- **Mental Health Support in Primary Care:** Jennie Stuart Family Health providers can support patients with anxiety, depression, and other mental health needs through medication management, education, and connection to community resources.

- **Employee Assistance Program**: JSH employees have access to an employee assistance program (EAP) to support their mental health needs, which includes an 8-week counseling program.

Future Goals and Objectives to Address this Significant Health Need

Goal: Expand access to mental healthcare for the community by focusing on the growth of the Behavioral Health Unit.

Objectives:

- Evaluate opportunities to grow inpatient capacity through additional beds, expanded staffing, or improved throughput.

- Increase awareness of available behavioral health services through targeted outreach and provider education.

Impact of Actions and Access to Resources

- Expand access to local behavioral health providers and inpatient unit capacity.
- Improve mental wellness in the community through education, prevention, and support.

Other Local Organizations Available to Respond to This Need

- Deaconess
- Generations Primary Care
- Hopkinsville Family Care
- Pennyroyal Center

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. The Leading Causes of Death are listed in the tables below in U.S. rank order. Christian County's mortality rates are compared to the Kentucky state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

	Christian	Kentucky	U.S.
Heart Disease	245.1	208.2	168.9
Cancer	195.1	180.4	145.4
Accidents	80.7	86.4	59.7
Chronic Lower Respiratory Disease	74.0	58.7	35.9
Diabetes	59.2	29.8	23.9
Cerebrovascular Diseases (Stroke)	44.7	43.9	39.8
Alzheimer's	21.4	31.9	30.8
Kidney	18.9	20.3	13.4
Suicide	18.1	17.5	13.9
Blood Poisoning (Septicemia)	17.5	17.6	10.0
Pneumonia	17.0	13.6	10.7
Liver	14.9	16.1	13.1
Homicide	12.7	8.4	7.6

Source: NIH: HDPulse, CDC (2019-2023)

County Health Rankings

	Christian	Kentucky	US Overall
Length of Life			
Premature Death*	🔴 **13,574**	11,687	8,400
Life Expectancy*	🔴 **71**	78	77
Quality of Life			
Poor or Fair Health	🔴 **25%**	20%	17%
Poor Physical Health Days	🔴 **5.2**	4.5	3.9
Poor Mental Health Days	🔴 **5.6**	5.0	5.1
Low Birthweight*	🟢 **8%**	9%	8%
Health Behaviors			
Adult Smoking	🔴 **21%**	18%	13%
Adult Obesity	🔴 **42%**	38%	34%
Limited Access to Healthy Foods	🔴 **15%**	6%	6%
Physical Inactivity	🔴 **30%**	25%	23%
Access to Exercise Opportunities	🔴 **50%**	70%	84%
Excessive Drinking	🟢 **14%**	15%	19%
Alcohol-Impaired Driving Deaths	🟢 **16%**	26%	26%
Drug Overdose Deaths*	🟢 **37**	50	31
Sexually Transmitted Infections*	🔴 **645**	407	495
Teen Births *(per 1,000 females ages 15-19)*	🔴 **46**	24	16
Clinical Care			
Uninsured	🔴 **9%**	8%	10%
Primary Care Physicians (MDs & DOs)	**1644:1**	1601:1	1,330:1
Other Primary Care Providers (APPs)	**259:1**	523:1	710:1
Dentists	**624:1**	1502:1	1,360:1
Mental Health Providers	**186:1**	320:1	300:1
Preventable Hospital Stays*	🔴 **3,532**	3,336	2,666
Mammography Screening	🔴 **41%**	43%	44%
Flu Vaccinations	🔴 **37%**	46%	48%
Social & Economic Factors			
High School Completion	🔴 **87%**	89%	89%
Some College	🔴 **59%**	63%	68%
Unemployment	🔴 **5%**	4%	3.6%
Children in Poverty	🔴 **23%**	20%	16%
Children in Single-Parent Households	🔴 **28%**	25%	25%
Injury Deaths*	🟢 **107.2**	110.4	84
Child Care Cost Burden *(% of HHI used for childcare)*	🟢 **21%**	25%	28%
Child Care Centers *(per 1,000 under age 5)*	🔴 **5**	6	7
Physical Environment			
Severe Housing Problems	🔴 **16%**	13%	17%
Long Commute - Driving Alone *(> 30 min. commute)*	🟢 **20%**	31%	37%
Severe Housing Cost Burden *(50% or more of HHI)*	🔴 **16%**	12%	15%
Broadband Access	🔴 **82%**	87%	90%

