



2022 Community Health Needs Assessment



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Letter from the CEO

To Our Community Members:

Welcome to Good Samaritan Hospital – we are committed to providing high-quality healthcare and exemplary customer services. The hospital is a community-based hospital located in the heart of Vincennes, Indiana. A board governs the hospital and ensures that the hospital’s strategic direction is met. The organization constantly meets the community’s healthcare needs and the people it serves.

Our goal with the Community Health Needs Assessment (“CHNA”) is to understand the range of issues impacting the community’s health needs. The assessment process will include understanding the local health care services provided and any gaps in meeting those needs. The assessment result will help us develop a report and subsequent actions steps to close the gaps that the community has identified. Our goal is to strengthen relationships with other health care providers and local community organizations that play a role in shaping the health and wellness of our community, while also forging new partnerships to strengthen existing relationships by working together to improve the entire health of our community.

The significance of better understanding our community’s needs was highlighted with the Patient Protection and Affordable Care Act requirements passed on March 23, 2010. New requirements for tax-exempt hospitals were added to the Internal Revenue Code mandating hospitals to conduct a community health needs assessment every three years and to adopt an implementation strategy to address applicable needs detected during the assessment process.

During 2022, a CHNA was conducted by Good Samaritan Hospital for the region we serve. We will be developing an implementation strategy for the applicable needs addressed within the CHNA and the results will be summarized in a separate report approved by Good Samaritan and its Governing Board.

We are pleased to present this CHNA which represents a comprehensive assessment of health care needs in our community. We look forward to collaborating with you and others in the community to optimize community health and continue meeting Good Samaritan Hospital’s mission to provide excellent health care by promoting wellness, education, and healing through trusting relationships.



Rob McLin, CPA, MBA, FACHE
President/CEO

A Tradition of Excellence

MISSION

Provide excellent health care by promoting wellness, education, and healing through trusting relationships.

VISION

To be the regional center of excellence in health care to support the communities we serve.

VALUES

- Patient
- Respect
- Integrity
- Dignity
- Excellence

PROMISE

We promise to treat you like family by delivering compassionate, high-quality care throughout your journey.

Executive Summary

On behalf of Good Samaritan Hospital, a community health needs assessment (CHNA) was conducted in 2022 primarily to identify the major health needs, both met and unmet, within the communities we serve. The community's geographic area is comprised primarily of Knox County (population 35,956), including the city of Vincennes.

The primary objectives of the CHNA were to:

- 1) Identify major health needs within the community to improve the health of the area's residents and facilitate collaboration among local health care providers.
- 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 378 responses and interviews with approximately 22 community leaders. Secondary data sources included state, local and national data from a variety of sources including, but not limited to, 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 Focus Area's based on data collection, analysis, and assessment are listed below: are

Hospital	Focus Area's
Good Samaritan	<ul style="list-style-type: none">• Obesity / Inactivity / Unhealthy Food• Access to Care• Substance Abuse

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

Good Samaritan engaged Blue & Co., LLC ("Blue") to assist in conducting a *CHNA and analyzing the data for the CHNA requirements set forth in section 9007 of the PPACA of 2010. Blue is a Certified Public Accounting firm that provides, among other services, tax consulting and compliance to the health care industry. Good Samaritan provided all the financial support for the assessment process.

**Note: This report was designed and produced by Blue & Co., LLC.*

Organizational Background

Good Samaritan Hospital

For more than 110 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 12 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.

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 100 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.

Vincennes Orthopedics moved to a newly renovated space on the first floor of the Health Pavilion.

Groundbreaking began for Charles C. Hedde M.D. Health Education Center in 2020, and the grand opening was held in 2021.

Since its opening in 1908, the Hospital’s single building has become many things to respond to the community’s changing medical needs and the area’s growth. But one thing has never changed — the Hospital’s mission to serve. It is put into action every day by dedicated health-care professionals, employees, and volunteers.

Services

Behavioral Health
Breast Care
Cancer Care
Cardiology
Colonoscopy
Community Health Services
Convenient Care
Diabetes
Digestive Gastroenterology
Ear, Nose, Throat
Emergency Department
Emergency Medical Services

Home Care
Hospice
Individual Membership Program
Industrial Health
Laboratory
Lung Screenings
Neurology
Obstetrics & Gynecology
Occupational Health & Acute Care Clinic
Occupational Therapy
Orthopedic Surgery
Orthopedics
Physical Therapy
Podiatry

Primary Care
Radiation Oncology
Radiology
Rehabilitation
Respiratory / Pulmonology
Skin Spa
Sleep Disorders
Speech Therapy
Sports Performance
Stroke Services
Surgery
Trauma
Urology
Vascular / Thoracic
Vein Treatment
Weight Loss
Wound Care

Service Area & Community

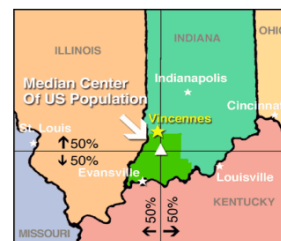
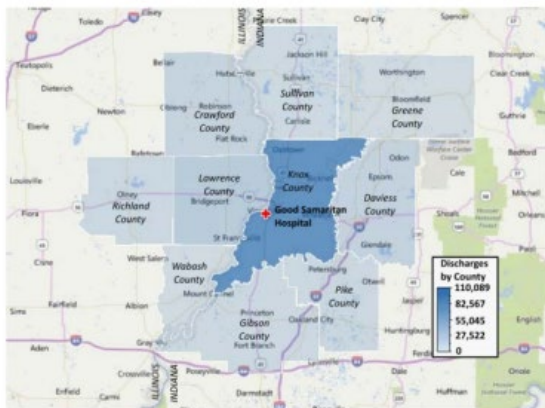
The CHNA was conducted by Good Samaritan Hospital during 2022 on behalf of the approximately 35,956 residents of Knox County which covers approximately 516 square miles. The Hospital also serves the patients from neighboring communities and provides services to members of the bordering counties of Daviess (33,277), Gibson (33,711), Greene (32,174), Martin (10,079), Pike (12,364) and Sullivan (20,647) and the Illinois counties of Crawford (18,833), Lawrence (15,830), Richland (15,677), and Wabash (11,390). The total population of Knox County and the 11-county service area is just over 239,000 (239,766).

The median age in Knox County is 39.2 (38.1 in the United States). The number of persons per household in Knox County is 2.28 (2.53 in the U.S.). Race in Knox County is as follows: 91.9% Non-Hispanic White, 2.9% Black or African American, 0.4% American Indian, 1.0% Asian, 0.0% Pacific Islander, and 2.6% of the population were Hispanic or Latino of any race.

In Knox County there is one primary care doctor to 1,220 residents (1,220:1) which is less (lower is better) than the Indiana average of 1,490:1. The overall health ranking for Knox County is 80 out of 92 with the overall state ranking at 35 out of 50 states.

The defined communities served within this report did not exclude the medically underserved, low-income, or minority populations who live in the below geographic areas. In addition, the report did not exclude patients based on whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy.

Service Area Maps



Conducting the Assessment

Overview

Good Samaritan engaged Blue & Co., LLC (“Blue”) to assist the health system 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 tax consulting and compliance to the health care industry, among other services. Good Samaritan Health provided all the financial support for the assessment process.

The CHNA requirements were effective starting taxable years beginning after March 23, 2010. 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. Good Samaritan is licensed by the Indiana State Department of Health as a hospital facility. The hospital is also accredited by the Joint Commission and Medicare Certified.

The assessment was developed to identify the significant health needs in the community and gaps that may exist in the services provided. It was also developed to provide the community with information to assess essential health care, preventive care, health education, and treatment services. This endeavor represents Good Samaritan’s efforts to share information that can lead to improved health care 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 2019 Community Health Needs Assessment

The list below provides some of the identified needs from Good Samaritan’s 2019 Community Health Needs Assessment (CHNA). An evaluation of the impact of actions taken since Good Samaritan finished conducting its last CHNA to address the significant health needs identified. Some of the results and activities are listed below.

2019 CHNA Focus Area’s

Increasing substance abuse prevention, treatment, and educational awareness
Initiatives
Through the Certified Community Behavioral Health Clinic (“CCBHC”) grant with our Samaritan Center, a Partial Hospitalization Program was started in 2020.
The Partial Hospitalization Program (“PHP”) is an outpatient treatment program designed to treat individuals that are misusing substances who require a higher level of care than the standard outpatient services, but do not meet the criteria for hospitalization.
Increasing primary care physicians (Internal Medicine and Pediatrics) and specialty physicians
Initiatives
Good Samaritan partnered with Indiana University Health (“IU Health”) and other local hospitals to become a teaching site for Internal Medicine Residents. The first class of Residents began July 1, 2020. We just welcomed our 3rd class of Residents in July 2022 for a total of 56 Residents shared between Good Samaritan and St. Vincent Evansville.
Improving Affordable Healthcare
Initiatives
Good Samaritan Family Health Center was converted to a Federally Qualified Health Center (“FQHC”) to provide affordable primary care options to our community.
Increasing the number of mental healthcare providers and professionals in the community
Initiatives
In addition to our Internal Medicine Resident partnership with Indiana University, Good Samaritan has also become a teaching facility for Psychiatry Residents. We just welcome our 3rd class of Psychiatry Residents and have extended an offer to two Residents to join our team permanently upon completion of their Residency.
Expanding transportation services to/from treatment services
Initiatives
Good Samaritan continues to partner with the YMCA's VanGo public transportation program. Good Samaritan also took over the county ambulance service 7/1/22. This has allowed us the opportunity to better control and assist with patient transports.

Process and Methodology

Documenting the health care needs of a community allows health care 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 used an assessment process focused on collection of primary and secondary data sources to identify key areas of concern.

Blue and Good Samaritan developed interview questions and an online survey to gather information from key stakeholders in the community. Blue then conducted the interviews with community leaders as well as input from members of the Good Samaritan Health's medical staff. The community outreach data collection strategy was targeted at engaging a cross-section of residents from the community as outlined below. Once data had been collected and analyzed, meetings with Good Samaritan Health's leadership were held to discuss key findings as well as refine and prioritize the comprehensive list of community needs, services, and potential gaps.

Note that although the survey may not reflect individuals unable to complete an online survey, interviews were completed with community leaders that reflect the local community and speak to the needs of that population.

Primary Data Collection Methods

The primary data was collected, analyzed, and presented with the assistance of Blue.

Two primary data collection methods were used:

- 1) Surveys
- 2) Personal interviews

Surveys

An online survey was developed by Good Samaritan and Blue and used as a method to solicit perceptions, insights, and general understanding from community members who represent the broad interests of the community, including those with special knowledge of or expertise in public health. These individuals also represented the interests of the medically underserved, low-income, and minority populations of the community served.

The survey comprised of twenty-eight questions in total. Key questions asked community leaders to identify the top three most significant health needs in the community; they were asked about their perception of the availability, health status, mental health barriers, impact of COVID-19, and barriers that exist. Additionally, the participants were given the opportunity to write in other concerns not addressed and how COVID-19 has impacted the way they receive care. The results of the survey can be found in the Key Findings section of the report.

Personal Interviews

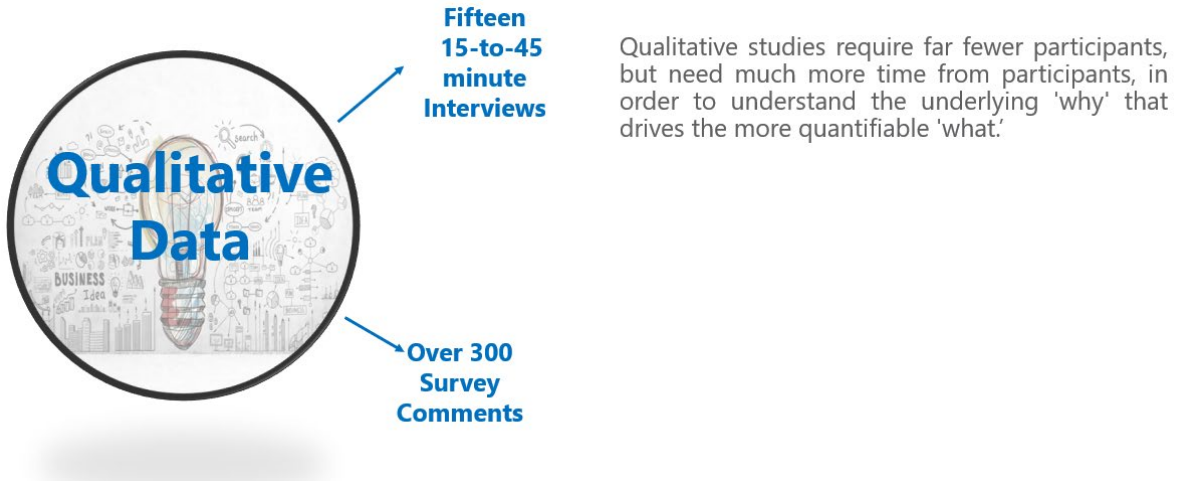
Personal interviews were conducted by Blue with approximately 22 participants during July and August of 2022, with each session lasting approximately 15-45 minutes. These sessions were conducted with community members served by Good Samaritan Hospital including, local non-profits, local school officials, faith-based institutions, elected officials, local state and county health officials and local law officials. The primary objective was to solicit perceptions regarding health needs and services offered in the community, along with any opportunities or barriers. The interview questions can be found in [Attachment F](#) of the report.

Secondary Data Sources

Blue reviewed secondary statistical data sources, including Deloitte 2020 Survey of Health Care Consumers in the United States, to identify health factors with strategic implications. The health factors identified were supported with information from additional sources, including U.S. Census Quick Facts, County Health Rankings, and the Indiana Department of Health (citations in [Attachment G](#)).

Key Findings

The following represents key findings generated from the data collection and analysis process:



Note: Surveys were distributed widely through a variety of channels including Good Samaritan's Website, Good Samaritan's social media, Council Members, social media and E-News, Neighborhood Associations, Non-Profit Agencies and Businesses, interview participants and those contacted for interview requests.

Personal Interview Results

Responses to

“Rating the Health and Quality of Life in Knox County (from -1-5) with 1 being poor and 5 being excellent”

All participants average Score: 3.29

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/Improved/Same	Percent of Total
Declined	19%
Improved	38%
Same	44%

Reasons and other factors that have contributed to the above responses:

Category	Percent of Total
Socioeconomic Factors	56%
Health Insurance Coverage	19%
Lack of Knowledge of services available / Not seeking out services	19%
Substance abuse impacting quality of life	19%
Affordability of Care	13%
Lack of Reliable and/or Affordable Transportation	31%
Poor Lifestyle Habits	13%
Brain Drain: Migration of educated people from our County	13%
Food Insecurity	13%
High Deductible Health Plans impacting Affordability of Care	6%
Lack of Testing Options	6%
Hospital did amazing work during the pandemic (to prevent health from declining overall) such as administering vaccines	6%
Lack of Parenting Skills, Generational Upbringing	6%
Overeating	6%
Opioids	6%
Patient Access due to Employed Physician Model, >1 month to see MD	6%
Lack of Access to Care	6%
COVID-19 impacting Mental Health	6%
COVID-19 (in general)	6%

COVID-19 stalled healthy lifestyle efforts.	6%
COVID-19 created shortage of primary care professionals and RNS in the community.	6%
COVID-19 fragmented community organizations and churches, and communication of available services.	6%
Hopelessness and Helplessness	6%
Technology has contributed to young people not being taught to ask for help	6%
State is one of the highest for Smoking Rates in the Country	6%
Language barrier for seasonal agricultural workers	6%
Small, rural, farming community does not have the same problems as big cities (reason for staying same, not declining)	6%

Responses to “What are the reasons that some groups of people may/may not have a better health/quality of life here in Knox County?”

