Good Samaritan

Your Feedback Makes Us Better

At Good Samaritan, we are committed to building a healthier community. Your voices are essential for helping us understand the needs of the communities we serve.

If you would like to send comments regarding the Community Health Needs Assessment (CHNA), you can forward them to Tiffany Conover (tconover@gshvin.org).

This report was adopted by the Good Samaritan Board of Directors on October 28, 2025, and made available to the public on December 31, 2025.

Letter From The CEO

At Good Samaritan, we are deeply committed to the health and well-being of the people in our region. Our mission is to provide excellent health care by promoting wellness, education, and healing through trusting relationships. This commitment extends beyond delivering high quality medical care within our hospital walls; we strive to understand and address the broader health challenges affecting our community.

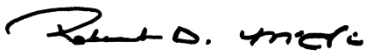
That is why we proudly present our latest Community Health Needs Assessment (CHNA), a comprehensive evaluation of local healthcare needs, access to services, and the key health challenges our community faces. This report reflects extensive collaboration with local healthcare providers, social service organizations, and other community stakeholders, all working together to improve the health of our region.

To build a healthier community, it is essential for healthcare providers, organizations, and local leaders to work together. By strengthening partnerships, we can enhance patient care, emphasize prevention, and promote overall wellness, ensuring our community has the resources and support needed to thrive.

In 2022, Good Samaritan conducted a CHNA to evaluate the most pressing health priorities in our service area. With valuable input from community members, we developed a targeted implementation strategy to address these needs. This plan was carefully reviewed and approved by Good Samaritan's Governing Board and has since guided our efforts to improve health outcomes.

This year, we are conducting a new CHNA to reassess community health needs, identify emerging challenges, and refine our approach to strengthening local healthcare services. The insights gained will help shape future initiatives and ensure that our hospital continues to meet the evolving needs of those we serve.

We extend our gratitude to all community members, partners, and stakeholders who contributed to this assessment. Your input is invaluable in shaping the future of healthcare in our region. We look forward to working together to enhance community health and uphold Good Samaritan's mission of providing excellent healthcare by promoting wellness, education, and healing through trusting relationships.



Rob McLin, CEO

Good Samaritan
Community Health Needs Assessment

Introduction to the Community

Goals of our CHNA

The goals of the CHNA were to:

1. Improve our performance in all areas.
2. Promote a culture of integrity and high ethical standards.
3. Maintain the highest standards of patient care.
4. Understand and meet the healthcare needs of the communities we serve.

Addressing Identified Priority Health Needs

Good Samaritan will use the information and insights gained through the assessment to guide our work in improving the health of the communities we serve. We will develop an implementation plan to detail how we will address priority health needs in collaboration with the hospital, community members, and public health and county officials.

Who We Are

Get to know Good Samaritan

1. Mission: Provide excellent health care by promoting wellness, education, and healing through trusting relationships.
2. Vision: To be the regional center of excellence in health care to support the communities we serve.
3. Values: P.R.I.D.E. Values – Pride, Respect, Integrity, Dignity, Excellence.
4. Promise: We promise to treat you like family by delivering compassionate, high-quality care throughout your journey.

Who We Are Continued

Where We Make an Impact

In 2025, Good Samaritan conducted a Community Health Needs Assessment (CHNA) to evaluate the health needs of its primary and extended service areas. The primary service area encompasses Knox County, Indiana, which has an estimated population of 36,070 residents. The hospital also serves patients from neighboring counties in Indiana and Illinois, bringing the total service area population to 229,208.

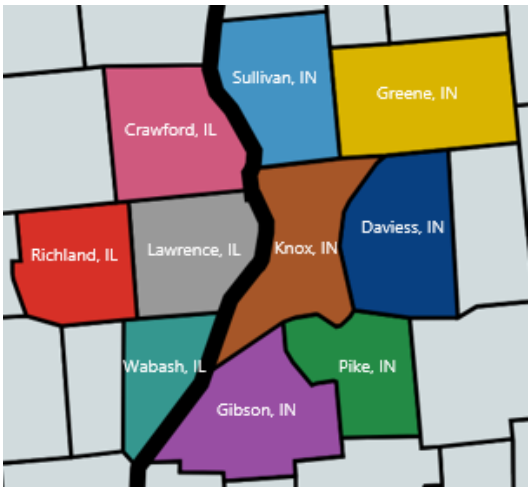
Population Estimates for Service Area Counties:

Indiana Counties:

- Knox County: 36,070
- Daviess County: 33,656
- Gibson County: 32,904
- Greene County: 31,196
- Pike County: 12,106
- Sullivan County: 20,757

Illinois Counties:

- Crawford County: 18,961
- Lawrence County: 16,168
- Richland County: 15,901
- Wabash County: 11,489



Counties We Serve			
County	**Census**	**County**	**Census**
Knox	36,070	**Daviess**	33,656
Gibson	32,904	**Greene**	31,196
Pike	12,106	**Sullivan**	20,757
Crawford	18,961	**Lawrence**	16,168
Richland	15,901	**Wabash**	11,489

Who We Are Continued

Service Area & Community of the Hospital

The hospital's primary service area, Knox County, spans approximately 516 square miles. The local economy is primarily driven by sectors such as education, transportation, and health services.

As of 2023, the median age in Knox County is 39.1 years, slightly higher than the U.S. median age of 38.5 years. The average household size in the county is 2.38 persons, compared to the national average of 2.6. The racial composition of Knox County is predominantly White (93.3%), with Black or African American residents comprising 3.3%, and Hispanic or Latino individuals accounting for 3.1% of the population.

In terms of healthcare access, Knox County has a ratio of approximately 1,380 residents per 1 primary care physician, which is more favorable than the Indiana state average of 1,520 to 1 but slightly less favorable than the national average of 1,330 to 1.

This CHNA includes all populations within the defined geographic areas without excluding medically underserved, low-income, or minority groups. Additionally, no exclusions were made based on patients' insurance status, ability to pay, or eligibility for financial assistance under the hospital's financial assistance policy.

Executive Summary

On behalf of Good Samaritan (the "Hospital"), a community health needs assessment (CHNA) was conducted in 2025 primarily to identify the significant health needs, both met and unmet, within the surrounding community. The community's geographic area is primarily Knox County (Pop. 36,070), including the town of Vincennes, IN.

The primary objectives of the CHNA were to:

1) Identify significant health needs within the community in an effort to improve the health of the area's residents and facilitate collaboration among local healthcare providers and

2) Satisfy the federal guidelines within the Patient Protection and Affordable Care Act (PPACA) of 2010.

Primary data sources included online surveys, for a total of 310 responses and interviews with approximately twelve community leaders. Secondary data sources included state, local, and national data from various sources including, but not limited to, the United States (U.S.) Census, County Health Rankings, Centers for Disease Control and Prevention (CDC), etc. All data sources were then reviewed and analyzed to identify key findings with strategic implications and for benchmarking. As a result, the overarching priorities based on data collection, analysis, and assessment are listed below:

Hospital	Priorities
Good Samaritan	• **Access to Primary & Specialty Care** • **Mental Health & Substance Use Services** • **Healthy Weight, Nutrition & Physical Activity Environment**

The Good Samaritan assessment team met with hospital leaders to identify priorities. The themes garnered from the primary and secondary data were summarized, and leaders discussed where the hospital could have the greatest impact, the hospital's capacity for addressing the need, and the magnitude or severity of the problem.

Good Samaritan engaged Blue & Co., LLC ("Blue & Co.") to assist in conducting a *CHNA and analyzing the data for the CHNA requirements outlined in section 9007 of the PPACA of 2010. Blue & Co. is a certified public accounting firm that provides, among other services, tax consulting and compliance with the healthcare industry. Good Samaritan provided all the financial support for the assessment process.

**Note: Blue & Co., LLC designed and produced this report.*

Organizational Background

For more than 117 years, Good Samaritan has been a health care leader in southwestern Indiana and southeastern Illinois. Located in historic Vincennes, Good Samaritan is a 158-bed community health-care facility with over 1,900 employees and a commitment to delivering exceptional patient care.

Good Samaritan is proud to offer a broad range of medical services as well as some of the most progressive technology available today. The Imaging Center has two 64-slice CT scanners with the capacity to provide virtual colonoscopies, cardiac angiograms, and cardiac imaging. The Dayson Heart Center's two cardiac labs provide superior diagnostic capabilities as well as pacemaker and automatic implantable cardioverter-defibrillator ("AICD") insertion, peripheral vascular stenting, drug-eluting stents, permanent pacemaker insertions, thrombolytic therapy, and cardiac percutaneous coronary intervention ("PCI"), which includes balloon angioplasty and cardiac stenting. In fact, the hospital's average door-to-balloon time is 63 minutes.

The hospital also has a state-of-the-art Same Day Surgery Center, with surgical suites designed with input from the hospital's physicians. The Cancer Pavilion is a 25,000-square-foot comprehensive oncology care center, featuring one of the most advanced methods for delivering radiation therapy, a linear accelerator with intensity-modulated radiation therapy ("IMRT"). The Pavilion also has twelve fully equipped infusion suites and other amenities for patients and families.

Good Samaritan is proud that generations of families have chosen us as their preferred health-care provider, allowing us to improve the health of our community, one patient at a time.