*Per 100,000 Population

Key (Legend)
🟢 Better than KY   🟡 Same as KY   🔴 Worse than KY

Source: County Health Rankings 2025 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community

- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld

- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time

- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies

- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

1) Public Health Official – Persons with special knowledge of or expertise in public health

2) Government Employee or Representative – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the Hospital

3) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

4) Community Resident – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

5) Priority Population – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+

6) Healthcare Professional – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.

7) Other (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2025 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	November 2025	2014-2023
NIH: HDPulse – CDC	Leading causes of death, median household income	November 2025	2019-2023
PLACES: Local Data for Better Health	County level health, socioeconomic, and environmental data	November 2025	2024
America's Health Rankings	National and State level data for health, environmental, and socioeconomic measures	November 2025	2022
American Community Survey, US Census Bureau	Social, economic, housing, and demographic information for States	November 2025	2024
NIH National Cancer Institute	State cancer profiles; incidence rates	November 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	November 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	November 2025	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	November 2025	2019
Healthy People 2030 – OASH	Social Determinants of Health	November 2025	n.d.
Center for Housing Policy	Impacts of affordable housing on health	November 2025	2015
Child Care Aware	Childcare costs	November 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	November 2025	2022

Survey Results

Based on 1,976 survey responses gathered in October 2025.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	89.47%	1,699
Healthcare Professional	12.69%	241
Priority Population (medically underserved, low-income, racial and ethnic minority, etc.)	6.69%	127
Government Employee or Representative	4.63%	88
Representative of Chronic Disease Group or Advocacy Organization	0.53%	10
Public Health Official	0.37%	7
	Answered	1,899
	Skipped	77

Q2: Race/ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	82.95%	1,625
Black or African American	10.57%	207
Prefer not to answer	3.68%	72
Hispanic or Latino	3.11%	61
Asian or Asian American	1.02%	20
American Indian or Alaska Native	0.97%	19
Native Hawaiian or other Pacific Islander	0.15%	3
Other	0.46%	9
	Answered	1,959
	Skipped	17

Q3: Age group

Answer Choices	Responses	
18-24	1.93%	38
25-34	6.06%	119
35-44	8.60%	169
45-54	14.20%	279
55-64	23.77%	467
65+	43.97%	864
Prefer not to answer	1.48%	29
	Answered	1,965
	Skipped	11

Q4: What ZIP code do you primarily live in?

Answer Choices		Responses	
42240	Hopkinsville, Kentucky	48.9%	947
42211	Cadiz, Kentucky	9.1%	176
42220	Elkton, Kentucky	4.5%	87
37042	Clarksville, Tennessee	2.9%	56
42262	Oak Grove, Kentucky	2.8%	55
42217	Crofton, Kentucky	2.7%	53
42431	Madisonville, Kentucky	2.4%	47
42266	Pembroke, Kentucky	1.9%	37
42276	Russellville, Kentucky	1.8%	34
42445	Princeton, Kentucky	1.6%	30
42215	Cerulean, Kentucky	1.2%	24
37040	Clarksville, Tennessee	1.1%	21
42232	Gracey, Kentucky	1.1%	21
42236	Herndon, Kentucky	1.0%	20
37043	Clarksville, Tennessee	1.0%	19
42408	Dawson Springs, Kentucky	0.9%	17
42256	Lewisburg, Kentucky	0.8%	15
42345	Greenville, Kentucky	0.8%	15
42286	Trenton, Kentucky	0.7%	13
42071	Murray, Kentucky	0.7%	13
42038	Eddyville, Kentucky	0.7%	13
42234	Guthrie, Kentucky	0.6%	11
42223	Fort Campbell	0.6%	11
42066	Mayfield, Kentucky	0.4%	8
42442	Nortonville, Kentucky	0.4%	7
42025	Benton, Kentucky	0.4%	7
42280	Sharon Grove, Kentucky	0.4%	7
42411	Fredonia, Kentucky	0.3%	6
42464	White Plains, Kentucky	0.3%	6
42330	Central City, Kentucky	0.3%	6
42202	Adairville, Kentucky	0.3%	6
All Others (5 or Less Responses Each)		7.5%	145
		Answered	1,935
		Skipped	41

