Ohio County Healthcare

Hartford, KY

2020- 2023

Community Health Needs Assessment &Implementation Strategy

Adopted by Board Resolution on February 10th, 2020

[1]Response to Schedule h (Form 990) Part V B 4 & Schedule h (Form 990) Part V B 9

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Ohio County Healthcare ("OCH" or the "Hospital") has performed a Community Health Needs Assessment in conjunction with the Green River District Health Department to determine the health needs of the local community.

The full Assessment portion of this report (Green River Community Health Improvement Plan), including data analysis and local expert responses, can be found separately at

- http://healthdepartment.org/wp-content/uploads/2016/06/2018-2021-GRDHD-Community-Health-Improvement-Plan-2019-Update.pdf
- http://healthdepartment.org/community-health/community-health-plans/.

The Significant Health Needs for Ohio County are:

1. Mental Health: Violence Prevention
2. Substance Abuse: Alcohol, Tobacco and Other Drugs
3. Healthy Lifestyles

The Hospital has developed implementation strategies for these three needs including activities to continue/pursue, community partners to work alongside, and measures to track progress.

Community Benefit

Worksheet 4 of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

> *"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.*
>
> *"Community benefit operations" means:*
>
> - *activities associated with community health needs assessments, administration, and*
> - *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting (FY2018) included:

- $560,978.56

Implementation Strategy

Significant Health Needs

OCH used the priority ranking of area health needs by Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by OCH.[2] The Implementation Strategy includes the following:

- Identifies OCH current efforts responding to the need including any written comments received regarding prior OCH implementation actions
- Establishes the Implementation Strategy programs and resources OCH will devote to attempt to achieve improvements
- Documents the Leading Indicators OCH will use to measure progress
- Presents the Lagging Indicators OCH believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, OCH is the major hospital in the service area. OCH is a 25-bed, critical access hospital located in Hartford, Kentucky. The next closest facilities are outside the service area and include:

- Owensboro Health Regional Hospital, Owensboro, KY (27.3 miles)
- Owensboro Health Muhlenberg Community Hospital, Greenville, KY (37.4)
- Twin Lakes Regional Medical Center, Leitchfield, KY (39.6)
- TriStar Greenview Regional Hospital, Bowling Green, KY (47.9 miles)

All statistics analyzed to determine significant needs are "Lagging Indicators," measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the OCH Implementation Strategy uses "Leading Indicators." Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

[2] Response to IRS Schedule H (Form 990) Part V B 3 e

1. **Mental Health: Violence Prevention – Goal: Increase education and awareness of mental health concerns including violence prevention; According to kentuckyhealthfacts.org, Ohio County (7 days per month) has a higher than state average (5 days per month) of mentally unhealthy days**

OCH services, programs, and resources available to respond to this need include: [3]

- Create mental health care provider section on community resource guide; research and include all mental health service providers who provide services on a local level; OCH will audit guide on quarterly basis and make available through ER and community partner websites
- Maintain strong referral partnerships with several mental healthcare facilities throughout Kentucky to provide inpatient and outpatient treatment for OCH patients
- Offer depression screening during annual wellness exams
- Sexual Assault Nurse Examiners (SANE) process established in emergency department
- Partnership with New Beginnings Sexual Assault Support Services to provide patient advocates in the emergency room settings for victims of sexual violence and/or abuse
- OCH employees are active board members with the Ohio County ASAP, local division of the Kentucky Agency for Substance Abuse Policy
- OCH worked collaboratively with Ohio County ASAP Board to provide in-school Mental Health First Aide Training to all certified teachers within the Ohio County School System
- Work collaboratively with Celebrate the Child organization to host community events to share educational materials on positive parenting tips

Additionally, OCH plans to take the following steps to address this need:

- Explore expansion of mental/behavioral health resources and services through recruitment efforts and affiliation arrangements with other healthcare systems
- Explore establishment of telemedicine services to increase access to mental health services
- Partner with Ohio County ASAP Board, local division of the Kentucky Agency for Substance Abuse Policy, to provide suicide prevention training to Ohio County Public School employees
- Partner with New Beginnings Sexual Assault support services to recruit OCH employees to provide victim advocacy services when in medical or court setting

OCH evaluation of impact of actions taken since the immediately preceding CHNA:

- Expanded involvement with Ohio County ASAP Board, local division of the Kentucky Agency for Substance Abuse Policy, to include OCH employees participating as board members; OCH coordinated the merging of the Ohio County ASAP Board and the Ohio County Health Coalition meetings to better synergize efforts and resources

[3] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate OCH intended actions is to monitor change in the following Leading Indicator:

- Increase # of clinical mid-level mental health providers available to treat patients in Ohio County

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Reduce the # of mentally unhealthy days (per month) for Ohio County citizens = (according to Kentucky Healthfacts with data from BRFSS)