History

Good Samaritan opened its doors on February 8, 1908. The 25-bed facility was the first county hospital in Indiana. Edith Willis became the Hospital's first superintendent starting in 1908 through 1944. Her staff included an assistant superintendent, a student nurse, a janitor, and a cook.

In 1958, major renovations brought the number of patient beds to 221 and added state-of-the-art facilities for a laboratory and other services including physical medicine, radiology, and rehabilitation. Just three years later, The Knox County Hospital Association was founded and to this day, continues to play an integral role in the hospital's growth and development.

In 1984, Columbian Tower West was completed, bringing the number of patient beds to 342 and adding a new cardiology department and a modernized emergency room. Eleven years after the completion of the Columbian Tower, the five-story Health Pavilion opened with the latest outpatient technology and a Women's and Infants Center.

Organizational Background Continued

As the county continues to grow, it was found that more renovations were needed, and in 2004, the two-story, 30,000-squarefoot Same Day Surgery Center opened. It streamlines outpatient services and specializes in quick, less invasive surgical procedures. In the one hundred years since its opening,

Good Samaritan has continued to innovate, grow, and change. For its centennial celebration in 2008, the 25,000-square-foot Cancer Pavilion was completed. It centralizes a full spectrum of cancer care including radiation and infusion therapy in a patient-focused atmosphere.

In 2012 the groundbreaking was held for the BEACON Project (Building Excellence Around Communities, Opportunities, and Needs), which encompassed a 120-bed, five-story inpatient tower – a redesign of key health care service areas and an upgrade to the Hospital's engineering systems.

In 2015 the Gibault Memorial Tower opened.

In 2016 the Inpatient Rehabilitation Unit moved to a newly renovated space on the second floor of Columbian Tower West.

LaSalle moved to a newly renovated space on the third floor of Columbian Tower East.

Conducting the Assessment

The Hospital engaged Blue & Co., LLC ("Blue & Co.") to assist the Hospital in conducting a CHNA and analyzing the data for the CHNA requirements set forth in section 9007 of the Patient Protection and Affordable Care Act ("PPACA") of 2010. Blue is a Certified Public Accounting firm that provides, among other services, tax consulting and compliance to the healthcare industry. The Hospital provided all of the financial support for the assessment process.

The CHNA requirements were effective starting taxable years beginning after March 23, 2012. On December 29, 2014, the Treasury Department and the IRS published final regulations for section 501(r) located in 26 CFR part 1, 53, and 602.

The Hospital is licensed by the Indiana State Department of Health as a hospital facility. The hospital is also accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

The assessment was developed to identify the significant health needs in the community and gaps that may exist in services provided. It was also developed to provide the community with information to assess essential healthcare, preventive care, health education, and treatment services. This endeavor represents the Hospital's efforts to share information that can lead to improved healthcare and quality of care available to the community, while reinforcing and augmenting the existing infrastructure of services and providers.

Community Health Needs Assessment Goals

The assessment had several goals which included identification and documentation of:

- Community health needs
- Quantitative analysis of needed physicians by specialty in the service area
- Health services offered in the Hospital's service area
- Significant gaps in health needs and services offered
- Barriers to meeting any needs that may exist

Other goals of the assessment were:

- Strengthen relationships with local community leaders, health care leaders and providers, other health service organizations, and the community at large
- Provide quantitative and qualitative data to help guide future strategic, policy, business, and clinical programming decisions

Evaluation of 2022 Community Health Needs Assessment

The list below provides the top identified needs from Good Samaritan Hospital's 2022-2025 CHNA. An evaluation of the impact of actions that were taken, since the hospital facility finished conducting its 2022 CHNA, to address the significant health needs identified in the 2022 CHNA.

Community Needs Assessment Priority Area:
Obesity, Inactivity, and Unhealthy Food

Goal:
Provide the community with resources that promote and support healthy lifestyles.

Implementation Strategies:

- Distribute healthy living resources at hospital-sponsored community events.
- Sponsor a community fitness challenge/wellness event.
- Partner with Good Samaritan Physician Network (GSPN) and Community Health to refer eligible individuals for Remote Patient Monitoring (RPM) and offer additional education.

Progress:

- Launched the Community Get Fit Challenge and Caregiver Fitness Challenge to motivate increased physical activity.
- Collaborated with the local YMCA to support a children's triathlon, encouraging youth fitness and family involvement.
- Continued backing the Good Samaritan Weight Loss Clinic, assisting participants with weight management and chronic condition support.
- Held Annual Men's and Women's Wellness Fairs, providing health screenings, education, and valuable resources to the community.

Community Needs Assessment Priority Area:
Alcohol and Drug Abuse

Goal:
Increase community capacity to respond to rising substance use needs through prevention, treatment, and recovery.

Implementation Strategies:

- Expand services through the Strengthening Families Program (CRRSA grant), targeting substance abuse prevention in Daviess, Martin, and Pike counties.
- Launch media campaigns via the CRRSA grant, including "Talk They Hear You," aimed at improving communication between parents and school-aged children.

Evaluation of 2022 Community Health Needs Assessment Continued

- Continue to grow the System of Care (SOC) community collaboration efforts by educating partners, networking with agencies, and exploring financial assistance options for individuals.
- Partner with the IU Psychiatry Residency program to provide community education on Medication Assisted Treatment (MAT), increasing awareness of substance misuse and treatment options.

Progress:

- Established partnership with the local Family Health Center to provide behavioral health services.
- Collaborated with IU School of Medicine for the Psychiatry Residency program.
- Hosted the Annual DEA Drug Takeback Day through the hospital pharmacy, providing safe disposal of unused medications for community members.

Community Needs Assessment Priority Area:
Access

Goal:
Increase access to care.

Implementation Strategies:

- Partner with SIHO to roll out the Good Samaritan Direct Health Plan, which includes 24/7 access to TeleDoc providers for all plan members.
- Continue rolling out and promoting online appointment scheduling through the Good Samaritan website for new patients and via MyChart for existing patients.
- Use new mover direct mail marketing to encourage community members to establish care with a primary care provider.
- Implement a standardized telehealth platform across all Good Samaritan primary care offices to enhance access to virtual care.

Progress:

- Partnered with IU School of Medicine for Internal Medicine and Psychiatry Residency programs.
- Collaborated with SIHO to create the Good Samaritan Direct Health Plan, providing an affordable insurance option for local businesses.
- Continued efforts to improve online scheduling within the EPIC EHR system.
- Expanded Telehealth services across the network.
- Marketing sent New Mover Mailers to individuals relocating to the community with information about Good Samaritan services.
- Partnered with the local VanGo program to extend transportation hours to evenings and weekends, helping patients attend appointments and facilitating timely discharges.

Completing the Assessment

Documenting the healthcare needs of a community allows healthcare organizations to design and implement cost-effective strategies that improve the health of the population served. A comprehensive data-focused assessment process can uncover key health needs and concerns related to education, prevention, detection, diagnosis, service delivery and treatment. Blue & Co. used an assessment process focused on the collection of primary and secondary data sources to identify key areas of concern.

Blue & Co. and Good Samaritan developed interview questions and a survey that would be the tools to gather information from key stakeholders in the community for 2025. Blue & Co. then conducted conversations with community leaders and members of the hospital's medical staff or sent surveys that could be completed online. The community outreach data collection strategy targeted engaging a cross-section of residents from the community, as discussed in the next section. Once data had been collected and analyzed, meetings with hospital leadership were held to discuss key findings and refine and prioritize the comprehensive list of community needs, services, and potential gaps.

Primary Data Sources

Community input surveys at a glance:

- Conducted between February and July dates conducted by Insights collected from 310 survey participants within the defined CSA.
- Collected from individuals age 18 and older.
- Available online or on paper.
- Disseminated in English and available in other languages as requested.
- 38 questions.
- Asked about demographics, community health status, strengths, opportunities for improvement.
- Promoted widely through social media and an email blast.

Key interviews at a glance:

- Conducted between February and July.
- Interviews with 12 key county leaders from the service area.
- Participants represented a diverse range of ethnic, racial, religious, and socioeconomic backgrounds.
- Good Samaritan recruited participants through hospital community partnerships.

Secondary Data Sources

Secondary data sources at a glance:

- Peer-reviewed literature and white papers.
- Existing assessments and plans focused on key topic areas.
- County-wide health outcomes data, focusing on the most significant need.
- Social Determinants of Health.
- County Health Rankings.
- America's Health Rankings.
- Centers for Medicare and Medicaid Services.
- State agencies:
    - State Board of Education.
    - Department of Healthcare and Family Services.
    - Department of Human Services.
    - Department of Public Health.

Federal sources:

- Centers for Disease Control and Prevention PLACES project.
- Centers for Medicare & Medicaid Services data accessed through the Dartmouth Atlas of Health Care.
- Environmental Protection Agency.
- Health Resources and Services Administration.
- Housing and Urban Development.
- United States Census Bureau American Community Survey.
- United States Department of Agriculture.

Key Findings

The following describes the data we collected for Good Samaritan in Knox and surrounding counties.