Q5: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses)

Answer Choices	Responses	
Low-income groups	63.59%	1,123
Older adults (65+)	55.10%	973
Uninsured and underinsured individuals	45.75%	808
Individuals requiring additional healthcare support	33.35%	589
Residents of rural areas	22.71%	401
Racial and ethnic minority groups	20.89%	369
Women	20.22%	357
Children/Adolescents	16.31%	288
Men	6.40%	113
LGBTQ+	3.45%	61
	Answered	1,766
	Skipped	210

What do you believe to be some of the specific needs of the groups selected above?

- More clinicians needed to provide specialized care and free clinics like the army does once per year.
- Elderly without family needing help and guidance and live in their homes alone, including mental loneliness
- Access to consistent quality care where the patient is taken seriously.
- Having no insurance, not able to even go to a doctor because they have no money.
- Continued awareness of local clinics/dr offices that are available to them besides the emergency room
- All answers are specifically speaking of veterans.
- Affordable meds.
- Follow-up procedures and checking on patient after medical visit.
- Transportation, access to needed medicine, lack of awareness to their needs, cost of medicines.
- Meds, transportation, money to pay for coverage, balanced dietary needs for good nutrition, access to long term care facilities
- Timely transportation to and from doctor appointments. There's the bus but there can be long wait times. More doctors who specialize in elder care. More financial help with cost of medicines, or more information about where to get available assistance from sources that are out there.
- More access to care, the ability to schedule a surgery before it becomes an emergency procedure.
- Women need more healthcare in relation to cardiac and gynecological care specifically for menopause

Q6: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Cancer	21	17	98	227	1,232	1,595	4.65
Heart Disease	20	20	146	335	1,065	1,586	4.52
Mental Health	26	40	131	316	1,074	1,587	4.49
Alzheimer's and Dementia	26	35	194	320	1,019	1,594	4.42
Diabetes	22	27	191	382	961	1,583	4.41
Stroke	26	25	189	405	933	1,578	4.39
Women's Health	19	27	203	430	886	1,565	4.37
Children/Adolescent Health	34	51	210	371	904	1,570	4.31
Kidney Disease	25	42	236	383	892	1,578	4.31
Lung Disease	30	42	236	387	886	1,581	4.30
Obesity	39	48	230	376	892	1,585	4.28
Substance Use Disorder	57	71	239	346	861	1,574	4.20
Liver Disease	27	63	295	389	806	1,580	4.19
Men's Health	25	45	317	460	720	1,567	4.15
Dental	28	74	349	395	735	1,581	4.10
Other (please specify)						65	
						Answered	1,609
						Skipped	367

Other:

- Eczema, fibromyalgia, ADHD, autism
- Postnatal care, long-term support for mothers and fathers.
- Vascular
- Cardiology
- Reproductive access
- Food, specialists, appt availability
- Hearing
- The homeless
- Auto immune diseases
- Elder care

Q7: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Healthcare: Affordability	21	21	99	231	1,211	1,583	4.64
Cost of Health Insurance	27	26	108	204	1,228	1,593	4.62
Healthcare: Access to Specialty Care	20	25	151	376	1,006	1,578	4.47
Healthcare: Access to Primary Care	20	38	183	347	988	1,576	4.42
Access to Senior Services	22	37	187	395	950	1,591	4.39
Access to Affordable Healthy Food	32	52	197	344	962	1,587	4.36
Healthcare: Location of Services	29	39	203	406	908	1,585	4.34
Community Safety	27	52	231	354	910	1,574	4.31
Employment and Income	38	33	233	388	883	1,575	4.30
Affordable Housing	50	62	228	314	936	1,590	4.27
Education System	46	43	226	385	872	1,572	4.27
Healthcare: Prevention Services	31	39	266	410	829	1,575	4.25
Access to Childcare	54	59	245	381	837	1,576	4.20
Access to Home Health	25	51	284	455	770	1,585	4.19
Transportation	44	78	315	397	730	1,564	4.08
Access to Exercise/ Recreation	40	94	385	450	610	1,579	3.95
Social Connections	71	141	449	413	494	1,568	3.71
Other (please specify)						27	
						Answered	1606
						Skipped	370