OCH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Ohio County Health Coalition	Rebecca Horn - Substance Abuse & Mental Health Sub-Committee Chair	Rebecca Horn Health Education Coordinator Green River District Health Department 1501 Breckenridge Street Owensboro, KY 42303 Phone: 270-852-5486 rebecca.horn@grdhd.org
Ohio County ASAP Board	Stacia Cole - Chair	Stacia R.Cole, B.S., CADC

Organization	Contact Name	Contact Information
		University of Kentucky Center on Drug & Alcohol Research Ohio County Targeted Assessment Specialist 947 West 7th Street Beaver Dam, Ky 42320 270-274-8996 staciar.cole@ky.gov
RiverValley Behavorial Health	Dr. Wanda Figueroa	Dr. Wanda Figueroa, CEO Rivervalley Behavioral Health 270-689-6500 www.rvbh.com Figueroa-wanda@rvbh.com

Other local resources identified during the CHNA process that are believed available to respond to this need: [4]

Organization	Contact Name	Contact Information
Local Church Organizations		
New Beginnings Sexual Assault Prevention Services	Crystal Wahl, Volunteer Coordinator	270-926-7273

[4] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

2. Substance Abuse: Alcohol, Tobacco, and Other Drugs – Goal: Increase prevention, advocacy, and recovery efforts involving alcohol, tobacco, and other drugs; According to kentuckyhealthfacts.org, Ohio County (32%) has a higher than state average (24%) for the prevalence of adult smoking; According to the Kentucky State Police Crime Reports, Ohio County (5088) has higher number of citizens per 100,000 population than state average (2301) to be arrested for drug-related offenses

OCH services, programs, and resources available to respond to this need include:

- Further expand and enforce organizational status as a smoke-free facility for patients, family, and staff. Provide smoking cessation education and nicotine replacement products to OCH staff free of charge.
- Screening, intervention, and referral into smoking cessation programs available through all Ohio County Healthcare Provider Practices.
- Work collaboratively with Ohio County Health Coalition partners to share links via communication channels to the Kentucky Cabinet for Health and Family "Quit Now Kentucky" tobacco cessation program. The program provides free confidential, one-on-one coaching for individuals who want to quit tobacco products including cigarettes, cigars, e-cigarettes, dip, and chew.
- Work in conjunction with community partners to seek implementation of smoke free public environments throughout the community. This will include facilitating dialogue with local and state level officials regarding the health benefits of adopting a community-wide smoke free ordinance.
- Collaborate with Ohio County Health Coalition partner organizations to host a "Legislative Health Forum" to include question and answer panel with Ohio County Fiscal Court Magistrate candidates addressing community health concerns including county-wide smoke free ordinance. Health Coalition members to coordinate smoke-free petition signing stations at forum.
- Sponsor 'Truth or Consequences' event – 300 middle school students attend day-long event with adult mentors to educate them on the negative effects of drinking, smoking, and drug abuse.
- OCH and associated provider offices will continue to follow a controlled substance prescription policy, which includes routine drug testing to ensure proper utilization of controlled substances.
- To ensure proper follow-up management, controlled substances are not prescribed in the Ohio County QuickCare, OCH's walk-in clinic.
- OCH outpatient, hospitalist and emergency department services will utilize the Ohio County Pain Clinic for pain management of appropriate patients. The Ohio County Pain Clinic is a division of Ohio County Healthcare and employs a board-certified pain and rehabilitation physician and mid-level provider for the treatment of chronic pain patients.
- OCH to host an educational lunch and learn with physician speakers on the best practices of narcotic prescribing practices.
- Collaborate with Ohio County ASAP Board to provide disposal bags for expired and/or unused medicines.
- Collaborate with Ohio County ASAP Board to offer lock boxes to patients for prescription medications.

- Utilize the state KASPER report system to assist in monitoring-controlled substance prescription drug use by patients.
- OCH employees have access to six counseling services per year at no charge.

Additionally, OCH plans to take the following steps to address this need:

- Continue above activities.
- Expand tobacco prevention efforts to include vaping, e-cigarettes, and Juul use. Work with Health Coalition members to utilize participants from the Ohio County ASAP Teen Conference to promote anti-vaping campaigns throughout at various community events.
- Partner with Ohio County Health Coalition members to promote free nicotine replacement therapy supplies through Quit Now Kentucky program.

OCH evaluation of impact of actions taken since the immediately preceding CHNA:

- In an effort to promote the disposal of expired and/or unused medications, including controlled substances, OCH collaborated with Ohio County ASAP Board to provide 2,500 drug deactivation bags for distribution to Ohio County Pain Care patients. The bags utilize Molecular Adsorption Technology to neutralize pills, liquids, and patches.
- Increased visits for chronic pain management services into Ohio County Pain Care clinic by 10% from 2018 to 2019.
- Hosted an Opiate Education CME Lunch and Learn with a Norton's Health Pain Management physician guest speaker for health professionals in Ohio County.