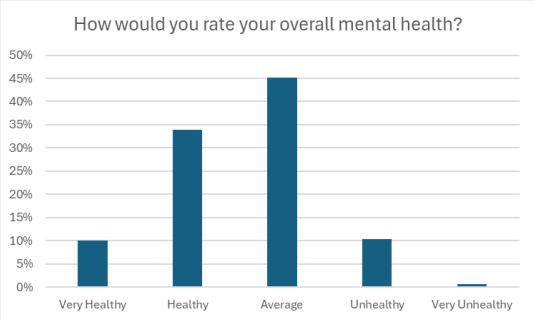
Demographics affect each person's ability to be healthy. Considering the demographic makeup of a community is crucial for shaping community health initiatives to improve health outcomes.

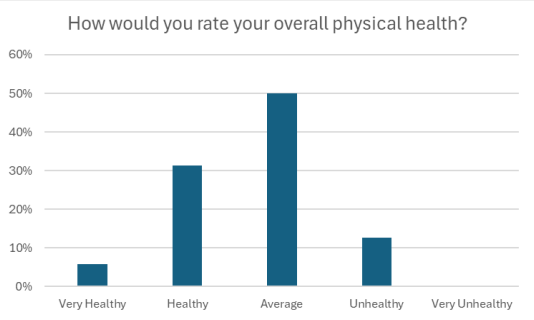
229,208 Total Residents

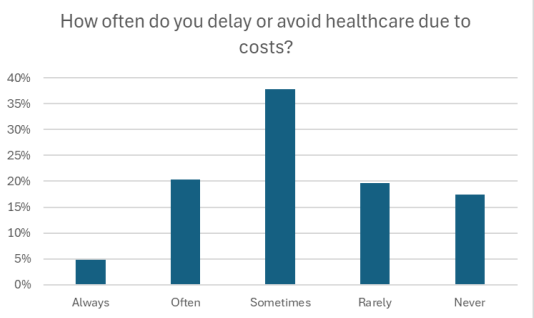
115,292 Women

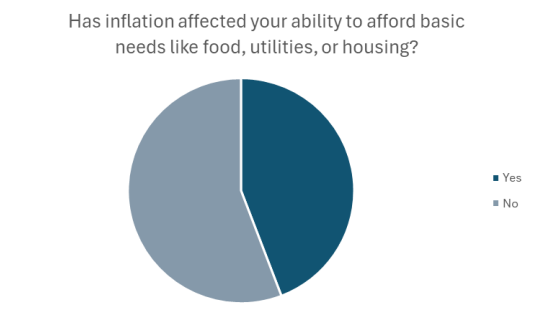
113,916 Men

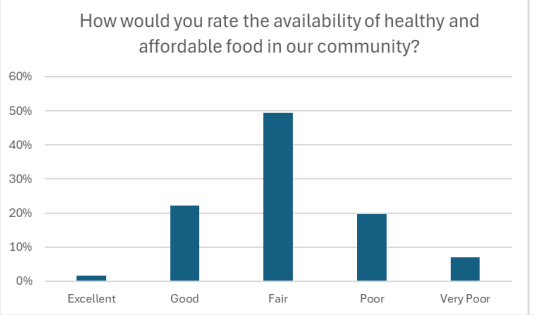
Surveys

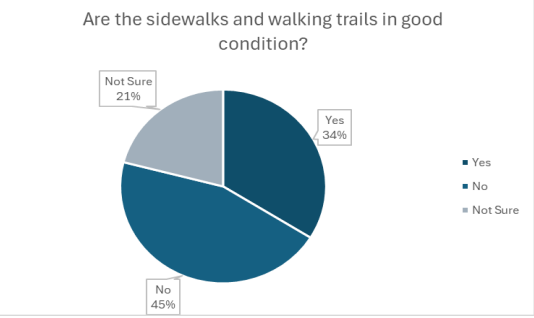

How would you rate your overall mental health?
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Very Healthy
Healthy
Average
Unhealthy
Very Unhealthy


How would you rate your overall physical health?
60%
50%
40%
30%
20%
10%
0%
Very Healthy
Healthy
Average
Unhealthy
Very Unhealthy


How often do you delay or avoid healthcare due to costs?
40%
35%
30%
25%
20%
15%
10%
5%
0%
Always
Often
Sometimes
Rarely
Never


Has inflation affected your ability to afford basic needs like food, utilities, or housing?
Yes
No


How would you rate the availability of healthy and affordable food in our community?
60%
50%
40%
30%
20%
10%
0%
Excellent
Good
Fair
Poor
Very Poor


Are the sidewalks and walking trails in good condition?
Not Sure 21%
Yes 34%
No 45%
Yes
No
Not Sure

Interviews

Responses to "Rating the Health and Quality of Life in Knox County (from -1-5 with 1 being poor and 5 being excellent"

Poor (1)	10%
Fair (2)	40%
Good (3)	50%
Very Good (4)	0%
Excellent (5)	0%

Responses to "In your opinion, has health and quality of life in Knox County improved, stayed the same, or declined over the past few years? Declined or Stayed the Same"

Declined	20%
Improved	40%
Same	40%

Reasons and other factors that have contributed:

Mental health has declined since COVID. We get a lot of students and parents with anxiety that don't cope well.
Not very much, but because of losing specialties. Just recently lost the neurologists. Even though access has gotten better.
More programs and accessibility though partnerships
Family health centers have come in; Green Door program is more available.
Resources are becoming more available to pregnant women
Many free programs for smokers.

Responses to "Are there people or groups of people in Knox County whose health or quality of life may not be as good as others?"

Yes	100%
No	0%

Who are those groups of people affected?

Homeless/Impoverished	53%
Substance Abuse	7%
Elderly	27%
Those who lack education	13%

Interviews Continued

Sample of responses to "What barriers, if any, exist to improving health and quality of life in Knox County?"

Cost	24%
Transportation	24%
Access (specialty)	29%
Education	18%
Insurance	6%

"The trolley system just launched with free rides, which has been a welcome change—patients are now arriving on time for their appointments."

-Interviewee Response

Responses to "What are the most critical health and quality of life issues?"

Drugs	23%
Smoking	9%
Obesity	9%
Affordability	36%
Mental Health / Addiction	23%

What resources or programs exist to promote healthy living (e.g., nutrition programs, exercise facilities)?

Gyms (YMCA) and Vincennes University (public gyms)
County put in Vincennes new roads with biking lanes
Pickleball tournaments are now very popular
Grant for pregnant women to get into their providers
Extended hours for hospitals for people that work

Responses to "Has access to health improved in last few years?"

Stayed The Same	9%
Improved	73%
Declined	18%

"The biggest concern now is the limited number of specialty providers they offer."

-Interviewee Responses

Economic Stability

Poverty is a major determinant of health, influencing infant mortality, life expectancy, and chronic disease risk. Financial insecurity also increases exposure to adverse childhood experiences (ACEs), as families struggling to meet basic needs may be unable to provide a stable, healthy environment for children, impacting their long-term mental and physical health.

Community Input: Economic Stability

"Even with insurance, the cost of care is overwhelming. Premiums are expensive, and I often end up with large bills that make me avoid seeking medical help out of fear of additional costs."

"Affordability is a major concern. Insurance doesn't cover charges well, and medical bills keep plling up, which makes me avoid seeking care for myself."

– *Survey Participants*

ALICE (Asset Limited, Income Constrained, Employed) families, who earn above the poverty line but still struggle financially, face additional challenges, as they often do not qualify for public assistance, further limiting their access to essential healthcare and support systems.

Sources: NIH Study: The Link Between Adverse Childhood Experiences & Financial Security in Adulthood & Health Policy Institute of Ohio

Economic Stability Continued

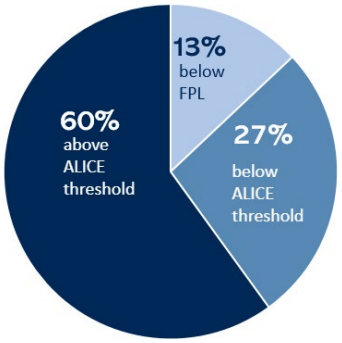
The percentage of individuals living below the poverty level in Knox and surrounding counties ranges from 10.4% to 13.5% according to the US Census Bureau. When considering those living at or below 200% of the Federal Poverty Level, the range is broader, ranging from a high 51% in Lawrence County (Illinois) to a low of 36% in Gibson County (Indiana). Source: United for ALICE, Indiana, Illinois

The economic stability of this population plays a crucial role in their overall health. Individuals living at or below 200% of the Federal Poverty Level often face financial trade-offs between healthcare, housing, food, and other essential needs, leading to higher stress levels, poorer nutrition, and increased exposure to environmental and occupational hazards. Limited financial resources also reduce their ability to access preventive care, manage chronic conditions, and afford necessary medications, further exacerbating health disparities and leading to worse long-term health outcomes.

In Indiana and Illinois, Medicaid eligibility extends to adults aged 19 to 64 with household incomes up to 138% of the Federal Poverty Level (FPL) through the Healthy Indiana Plan (HIP) in Indiana and expanded Medicaid coverage in Illinois. However, individuals earning above this threshold, typically those between 138% and 200% of FPL, often do not qualify for state-funded health insurance programs Consequently, many in this income bracket lack access to affordable healthcare coverage. They frequently work in hourly or low-wage jobs without paid time off, making it challenging to attend medical appointments without forfeiting income. The dilemma of choosing between earning wages and seeking medical care leads many to delay necessary treatments until conditions become severe. As a result, emergency rooms often serve as their primary healthcare resource, leading to higher medical costs, overcrowded facilities, and unmanaged chronic illnesses that could have been addressed through regular preventive care. This cycle of deferred treatment and reliance on emergency services exacerbates health issues for individuals and places additional strain on the broader healthcare system.