Category	Percent of Total
Low Income	69%
Homeless	31%
Senior Citizens	6%
Veterans	6%
Service Workers	6%
Substance Abusers	13%
Uninsured (i.e., not Medicare nor Medicaid eligible, no employer insurance)	6%
Educationally Disadvantaged	6%

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

Category	Percent of Total
Promote awareness of services available. <i>See WabashValleyConnect.org for low-cost services available.</i>	31%
Promote healthy living	6%
More testing options	6%
Tort Reform - would make this a more attractive place for doctors to practice	6%
Stricter enforcement of laws	6%
Better education	6%
More affordable and accessible facilities and staffing for elderly	6%
Recruitment of doctors; Reduce burden of on-call frequency	6%
Recruitment of social workers, psychologists, and retention of entry-level case managers	13%
Grants for inmates with substance abuse problems	6%
Faith-based groups and hospital offer assistance to those getting out of jail who have addiction and mental health issues.	6%
Higher health insurance premiums for tobacco users	6%
Change how we see people	6%

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

Category	Percent of Total
Substance Abuse	44%
Mental Health	31%
Cancer	13%
Obesity	19%
Homelessness	13%
Opioids	6%
Food Insecurity	6%
Lack of Walkability of our City	6%
Black Lung from Coal Mining	6%
Physician Shortage	6%
Care for Elderly	6%
Tobacco Use	6%
Cardiovascular Disease	6%

Responses to “Has access to health improved in last few years?”

Yes/No/Other	Percent of Total
Yes	63%
Yes, but not sure if it is improved for those of lower socioeconomic status.	6%
Not Sure	13%
No	19%

Responses to “Are you familiar with the outreach efforts of Good Samaritan regarding Heart Disease, Cancer, and Stroke?”

Yes/No	Percent of Total
Yes	81%
Yes, but there is not good buy-in from people	6%
Somewhat familiar	6%
Not sure / Not familiar	6%

Responses to “What insights and observations do you have in regard to health behaviors in the community surrounding obesity, physical inactivity, drug abuse, and tobacco use?”

Category	Percent of Total
Obesity improved	19%
Obesity stayed the same	38%
Obesity is worse	6%
Interviewee did not indicate or Not Sure	38%
Drug abuse improved	38%
Drug abuse stayed the same	13%
Drug abuse is worse	19%
Interviewee did not indicate or Not Sure	31%
Tobacco use improved	25%
Tobacco use stayed the same	25%
Tobacco use is worse	6%
Interviewee did not indicate or Not Sure	44%

“What is the most important issue Good Samaritan should address in next 3-5 years?”

Category	Percent of Total
Mental Health	44%
Obesity, Food Availability, Food Education	13%
Cardiovascular Disease	6%
Expansion / Growth of County	6%
Telemedicine to reduce ER visits	6%
Recruiting a Heart Surgery Team	6%
Substance Abuse	6%
Confusing Medical Bills from many entities	6%
Cost of Healthcare and Access to Healthcare	6%
Inclusion and outreach to lower socioeconomic classes.	6%
Not sure	6%

Community Survey Results

Q1: What is your sex?

Answered: 378 Skipped: 0

ANSWER CHOICES	RESPONSES	
Male	20.63%	78
Female	78.84%	298
I prefer not to say	0.53%	2
Other	0%	0
TOTAL		378

Q2: What age range do you fall under?

Answered: 378 Skipped: 0

ANSWER CHOICES	RESPONSES	
Under 20	0.26%	1
21-30	11.38%	43
31-40	18.78%	71
41-50	17.99%	68
51-60	21.69%	82
61-70	20.11%	76
71 or Order	9.79%	37
TOTAL		378

Q3: What is your race?

Answered: 378 Skipped: 0

ANSWER CHOICES	RESPONSES	
White or Caucasian	95.77%	362
Black or African American	0.26%	1
Hispanic or Latino	1.32%	5
Asian (Indian, Japanese, Chinese, Korean, Vietnamese, Filipino)	0.26%	1
Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro)	0%	0
I prefer not to say	1.85%	7
Other (please specify)	0.53%	2
TOTAL		378

Q4: What is your highest level of education?

Answered: 378 Skipped: 0

ANSWER CHOICES	RESPONSES	
Less than high school	0.53%	2
Some high school	0.26%	1
High school degree (or GED/equivalent)	7.94%	30
Some college (no degree)	18.25%	69
Associate's degree	20.90%	79
Bachelor's degree	24.87%	94
Graduate or professional degree	25.13%	95
Other (please specify)	2.12%	8
TOTAL		378

Q5: What was your total income last year, before taxes?

Answered: 378 Skipped: 0

ANSWER CHOICES	RESPONSES	
Less than \$20,000	6.08%	23
\$20,001 - \$40,000	23.81%	90
\$40,001 - \$60,000	23.28%	88
\$60,001 - \$80,000	17.46%	66
\$80,001 - \$100,000	9.79%	37
Over \$100,000	19.58%	74
TOTAL		378

Q6: How many people live in your home?

Answered: 378 Skipped: 0

ANSWER CHOICES	RESPONSES	
2 or less	52.38%	198
2 to 4	38.89%	147
More than 4	8.73%	33
TOTAL		378




Q7: What is your job status?

Answered: 378 Skipped: 0

ANSWER CHOICES	RESPONSES	
Full-time	77.25%	292
Part-time	4.23%	16
Unemployed	0.79%	3
Homemaker	1.32%	5
Retired	12.70%	48
Disabled	2.38%	9
Student	0.79%	3
Armed Forces	0.26%	1
Other (please specify)	0.26%	1
TOTAL		378




Q8: Please identify the three most important health issues in our community. Please only select 3.

Answered: 348 Skipped: 30

ANSWER CHOICES	RESPONSES	
Aging issues, such as Alzheimer's disease, hearing loss or memory loss	23.28%	81
Cancer	38.51% 	134
Chronic Pain	10.34%	36
Dental health (including tooth pain)	6.90%	24
Diabetes	25.00%	87
Early sexual activity	7.18%	25
Heart disease/Heart attack	22.41%	78
HIV/AIDS	0.29%	1
Infectious/contagious disease, such as Covid, Flu, Pneumonia	16.38%	57
Injuries	4.89%	17
Lung disease (Asthma, COPD)	4.60%	16
Childhood Asthma	0.29%	1
Mental health issues such as depression, hopelessness, anger, etc	60.92% 	212
Obesity/overweight	50.0% 	174
Sexually transmitted infections	0.86%	3
Stroke	5.17%	18
High blood pressure	16.38%	57
Arthritis	3.16%	11
Other (please specify)	7.18%	25
TOTAL		1057

Q9: Please identify the three most important unhealthy behaviors in our community. Please only select 3.

Answered: 344 Skipped: 34

ANSWER CHOICES	RESPONSES	
Angry behavior/violence	20.93%	72
Alcohol abuse	35.76% 	123
Child abuse	17.44%	60
Domestic violence	16.57%	57
Drug abuse	75.29% 	259
Prescription drug abuse	20.93%	72
Elder abuse (physical, emotional, financial, sexual)	2.03%	7
Lack of exercise	32.27%	111
Not able to get a routine checkup	6.10%	21
Poor eating habits	42.44% 	146
Reckless driving	2.03%	7
Risky sexual behavior	3.78%	13
Smoking	29.36%	101
Other (please specify)	2.03%	7
TOTAL		1056

Q10: Please identify the three (3) most important factors that impact your well-being in our community. Only select 3.

Answered: 349 Skipped: 29

ANSWER CHOICES	RESPONSES	
Angry behavior/violence	23.50%	82
Alcohol abuse	19.77%	69
Child abuse	8.88%	31
Domestic violence	4.58%	16
Drug abuse	37.82%	132
Prescription drug abuse	11.75%	41
Elder abuse (physical, emotional, financial, sexual)	4.30%	15
Lack of exercise	51.00%	178
Not able to get a routine checkup	9.74%	34
Poor eating habits	53.87%	188
Reckless driving	11.75%	41
Risky sexual behavior	1.72%	6
Smoking	17.48%	61
Other (please specify)	14.61%	51
TOTAL		945

Q11: When you get sick, where do you go?

Answered: 341 Skipped: 37

ANSWER CHOICES	RESPONSES	
Clinic/doctor's office	76.25%	260
Urgent care	9.97%	34
Emergency Department (ER)	2.35%	8
Health department	0.88%	3
I don't seek medical attention	7.92%	27
Other (please specify)	2.64%	9
TOTAL		341

Q12: How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

Answered: 341 Skipped: 37

ANSWER CHOICES	RESPONSES	
Within the last year	67.74%	231
1-2 years ago	19.35%	66
3-5 years ago	5.87%	20
More than 5 years ago	4.99%	17
I have never been to a doctor for a checkup	2.05%	7
TOTAL		341

Q13: In the last year, was there a time when you needed medical care but were not able to get it?

Answered: 341 Skipped: 37

ANSWER CHOICES	RESPONSES	
Yes	17.01%	58
No	82.99%	283
TOTAL		341

Q14: If you answered "yes" to the previous question, why weren't you able to get medical care? Choose all that apply.

Answered: 65 Skipped: 313

ANSWER CHOICES	RESPONSES	
I didn't have health insurance	12.31%	8
I couldn't afford to pay my co-pay or deductible	21.54%	14
I didn't have any way to get to the doctor	7.69%	5
The doctor or clinic did not take my insurance or Medicaid	4.62%	3
I didn't know how to find a doctor	3.08%	2
Fear	6.15%	4
Too long to wait for appointment	43.08%	28
Doctor was not taking new patients	10.77%	7
Concerns about being exposed to Covid	7.69%	5
I do not trust healthcare providers	6.15%	4
My job did not allow me to take time off work during the hours the medical provider was open	12.31%	8
Other (please specify)	26.15%	17
TOTAL		105

Q15: In the last year, was there a time you needed mental health counseling but was unable to get the help I needed?

Answered: 341 Skipped: 37

ANSWER CHOICES	RESPONSES	
Yes	18.48%	63
No	81.52%	278
TOTAL		341

Q16: If you answered "yes" to the previous question, why weren't you able to get mental health counseling? Choose all that apply.

Answered: 70 Skipped: 308

ANSWER CHOICES	RESPONSES	
I didn't have insurance	8.57%	6
I couldn't afford to pay my co-pay or deductible	18.57%	13
I didn't have any way to get to a counselor	1.43%	1
The counselor did not take my insurance or Medicaid	5.71%	4
I didn't know how to find a counselor	24.29%	17
Too long to wait for an appointment	54.29%	38
Fear	17.14%	12
Embarrassment	17.14%	12
Other (please specify)	20.0%	14
TOTAL		117

Q17: In the last week, did you participate in deliberate exercise, (such as, jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes or more?

Answered: 338 Skipped: 40

ANSWER CHOICES	RESPONSES	
Yes	50.30%	170
No	49.70%	168
TOTAL		338

Q18: On a typical day, how many servings of fruits and/or vegetables do you have?

Answered: 338 Skipped: 40

ANSWER CHOICES	RESPONSES	
None	7.40%	25
1 to 2	63.31%	214
3 to 5	26.92%	91
More than 5	2.37%	8
TOTAL		338

Q19: On a typical day, how often do you smoke or chew tobacco product (either actual or electronic/vapor)?

Answered: 338 Skipped: 40

ANSWER CHOICES	RESPONSES	
None	88.46%	299
1 to 4	4.14%	14
5 to 8	2.96%	10
9 to 12	2.07%	7
More than 12	2.37%	8
TOTAL		338

Q20: Where do you get most of your medical information?

Answered: 338 Skipped: 40

ANSWER CHOICES	RESPONSES	
Doctor/physician	58.88%	199
Friends/family	1.48%	5
Internet search	26.63%	90
Pharmacy	2.96%	10
Nurse or other medical professional in the community (church, social groups, etc.)	6.80%	23
Other (please specify)	3.25%	11
TOTAL		338

Q21: Do you have a family doctor?

Answered: 334 Skipped: 44

ANSWER CHOICES	RESPONSES	
Yes	88.32%	295
No	11.68%	39
TOTAL		334

Q22: Overall, my physical health is:

Answered: 334 Skipped: 44

ANSWER CHOICES	RESPONSES	
Good	47.31%	158
Average	44.31%	148
Poor	8.38%	28
TOTAL		334

Q23: Overall, my mental health is:

Answered: 334 Skipped: 44

ANSWER CHOICES	RESPONSES	
Good	52.10%	174
Average	40.12%	134
Poor	7.78%	26
TOTAL		334

Q24: In the past two years, has Covid impacted the way you get your healthcare?

Answered: 334 Skipped: 44

ANSWER CHOICES	RESPONSES	
Yes	32.04%	107
No	67.96%	227
TOTAL		334

National Health Care Trends

National Health Care Trends Synopsis

Health care spending continues to slowly grow at the national level each year. The following data describes the recent trends in national health care and was obtained from the Centers for Medicare & Medicaid Services (CMS) and the American Health Rankings. For a full report, please see **Attachment H: [National Health Care Trends](#)**.

CMS 2021-30 Health Expenditures

Major Findings for National Health Expenditure Projection: 2021-2030

- On average over 2021-30, National Health Expenditures (“NHE”) and Gross Domestic Product (“GDP”) are both projected to grow 5.1% per year; as a result, the projected NHE share of GDP in 2030 (19.6%) is similar to 2020 (19.7%).
- Near-term NHE patterns are significantly influenced by the COVID-19 pandemic. NHE growth in 2021 is projected to have slowed to 4.2% (down from 9.7% growth in 2020) as federal COVID-19 supplemental funding declined substantially.
- Following the declines observed in 2020, health care utilization is expected to rebound starting in 2021 and normalize through 2024. By 2024, the government (federal and state & local) share of health spending is expected to fall to 46% as COVID-19 supplemental funding is expected to wane, down from an all-time high of 51% in 2020.
- The percentage of the population with health insurance is expected to peak in 2022 at 91.1% (mainly due to Medicaid enrollment) before falling back towards pre-pandemic levels as the public health emergency is assumed to end. The 2030 rate is projected to be 90.5%.
- For 2025-2030, factors that typically drive changes in health spending and enrollment, such as economic, demographic, and health-specific factors, are again expected to primarily influence trends in the health sector.

Source [Centers for Medicare & Medicaid](#)

2021 National Findings

The following data obtained from America's Health Rankings 2021 Edition represents the improvements and challenges in health care factors for 2021.

Social and Economic Factors

COMMUNITY AND FAMILY SAFETY

SUCCESS

Public health funding

▲ **33%**

from \$87 to \$116 per person between 2017-2018 and 2019-2020.

ECONOMIC RESOURCES

SUCCESS

Food insecurity

▼ **13%**

from 12.3% to 10.7% of households between 2015-2017 and 2018-2020.

CHALLENGE

Homeownership racial disparity

32.0 percentage point

difference in the homeownership rate between the white population (72.1%) and the Hawaiian/Pacific Islander population (40.1%) in 2019.