Other:

- For those who cannot afford vehicles, the elderly, and for those with disabilities.
- I think Christian County parks and walking trails which make exercise possible for a great number of people.
- The average self-employed person cannot afford insurance and it should be something done to help them
- Access to specialty doctors for those on Medicaid

Q8: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Illegal Drug Use	62	56	193	328	938	1,577	4.28
Nutrition and Diet	35	46	271	470	755	1,577	4.18
Smoking/Vaping/Tobacco Use	68	91	258	351	805	1,573	4.10
Physical Inactivity	34	68	314	492	667	1,575	4.07
Alcohol Use/Excess Drinking	50	92	343	391	704	1,580	4.02
Risky Sexual Behavior	89	109	356	365	653	1,572	3.88
Other (please specify)						27	
						Answered	1,593
						Skipped	383

Other:

- Increased drug use, vaping, and sexual activity among younger generations.
- Depression, especially in the elderly
- Abuse
- Mental health treatment
- These are all very important, but more of a personal responsibility
- Vapes among high schoolers
- Vaccine education and addressing disinformation
- Again, if we address mental health properly, then we will see a subsequent decrease in these behavioral risks
- Drug abuse contributes to all these factors above
- Child abuse
- High schoolers are vaping

Q9: Please provide feedback on any actions you've seen taken by Jennie Stuart Health to address the significant health needs in your community and what additional actions you would like to see.

- Need more Behavioral Health places. How to take care of young adults and middle age adults. Mental Health. More workshops on these Topics
- A community information booth at town functions.
- New/improved cancer center
- Better and more accessible ways to get the best healthcare possible for a person who deals with chronic conditions.
- I appreciate access to primary care physicians in my local area. I like that the office has an in-house X-ray tech.
- With the new Cancer center and more services for patients there and the behavioral unit, two of the three goals are being addressed. We are still lacking in Heart, Diabetes and Allergy care.
- The EC Green Cancer Center is a community asset. Jennie Stuart's commitment to this disease & local treatment options is to be commended. I believe there are many unmet mental health needs, but I believe that is a shared responsibility with other health care providers, not solely the responsibility of Jennie Stuart.
- Mental health services try to help with your schedule and budget
- I would like to see more help for dementia people
- Behavioral health is being addressed more but still poses obstacles, health club/YMCA membership could be add to insurance plans so that individuals that want to work out in a safe environment. This mindset could help with Obesity.
- Better communication/ advertising of services offered.
- I have noticed good diabetes awareness programs in the community through Jennie Stuart.
- We need more mental health recourses!!
- As known JSH has a highly rated cancer treatment center. As far as healthy living and behavioral health I haven't seen anything from JSH to deal with these issues. I'm not even sure they can be dealt with or that it's solely JSH's responsibility.
- E C Green Cancer Center renovation was an important step in addressing cancer treatment.
- Free mammogram, no charge for colon cancer screening, and workshops on nutrition at local schools would be extremely helpful
- New cancer center, inpatient behavioral health unit
- More people are now aware of how to ask for help when it comes to behavioral health and I think I was included in that population of those who needed to hear it is okay to seek help.
- Resources and services are available within the community offered by Jennie Stuart Health to provide assistance and treat all the health issues addressed.

Q10: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (select all that apply):

Answer Choices	Responses	
Poverty	59.58%	796
Housing instability or inadequate housing	50.45%	674
Lack of affordable childcare	47.01%	628
Limited access to healthcare services	46.86%	626
Unemployment or unstable employment	44.91%	600
Limited access to healthy food	44.24%	591
Lack of transportation	40.34%	539
Public safety concerns	31.59%	422
Racial and cultural disparities	28.97%	387
Social isolation	26.42%	353
Limited access to quality education	25.00%	334
Limited access to utility services	16.84%	225
Other (please specify)	7.78%	104
	Answered	1,336
	Skipped	640

Comments:

- Dental
- Generational poverty in community
- None apply to me personally
- Unaffordable healthcare
- Healthy food tends to be more expensive
- I know people that can't afford to rent an appointment on their own.
- Limited or no access to mental health institutions.
- Affordable heath care for self pay patients
- lack of a two parent household
- Lack of affordable housing, lack of affordable health insurance
- Veterans services and mental health services