Economic Stability Continued

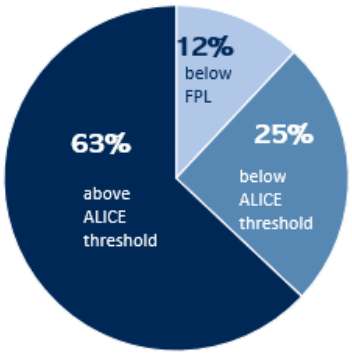
Percent of Indiana Households earning below ALICE Thresholds



Source: American Health Rankings

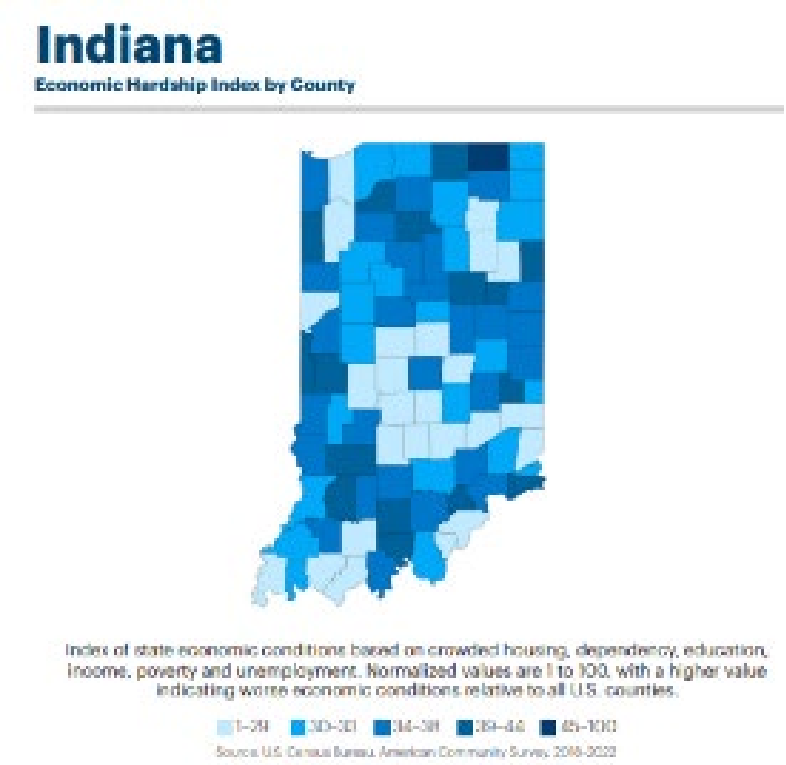
Asset Limited, Income Constrained, Employed (ALICE) households that earn above the Federal Poverty Level (FPL) but cannot afford the basic cost of living in their county. Despite struggling to make ends meet, ALICE households often do not qualify for public assistance.
– Source: United for ALICE

Percent of Illinois Households earning below ALICE Thresholds



Economic Stability Continued

Living Wage in Knox County



Economic Stability Continued

Knox County	1 Adult			
	0 Children	1 Child	2 Children	3 Children
Living Wage	$18.89	$33.81	$41.35	$51.03
Poverty Wage	$7.52	$10.17	$12.81	$15.46
Minimum Wage	$7.25	$7.25	$7.25	$7.25
	2 Adults (1 Working)			
	0 Children	1 Child	2 Children	3 Children
Living Wage	$27.21	$32.79	$36.37	$40.72
Poverty Wage	$10.17	$12.81	$15.46	$18.10
Minimum Wage	$7.25	$7.25	$7.25	$7.25
	2 Adults (2 Working)			
	0 Children	1 Child	2 Children	3 Children
Living Wage	$13.60	$19.35	$23.44	$27.31
Poverty Wage	$5.08	$6.41	$7.73	$9.05
Minimum Wage	$7.25	$7.25	$7.25	$7.25

Source: Living Wage Calculator

Economic Stability Continued

Social determinants of health

Social determinants of health (SDOH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

These determinants encompass various aspects such as economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Addressing SDOH is crucial for improving health and reducing longstanding disparities in health and healthcare.

FPL – Federal Poverty Line.
Source: Health Policy Institute of Ohio policy brief "creating a financially prosperous Ohio strategies to improve family financial security." Data from U.S. Census Bureau, American community survey, 5-years (2018-2022).

Access to Healthcare in Indiana & Illinois

Access to healthcare is defined as the timely use of medical services to achieve optimal health outcomes. Having health insurance is crucial for maintaining overall well-being, preventing illness, and managing chronic conditions effectively.

According to Healthy People 2030, individuals without insurance are less likely to have a primary care provider and often struggle to afford necessary healthcare services and medications, increasing the risk of untreated health conditions and poorer long-term outcomes.

According to the County Health Rankings, Indiana has an uninsured rate of 9% for adults and 5% for children. Knox County mirrors the state average with 9% of adults and 5% of children uninsured. In contrast, Daviess County has the highest rates in the region, with 18% of adults and 15% of children lacking health insurance. In Illinois, the uninsured rate is 9% for adults and 3% for children. Crawford and Wabash are 7% for adults and 3% for children and Lawrence and Richland are 8% for adults and 4% for children

However, many individuals are also underinsured, meaning that despite having health coverage, they still struggle with affordability and access due to high out-of-pocket costs, limited provider networks, and service restrictions. These barriers can prevent individuals from receiving timely care, leading to delayed treatment and worse health outcomes.

Key challenges for underinsured individuals include:

- High deductibles and copays that make routine care unaffordable
- Limited provider availability, particularly for specialists and mental health services, leading to long wait times
- Gaps in Medicaid eligibility, leaving many ALICE (Asset Limited, Income Constrained, Employed) households unable to afford private insurance
- Work and transportation challenges, making it difficult to seek care without missing wages

Other factors impacting access to care include provider shortages. These include shortages of Primary Care Providers (PCPs), specialists, mental health, and substance use providers, and dental care access. Provider shortages, especially in rural areas, lead to long wait times and reliance on emergency care.

Food Access and Security

Food insecurity is a growing concern across communities in the Midwest, particularly in rural and urban areas where economic instability, lack of transportation, and high living costs impact access to nutritious food. Food insecurity is defined as the lack of reliable access to affordable, healthy food, which can lead to poor diet quality, increased rates of obesity, and a higher prevalence of chronic diseases such as diabetes and hypertension. Limited access to fresh produce and whole foods in food deserts (areas with limited access to healthy food choices and grocery stores) contributes to malnutrition and long-term health complications. Families experiencing food insecurity often rely on food pantries, government assistance programs, and inexpensive processed foods, further exacerbating health disparities.

Food insecurity remains a significant challenge in all counties. Knox County has a 15% food insecurity rate, which is higher than the national average of 14%. Greene County experiences a higher rate at 17%, surpassing both state and national levels, indicating a greater prevalence of food deserts and economic barriers to accessing nutritious food. All counties range from 13% to 17%. Higher food insecurity rates highlight financial hardship, rising living costs, and transportation barriers still affect residents' ability to obtain healthy food. Comparatively, Indiana's overall food insecurity rate is 14%, which places the county's rate as a more pressing concern requiring targeted interventions. The disparities between rural and urban food access, affordability, and availability reinforce the need for improved community outreach, food assistance programs, and policies aimed at reducing food insecurity across all counties.

Food Access and Security Continued

The consequences of food insecurity extend beyond hunger, contributing to higher rates of obesity, chronic disease, and mental health issues. Individuals facing food insecurity often consume calorie-dense, nutrient-poor foods, leading to increased risks of diabetes, hypertension, and other preventable illnesses. In addition, children in food-insecure households may suffer from developmental delays, poor academic performance, and behavioral issues due to inadequate nutrition.

Community Input: Food Access & Security

"I want access to affordable fresh produce and non-processed foods. It would be great to have more local options to shop besides Walmart."

"Living in a low-income rural area, it doesn't feel like a healthy lifestyle is prioritized. There are very few dining options that support making healthier choices."

– Survey Participants

Percent of Population on Supplemental Nutrition Assistance Program (SNAP) (July 2023):

Knox County: **10.7%**
Greene County: **8.3%**
Sullivan County: **8.7%**
Daviess County: **7.8%**
Pike County: **10.2%**
Gibson County: **6.3%**
Source: County, National, Indiana

Indiana:
10.7%

Illinois
10.6%

Nationally:
12.6%

Percent of Population on Supplemental Nutrition Assistance Program (SNAP) (July 2023):

Crawford County: **20.3%**
Richland County: **50.2%**
Wabash County: **44.4%**
Source: County, Illinois

Food Access and Security Continued

Food Insecurity	Knox	Daviess	Gibson	Greene	Pike	Sullivan	IN	US
2022	15%	12%	11%	14%	13%	14%	12%	11%
2023	14%	11%	11%	13%	11%	13%	11%	12%
2024	13%	10%	10%	12%	10%	12%	11%	10%
2025	15%	13%	13%	17%	14%	15%	14%	14%

Percentage Increase or Decrease Year-over-Year by County

Food Insecurity	Knox	Daviess	Gibson	Greene	Pike	Sullivan	IN	US
2023 to 2024	-7.14%	-9.09%	-9.09%	-7.69%	-9.09%	-7.69%	0%	-16.67%
2024 to 2025	15.38%	30.00%	30.00%	41.67%	40.00%	25.00%	27.27%	40.00%

Food insecurity improved in the six counties from 2023 to 2024, with the counties experiencing an average decrease of 8.30 %, a positive trend for residents. However, that progress reversed sharply between 2024 and 2025, as all counties saw an average increase of 30.34% in food insecurity, signaling a growing concern across the region.