Behaviors

SLEEP HEALTH

SUCCESS

Insufficient sleep

▼ **6%**

from 34.5% to 32.3% of adults between 2018 and 2020.

SMOKING AND TOBACCO USE

CHALLENGE

E-cigarette use*

▲ **13%**

from 4.6% to 5.2% of adults between 2017 and 2020.

* Data were available for 38 states in 2020. National value is the median of the 38 states with data.

Physical Environment

AIR AND WATER QUALITY

SUCCESS

Air pollution

▼ **37%**

from 13.2 to 8.3 micrograms per cubic meter between 2000-2002 and 2018-2020.

HOUSING AND TRANSIT

SUCCESS

Severe housing problems

▼ **8%**

from 18.9% to 17.3% of occupied housing units between 2009-2013 and 2014-2018.

Source: [America's Health Ranking](#)

Health Outcomes

BEHAVIORAL HEALTH

CHALLENGE

Drug deaths

▲ 4%

from 20.6 to 21.5 deaths per 100,000 population between 2018 and 2019.

SUCCESS

Excessive drinking

▼ 5%

from 18.6% to 17.6% of adults between 2019 and 2020.

SUCCESS

Frequent mental distress

▼ 4%

from 13.8% to 13.2% of adults between 2019 and 2020.

SUCCESS

Suicide

▼ 2%

from 14.8 to 14.5 deaths per 100,000 population between 2018 and 2019.

PHYSICAL HEALTH

SUCCESS

High health status

▲ 13%

from 49.7% to 56.3% of adults between 2019 and 2020.

SUCCESS

Multiple chronic conditions

▼ 4%

from 9.5% to 9.1% of adults between 2019 and 2020.

Source: [America's Health Ranking](#)

Clinical Care

PREVENTIVE CLINICAL SERVICES

CHALLENGE

Dental visit

▼ **1%**

from 67.6% to 66.7% of adults between 2018 and 2020.

SUCCESS

Flu vaccination

▲ **8%**

from 43.7% to 47.0% of adults between 2019 and 2020.

ACCESS TO CARE

SUCCESS

Avoided care due to cost

▼ **22%**

from 12.6% to 9.8% of adults between 2019 and 2020.

SUCCESS

Mental health providers

▲ **6%**

from 268.6 to 284.3 providers per 100,000 population between 2020 and 2021.

SUCCESS

Primary care providers

▲ **4%**

from 241.9 to 252.3 providers per 100,000 population between 2020 and 2021.

Source: [America's Health Ranking](#)

State Health Care Trends Synopsis

Indiana



35

Health Outcome State Ranking

Indiana's Health Ranking Highlights:

America's Health Ranking – Summary 2021(most current dataset):

Strengths:

- Low prevalence of non-medical drug use
- Low prevalence of high-risk HIV behaviors
- Low percentage of severe housing problems

Challenges:

- High prevalence of frequent mental distress
- High prevalence of obesity
- High prevalence of cigarette smoking

FREQUENT PHYSICAL DISTRESS

▼22%

from 13.8% to 10.8% of adults between 2019 and 2020

OBSESITY

▲18%

from 31.3% to 36.8% of adults between 2015 and 2020

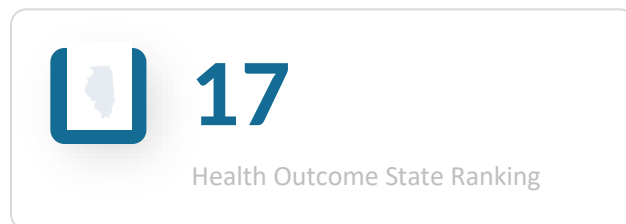
ADULTS WHO AVOIDED CARE DUE TO COST

▼17%

from 12.6% to 10.4% between 2019 and 2020

Source: [America's Health Ranking](#)

Illinois



Illinois Health Ranking Highlights:

America’s Health Ranking – Summary 2021(most current dataset):

Strengths:

- Low prevalence of excessive drinking
- Low prevalence of frequent mental distress
- Low prevalence of two or more adverse childhood experiences

Challenges:

- High racial disparity in low birthweight
- High incidence of chlamydia
- High preventable hospitalization rate

PUBLIC HEALTH FUNDING

▲49%

from \$73 to \$109 per person between 2017-2018 and 2019-2020

CHLAMYDIA

▲29%

from 495.5 to 639.3 cases per 100,000 population between 2013 and 2019

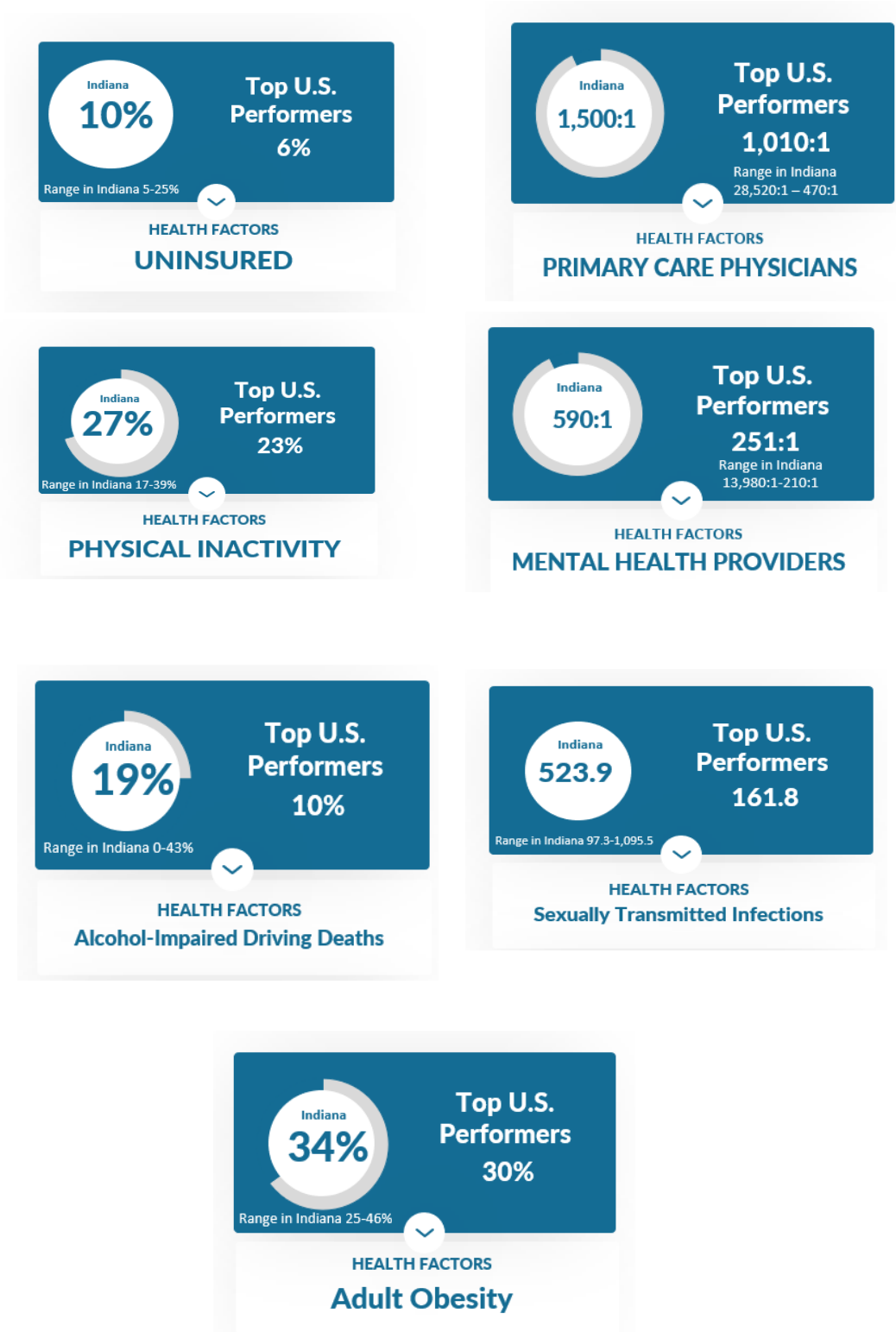
FLU VACCINATION

▲27%

from 38.8% to 49.4% of adults between 2019 and 2020

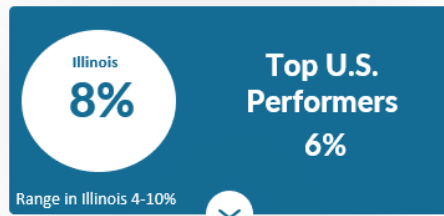
Source: [America’s Health Ranking](#)

2022 Indiana Highlights



Source: [America's Health Ranking](#)

2022 Illinois Highlights



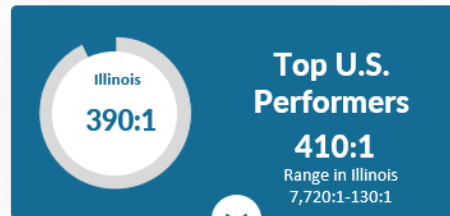
HEALTH FACTORS
UNINSURED



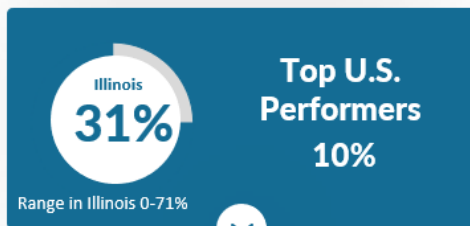
HEALTH FACTORS
PRIMARY CARE PHYSICIANS



HEALTH FACTORS
PHYSICAL INACTIVITY



HEALTH FACTORS
MENTAL HEALTH PROVIDERS



HEALTH FACTORS
Alcohol-Impaired Driving Deaths



HEALTH FACTORS
Sexually Transmitted Infections



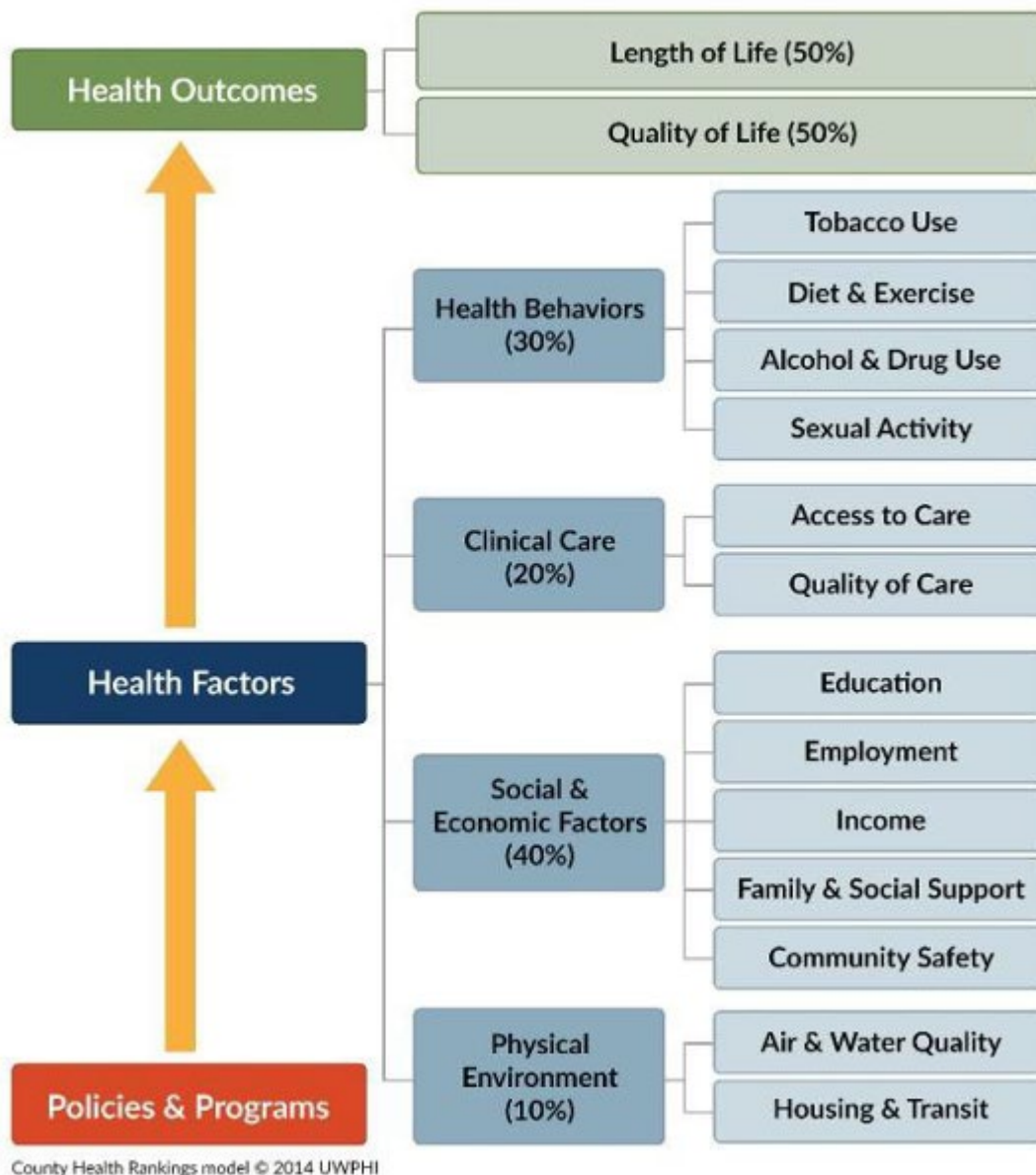
HEALTH FACTORS
Adult Obesity

2022 County Health Outcomes & Factors Rankings

What are County Health Rankings?

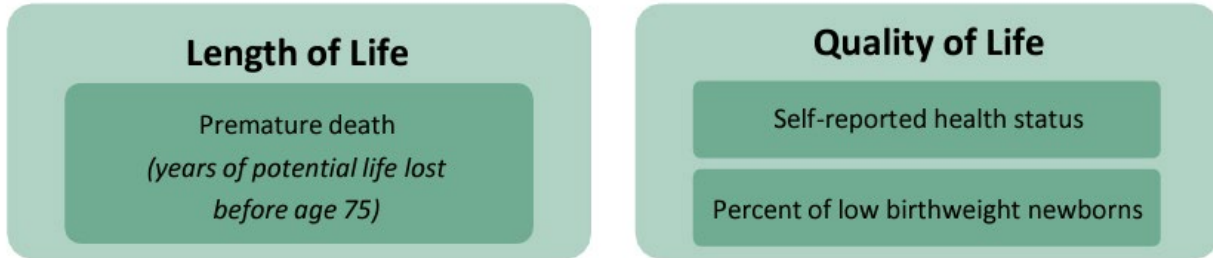
The Rankings help us understand what influences how long and how well we live. They provide measures of the current overall health (health outcomes) of each county in all 50 states and the District of Columbia. Rankings data include a variety of measures, such as high school graduation rates, access to nutritious foods, and the percent of children living in poverty, all of which impact the future health of communities (health factors).