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate OCH intended actions is to monitor change in the following Leading Indicator:

- Number of participants from Ohio County zip codes enrolled in Kentucky Quit Now tobacco cessation program

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Decrease the prevalence of smoking (percentage adults) = % as reported in Kentucky Healthfacts with data from BRFSS

OCH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Ohio County School System	Emily Heron, Ohio County Middle School Family Resource Coordinator	270-298-3249 http://www.ohio.k12.ky.us/
Kentucky Cancer Program – Green River	Jaime Rafferty, Cancer Control Specialist	270-683-2560 http://www.kycancerprogram.org/
Ohio County Health Coalition – Substance Abuse Sub-Committee	Rebecca Horn, Prevention Coordinator with Green River District Health Department	https://grrhc.wildapricot.org/
Ohio County ASAP Board	Stacia Cole - Chair	Stacia R.Cole, B.S., CADC University of Kentucky Center on Drug & Alcohol Research Ohio County Targeted Assessment Specialist 947 West 7th Street Beaver Dam, Ky 42320 270-274-8996 staciar.cole@ky.gov

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Celebrate Recovery		http://www.celebraterecovery.com/
AA Program		http://www.aa.org/

Organization	Contact Name	Contact Information
Kentucky Cabinet for Health and Family Services	Quit Now Kentucky	1-800-QUIT-NOW Text QUITKY TO 797979 Chfs.ky.gov

3. **Healthy Lifestyles – Goal: Promote and advocate for a healthy community by hosting wellness themed activities, increase access to care, and provide preventive screening resources. Ohio County has been designated by the federal government as a HPSA (Healthcare Professional Shortage Area) and MUA (Medically Underserved Area). Also, according to kentuckyhealthfacts.org, Ohio County has higher than state average in deaths related to breast and colon cancer, as well as, a higher prevalence for obesity and lower rate of physically active adults**

OCH services, programs, and resources available to respond to this need include:

- Provide ongoing recruitment efforts to increase access to care for primary and specialty care services.
- Access to registered dietician for nutrition education services.
- Employ OCH nursing care gap coordinators to provide wellness coaching services as part of ACO participation.
- Provide Athletic Trainer services to all varsity level sports in conjunction with Ohio County School System.
- Provide annual free sports physicals for high-school athletes.
- Offer annual employee wellness program with focus on weight loss programs and activities to increase physical fitness.
- Provide free membership for all employees to local fitness center.
- Sponsor of local events that promote physical activity including 5K's, run/walks, sport camps, baseball/softball tournaments, and golf scrambles.
- Utilize social media platforms to promote healthy lifestyle education, resources and activities.
- Provide free colonoscopies for uninsured or low-income population through grant funding provided by Kentucky Colon Cancer Screening Program.
- Participate in Industrial Wellness Health Fairs providing Biometric screenings which include an evaluation of lipids, blood pressure, and body weight. Employees receive same day results along with suggested care plan based on their individual risk factors. Employers receive an aggregate report to show progress and encourage health and wellness in organization.
- Coordinate and Sponsor Longest Day of Play – activity for modeling healthy physical activities for families that can be replicated in home environments; 30+ physical fitness stations and healthy picnic dinner (particularly serves low-income and minority families); extensive volunteer participation from hospital staff and Ohio County Health Coalition members. Ohio County Hospital is one of the community partners that provides sustaining sponsorship for this event.
- Assist in planning and provide funding for Celebrate the Child – a community wide event which fosters developmental assets for youth with an emphasis on improving health and safety behavioral choices. OCH has extensive volunteer participation from hospital staff and provides sustaining sponsorship for event.
- Continued support of the Beaver Dam's Community Farmer's Market to help increase access to farm-to-table products.
- Coordinate and provide funding for Kids Farmer's Market – a community wide event held at the Beaver Dam Community Farmers market where families are provided an opportunity to sample fresh produce, receive health

and nutritional education material, and participate in several physical fitness activities.

- Continue to support the efforts of the Green River Regional Health Council and Ohio County Health Coalition by providing leadership, coordination of coalition activities, and funding to both organizations.

Additionally, OCH plans to take the following steps to address this need:

- Explore addition of weight management program which would include services of dietician, obesity medicine trained physician, and bariatric surgical options.
- Explore expansion of women's health services to include 3-D Mammography, stereotactic biopsy procedures and infusion treatment for post-partum depression patients
- Explore tele-health services to increase access to care.
- Recruitment focus on succession planning for specialty physician services.