Food Insecurity	Crawford	Lawrence	Richland	Wabash	IL	US
2022	11%	14%	13%	12%	10%	11%
2023	10%	12%	12%	12%	8%	12%
2024	9%	11%	11%	11%	10%	10%
2025	12%	15%	14%	14%	12%	14%

Percentage Increase or Decrease Year-over-Year by county

Food Insecurity	Crawford	Lawrence	Richland	Wabash	IL	US
2023 to 2024	-10.00%	-8.33%	-8.33%	-8.33%	25%	-16.67%
2024 to 2025	33.33%	36.36%	27.27%	27.27%	20.00%	40.00%

Food insecurity improved in the four counties from 2023 to 2024, with the counties experiencing an average decrease of 8.75 %, a positive trend for residents. However, that progress reversed sharply between 2024 and 2025, as all counties saw an average increase of 31.06% in food insecurity, signaling a growing concern across the region.

Health and Wellness

According to the Centers for Disease Control and Prevention (CDC), risk factors contributing to chronic diseases and, subsequently, premature deaths include smoking, poor nutrition, physical inactivity, excessive alcohol consumption, and obesity. Given the substantial rise in premature deaths at both national and local levels, a thorough analysis of quantitative data from County Health Rankings was conducted to identify key drivers. The examination of health factors across the state and its counties revealed several trends, as delineated below.

Health Factor	Knox	Daviess	Gibson	Greene	Pike	Sullivan	IN	U.S.
Obesity	38%	38%	40%	41%	42%	38%	38%	34%
Diabetes	11%	12%	11%	11%	11%	11%	11%	10%
Poor / Fair Health	18%	22%	21%	21%	19%	20%	13%	12%
Adult Smoking	18%	23%	23%	23%	21%	21%	17%	13%
Access to Exercise Opportunities	62%	52%	67%	42%	46%	33%	76%	84%
Premature Death	10,600	7,700	7,800	10,300	10,100	9,700	9,800	8,400
Drug Overdose Deaths	13	0	0	21	0	0	38	31
Excessive Drinking	19%	18%	19%	19%	18%	18%	17%	19%
Lack of Social & Emotional Support	25%	28%	22%	24%	24%	24%	9%	10%
Access to Parks	34%	23%	27%	21%	6%	%20	37%	51%
Uninsured Adults	9%	18%	8%	10%	9%	8%	9%	11%
Physical Inactivity	26%	32%	30%	30%	29%	29%	27%	23%

Source: County Health Ranking

State Specific Trends Indiana

Senior Health Rankings: Source: America's Health Rankings

- Indiana (IN) is 36th out of 50 for senior health (lower is better)
- SNAP Reach: Is ranked 42 for adults over 65 and older in poverty.
- Improving Healthcare Access: IN has seen an improvement in geriatric clinicians (43.1 per 100k adults over 65).
- Teeth Extractions: Ranks 47th at 18.8% of adults over 65 compared to 12.1% Nationally.
- Early Mortality Rates (age 65-74): IN reports a higher early death rate (2,338 per 100,000 vs. national 1,979 per 100,000), which is 42 out of 50 in health rankings for this measure.
- Suicide: Seniors in Indiana experienced an increase in suicide, increasing 20% from 2017 to 2022.
- Falls: Ranks 40th at 30.2% compared to 27.1% nationally.
- Unpaid Elder Care: 36th at 19.3% of adults over 65, compared to 14.3% nationally.
- Preventable Hospitalizations: Ranked 41st for discharges per 100k of Medicare beneficiaries between 65-74 at 1,717 compared to 1,452 nationally.

State Health Rankings: Source: America's Health Rankings

Indiana (Ranked 36th Overall) - 2024 Summary

Key Challenges:

- Premature Deaths: Higher than the national average, with a steady increase over time.
- Obesity Rising: 16% increase (from 32.7% to 37.8% of adults between 2014-2023), now exceeding the national average (34.3%).
- Frequent Mental Distress: Increased by 33% (from 12.8% to 17.0% of adults), higher than the national average (15.4%).
- High Homicide Rate: 8.4 per 100,000 population vs. national 7.6.
- Healthcare Access Issues:
  - Ranks 44th in mental health providers (219.8 per 100,000 vs. national 344.9).
  - Ranks 33rd in primary care providers (278.7 per 100,000 vs. national 283.4).
- Severe Housing Problems: Higher than the national average (14.2% vs. 16.8%).

Strengths & Improvements:

- Unemployment Rate Decreased: Dropped 54% (from 7.8% to 3.6%) between 2013-2023.
- Mental Health Provider Access Improved: 46% increase (from 150.6 to 219.8 per 100,000 population between 2018-2024).
- Higher High-Speed Internet Access: 92.9% of households vs. national 93.8%.
- Better Water Fluoridation Coverage: 99.1% vs. national 72.3%.Comparison of Indiana to National Trends
- Obesity, mental distress, and premature deaths are increasing faster than national averages.
- Significant progress in unemployment reduction and access to mental health providers.
- Still struggles with healthcare provider shortages, homicide rates, and social determinants of health.

State Specific Trends Illinois

Senior Health Rankings: Source: America's Health Rankings

- Illinois (IL) is 31st out of 50 for senior health (lower is better)
- Food Insecurity: Ranked 38th out of 50 for adults over 60+.
- Unpaid Elder Care: IL is ranked 30th out of 50
- Nursing Home Quality: Ranked 46th in the state based on % of beds rated four or five stars.
- Dedicated Health Care Provider: Ranked 44th based on% of adults age 65+.
- Frequent Mental Distress: Ranked 43rd for adults 65+.
- Suicides: Ranked 5th overall for deaths of 65+ per 100,000.
- Avoided Care Due to Cost: Ranked 34th for adults 65+
- Drug Related Deaths: Rose 82% from 6.5 to 11.8 deaths per 100,000 adults age 65 and older between 2017-2019 and 2020-2022.

State Health Rankings: Source: America's Health Rankings

Illinois (Ranked 27th Overall) - 2024 Summary

Key Challenges:

- Illinois (IL) went up 76% from 6.3 to 11.1 deaths per 100,000 population between 2012-2013 and 2021-2022.
- Diabetes increased 21% from 10.1% to 12.2% of adults between 2014 and 2023.
- Low Birth Weight: Racial disparity ratio ranked 45 out of 50 for the state.
- Preventable Hospitalizations: Ranked 44th for discharges per 100,000 Medicare beneficiaries age 18+.
- Fruit and Vegetable Consumption: Ranked 39th for the % of adults.
- Food Insecurity: Ranked 33rd for the % of households.
- Obesity: Ranked 35th overall, which is the % of adults who are obese.

Strengths and Improvements:

- Unemployment went down from 9.5% to 4.7% between 2013 and 2023.
- Uninsured people went down 51% from 12.7% to 6.2% of the population between 2013 and 2023.
- Illinois on average has more dental care providers per 100,00 people, ranking 6th overall.
- Physical Inactivity: For the state it is ranked 11th out of 50.
- Frequent Mental Distress: Ranked 4th overall for % of adults.

Comparison of Illinois to National Trends:

- Overall, Clinical Care categories for most measures ranked in the 20's with exception of HPV and flu vaccinations being in the teens (lower is better) and preventable hospitalization higher than the average at 44th.
- Illinois ranked in the top states for Heat and Worker Health, which measures the rate of nonfatal heat-related illness cases causing days away from work per 10,000 full-time workers.

National Healthcare Trends

National Senior Health Rankings: Source: America's Health Rankings

Improvements:

- High-speed internet access among older adult households increased from 83.1% to 84.8%.
- More geriatric clinicians: From 36.4 to 38.0 per 100,000 adults age 65+.
- Decrease in early deaths: An 8% decline in deaths among adults 65-74 from 2,151 to 1,979 per 100,000 (but still above pre-pandemic levels).
- Decline in tooth extractions: 10% drop from 13.4% to 12.1%.

Opportunities:

- Rising poverty: 16% increase (from 9.4% to 10.9%) among adults 65+ (highest level in report history).
- Higher housing costs: Increased burden from 32.1% to 33.1%.
- More food insecurity: 8% increase (from 11.9% to 12.9%).
- Worsening mental health:
- Depression up 6% (from 14.6% to 15.5%).
- Frequent mental distress up 11% (from 8.5% to 9.4%).
- Increase in drug deaths: 51% increase (from 7.6 to 11.5 per 100,000 adults age 65+).
- Firearm deaths increased: 4% increase (from 13.0 to 13.5 per 100,000).