Below are the county health rankings [model](#):

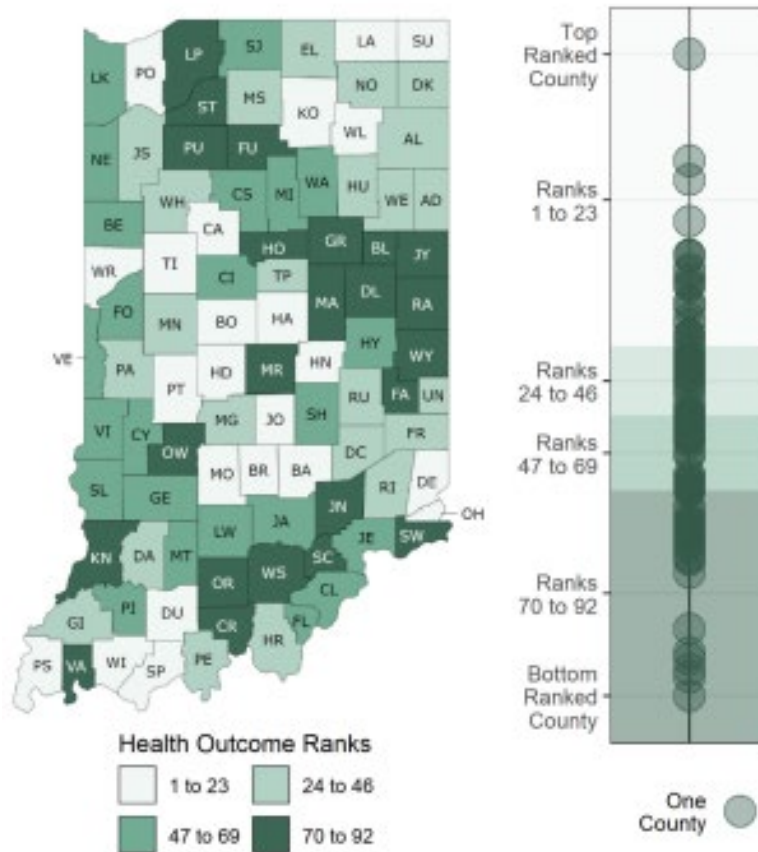


2022 Indiana Health Outcomes Map by County

Health outcomes measure length and quality of life to understand the health outcomes among counties in Indiana.

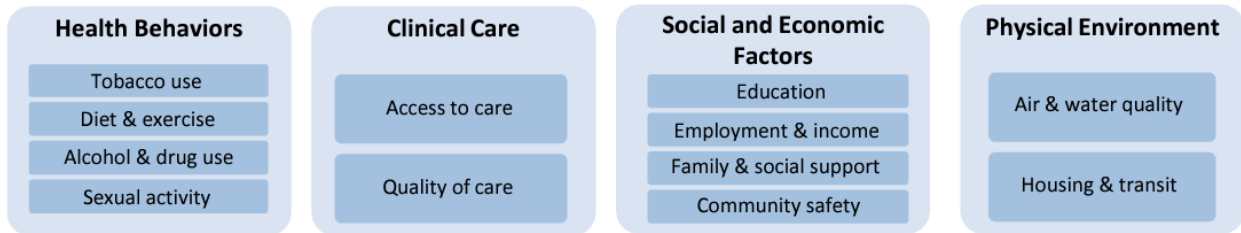


The green map shows Indiana’s health outcome rankings by county. The map is divided into four quartiles with less color intensity indicating better health outcomes.

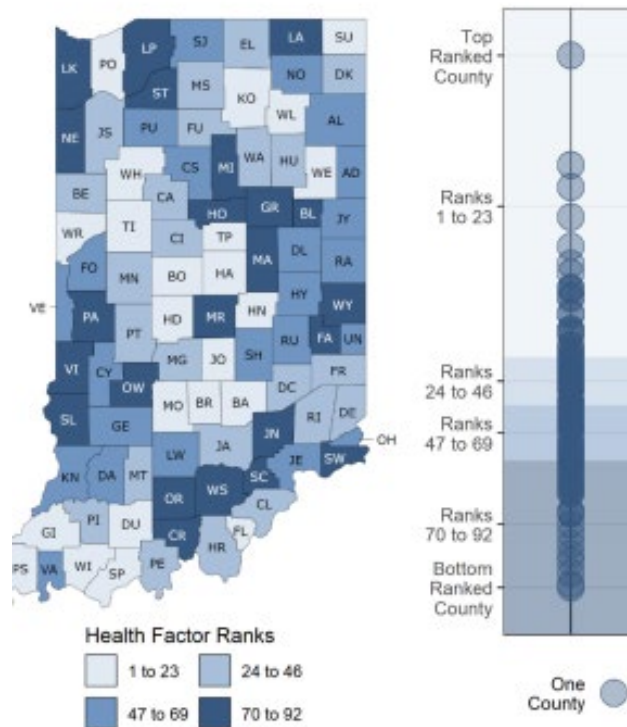


2022 Indiana Health Factors Map by County

Health factors represent community conditions that we can change to improve health and opportunity, such as access to quality education, living wage jobs, quality clinical care, nutritious foods, green spaces, and secure and affordable housing. We measure four health factor areas.



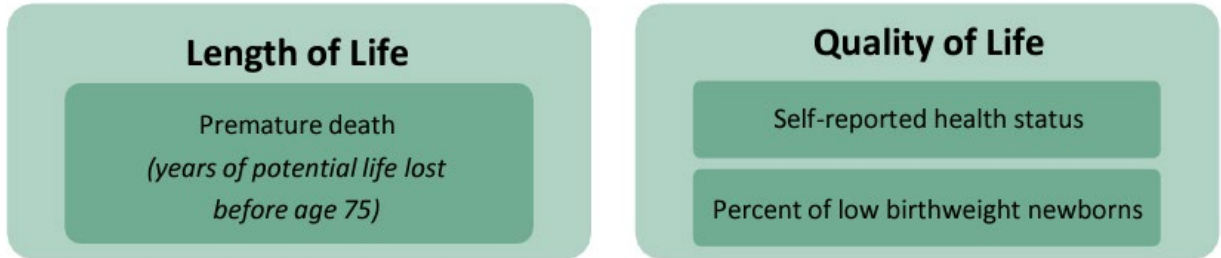
The blue map shows Indiana’s health factor rankings by county. The map is divided into four quartiles with less color intensity indicating better health factors.



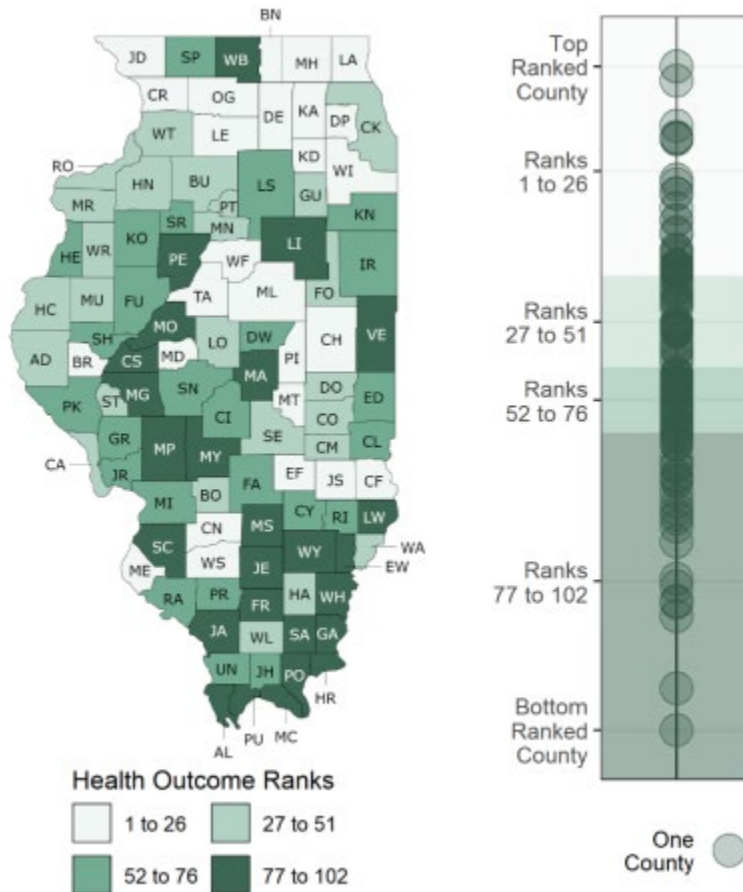
For other health factors map go to [Attachment D](#)

2022 Illinois Health Outcomes Map by County

Health outcomes measure length and quality of life to understand the health outcomes among counties in Illinois.

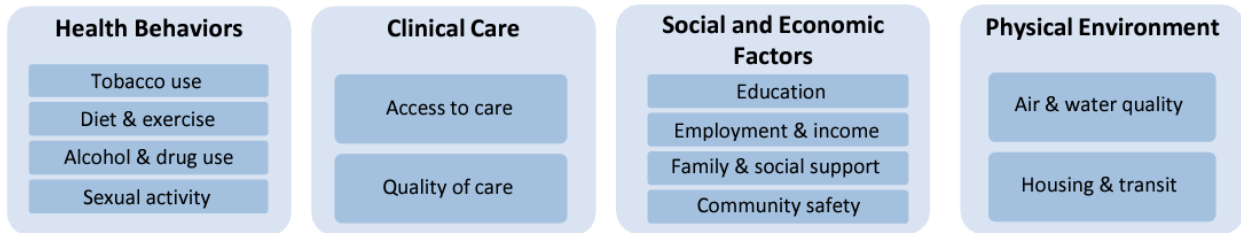


The green map shows Illinois health outcome rankings by county. The map is divided into four quartiles with less color intensity indicating better health outcomes.

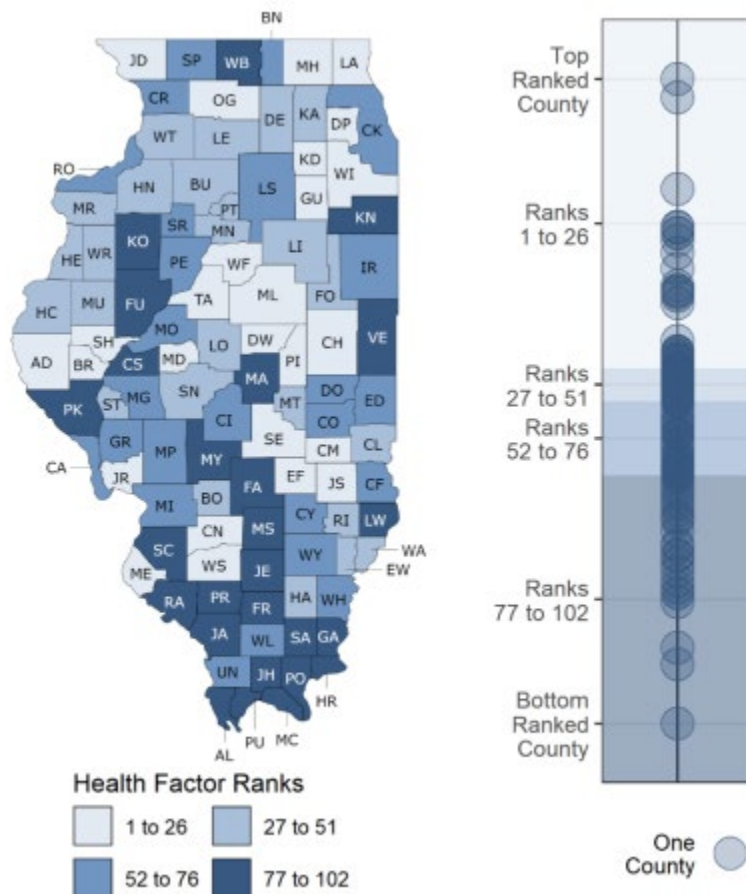


2022 Illinois Health Factors Map by County

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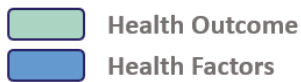


The blue map shows Illinois health factor rankings by county. The map is divided into four quartiles with less color intensity indicating better health factors.



Health Status Synopsis

The following represents where each county falls compared to other counties in Indiana.



Source: [America's Health Ranking](#)

2022 County Health Rankings for the 92 Ranked Counties in Indiana

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	44	64	Franklin	40	25	Lawrence	53	49	Rush	37	58
Allen	46	48	Fulton	77	42	Madison	75	81	Scott	90	89
Bartholomew	17	13	Gibson	32	20	Marion	82	79	Shelby	49	55
Benton	48	36	Grant	89	71	Marshall	25	43	Spencer	22	12
Blackford	83	72	Greene	62	61	Martin	56	38	St. Joseph	51	60
Boone	3	2	Hamilton	1	1	Miami	63	84	Starke	85	86
Brown	23	19	Hancock	4	5	Monroe	11	9	Steuben	14	22
Carroll	10	29	Harrison	42	32	Montgomery	31	31	Sullivan	59	75
Cass	67	62	Hendricks	2	3	Morgan	41	30	Switzerland	88	91
Clark	65	33	Henry	68	47	Newton	47	78	Tippecanoe	12	14
Clay	60	54	Howard	79	74	Noble	38	63	Tipton	29	10
Clinton	55	34	Huntington	39	24	Ohio	13	51	Union	45	57
Crawford	92	87	Jackson	54	46	Orange	74	88	Vanderburgh	71	56
Daviess	36	69	Jasper	26	45	Owen	73	73	Vermillion	66	68
Dearborn	19	26	Jay	81	66	Parke	24	76	Vigo	69	85
Decatur	35	37	Jefferson	58	59	Perry	34	40	Wabash	57	39
DeKalb	33	27	Jennings	76	80	Pike	52	35	Warren	7	16
Delaware	86	65	Johnson	6	7	Porter	9	15	Warrick	8	4
Dubois	5	6	Knox	80	52	Posey	16	11	Washington	70	70
Elkhart	27	44	Kosciusko	21	21	Pulaski	84	53	Wayne	87	77
Fayette	91	92	LaGrange	20	82	Putnam	18	28	Wells	30	18
Floyd	50	23	Lake	64	90	Randolph	78	67	White	43	17
Fountain	61	50	LaPorte	72	83	Ripley	28	41	Whitley	15	8

For more information on how these ranks are calculated, view the technical notes at the end of this report and visit www.countyhealthrankings.org

Source: [County Health Rankings](http://www.countyhealthrankings.org)

Health Outcome
 Health Factors

Knox County’s Health Outcomes ranking is 80th in the state of Indiana, and the Health Factors ranking is 52nd in the state out of 92 counties. Out of the 92 counties in Indiana, all counties have been ranked from 1 to 92, with 1 representing the best and 92 representing the least healthy county. Good Samaritan Health’s service area counties are identified with an arrow and their state rank.