OCH evaluation of impact of actions taken since the immediately preceding CHNA:

- Added 3-D Mammography Screening Services.
- Increased access to care through the recruitment of two new physicians – Nicole Akers, MD, Family Medicine physician with additional training in obesity medicine and John Jeffries, MD, General Surgeon with additional fellowship training in minimally invasive surgical procedures.
- Provided 3 colonoscopies to either uninsured or low-income patients through Kentucky Colon Cancer Grant funds.
- Was one of the first in the nation to offer infusion therapy service for the administration of new FDA approved drug (Zulresso) for the treatment of post-partum depression.

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate OCH intended actions is to monitor change in the following Leading Indicator:

- Number of patients seeking treatment from OCH weight loss management services

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Prevalence of overweight (percentage of adults) in Ohio County = % as reported in Kentucky Healthfacts with data from BRFSS

OCH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Ohio County School System	Emily Heron, Family Resource Coordinator – Ohio County Schools	270-298-3249 http://www.ohio.k12.ky.us/
University of Kentucky Cooperative Extension Services	April Peech, Ohio County Family & Consumer Science	270-298-7441 tiffany.calvert@uky.edu
Ohio Co. Family Wellness Center	Brandy Daugherty, Director	270-298-4500 http://www.ohiocountyfamilywellness.com/
Ohio County Health Coalition	Improving Healthy Lifestyle Choices Sub-Committee	https://grrhc.wildapricot.org/
Green River District Health Department	Debbie Fillman, CEO	270-686-7747 *www.healthdepartment.org*

Other local resources identified during the CHNA process that are believed available to respond to this need:[5]

Organization	Contact Name	Contact Information
4H Programs		https://ohio.ca.uky.edu/4HYouthDevelopment
Ohio County Food Pantry		http://www.foodpantries.org/ci/ky-hartford
Ohio County Parks Systems	Beau Wright, Director	270-298-4466 *Ohiocounty.ky.gov*

[5] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

Appendix

Appendix A – National Healthcare Quality and Disparities Report[6]

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ's National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

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[6] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[7] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable

[7] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

care at the national level using available nationally representative data. The summary charts are accessible via the link below.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf

Appendix B – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)[8]

Community Health Need Assessment Illustrative Answers

1. **Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?**

   No

2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C**

   No

3. **During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply)**

   a. **A definition of the community served by the hospital facility**

      Ohio County is a rural community located in Western Kentucky with a primary service area that includes a population estimated at 21,488. Ohio County Hospital delivers comprehensive healthcare to the residents of Beaver Dam, Centertown, Cromwell, Dundee, Fordsville, Hartford, Horse Branch, McHenry, Olaton, Rockport, and Rosine. It is the fifth largest of the 120 counties in Kentucky covering 596.73 square miles. Ohio County has been designated as a Health Professional Shortage Area (HPSA) and a Medically Underserved Area/Population (MUA/P).

   b. **Demographics of the community**

      Green River Community Health Improvement Plan 2018-2021; p.12

   c. **Existing health care facilities and resources within the community that are available to respond to the health needs of the community**

      Green River Community Health Improvement Plan 2018-2021; p.25

   d. **How data was obtained**

      Green River Community Health Improvement Plan 2018-2021; p.5-8

   e. **The significant health needs of the community**

      See footnote 2 on page 7

   f. **Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups**

      Green River Community Health Improvement Plan Addendum: Identified Vulnerable Communities

   g. **The process for identifying and prioritizing community health needs and services to meet the**

[8] Questions are drawn from 2014 Federal 990 schedule H.pdf and may change when the hospital is to make its 990 H filing

community health needs

Green River Community Health Improvement Plan 2018-2021; p.5-10

h. **The process for consulting with persons representing the community's interests**

Green River Community Health Improvement Plan 2018-2021; p.5-6

i. **Information gaps that limit the hospital facility's ability to assess the community's health needs**

N/A

j. **Other (describe in Section C)**

N/A

4. **Indicate the tax year the hospital facility last conducted a CHNA: 20__**

2016

5. **In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**

Green River Community Health Improvement Plan 2018-2021; p. 5-6

6. **a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C**

No

b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

Yes; Green River Community District Health Department (Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster Counties)

7. **Did the hospital facility make its CHNA report widely available to the public?**

Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a. **Hospital facility's website (list URL)**

http://ohiocountyhospital.com/

b. **Other website (list URL)**

No other website

c. **Made a paper copy available for public inspection without charge at the hospital facility**

Yes

d. **Other (describe in Section C)**

8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11**

   Yes; This report

9. **Indicate the tax year the hospital facility last adopted an implementation strategy: 20__**

   2016

10. **Is the hospital facility's most recently adopted implementation strategy posted on a website?**

    a. **If "Yes," (list url):**

       Yes; http://ohiocountyhospital.com/

    b. **If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?**

11. **Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed**

    This report

12. **a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?**

    None incurred

    b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

    Nothing to report

    c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

    Nothing to report