National Healthcare Expenditure: NHE Fact Sheet

Historical NHE, 2023: (for source reference, click on the link above or visit CMS.gov)

- NHE grew 7.5% to $4.9 trillion in 2023, or $14,570 per person, and accounted for 17.6% of Gross Domestic Product (GDP).
- Medicare spending grew 8.1% to $1,029.8 billion in 2023, or 21 percent of total NHE.
- Medicaid spending grew 7.9% to $871.7 billion in 2023, or 18 percent of total NHE.
- Private health insurance spending grew 11.5% to $1,464.6 billion in 2023, or 30 percent of total NHE.
- Out-of-pocket spending grew 7.2% to $505.7 billion in 2023, or 10 percent of total NHE.
- Other Third-Party Payers and Programs and Public Health Activity spending declined 3.1% in 2023 to $563.4 billion, or 12 percent of total NHE.
- Hospital expenditures grew 10.4% to $1,519.7 billion in 2023, faster than the 3.2% growth in 2022.
- Physician and clinical services expenditures grew 7.4% to $978.0 billion in 2023, faster growth than the 4.6% in 2022.

National Healthcare Trends Continued

Projected NHE, 2023-2032:

- Over 2023-32 average Prescription drug spending increased 11.4% to $449.7 billion in 2023, faster than the 7.8% growth in 2022.
- The federal government (32 percent) and the households (27 percent) sponsored the largest shares of total health spending. The private business share of health spending accounted for 18 percent of total health care spending, state and local governments accounted for 16 percent, and other private revenues accounted for 7 percent.
- NHE growth (5.6%) is projected to outpace that of average GDP growth (4.3%), resulting in an increase in the health spending share of GDP from 17.3 percent in 2022 to 19.7 percent in 2032.
- NHE spending is expected to have grown 7.5% in 2023, faster than GDP growth of 6.1%.
- Reflects broad increases in the use of care associated with the insured share of the population of 93.1% - an unprecedented high.
- Largely related to a record-high level of Medicaid enrollment (91.2M) in 2023, as well as gains in direct-purchase enrollment (8.3M) over 2023-25.
- Health price growth remains modest, though faster than pre-pandemic.
- By 2032 the insured share falls to 90.7%.
- Consistent with the President's Budget, Medicaid enrollment is projected to decline to 81.0M in 2024 and slightly further to 79.4M by 2025 following the expiration of the continuous enrollment requirement.
- Direct-purchase enrollment is expected to decline by 7.3M in 2026 (-19.2%) due to expiration of the IRA's temporary extension of enhanced subsidies and associated temporary Special Enrollment Period (SEP).
- Over 2027-32, personal health care price inflation and growth in the use of health care services and goods contribute to projected health spending that grows at a faster rate than the rest of the economy.

Key Findings

Key Finding / Theme	Findings	Supporting Data
Access to Primary & Specialty Care	Residents report difficulty getting timely appointments and having to travel for care, especially for dermatology, neurology, rheumatology, GI, urology, OB/GYN, and pediatric/behavioral health. After-hours/weekend coverage is limited;	• **Specialty access** was a top-3 theme in comments (**23.4%** of all comments). • **Primary care/provider supply/quality** accounted for **14.8%**; **access/hours/scheduling** another **7.4%**. • **PCP ratio**: **1,380:1** (Knox) vs **1,330:1 U.S.** (≈state: **1,520:1**). • **Dentist ratio**: **1,990:1** (worse than **U.S. 1,360:1**). • **Preventable hospital stays**: **3,073** vs **U.S. 2,666** (signals delayed/episodic care).
Cost & Insurance Barriers (Underinsurance / Out-Of Pocket (OOP) Costs)	Many insured residents described being effectively underinsured—high deductibles, copays, uncovered services (including dental & behavioral health)—leading to delayed or foregone care. Affordability of healthy food and childcare also pressure households.	• **Affordability/insurance** was the #1 comment theme (**29.0%**). • **Median household income**: **$57.2k** vs **$77.7k U.S.** • **Food insecurity**: **15%** (Knox) vs **14% U.S.** • **Child care cost burden**: **33%** vs **28% U.S.** • **Uninsured adults**: **9%** (better than **11% U.S.**), but comments stressed **underinsurance** and OOP strain.
Mental Health & Substance Use	Strong resident signal for counseling, psychiatry, youth/geriatric MH, and addiction treatment; concerns about long waits and limited insurance acceptance.	• **Mental health & SUD** was the #1/2 comment theme (**29.1%**). • **Poor mental health days**: **6.1** vs **5.1 U.S.** • **Frequent mental distress**: **18%** vs **16% U.S.** • **Suicide**: **18/100k** vs **14 U.S.** • **MH provider ratio ≈ 470:1** (Knox/IN) vs **~300:1 U.S.**
Healthy Weight, Nutrition & Physical Activity Environment	Residents asked for affordable healthy food, nutrition education, and more low-cost places to be active (gyms, sidewalks/parks, safe trails).	• **Healthy food & nutrition** appeared in **12.3%** of comments; **physical activity/recreation** in **4.8%**. • **Adult obesity**: **38%** vs **34% U.S.** • **Diabetes**: **11%** vs **10% U.S.** • **Physical inactivity**: **26%** vs **23% U.S.** • **Access to exercise opportunities**: **62%** vs **84% U.S.**; **Access to parks**: **34%** vs **51% U.S.**
Transportation & Care Navigation (incl. Digital Access)	Transportation to appointments and across-county specialty trips are recurring barriers, especially for seniors and low-income households. Residents also asked for help navigating referrals, pre-auths, and coverage.	• **Transportation** mentioned in **13.0%** of comments; **navigation/insurance help 12.4%**. • **Drive alone to work**: **85%** vs **70% U.S.** (signals car dependence; limited alternatives). • **Broadband access**: **86%** vs **90% U.S.** (telehealth reach not universal). • **Access to exercise opportunities** (above) also reflects geographic dispersion of services/amenities.

Conclusion

The Community Health Needs Assessment (CHNA) provides a clear picture of health status, social conditions, and community-identified needs across Knox County and nearby counties. Combining local indicators with resident surveys and qualitative feedback, the assessment points to a set of persistent, interconnected barriers, especially for residents living with limited financial resources, rural distance, and challenges navigating the care.

Across the feedback, residents most often cited behavioral health and affordability as top concerns, followed by access to specialty care and the everyday logistics of getting to and through care. These concerns mirror the data: Knox has more poor mental health days (6.1 vs 5.1 U.S.), higher suicide mortality (18 vs 14), higher adult obesity (38% vs 34%), and lower access to exercise opportunities (62% vs 84%). Care access is uneven, primary care 1,380:1 (near U.S. average) but weaker in key areas such as dentistry (1,990:1 vs 1,360:1 U.S.) and several medical subspecialties mentioned repeatedly by residents. Preventable hospital stays (3,073 vs 2,666 U.S.) suggest cost, distance, or scheduling barriers that delay routine or follow-up care. While physical access to healthy food is comparatively good, food insecurity (15%) and household affordability pressures remain. Transportation and navigation challenges compound these issues, particularly for seniors and low-income households.

Good Samaritan will use these findings to focus its strategy, expand services, and advance practical solutions that reflect both what the data shows and what residents say they need most.

Key Findings:

1. **Access to Primary & Specialty Care** – Long waits, limited local specialty availability (e.g., dermatology, neurology, rheumatology, GI, urology, OB/GYN, pediatric behavioral health), and limited after-hours options drive out-of-county trips and reliance on urgent/convenient care.
2. **Cost & Insurance Barriers (Underinsurance / Out-of-Pocket Costs)** – Many insured residents remain underinsured; deductibles, copays, and uncovered services lead to deferred care and higher preventable utilization.
3. **Mental Health & Substance Use Services** – High community demand meets limited timely access; mental health days and suicide rates exceed national benchmarks; families specifically cite gaps for youth and older adults.
4. **Chronic Disease, Physical Inactivity & Nutrition** – Elevated obesity and diabetes are reinforced by affordability concerns and fewer safe/affordable opportunities to be active; residents request nutrition education and low-cost fitness options.
5. **Transportation & Care Navigation** – Distance, lack of rides, and system complexity (referrals, pre-authorizations, coverage rules) hinder access; 85% drive alone to work and broadband is slightly below U.S. averages, which can limit telehealth for some.

Conclusion Continued

Summary

Knox County's health challenges are shaped by a rural footprint and economic pressures. Residents describe difficulty getting timely appointments, traveling for specialty care, and managing high out-of-pocket costs despite having insurance. These patterns contribute to higher preventable hospital stays and ongoing chronic disease burden. Behavioral health needs are prominent across age groups, with particular concern for youth and geriatric mental health. Food insecurity and the affordability of healthy food continue to strain households, even where physical access to groceries is reasonable.

At the same time, the region benefits from engaged healthcare professionals, community organizations, and residents ready to partner on solutions. By prioritizing the needs of the community, Good Samaritan and community partners can make measurable progress toward better health for every resident.