Q11: What barriers keep you or anyone in your household from receiving local healthcare services? (select all that apply)

Answer Choices	Responses	
High cost of services	50.94%	626
Difficulty getting an appointment (long wait times)	40.68%	500
Limited availability of services or specialties	39.14%	481
Out-of-network for insurance plans	27.83%	342
Unhappy with previous experience with providers or staff	26.04%	320
Billing issues or lack of clarity in billing statements	24.17%	297
Underinsured/no insurance	21.97%	270
Perception of low-quality care	21.16%	260
Not aware of the local healthcare services or programs	21.16%	260
Poor communication from providers or staff	19.45%	239
Limited facility hours (inconvenient for working individuals)	18.88%	232
Facilities are too far from home	17.49%	215
Language or cultural barriers	5.13%	63
Other (please specify)	10.17%	125
	Answered	1,229
	Skipped	747

Comments:

- My family has not had any problems with receiving healthcare.

- Transportation

- Denial of healthcare testing and treatment by insurance companies

- Clarity in billing statements!! No public transportation for local people!

- No computer, I pay by check asap after receiving a statement trough the mail

- Limited specialty doctors

- There are no barriers for my spouse and I to receive quality healthcare.

- Dental care is extreme expensive. Some communities have very limited access to dental care such as the Amish and the poor . They need to be instructed and given toothbrushes toothpaste and have accessible low cost dental facilities for those with anxiety.

- Fear of having to be transferred to an out-of-town hospital for certain specialty care that could be provided locally (especially after hours)

Q12: What additional services / offerings would you like to see available locally? (select all that apply)

Answer Choices	Responses	
Mental Health	43.13%	552
Cardiology	42.81%	548
Additional Primary Care Availability	39.84%	510
Endocrinology	35.63%	456
Cancer Care	34.84%	446
Dental Care	34.06%	436
Rheumatology	33.75%	432
Gastroenterology	31.64%	405
Urgent Care / Walk-In / Extended Hours	31.33%	401
Women's Health	29.84%	382
Neurology	27.11%	347
Dermatology	25.47%	326
Pulmonology	24.53%	314
Health Prevention / Education Programs	23.13%	296
Bariatric	22.97%	294
Substance Use Disorder Treatment	22.97%	294
Orthopedics	22.11%	283
Pediatrics	21.64%	277
General Surgery	21.56%	276
Ophthalmology	20.70%	265
Telehealth / Virtual Care	20.55%	263
Nephrology	19.92%	255
Urology	19.45%	249
Audiology	19.30%	247
Reproductive Health	11.33%	145
Plastic Surgery	11.09%	142
Other (please specify)	7.58%	97
	Answered	1,280
	Skipped	696

Comments

- Pediatric specialists of all kinds and most urgent is dental

- Need a nutritionist

- Elder care specializing in Alzheimer's or dementia

- Medical transport

- Pain Specialist

Q13: Where do you typically get most of your health information (advice about managing health conditions, wellness tips, information about treatment options, recommendations for preventive care)? (select all that apply)

Answer Choices	Responses	
Doctor/Healthcare Provider	81.64%	1,112
Websites/Internet (Google, WebMD, Mayo Clinic)	46.99%	640
Family or Friends	30.47%	415
Hospital or Clinic	28.49%	388
Word of Mouth	19.68%	268
Social Media (Facebook, Twitter, Instagram, TikTok)	16.23%	221
Public Health Agencies (Local Health Department, CDC, etc.)	13.29%	181
Podcasts/YouTube Videos	9.03%	123
Television	9.03%	123
Newspaper/Magazine (Online Publications)	8.00%	109
Workplace	7.49%	102
Newspaper/Magazine (Print Publications)	5.95%	81
AI Platform (ChatGPT)	5.80%	79
School/College	3.96%	54
Radio	3.74%	51
Other (please specify)	3.16%	43
	Answered	1,362
	Skipped	614

Comments:

- Medicare and Social Security email
- I am a healthcare professional myself so I get most from either people I work with, physicians, or research articles
- Medical people in family
- Medicare portal
- Resources through my insurance
- Mychart
- Personal experience