2022 County Health Rankings for the 102 Ranked Counties in Illinois

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	44	13	DuPage	1	1	Jo Daviess	17	19	McLean	15	7	Scott	39	38
Alexander	102	102	Edgar	73	76	Johnson	61	88	Menard	26	14	Shelby	33	24
Bond	43	48	Edwards	85	32	Kane	7	40	Mercer	31	29	St. Clair	92	86
Boone	16	59	Effingham	25	12	Kankakee	74	78	Monroe	6	2	Stark	52	60
Brown	12	21	Fayette	57	94	Kendall	2	6	Montgomery	89	85	Stephenson	72	61
Bureau	35	44	Ford	34	39	Knox	67	79	Morgan	80	57	Tazewell	14	11
Calhoun	47	52	Franklin	94	98	Lake	5	5	Moultrie	24	36	Union	75	72
Carroll	18	53	Fulton	64	87	LaSalle	54	70	Ogle	21	18	Vermilion	100	100
Cass	82	83	Gallatin	98	99	Lawrence	93	90	Peoria	81	65	Wabash	51	45
Champaign	22	15	Greene	59	69	Lee	20	37	Perry	53	93	Warren	40	35
Christian	68	73	Grundy	27	17	Livingston	79	46	Piatt	4	4	Washington	13	9
Clark	58	50	Hamilton	45	51	Logan	46	34	Pike	63	80	Wayne	77	71
Clay	70	68	Hancock	38	43	Macon	90	82	Pope	84	91	White	86	74
Clinton	8	10	Hardin	96	96	Macoupin	78	56	Pulaski	101	101	Whiteside	28	47
Coles	48	62	Henderson	62	30	Madison	60	55	Putnam	36	27	Will	10	16
Cook	41	66	Henry	30	33	Marion	97	89	Randolph	69	81	Williamson	50	58
Crawford	19	54	Iroquois	76	64	Marshall	49	41	Richland	55	49	Winnebago	88	95
Cumberland	32	25	Jackson	87	77	Mason	83	75	Rock Island	42	67	Woodford	9	3
De Witt	65	20	Jasper	11	26	Massac	95	92	Saline	99	97			
DeKalb	23	28	Jefferson	91	84	McDonough	37	42	Sangamon	66	31			
Douglas	29	63	Jersey	56	22	McHenry	3	8	Schuyler	71	23			

For more information on how these ranks are calculated, view the technical notes at the end of this report and visit www.countyhealthrankings.org

Source: [County Health Rankings](#)

Health Outcome
 Health Factors

Health Outcomes & Factors

Red indicates the county is doing worse than Indiana's average, green represents better.

Source: [County Health Rankings](#)

	Indiana	Knox	Davies	Gibson	Greene	Martin	Pike	Sullivan
Health Outcomes								
Length of Life								
Premature death	8,600	10,400	7,400	7,800	9,000	9,300	8,100	9,200
Quality of Life								
Poor or fair health	19%	21%	24%	19%	21%	20%	21%	21%
Poor physical health days	4.1	4.6	4.9	4.2	4.6	4.4	4.5	4.6
Poor mental health days	4.8	5.3	5.5	5.1	5.3	5.2	5.3	5.3
Low birthweight	8%	9%	6%	8%	8%	7%	8%	7%
	Indiana	Knox	Davies	Gibson	Greene	Martin	Pike	Sullivan
Health Factors								
Health Behaviors								
Adult smoking	20%	23%	25%	22%	23%	23%	23%	25%
Adult obesity	35%	39%	39%	35%	36%	35%	36%	35%
Food environment index	6.6	7.7	8.2	8.5	7.5	8	8.3	7.6
Physical inactivity	31%	33%	36%	31%	33%	32%	33%	34%
Access to exercise opportunities	68%	65%	48%	63%	39%	42%	42%	20%
Excessive drinking	18%	17%	17%	19%	18%	20%	18%	18%
Alcohol-impaired driving deaths	19%	21%	19%	15%	29%	15%	0%	19%
Sexually transmitted infections	526.3	338.9	158.9	285.2	244.3	146.3	250.2	237.1
Teen births	23	26	22	29	32	27	30	34
Clinical Care								
Uninsured	10%	9%	19%	8%	10%	9%	10%	9%
Primary care physicians	1490:01:00	1220:01:00	2220:01:00	2800:01:00	3190:01:00	5130:01:00	6190:01:00	2300:01:00
Dentists	1720:01:00	2280:01:00	3350:01:00	1880:01:00	2300:01:00	5040:01:00	12380:1	4120:01:00
Mental health providers	560:01:00	540:01:00	1240:01:00	3380:01:00	1460:01:00	5040:01:00	2480:01:00	1870:01:00
Preventable hospital stays	4,322	4,945	3,884	4,568	5,706	3,431	4,154	5,371
Mammography screening	44%	45%	43%	51%	37%	41%	40%	32%
Flu vaccinations	52%	52%	37%	59%	41%	31%	37%	49%
Health Factors								
	Indiana	Knox	Davies	Gibson	Greene	Martin	Pike	Sullivan
Social & Economic Factors								
High school completion	89%	88%	76%	92%	88%	87%	88%	88%
Some college	63%	57%	42%	62%	58%	57%	54%	48%
Unemployment	7.10%	5.90%	3.80%	6.20%	6.20%	4.20%	5.90%	7.00%
Children in poverty	15%	19%	15%	12%	16%	14%	11%	18%
Income inequality	4.3	4.5	4.9	3.8	4.1	3.9	3.7	4.3
Children in single-parent households	25%	24%	12%	24%	20%	17%	13%	23%
Social associations	12	17.2	15.6	14	13.8	14.6	16.1	10.6
Violent crime	385	109	161	115	39		58	128
Injury deaths	85	96	68	87	81	86	74	70
Physical Environment								
Air pollution - particulate matter	9.1	9.7	9.8	9.7	8.1	9.5	9.6	8.9
Drinking water violations		No	No	No	No	No	No	No
Severe housing problems	13%	12%	13%	10%	13%	9%	5%	13%
Driving alone to work	81%	86%	71%	87%	85%	81%	88%	86%
Long commute - driving alone	32%	24%	29%	29%	45%	47%	42%	36%

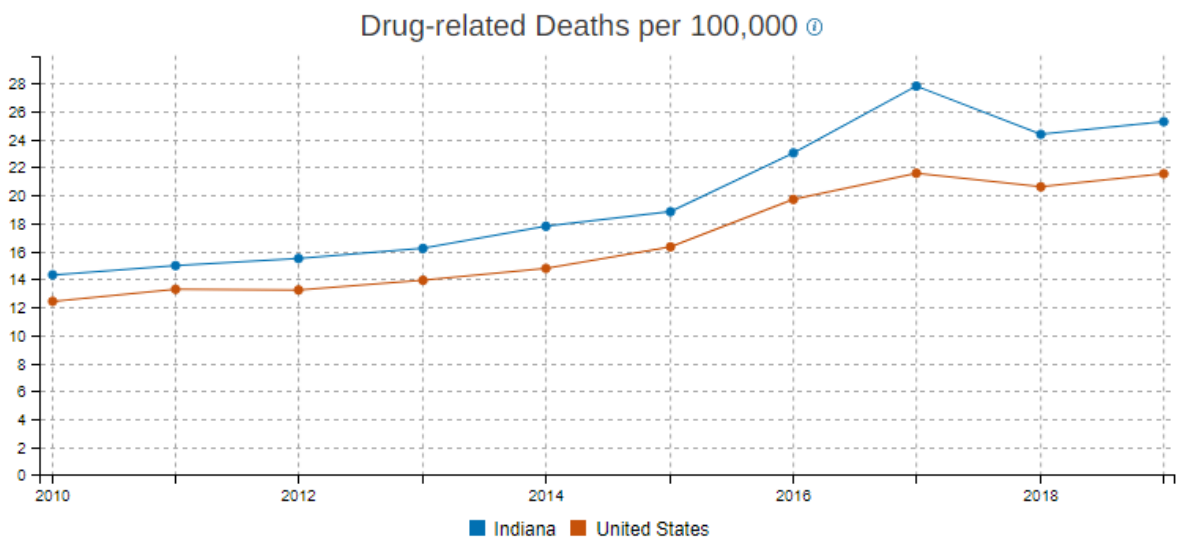
	Illinois	Crawford	Lawrence	Richland	Wabash
Health Outcomes					
Length of Life					
Premature death	7,100	5,500	9,400	8,300	7,600
Quality of Life					
Poor or fair health	17%	19%	21%	19%	18%
Poor physical health days	3.6	4.1	4.3	4.2	4
Poor mental health days	4.2	4.8	4.8	5	4.8
Low birthweight	8%	7%	10%	7%	8%
	Illinois	Crawford	Lawrence	Richland	Wabash
Health Factors					
Health Behaviors					
Adult smoking	15%	20%	22%	21%	20%
Adult obesity	32%	39%	39%	37%	36%
Food environment index	8.6	8.4	7.4	8	8.3
Physical inactivity	25%	28%	30%	28%	27%
Access to exercise opportunities	87%	54%	36%	55%	61%
Excessive drinking	23%	24%	22%	23%	23%
Alcohol-impaired driving deaths	29%	23%	24%	0%	33%
Sexually transmitted infections	639.3	192.9	204.1	251.4	269.1
Teen births	18%	27	36	32	28
Clinical Care					
Uninsured	9%	7%	7%	8%	7%
Primary care physicians	1230:01:00	1870:01:00	3920:01:00	1720:01:00	2300:01:00
Dentists	1220:01:00	2640:01:00	15470:1	3880:01:00	2240:01:00
Mental health providers	370:01:00	470:01:00	360:01:00	220:01:00	320:01:00
Preventable hospital stays	4,447	3,367	5,298	5,505	4,318
Mammography screening	44%	43%	41%	40%	43%
Flu vaccinations	49%	39%	47%	47%	38%
Health Factors					
	Illinois	Crawford	Lawrence	Richland	Wabash
Social & Economic Factors					
High school completion	90%	86%	85%	91%	92%
Some college	71%	61%	50%	68%	71%
Unemployment	9.50%	7.00%	8.70%	6.80%	8.30%
Children in poverty	14%	15%	18%	16%	14%
Income inequality	5	4.9	4.2	4.1	5
Children in single-parent households	25%	17%	24%	20%	27%
Social associations	9.9	16.1	14.7	18.7	20
Violent crime	403	289	107	334	157
Injury deaths	70	70	86	78	66
Physical Environment					
Air pollution - particulate matter	9.4	9.5	9.5	9.4	9.5
Drinking water violations		No	No	No	No
Severe housing problems	17%	11%	11%	10%	9%
Driving alone to work	72%	84%	83%	84%	85%
Long commute - driving alone	42%	15%	28%	42%	36%

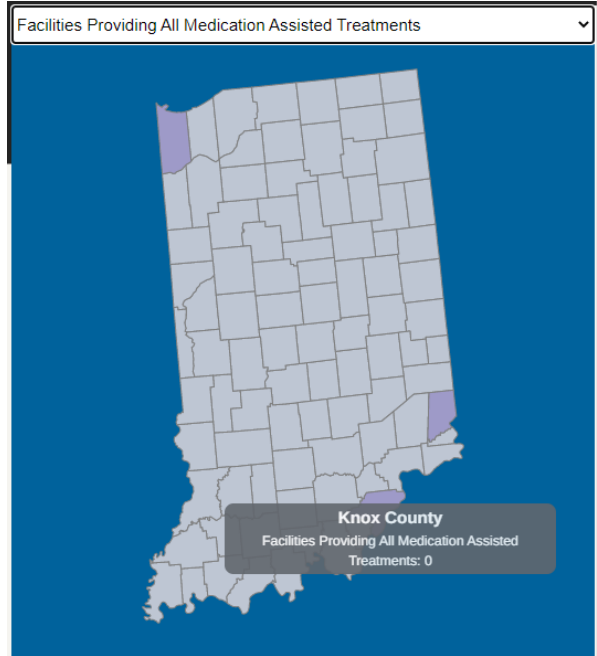
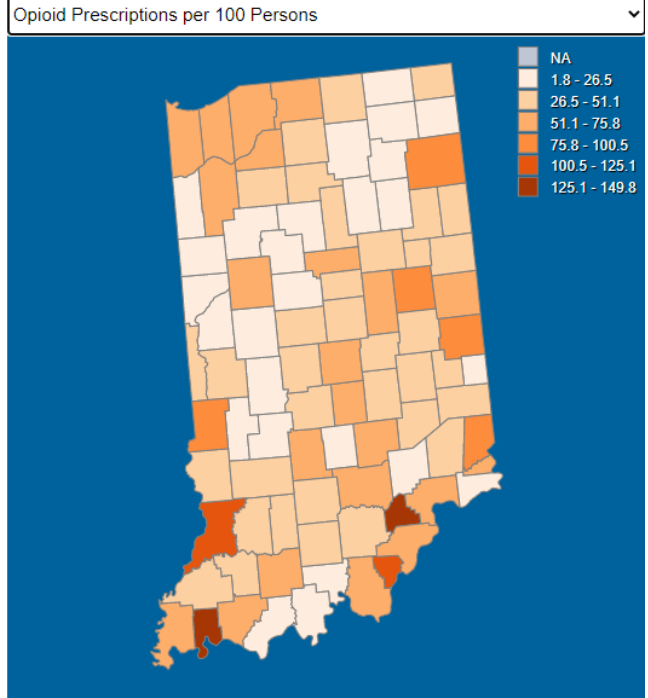
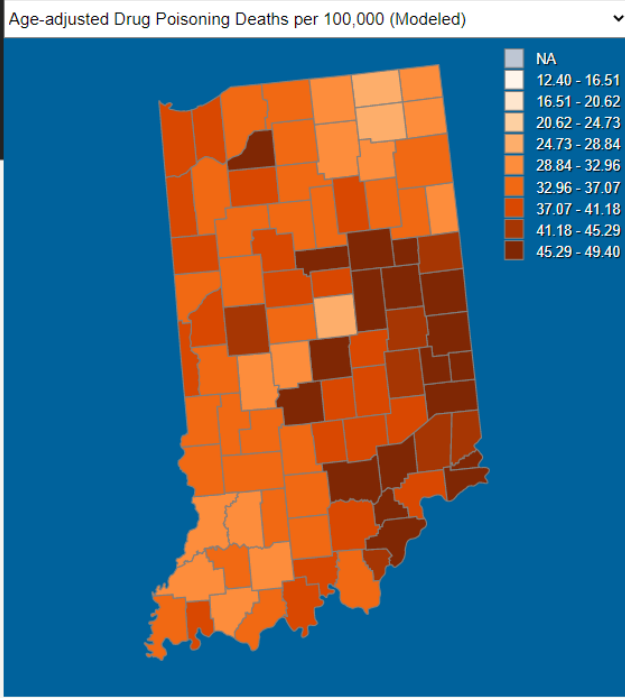
Indiana Opioid & Health Indicator Trends

The Centers for Disease Control and Prevention (“CDC”) has identified 220 counties at risk of outbreaks of HIV and/or hepatitis C as a result of the opioid epidemic. These represent only the top 5% of counties in the nation based on 6 factors assessed. Illinois has one of the top ranked counties (Crawford).

Scott County	National Rank: 32
Washington County	National Rank: 57
Starke County	National Rank: 70
Fayette County	National Rank: 81
Switzerland County	National Rank: 94
Crawford County	National Rank: 112
Henry County	National Rank: 128
Jennings County	National Rank: 158
Ripley County	National Rank: 195
Dearborn County	National Rank: 213

Source: [Opioid & Health Indicators](#)





Source: [Opioid & Health Indicators](#)

Conclusion

Overall Observation & Focus Area's

Focus Area: Obesity / Inactivity / Unhealthy Food

Obesity and its contributing factors (including physical inactivity and nutrition) and associated chronic diseases such as diabetes are significant concerns in our community. Knox and surrounding Counties have the following findings as it relates to obesity and inactivity, and correlating measures.