Addendum A – Community Resources

Healthcare & Mental Health Services

- Pace Community Action Agency – Main Office: (812) 882-7927
- Pace Health Connection – Family Planning & Primary Care: (812) 882-6069
- Family Health Center – Administrative Office: (812) 494-9501
- Family Health Center – Walk-In Clinic: (812) 494-7500
- Good Samaritan Hospital – General Line: (812) 886-6800
- Good Samaritan Center – Crisis Line: 1-800-824-7907
- Green Door Crisis Response Center (Behavioral Health): 1-833-644-3575

Food & Basic Needs

- North Knox Social Ministries (Food, Clothing, Utilities): (812) 735-3262
- Feed My Sheep Food Pantry: (812) 254-5429
- St. Vincent de Paul Thrift Store – Vincennes: (812) 886-9750

Family & Child Services

- Knox County Division of Family Resources (SNAP, Medicaid, TANF): 1-800-403-0864
- Knox County Child Protective Services: (812) 882-1042
- Hope's Voice – Domestic Violence Support: (812) 886-4470
- Crisis Connection – Domestic & Sexual Violence Hotline: 1-800-245-4580

Disability & Special Needs

- KCARC (Knox County ARC – Disability Services): (812) 886-4312

Education & Employment

- WorkOne Knox County (Jobs & Training): (812) 882-8770
- Knox County Literacy Program: (812) 886-0870

Emergency & Relief Services

- American Red Cross – Vincennes Office: (812) 882-2204
- United Way of Knox County – Resource Referral Hub: (812) 882-3624

Addendum B - Select Measures & Data

	Measure	Weight	Data Source	Years of Data
POPULATION HEALTH AND WELL-BEING				
LENGTH OF LIFE				
Life span	Premature Death*	50%	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
QUALITY OF LIFE				
Physical health	Poor Physical Health Days	10%	Behavioral Risk Factor Surveillance System	2022
	Low Birth Weight*	20%	National Center for Health Statistics - Natality Files	2017-2023
Mental health	Poor Mental Health Days	10%	Behavioral Risk Factor Surveillance System	2022
Life satisfaction	Poor or Fair Health	10%	Behavioral Risk Factor Surveillance System	2022
COMMUNITY CONDITIONS				
HEALTH INFRASTRUCTURE				
Health promotion and harm reduction	Flu Vaccinations*	4%	Mapping Medicare Disparities Tool	2022
	Access to Exercise Opportunities	4%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2024, 2022 & 2020
	Food Environment Index^	4%	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2022
Clinical care	Primary Care Physicians	2%	Area Health Resource File/American Medical Association	2021
	Mental Health Providers	1%	CMS, National Provider Identification	2024
	Dentists	1%	Area Health Resource File/National Provider Identifier Downloadable File	2022
	Preventable Hospital Stays*	4%	Mapping Medicare Disparities Tool	2022
	Mammography Screening*	1%	Mapping Medicare Disparities Tool	2022
	Uninsured	4%	Small Area Health Insurance Estimates	2022
PHYSICAL ENVIRONMENT				
Housing and transportation	Severe Housing Problems	4%	Comprehensive Housing Affordability Strategy (CHAS) data	2017-2021
	Driving Alone to Work*	2%	American Community Survey, five-year estimates	2019-2023
	Long Commute - Driving Alone	1%	American Community Survey, five-year estimates	2019-2023
Air, water and land	Air Pollution: Particulate Matter	8%	Environmental Public Health Tracking Network	2020
	Drinking Water Violations^	4%	Safe Drinking Water Information System	2023
Civic and community resources	Broadband Access	4%	American Community Survey, five-year estimates	2019-2023
	Library Access	2%	Institute of Museum and Library Services	2022
SOCIAL AND ECONOMIC FACTORS				
Education	Some College	8%	American Community Survey, five-year estimates	2019-2023
	High School Completion	8%	American Community Survey, five-year estimates	2019-2023
Income, employment and wealth	Unemployment	8%	Bureau of Labor Statistics	2023
	Income Inequality	8%	American Community Survey, five-year estimates	2019-2023
	Children in Poverty*	8%	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023
Safety and social support	Injury Deaths*	4%	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
	Social Associations	2%	County Business Patterns	2022
	Child Care Cost Burden	4%	The Living Wage Institute; Small Area Income and Poverty Estimates	2024 & 2023

*Subgroup data available by race and ethnicity; ^Data availability or recency varies by state

Addendum B Continued

	Measure	Data Source	Years of Data
POPULATION HEALTH AND WELL-BEING			
LENGTH OF LIFE			
Life span	Life Expectancy*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
	Premature Age-Adjusted Mortality*	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022
	Child Mortality*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2022
	Infant Mortality*	National Center for Health Statistics - Natality and Mortality Files	2016-2022
QUALITY OF LIFE			
Physical health	Frequent Physical Distress	Behavioral Risk Factor Surveillance System	2022
	Diabetes Prevalence	Behavioral Risk Factor Surveillance System	2022
	HIV Prevalence*	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
	Adult Obesity	Behavioral Risk Factor Surveillance System	2022
Mental health	Frequent Mental Distress	Behavioral Risk Factor Surveillance System	2022
	Suicides*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
Life satisfaction	Feelings of Loneliness*	Behavioral Risk Factor Surveillance System	2022
COMMUNITY CONDITIONS			
HEALTH INFRASTRUCTURE			
Health promotion and harm reduction	Limited Access to Healthy Foods	USDA Food Environment Atlas	2019
	Food Insecurity	Map the Meal Gap	2022
	Insufficient Sleep	Behavioral Risk Factor Surveillance System	2022
	Teen Births*	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2017-2023
	Sexually Transmitted Infections*	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
	Excessive Drinking	Behavioral Risk Factor Surveillance System	2022
	Alcohol-Impaired Driving Deaths	Fatality Analysis Reporting System	2018-2022
	Drug Overdose Deaths*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2020-2022
	Adult Smoking	Behavioral Risk Factor Surveillance System	2022
	Physical Inactivity	Behavioral Risk Factor Surveillance System	2022
Clinical care	Uninsured Adults	Small Area Health Insurance Estimates	2022
	Uninsured Children	Small Area Health Insurance Estimates	2022
	Other Primary Care Providers	CMS, National Provider Identification	2024
PHYSICAL ENVIRONMENT			
Housing and transportation	Traffic Volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2020
	Homeownership	American Community Survey, five-year estimates	2019-2023
	Severe Housing Cost Burden	American Community Survey, five-year estimates	2019-2023
Air, water and land	Access to Parks	ArcGIS Online; US Census TIGER/Line Shapefiles	2024 & 2020
Climate	Adverse Climate Events	Environmental Public Health Tracking (EPHT) Network; U.S. Drought Monitor (USDM); OPEN FEMA Disaster Declaration Summaries	2019-2023
Civic and community resources	Census Participation	Census Operational Quality Metrics	2020
	Voter Turnout*	MIT Election Data and Science Lab; American Community Survey, five-year estimates	2020 & 2016-2020

Addendum B Continued

SOCIAL AND ECONOMIC FACTORS			
Education	High School Graduation^	State-specific sources & EDFacts	Varies
	Reading Scores*^	Stanford Education Data Archive	2019
	Math Scores*^	Stanford Education Data Archive	2019
	School Segregation	National Center for Education Statistics	2023-2024
	School Funding Adequacy^	School Finance Indicators Database	2022
Income, employment and wealth	Children Eligible for Free or Reduced Price Lunch^	National Center for Education Statistics	2022-2023
	Gender Pay Gap	American Community Survey, five-year estimates	2019-2023
	Median Household Income*	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023
	Living Wage	The Living Wage Institute	2024
Safety and social support	Child Care Centers	Homeland Infrastructure Foundation-Level Data (HIFLD)	2010-2022
	Residential Segregation - Black/White	American Community Survey, five-year estimates	2019-2023
	Homicides*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2016-2022
	Motor Vehicle Crash Deaths*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2016-2022
	Firearm Fatalities*	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022
	Disconnected Youth	American Community Survey, five-year estimates	2019-2023
	Lack of Social and Emotional Support^	Behavioral Risk Factor Surveillance System	2022
DEMOGRAPHICS			
	% Below 18 Years of Age	Census Population Estimates Program	2023
	% 65 and Older	Census Population Estimates Program	2023
	% Female	Census Population Estimates Program	2023
	% American Indian or Alaska Native	Census Population Estimates Program	2023
	% Asian	Census Population Estimates Program	2023
	% Hispanic	Census Population Estimates Program	2023
	% Native Hawaiian or Other Pacific Islander	Census Population Estimates Program	2023
	% Non-Hispanic Black	Census Population Estimates Program	2023
	% Non-Hispanic White	Census Population Estimates Program	2023
	% Disability: Functional Limitations	Behavioral Risk Factor Surveillance System	2022
	% Not Proficient in English	American Community Survey, five-year estimates	2019-2023
	Children in Single-Parent Households	American Community Survey, five-year estimates	2019-2023
	% Rural	Decennial Census Demographic and Housing Characteristics File	2020
	Population	Census Population Estimates Program	2023

*Subgroup data available by race and ethnicity; ^Data availability or recency varies by state

Addendum C – Physician Needs

Physician Specialties: GMENAC Goodman Hicks & Glenn Solucient

SPECIALTIES	CURRENT NUMBER OF PHYSICANS WITHIN PRIMARY	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	Population of 100,000 GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT	AVERAGE	ESTIMATED 2025 POPULATION BASED UPON HOSPITAL PRIMARY SERVICE AREA 229,208
Primary Care								
Family Practice	68.00	19.16	25.20	N/A	16.20	22.53	21.31	48.84
Internal Medicine	70.00	24.84	28.80	N/A	11.30	19.01	19.70	45.16
Pediatrics	20.00	(6.21)	12.80	N/A	7.60	13.90	11.43	26.21
Total Primary Care	158.00	37.79	66.80	N/A	35.10	55.44	52.45	120.21
Medical Specialties								
Allergy/Immunology	5.00	2.08	0.80	1.30	N/A	1.72	1.27	2.92
Cardiology	10.00	2.66	3.20	3.60	2.60	3.41	3.20	7.34
Dermatology	3.00	(2.03)	2.90	1.40	2.10	2.38	2.20	5.03
Endocrinology	1.00	(0.83)	0.80	N/A	N/A	0.80	0.80	1.83
Gastroenterology	5.00	0.03	2.70	1.30	N/A	2.50	2.17	4.97
Hematology/Oncology	16.00	10.74	3.70	1.20	N/A	1.99	2.30	5.26
Infectious Disease	3.00	0.94	0.90	N/A	N/A	0.90	0.90	2.06
Nephrology	2.00	(0.32)	1.10	N/A	N/A	0.92	1.01	2.32
Neurology	17.00	12.59	2.30	2.10	1.40	1.90	1.93	4.41
Psychiatry	35.00	14.84	15.90	7.20	3.90	8.18	8.80	20.16
Pulmonology	25.00	21.71	1.50	1.40	N/A	1.40	1.43	3.29
Rheumatology	25.00	23.54	0.70	0.40	N/A	0.81	0.64	1.46
Physical Medicine & Rehab	15.00	11.91	1.30	N/A	N/A	1.40	1.35	3.09
Surgical Specialties								
General Surgery	50.00	33.09	9.70	9.70	4.10	6.01	7.38	16.91
Cardio/Thoracic Surgery	2.00	0.40	N/A	0.70	N/A	N/A	0.70	1.60
Neurosurgery	10.00	7.94	1.10	0.70	N/A	N/A	0.90	2.06
OB/GYN	9.00	(11.90)	9.90	8.40	8.00	10.17	9.12	20.90
Ophthalmology	9.00	(0.29)	4.80	3.50	3.20	4.71	4.05	9.29
Orthopedic Surgery	10.00	(2.85)	6.20	5.90	4.20	6.12	5.61	12.85
Otolaryngology	7.00	0.51	3.30	2.40	N/A	2.8	2.83	6.49
Plastic Surgery	4.00	0.15	1.10	1.10	2.30	2.22	1.68	3.85
Urology	6.00	(0.05)	3.20	2.60	1.90	2.86	2.64	6.05
Hospital-based								
Emergency	17.00	(1.03)	8.50	2.70	N/A	12.40	7.87	18.03
Anesthesiology	20.00	2.47	8.30	7.00	N/A	N/A	7.65	17.53
Radiology	25.00	5.63	8.90	8.00	N/A	N/A	8.45	19.37
Pathology	10.00	(1.12)	5.60	4.10	N/A	N/A	4.85	11.12
Pediatric Cardiology	4.00	3.54	N/A	N/A	N/A	0.20	0.20	0.46
Pediatric Neurology	1.00	0.72	N/A	N/A	N/A	0.12	0.12	0.28
Pediatric Psychiatry	1.00	(0.03)	N/A	N/A	N/A	0.45	0.45	1.03
TOTALS	**505.00**	172.82						332.18

Addendum C Continued

Physician Needs Assessment Analysis for Good Sam and its service area

A quantitative physician needs assessment analysis was completed for Good Samaritan Hospital with a total population of 223,208. Physician needs assessment analysis uses a nationally recognized quantitative methodology to determine the need for physicians by physician specialty for a given geographic population area being assessed.

Based on the quantitative physician needs assessment analysis completed, the top four physician needs in the service area by specialty are as follows:

- OB/GYN: (11.90)
- Pediatrics: (6.21)
- Orthopedics: (2.85)

Addendum D – Health Data

Knox County Demographics	County	Indiana
Population	36,070	6,862,199
% below 18 years of age	21.6%	23.1%
% 65 and older	19.2%	17.2%
% Non-Hispanic Black	3.2%	10.0%
% American Indian & Alaska Native	0.4%	0.5%
% Asian	1.2%	2.9%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	3.1%	8.8%
% Non-Hispanic White	90.5%	76.0%
% not proficient in English	1.0%	2.0%
% Females	49.1%	50.4%
% Rural	45.40%	28.8%

Daviess County Demographics	County	Indiana
Population	33,656	6,862,199
% below 18 years of age	29.6%	23.1%
% 65 and older	16.4%	17.2%
% Non-Hispanic Black	2.2%	10.0%
% American Indian & Alaska Native	0.8%	0.5%
% Asian	0.5%	2.9%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	6.6%	8.8%
% Non-Hispanic White	89.0%	76.0%
% not proficient in English	2.0%	2.0%
% Females	49.7%	50.4%
% Rural	61.3%	28.8%

Sullivan County Demographics	County	Indiana
Population	20,757	6,862,199
% below 18 years of age	18.7%	23.1%
% 65 and older	19.2%	17.2%
% Non-Hispanic Black	5.0%	10.0%
% American Indian & Alaska Native	0.4%	0.5%
% Asian	0.3%	2.9%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	2.0%	8.8%
% Non-Hispanic White	91.1%	76.0%
% not proficient in English	0.0%	2.0%
% Females	45.1%	50.4%
% Rural	76.6%	28.8%

Greene County Demographics	County	Indiana
Population	31,196	6,862,199
% below 18 years of age	21.5%	23.1%
% 65 and older	20.6%	17.2%
% Non-Hispanic Black	0.4%	10.0%
% American Indian & Alaska Native	0.4%	0.5%
% Asian	0.5%	2.9%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	2.2%	8.8%
% Non-Hispanic White	95.4%	76.0%
% not proficient in English	0.0%	2.0%
% Females	49.7%	50.4%
% Rural	82.8%	28.8%

Gibson County Demographics	County	Indiana
Population	32,904	6,862,199
% below 18 years of age	23.4%	23.1%
% 65 and older	18.7%	17.2%
% Non-Hispanic Black	2.5%	10.0%
% American Indian & Alaska Native	0.4%	0.5%
% Asian	0.7%	2.9%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	2.5%	8.8%
% Non-Hispanic White	91.7%	76.0%
% not proficient in English	0.0%	2.0%
% Females	49.1%	50.4%
% Rural	74.7%	28.8%

Pike County Demographics	County	Indiana
Population	12,106	6,862,199
% below 18 years of age	22.2%	23.1%
% 65 and older	21.5%	17.2%
% Non-Hispanic Black	0.8%	10.0%
% American Indian & Alaska Native	0.3%	0.5%
% Asian	0.5%	2.9%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	1.7%	8.8%
% Non-Hispanic White	95.7%	76.0%
% not proficient in English	0.0%	2.0%
% Females	49.2%	50.4%
% Rural	100.0%	28.8%

Addendum D Continued

Wabash County Demographics	County	Illinois
Population	10,942	12,549,689
% below 18 years of age	20.7%	21.9%
% 65 and older	23.2%	17.6%
% Non-Hispanic Black	1.2%	14.0%
% American Indian & Alaska Native	0.3%	0.6%
% Asian	1.6%	6.3%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	2.0%	19.0%
% Non-Hispanic White	93.6%	58.8%
% not proficient in English	0.0%	4.0%
% Females	49.8%	50.6%
% Rural	38.7%	13.1%

Crawford County Demographics	County	Illinois
Population	18,300	12,549,689
% below 18 years of age	19.7%	21.9%
% 65 and older	20.4%	17.6%
% Non-Hispanic Black	4.8%	14.0%
% American Indian & Alaska Native	0.4%	0.6%
% Asian	0.6%	6.3%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	2.8%	19.0%
% Non-Hispanic White	90.2%	58.8%
% not proficient in English	0.0%	4.0%
% Females	47.6%	50.6%
% Rural	67.2%	13.1%

Richland County Demographics	County	Illinois
Population	15,488	12,549,689
% below 18 years of age	22.4%	21.9%
% 65 and older	21.5%	17.6%
% Non-Hispanic Black	1.0%	14.0%
% American Indian & Alaska Native	0.4%	0.6%
% Asian	0.8%	6.3%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	2.1%	19.0%
% Non-Hispanic White	94.5%	58.8%
% not proficient in English	1.0%	4.0%
% Females	50.3%	50.6%
% Rural	45.30%	13.1%

Lawrence County Demographics	County	Illinois
Population	14,813	12,549,689
% below 18 years of age	18.3%	21.9%
% 65 and older	19.2%	17.6%
% Non-Hispanic Black	9.9%	14.0%
% American Indian & Alaska Native	0.6%	0.6%
% Asian	0.6%	6.3%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	3.9%	19.0%
% Non-Hispanic White	84.2%	58.8%
% not proficient in English	1.0%	4.0%
% Females	43.8%	50.6%
% Rural	69.7%	13.1%

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