Summary of primary and secondary correlated metrics:

- Adult obesity – All Indiana and Illinois counties are higher (lower is better) or the same as the state (35%, IN, 32% IL) and all counties are higher than the national average (30%)
- Obesity is identified as a Focus Area for Knox County by CountyHealthRankings.org
- Physical inactivity – All of the counties are higher than the state (lower is better) with Indiana at 35% and Illinois at 25% (Top performers – 23%)
- 50% of online survey respondents said that overweight/obesity was in the top 3 most important health issues in the community
- 42% of survey respondents stated that poor eating habits and 32% stated lack of exercise was in their top 3 unhealth behaviors in the community
- 50% of respondents do not do deliberate exercise daily
- Quality of life scores for poor or fair health and poor physical health days are both higher (lower is better) in all counties compared to the state for both Indiana and Illinois

The concern for obesity, exercise and food insecurity was a theme throughout all forms of quantitative and qualitative data sources. In the survey overall, it was one of the largest Focus Area's, with 50% of the survey respondents voicing a concern on this topic. Thirteen percent of Interviewees also saw this as a concern throughout the interviews. Healthy food availability, food insecurity, impacts on health and exercise as a result of Covid cited as a source of the decline of health in the community.

In the qualitative data, a lot of the concern as it related to obesity, inactivity, or Focus Area's related to healthy eating are seen in the following quote.

“We have more gyms open today than ever before. There are triathlons for beginners and even events for children. The problem is people are not taking the opportunity. We also have several parks available. We have a relatively safe area where people should not be concerned about getting to and from the parks during the daytime.”

“A lot of it needs to be a change of how we see people. We have food banks, but they are hard to access sometimes. They do not always have healthy food in them. There are lots of starches, carbs, etc. We know we need to look at that more closely. We have a tolerance of lower socioeconomic classes. Vincennes is a very “haves” and “have-nots,” the middle class in the minority here.”

Focus Area: Access to Care

Access to care requires not only financial coverage, but also access to providers. Sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care. One of the metrics assessed in the primary and secondary services areas is the ratio of primary care physicians to the population. The ratio represents the number of individuals served per one physician in a county, if the population was equally distributed across physicians.

Knox county has a better ratio of primary care physicians, but the surrounding counties are higher (lower is better) than the state average (both Illinois & Indiana). Although the relationship between primary care physicians and improved health outcomes is supported in the literature, this measure has limitations. Primary Care Physicians are classified by county, but physicians living on the edge of counties or who practice in multiple locations may see patient populations that reside in surrounding counties. The qualitative primary data also highlights this limitation as seen in the quotes below by interviewees.

Other secondary data related to access is preventable hospital stays, which higher in all Counties in Indiana compared to the state and two out of four counties in Illinois. This is an important metric to follow, as it is an outcome metric to monitor because it is an indicator that quality care in the ambulatory setting is not accessible.

Secondary Focus Area's related to access included the following: lack of transportation, wait time too long, unable to afford care, not open during non-working hours, and multiple comments and Focus Area's around access in general.

Summary of Primary and secondary correlated metrics:

- 43% of the surveys stated when they were unable to get the care they needed, wait time to appointment was the number one reason
- 32% say that Covid had an impact on how they received care and the main impacts were Access, virtual appointments, trust, mask, etc.
- From the survey results, participants that left comment when asked, "What other concerns do you have that we have not asked?" The top Focus Areas were Access, affordability, and chronic disease
- 41-to-50-year-old people are the highest population that does not have a family physician
- When asked if participants had a family physician, those with a bachelor's degree were more likely to say "No" compared to those at other education levels
- When interviewees were asked "what are the top barriers to getting quality care" 19% stated access related barriers as a theme

The following are quotes from interviewees related to access:

“Lack of economic resources, access to care, ability to pay.”

“The district I represent is disadvantaged and has limited access to healthcare.”

“Access to healthcare is there but they don’t have the means to access (economic resources).”

“There is a lack of doctors and dentists. It takes several months to get in. Dentists are often out of network and choices are very limited depending on your insurance.”

Focus Area: Substance Abuse

In the past two decades, the death rates for drug overdose in Indiana and Illinois has increased and Indiana is the 13th top state for drug related over-dose deaths based on data from the CDC and is 102% increase since 2014. Indiana has also seen a drug death increase 111% for senior citizens ages 65 and older.

Outcome related data to drug and alcohol abuse state that alcohol impaired driving deaths and drug overdose deaths have been increasing in Jefferson County. It is also the highest drug related deaths per 100,000 population. The drug related death rate is based on a rate that measures the number of events in a given time period and divided by the average number of people at risk during that period and is calculated as such in order to compare counties with different population sizes. The following represent data related to drug and alcohol abuse:

Summary of Primary and secondary correlated metrics:

- Alcohol Impaired Driving Deaths - Are higher in Knox County at 21% vs 19% in the state and 10% for the U.S. (lower in better) top performers
- Excessive drinking – ranges in the counties from 17 to 20% compared to the state at (18%) and top performers (15%)
- The top 3 unhealthy behaviors identified by the survey participants, #1 was drug & alcohol abuse
- 19% of interviewees say that drug abuse has gotten worse
- Knox County has one of the highest prescribing counties of opioid in the state of Indiana
- Treatment centers that use medication to treat addiction are very limited in outside of Knox County, if there are any at all

In the qualitative data, concerns around drugs and alcohol addiction in general was a large theme. Some key quotes from participants interviewed and surveyed are below:

“I had a family member in need of chemical dependency services. Wait was so long and once an appointment was obtained it was only to gather information and then family member was scheduled for an actual appointment, took weeks to get in. Went to another treatment center and got great service in a reasonable amount of time. Felt supported. Our community is overrun with drug abuse and our community mental health center is not equipped to accommodate.”

“There is a wider use of more dangerous abuse of substances. Families are not as close which impacts mental health. If you came here, you would see there is a liquor store every couple blocks. We are a very small place with about nine places that sell alcohol. There are people that really do try to help and there are a lot of families who just do not see the help available. We are a rural area so people do not see the same services that they might see if they were living in town.”

“Low-income substance abuse users are unable to pay out of pocket Drug Abuse treatment.”

“Drug abuse – we have pretty high rates of drug abuse. We do seem to be making steps with lots of organizations willing to employ addicts and we have very strong social services for drug abuse. Unfortunately, there has been an uptick in use due to the pandemic. Continuing to support social services and nonprofit networks will really help.”

Attachment A: Community Resources Identified

Knox County Community Resources:

Childcare/Daycare/Preschools			
Child Care Resource and Referral Including care for Special Needs	866-200-5909	www.childcarefinder.in.gov For local listings of daycares/preschools	800-299-1627
Head Start PACE	812-882-7927		
Clothing/Household Items/Furniture			
The Lord's Warehouse -clothes	812-743-2426	North Knox Social Ministries – clothes	812-735-3262
St. Vincent Depaul Thrift Store, Vincennes	812-882-8382	Bread of Life Ministry Lynnville, IN	812-922-5339
Counseling/Crisis			
National Suicide Prevention Lifeline	800-273-8255	Crisis Connection Hotline	800-245-4580
Domestic Violence & Sexual Assault Hotline	800-339-7752	Missing Exploited Children	800-843-5678
Child Abuse & Neglect Hotline	800-800-5556	Southwestern Behavioral Healthcare Suicide Prevention Hotline	812-422-1100
United Family Counseling Services	812-424-5680	Boys Town – Crisis Line	800-448-3000
US Dept. of Veteran Affairs	800-273-8255		
Developmental Screening			
First Steps of West Central Indiana	877-860-0413		
Drug/Alcohol Treatment			
Substance Abuse & Mental Health Treatment Referral Line	800-662-4357	Good Samaritan Center	800-824-7907
Narcotics Anonymous	www.naindiana.org	AL-ANON Family Group Alcohol Dependent Support, Evansville	812-985-5115
Cocaine Anonymous World Services	www.indiana-ca.org	Evansville Christian Life Center Alcohol Dependent Support	812-423-9222
Mulberry Center, Evansville	877-338-7492		
Education			
State Special Education Program	877-851-4106	Homework Hotline Grades 6-12 www.askrose.org	877-275-7673
Healthy Families – parent education	812-547-3435	Vincennes University – Adult Educ.	812-888-5749
North Knox School Corp.	812-735-4434	Greene Sullivan Spec. Ed. Coop	812-847-8497
Indiana School for the Blind-Indy	317-253-1481	Evansville ARC Disabilities	812-428-4500
Dyslexia Institute – Indy	317-222-6635	Indiana Dept. of Education-Advocacy	317-232-0570
Employment/Training Assistance			
Lincoln Hills Development Center	800-467-1435	WorkOne	812-882-8770
Sweet Owen Industries Adults with disabilities	812-714-8138	Bureau of Rehabilitation Svcs.	877-847-9898
Family Planning			
Birthright of Evansville	800-550-4900	Division of Family Resources	800-403-0864
PACE Community Action Agency	812-882-6069	Planned Parenthood Evansville	812-473-4990
Catholic Charities, Evansville	812-423-5456		

Food Assistance/Pantry/Hot Meals			
Evansville Christian Church	812-423-9222	Lord's Church of Prayer	812-842-0930
WIC	812-886-0107	The Lord's Warehouse	812-743-2426
North Knox Social Ministries	812-735-3262	First Christian Church	812-745-3811
Salvation Army	812-882-6933	Bread of Life Ministries - <i>Lynnville</i>	812-922-5339
Hearing/Vision			
National Association of the Deaf	301-587-1788	American Council of the Blind	800-424-8666
Communication Service for the Deaf	800-642-6410	Indiana Deaf/Blind Services	800-622-3035
Indiana School for the Deaf	317-550-4800	Ind. School for Blind/Visually Impaired	317-253-1481
Center for Deaf & Hard of Hearing Education – Dept. of Health	317-232-7349	Indiana Telephone Relay Access Corp. INTRAC – TTY http://relayindiana.com/	711
Talking Book and Braille Library	317-232-3684	Natl. Federation of the Blind-Newsline	866-504-7300
HEAR Indiana	317-828-0211	Indiana University Dept. of Speech and Hearing Sciences	888-273-0017
Optometry Cares	800-766-4466		
Housing Transitional/Shelters			
Natl. Call Center for Homeless Veterans	877-424-3838	Ozanam Family Shelters	812-422-2214
Roosevelt Mission – Homeless Shelter	812-847-8110	Backstreet Missions - <i>Bloomington</i>	812-334-4047
Evansville Rescue Mission	812-421-3800	YWCA <i>shelter in Evansville</i>	866-367-9922
House of Bread & Peace Homeless Shelter in Evansville	812-425-6754	Coburn Place Safe Haven <i>Domestic Violence Shelter in Indy</i>	812-421-3800
LifeChoices Maternity & Youth Home <i>Evansville</i>	812-428-3055		
Housing			
US Dept of Housing-FHA Loans	800-225-5342	Lincoln Hills Development Center	800-467-1435
Citizens Action Coalition – <i>weatherization</i>	888-446-7750	Indiana Housing & Comm. Dev. Authority – <i>Section 8 information</i>	800-872-0371
Legal Services			
Indiana Legal Services	800-852-3477	Indianapolis Bar Assoc.-free advice on variety of issues on the 2 nd Tuesday of each month except December	317-269-2000
Maternity Supplies/Baby Supplies/Diapers			
WIC	812-886-0107	Birthright of Evansville	800-550-4900
Evansville Christian Life Center	812-423-9222		
Medicaid/Food Stamps – SNAP			
Division of Family Resources	800-403-0864	www.in.gov/fssa	
Medical/Dental/Prescription			
Indiana Poison Center Hotline	800-222-1222	RX for Indiana	877-793-0765
Indiana State Dept. of Health-access info on providers	800-433-0746	Volunteers for Healthcare-RX outreach	800-769-3880
Children's Special Health Care	800-475-1355	National Organization for Rare Disorders (NORD)	800-999-6673
Peyton Manning Children's Hospital 24 hour minor nurse advice- Kids Health Line (if emergency call 911)	317-338-5437	St. Vincent Women's Hospital -24 hour minor nurse advice for women (if emergency call 911)	317-338-4437

Medical/Dental/Prescription Continued			
Impact Christian Health Center in Evansville – Medical & Dental	812-426-6152	Terre Haute Regional Hospital -24 hour minor nurse advice – Consult a Nurse (if emergency call 911)	877-742-2362
Kool Smiles – dental	812-461-2365	Sullivan County Comm. Hospital	812-268-4311
Tulip Tree Family Health Care Center Ft. Branch	812-753-1039	Memorial Hospital & Health Care Center, Jasper	812-996-2345
Daviess Comm. Hospital-Washington	812-254-2760	Hoosier Healthwise	800-889-9949
Medical Equipment			
St. Mary's Med. Equip - Evansville	812-485-4000	Easter Seals Crossroads AT Center	317-466-2013
Easter Seals Rehab Ctr-Evansville	812-479-1411	Muscular Dystrophy Assoc.	800-572-1717
Mental Health/Psychological Services and Evaluations			
Mental Health America of Indiana	800-555-6424	National Alliance on Mental Health	800-677-6442
National Alliance on Mental Illness - Evansville	812-897-1694	Good Samaritan Hospital	812-886-6800
Deaconess Health System- Evansville	800-947-6789	United Family Counseling Svcs. Evansville	812-424-5680
Catholic Charities - Evansville		Evansville State Hospital	812-469-6800
Mulberry Center - Evansville			
Miscellaneous			
Indiana Attorney General – consumer protection division	800-382-5516	Make A Wish Foundation	317-636-6060
Child Support Helpline	800-840-8757	Smoking Cessation: -IN State Dept. of Health -American Lung Assoc.	800-784-8669 800-548-8252
Emergency Management Agency	317-641-4178	American Red Cross	812-882-2204
Parenting Programs/Support			
Tri-State Mothers of Multiples	812-459-4774	Healthy Families	812-547-3435
Public Assistance			
Division of Family Resources www.in.gov/fssa/	800-403-0864	Department of Child Services	800-800-5556 812-882-3920
Hoosier Healthwise	800-889-9949	Generations-Aging & Disability Support Funding	800-742-9002
Social Security/Disability			
Social Security Office	800-772-1213	www.socialsecurity.gov	
Special Needs			
Indiana Institute on Disability & Community	812-855-6508	Indiana Protection & Advocacy Services Commission	800-622-4845
Smile on Down Syndrome	812-925-6839	IN Source-special needs education	800-332-4433
Autism Speaks	888-288-4762	Bureau of Developmental Disabilities	877-218-3528
Children's Special Health Care	800-475-1355	About Special Kids www.aboutspecialkids.org	800-964-4746
Special Olympics Indiana	800-742-0612	Protection/Advocacy Service	800-622-4845
Autism Society of Indiana	800-609-8449	Down Syndrome Indiana	888-989-9255
Family Voices Indiana	317-944-8982	The ARC of Indiana	800-382-9100
Developmental Services, Inc.	800-745-7686	March of Dimes Birth Defects Found	812-473-3300

Transportation			
VANGO	812-886-3381	J & S Medicab – Medical Trsp.	888-311-7244
River City Yellow Cab – Medical for Medicaid pts.	812-429-0000		
Trustees			
Busseron Township	812-745-2600	Steen Township	812-321-2650
Decker Township	812-769-2113	Vigo Township	812-735-3955
Harrison Township	812-890-1071	Vincennes Township	812-882-8703
Johnson Township	812-881-0314	Washington Township	812-324-2300
Palmyra Township	812-726-4474	Widner Township	812-328-2396
Victims of Violence			
Connect2Help – 24 hour helpline	211 or 317-926-4357	National Child Abuse Hotline	800-422-4453
Indiana Coalition Against Domestic Violence (ICADV)	800-332-7385	Domestic Violence & Sexual Assault Hotline	800-339-7752
Indiana Dept. of Child Services	800-800-5556	National Domestic Violence Hotline	800-799-7233
Rape, Abuse & Incest National Network	800-656-4673	Desert Rose <i>Martinsville, IN</i>	888-342-7673
Julian Center, <i>Indy</i>	317-920-9320	Ireland Home Based Services <i>Child safety – Evansville</i>	877-403-0380
Albion Fellows Bacon Center <i>Crisis line</i>	800-339-7752 812-422-5622	United Methodist Youth Home <i>Girls 10 – 21, Evansville</i>	812-479-7535
Turning Point – <i>Crisis Line</i>	800-221-6311	Sheltering Wings, <i>Danville, IN</i>	317-745-1496
Domestic Abuse Helpline	888-743-5754		

Please follow the link below for resources in the following counties:

Indiana:

- [Daviess Community Resources](#)
- [Gibson Community Resources](#)
- [Greene Community Resources](#)
- [Martin Community Resources](#)
- [Pike Community Resources](#)
- Sullivan Community Resources

Illinois:

- [Crawford Community Resources](#)
- [Lawrence Community Resources](#)
- [Richland Community Resources](#)
- [Wabash Community Resources](#)

Attachment B: 2022 County Health Rankings: Ranked Measure Sources & Years of Data

For full list, please visit County Health Rankings and Roadmaps [here](#)

Measure		Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death*	National Center for Health Statistics - Mortality Files	2018-2020
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2019
	Poor physical health days	Behavioral Risk Factor Surveillance System	2019
	Poor mental health days	Behavioral Risk Factor Surveillance System	2019
	Low birthweight*	National Center for Health Statistics - Natality files	2014-2020
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2019
Diet and Exercise	Adult obesity	United States Diabetes Surveillance System	2019
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019
	Physical inactivity	United States Diabetes Surveillance System	2019
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Timeline Files	2010 & 2021
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2019
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2016-2020
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
	Teen births*	National Center for Health Statistics - Natality files	2014-2020
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2019
	Primary care physicians	Area Health Resource File/American Medical Association	2019
	Dentists	Area Health Resource File/National Provider Identification file	2020
	Mental health providers	CMS, National Provider Identification	2021
Quality of Care	Preventable hospital stays*	Mapping Medicare Disparities Tool	2019
	Mammography screening*	Mapping Medicare Disparities Tool	2019
	Flu vaccinations*	Mapping Medicare Disparities Tool	2019

*Indicates subgroup data by race and ethnicity is available

Explanations & Definitions

For full list of terms and definitions, please visit County Health Rankings and Roadmaps [here](#):

TERM	EXPLANATIONS & DEFINITIONS
Health Outcomes	Health Outcomes ranking is based upon the length of life and quality of life rates.
Length of Life	Length of Life ranking is based on the premature death rate.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted)
Quality of Life	Indicates poor health and the prevalence of disease in 4 separate categories which include poor or fair health, poor physical health days, poor mental health days and low birth weight.
Poor or Fair Health	Percent of adults reporting fair or poor health (age adjusted) by county.
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age adjusted).
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 Days (age adjusted).
Low Birth Weight	Percent of live births with low birth weights (<2,500 grams).
Health Factors	Weighted measures of health behaviors, clinical care, social and economic and physical environment factors within each county.
Health Behaviors	An aggregate of a number of variables that include adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, and teen births.
Life Expectancy	Average number of years a person is expected to live.
Adult Smoking	Percent of adults who report smoking \geq 100 cigarettes and are currently smoking.
Adult Obesity	Percent of adults who report a Body Mass Index (BMI) \geq 30.
Food Environment Index	Index of factors that contribute to a healthy food environment by weighing two indicators equally, one being the access to healthy foods by of low income and the other being the food insecurity of the population.
Physical Inactivity	Percent of adults 20 years or older reporting no leisure time physical activity.
Access to Exercise Opportunities	Percent of the population with adequate access locations where they can engage in physical activity.
Excessive Drinking	Includes both binge and heavy drinking.
Alcohol-Impaired Driving Deaths	Percent of driving deaths caused by alcohol.
Sexually Transmitted Infections	Chlamydia rate per 100,000 population.
Source: www.countyhealthrankings.org	

Attachment C: Demographic Data & Health Outcomes

	County TREND is getting worse for this measure
	County TREND is the same for this measure
	County TREND is getting better for this measure

Please note that this graph represents the trend of health metrics compared to previous years. If the box is red, the trend for that county is going down, green it is going up and yellow means it has stayed the same.

Indiana

	Indiana	Knox	Trend	Daviess	Trend	Gibson	Trend	Greene	Trend	Martin	Trend	Pike	Trend	Sullivan	Trend
Health Outcomes															
Length of Life															
Premature death	8,600	10,400		7,400		7,800		9,000		9,300		8,100		9,200	
Quality of Life															
Poor or fair health	19%	21%		24%		19%		21%		20%		21%		21%	
Poor physical health days	4.1	4.6		4.9		4.2		4.6		4.4		4.5		4.6	
Poor mental health days	4.8	5.3		5.5		5.1		5.3		5.2		5.3		5.3	
Low birthweight	8%	9%		6%		8%		8%		7%		8%		7%	
	Indiana	Knox		Daviess		Gibson		Greene		Martin		Pike		Sullivan	
Health Factors															
Health Behaviors															
Adult smoking	20%	23%		25%		22%		23%		23%		23%		25%	
Adult obesity	35%	39%		39%		35%		36%		35%		36%		35%	
Food environment index	6.6	7.7		8.2		8.5		7.5		8		8.3		7.6	
Physical inactivity	31%	33%		36%		31%		33%		32%		33%		34%	
Access to exercise opportunities	68%	65%		48%		63%		39%		42%		42%		20%	
Excessive drinking	18%	17%		17%		19%		18%		20%		18%		18%	
Alcohol-impaired driving deaths	19%	21%		19%		15%		29%		15%		0%		19%	
Sexually transmitted infections	526.3	338.9		158.9		285.2		244.3		146.3		250.2		237.1	
Teen births	23	26		22		29		32		27		30		34	
Clinical Care															
Uninsured	10%	9%		19%		8%		10%		9%		10%		9%	
Primary care physicians	1490:01:00	1220:01:00		2220:01:00		2800:01:00		3190:01:00		5130:01:00		6190:01:00		2300:01:00	
Dentists	1720:01:00	2280:01:00		3350:01:00		1880:01:00		2300:01:00		5040:01:00		12380:1		4120:01:00	
Mental health providers	560:01:00	540:01:00		1240:01:00		3380:01:00		1460:01:00		5040:01:00		2480:01:00		1870:01:00	
Preventable hospital stays	4,322	4,945		3,884		4,568		5,706		3,431		4,154		5,371	
Mammography screening	44%	45%		43%		51%		37%		41%		40%		32%	
Flu vaccinations	52%	52%		37%		59%		41%		31%		37%		49%	
Health Factors															
Social & Economic Factors															
High school completion	89%	88%		76%		92%		88%		87%		88%		88%	
Some college	63%	57%		42%		62%		58%		57%		54%		48%	
Unemployment	7.10%	5.90%		3.80%		6.20%		6.20%		4.20%		5.90%		7.00%	
Children in poverty	15%	19%		15%		12%		16%		14%		11%		18%	
Income inequality	4.3	4.5		4.9		3.8		4.1		3.9		3.7		4.3	
Children in single-parent households	25%	24%		12%		24%		20%		17%		13%		23%	
Social associations	12	17.2		15.6		14		13.8		14.6		16.1		10.6	
Violent crime	385	109		161		115		39				58		128	
Injury deaths	85	96		68		87		81		86		74		70	
Physical Environment															
Air pollution - particulate matter	9.1	9.7		9.8		9.7		8.1		9.5		9.6		8.9	
Drinking water violations		No		No		No		No		No		No		No	
Severe housing problems	13%	12%		13%		10%		13%		9%		5%		13%	
Driving alone to work	81%	86%		71%		87%		85%		81%		88%		86%	
Long commute - driving alone	32%	24%		29%		29%		45%		47%		42%		36%	

Illinois

	Illinois	Crawford	Trend	Lawrence	Trend	Richland	Trend	Wabash
Health Outcomes								
Length of Life								
Premature death	7,100	5,500		9,400		8,300		7,600
Quality of Life								
Poor or fair health	17%	19%		21%		19%		18%
Poor physical health days	3.6	4.1		4.3		4.2		4
Poor mental health days	4.2	4.8		4.8		5		4.8
Low birthweight	8%	7%		10%		7%		8%
	Illinois	Crawford		Lawrence		Richland		Wabash
Health Factors								
Health Behaviors								
Adult smoking	15%	20%		22%		21%		20%
Adult obesity	32%	39%		39%		37%		36%
Food environment index	8.6	8.4		7.4		8		8.3
Physical inactivity	25%	28%		30%		28%		27%
Access to exercise opportunities	87%	54%		36%		55%		61%
Excessive drinking	23%	24%		22%		23%		23%
Alcohol-impaired driving deaths	29%	23%		24%		0%		33%
Sexually transmitted infections	639.3	192.9		204.1		251.4		269.1
Teen births	18%	27		36		32		28
Clinical Care								
Uninsured	9%	7%		7%		8%		7%
Primary care physicians	1230:01:00	1870:01:00		3920:01:00		1720:01:00		2300:01:00
Dentists	1220:01:00	2640:01:00		15470:1		3880:01:00		2240:01:00
Mental health providers	370:01:00	470:01:00		360:01:00		220:01:00		320:01:00
Preventable hospital stays	4,447	3,367		5,298		5,505		4,318
Mammography screening	44%	43%		41%		40%		43%
Flu vaccinations	49%	39%		47%		47%		38%
Health Factors								
	Illinois	Crawford		Lawrence		Richland		Wabash
Social & Economic Factors								
High school completion	90%	86%		85%		91%		92%
Some college	71%	61%		50%		68%		71%
Unemployment	9.50%	7.00%		8.70%		6.80%		8.30%
Children in poverty	14%	15%		18%		16%		14%
Income inequality	5	4.9		4.2		4.1		5
Children in single-parent households	25%	17%		24%		20%		27%
Social associations	9.9	16.1		14.7		18.7		20
Violent crime	403	289		107		334		157
Injury deaths	70	70		86		78		66
Physical Environment								
Air pollution - particulate matter	9.4	9.5		9.5		9.4		9.5
Drinking water violations		No		No		No		No
Severe housing problems	17%	11%		11%		10%		9%
Driving alone to work	72%	84%		83%		84%		85%
Long commute - driving alone	42%	15%		28%		42%		36%

Indiana:

Knox County Demographics	County	State
Population	36,522	6,754,953
% Below 18 years of age	21.4%	23.2%
% 65 and older	18.8%	16.5%
% Non-Hispanic Black	2.9%	9.7%
% American Indian & Alaska Native	0.4%	0.4%
% Asian	1.0%	2.7%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	2.6%	7.4%
% Non-Hispanic White	91.9%	78.0%
% Not proficient in English	1%	1%
% Females	49.5%	50.7%
% Rural	36.2%	27.6%

Daviess County Demographics	County	State
Population	33,505	6,754,953
% Below 18 years of age	29.4%	23.2%
% 65 and older	15.9%	16.5%
% Non-Hispanic Black	2.1%	9.7%
% American Indian & Alaska Native	0.6%	0.4%
% Asian	0.5%	2.7%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	5.5%	7.4%
% Non-Hispanic White	90.8%	78.0%
% Not proficient in English	2%	1%
% Females	49.6%	50.7%
% Rural	60.3%	27.6%

Indiana:

Gibson County Demographics	County	State
Population	33,825	6,754,953
% Below 18 years of age	23.9%	23.2%
% 65 and older	17.9%	16.5%
% Non-Hispanic Black	2.7%	9.7%
% American Indian & Alaska Native	0.3%	0.4%
% Asian	0.5%	2.7%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	1.9%	7.4%
% Non-Hispanic White	92.7%	78.0%
% Not proficient in English	0%	1%
% Females	49.8%	50.7%
% Rural	53.6%	27.6%

Greene County Demographics	County	State
Population	32,203	6,754,953
% Below 18 years of age	21.6%	23.2%
% 65 and older	20.3%	16.5%
% Non-Hispanic Black	0.3%	9.7%
% American Indian & Alaska Native	0.4%	0.4%
% Asian	0.4%	2.7%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	1.9%	7.4%
% Non-Hispanic White	96.0%	78.0%
% Not proficient in English	0%	1%
% Females	50.1%	50.7%
% Rural	74.8%	27.6%

Martin County Demographics	County	State
Population	10,079	6,754,953
% Below 18 years of age	21.8%	23.2%
% 65 and older	20.8%	16.5%
% Non-Hispanic Black	0.2%	9.7%
% American Indian & Alaska Native	0.3%	0.4%
% Asian	0.5%	2.7%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	1.3%	7.4%
% Non-Hispanic White	96.7%	78.0%
% Not proficient in English	0%	1%
% Females	49.5%	50.7%
% Rural	72.3%	27.6%

Indiana:

Pike County Demographics	County	State
Population	12,378	6,754,953
% Below 18 years of age	22.1%	23.2%
% 65 and older	20.6%	16.5%
% Non-Hispanic Black	0.6%	9.7%
% American Indian & Alaska Native	0.4%	0.4%
% Asian	0.5%	2.7%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	1.6%	7.4%
% Non-Hispanic White	95.9%	78.0%
% Not proficient in English	0%	1%
% Females	49.8%	50.7%
% Rural	100.0%	27.6%

Sullivan County Demographics	County	State
Population	20,578	6,754,953
% Below 18 years of age	19.0%	23.2%
% 65 and older	18.5%	16.5%
% Non-Hispanic Black	4.8%	9.7%
% American Indian & Alaska Native	0.4%	0.4%
% Asian	0.3%	2.7%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	1.8%	7.4%
% Non-Hispanic White	91.4%	78.0%
% Not proficient in English	0%	1%
% Females	45.3%	50.7%
% Rural	79.0%	27.6%

Illinois:

Crawford County Demographics	County	State
Population	18,512	12,587,530
% Below 18 years of age	19.9%	22.1%
% 65 and older	19.9%	16.6%
% Non-Hispanic Black	5.1%	14.1%
% American Indian & Alaska Native	0.4%	0.6%
% Asian	0.6%	6.0%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	2.4%	17.6%
% Non-Hispanic White	90.6%	60.4%
% Not proficient in English	1%	4%
% Females	47.6%	50.9%
% Rural	60.2%	11.5%

Lawrence County Demographics	County	State
Population	15,467	12,587,530
% Below 18 years of age	18.7%	22.1%
% 65 and older	18.3%	16.6%
% Non-Hispanic Black	10.1%	14.1%
% American Indian & Alaska Native	0.5%	0.6%
% Asian	0.5%	6.0%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	4.0%	17.6%
% Non-Hispanic White	84.1%	60.4%
% Not proficient in English	1%	4%
% Females	44.1%	50.9%
% Rural	58.0%	11.5%

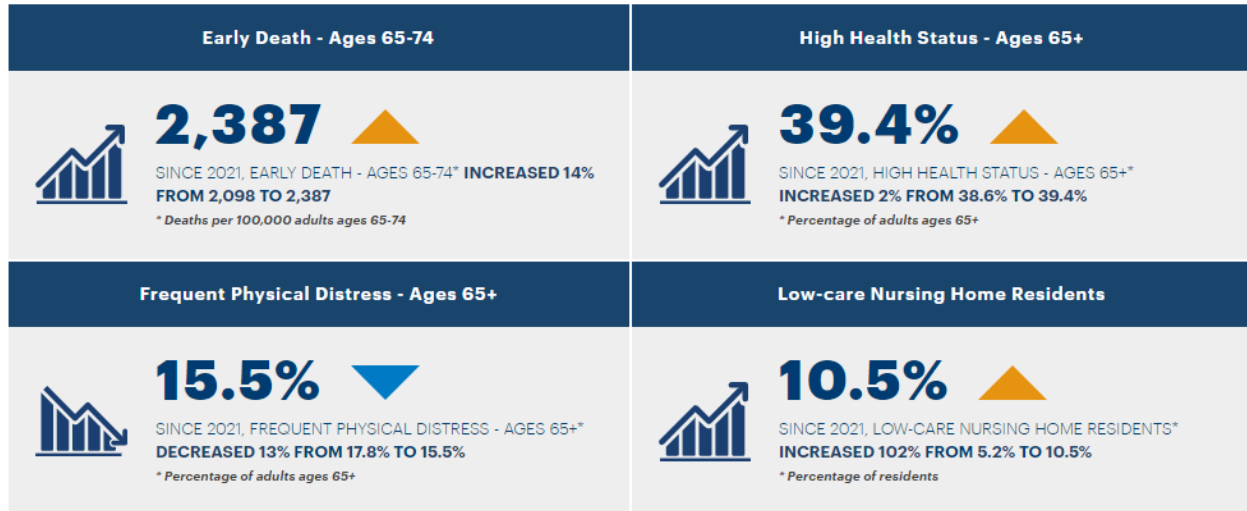
Illinois:

Richland County Demographics	County	State
Population	15,507	12,587,530
% Below 18 years of age	22.7%	22.1%
% 65 and older	21.3%	16.6%
% Non-Hispanic Black	0.9%	14.1%
% American Indian & Alaska Native	0.3%	0.6%
% Asian	0.9%	6.0%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	1.9%	17.6%
% Non-Hispanic White	94.9%	60.4%
% Not proficient in English	2%	4%
% Females	50.9%	50.9%
% Rural	43.5%	11.5%

Wabash County Demographics	County	State
Population	11,190	12,587,530
% Below 18 years of age	22.0%	22.1%
% 65 and older	22.2%	16.6%
% Non-Hispanic Black	0.9%	14.1%
% American Indian & Alaska Native	0.3%	0.6%
% Asian	1.3%	6.0%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	2.3%	17.6%
% Non-Hispanic White	94.0%	60.4%
% Not proficient in English	1%	4%
% Females	50.2%	50.9%
% Rural	38.9%	11.5%

Attachment D: IN Outcomes

The following chart represents senior citizens ages 65 or older.



To view the full report on senior citizens, please visit: America's Health Ranking [2022 Senior Report](#)

For full details and maps, please visit [America's Health Ranking](#)

State Health Rankings for Senior Citizens Ages 65 and Older

To view the full report on senior citizens, please visit: America's Health Ranking [2022 Senior Report](#)

INDIANA

STRENGTHS

- Low prevalence of excessive drinking
- Low percentage of low-care nursing home residents
- High volunteerism rate

CHALLENGES

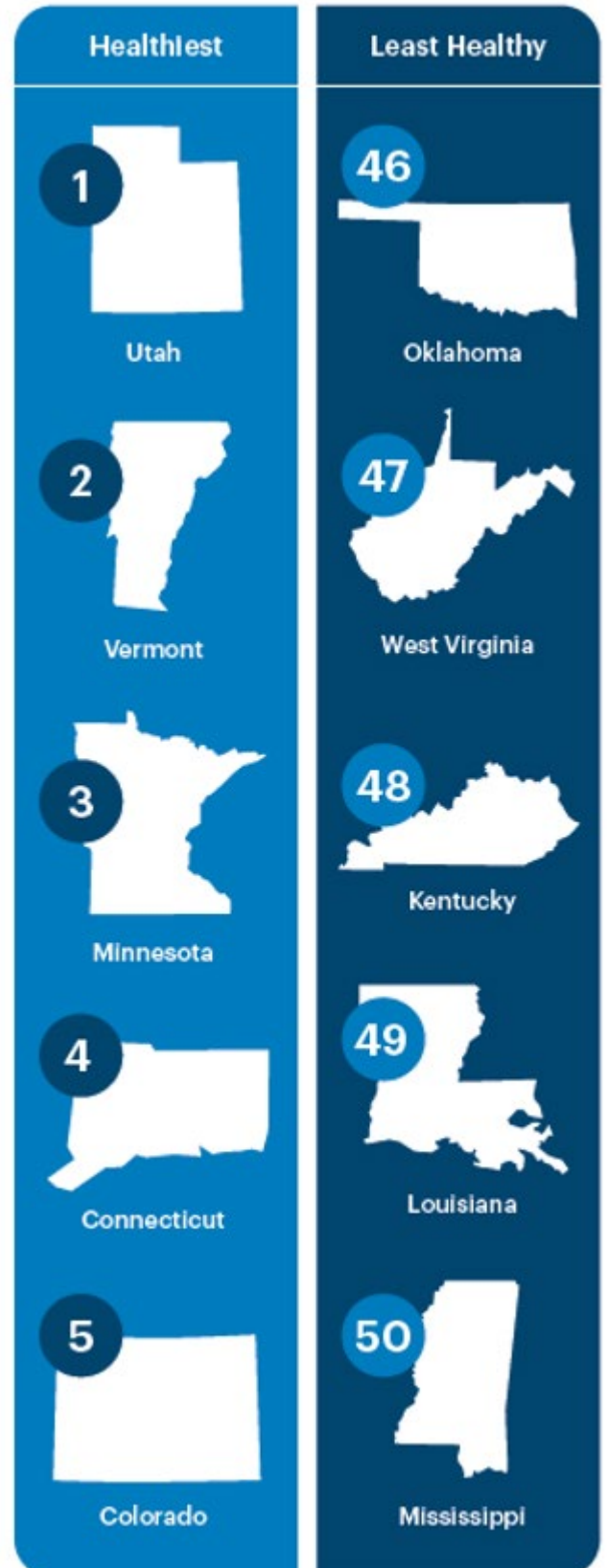
- High early death rate
- High prevalence of obesity
- High prevalence of smoking

HIGHLIGHTS

- Drug deaths increased 111% from 3.5 to 7.4 deaths per 100,000 adults ages 65+ between 2008-2010 and 2018-2020
- Geriatric providers increased 37% from 23.8 to 32.5 per 100,000 adults ages 65+ between September 2018 and September 2021
- Obesity increased 29% from 26.6% to 34.3% of adults ages 65+ between 2011 and 2020

Indiana

OVERALL - SENIOR RANK: 35

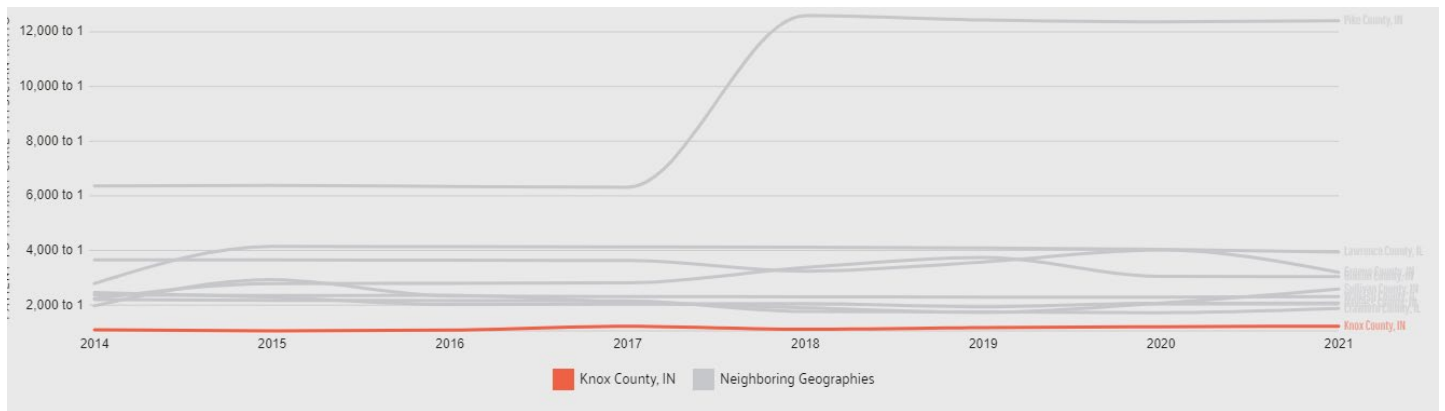


Knox County Health Statistics:

Patient to Primary Care Physician Ratio: 1,220 to 1

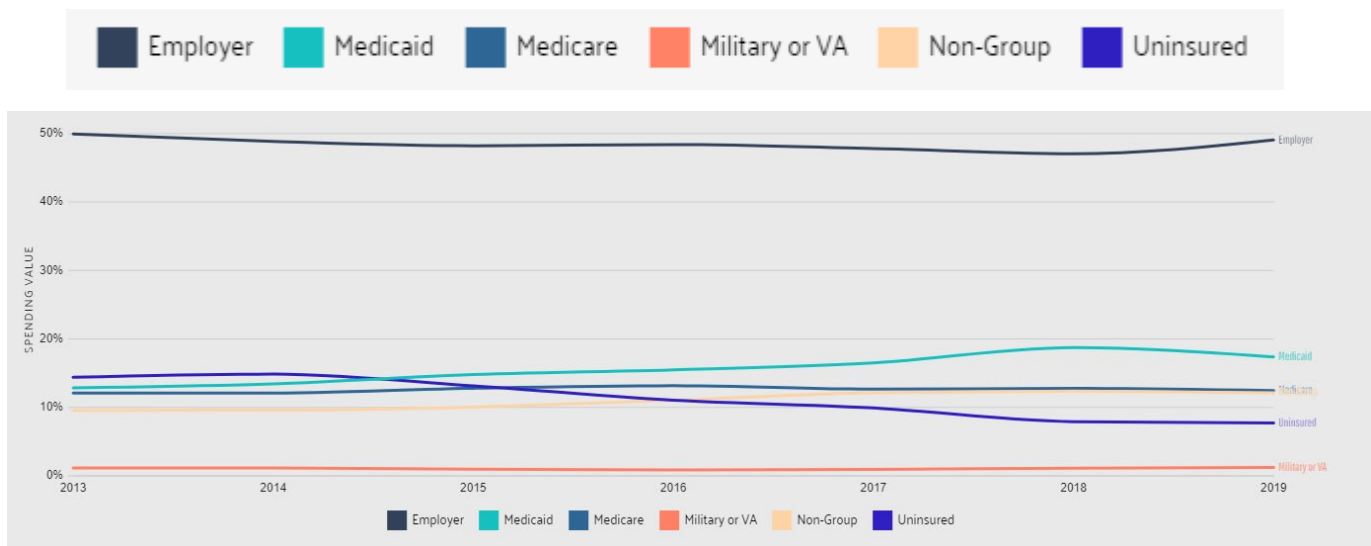
Primary care physicians in Knox County, Indiana see an average of 1,230 patients per year.

The following chart shows how the number of patients seen by primary care physicians has been changing over time in Knox County, IN in comparison to its neighboring geographies.



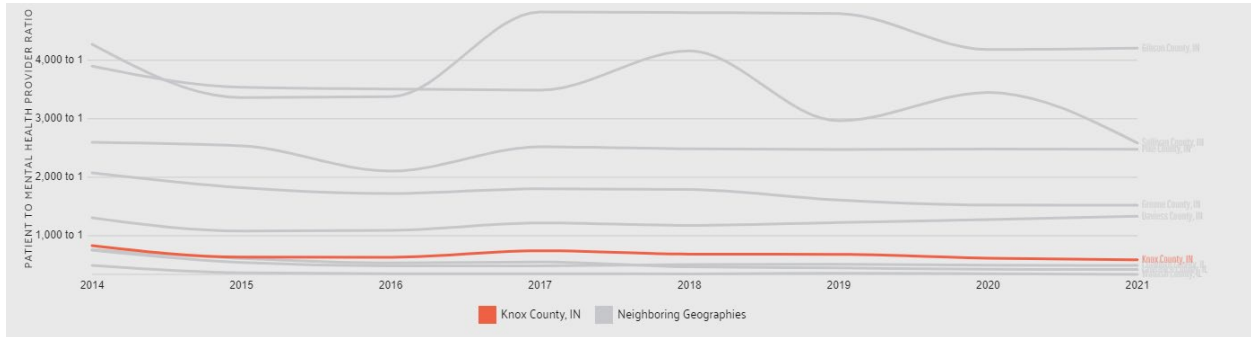
2019 Healthcare Coverage for Knox County:

The following chart shows how the percent of uninsured individuals in Knox County, IN changed over time compared with the percent of individuals enrolled in various types of health insurance.



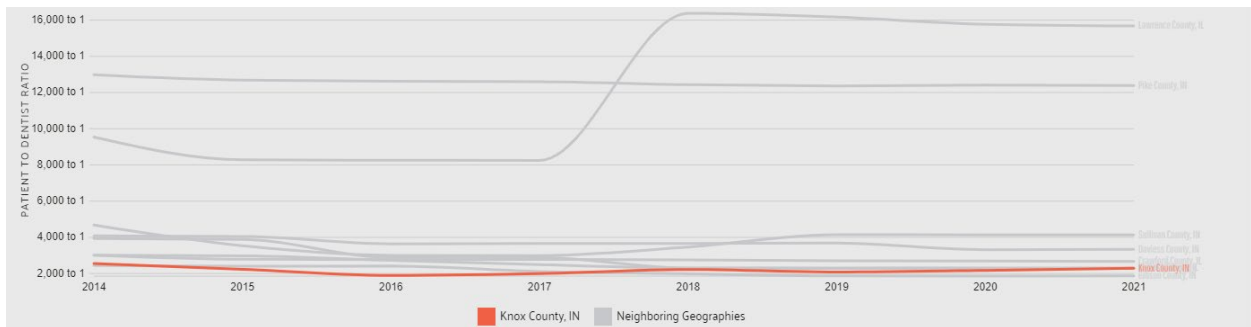
Patient to Mental Health Provider Ratio in Knox County: 540 to 1

Mental health providers in Knox County, IN see an average of 590 patients per year. This represents a 4.07% decrease from the previous year (615 patients).



Patient to Dental Provider Ratio in Knox County: 2280 to 1

Dentists in Knox County, IN see an average of 2,287 patients per year. This represents a 5.39% increase from the previous year (2,170 patients).



Attachment E: Physician Needs Assessment Analysis

Physician Specialties: GMENAC Goodman Hicks & Glenn Solucient								
SPECIALTIES	CURRENT NUMBER OF PHYSICIANS WITHIN PRIMARY SERVICE AREA	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	Population of 100,000					POPULATION BASED UPON HOSPITAL PRIMARY SERVICE AREA: POPULATION OF 239,766
			GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT	AVERAGE	
Primary Care								
Family Practice	92.00	40.91	25.20	N/A	16.20	22.53	21.31	51.09
Internal Medicine	24.00	(23.24)	28.80	N/A	11.30	19.01	19.70	47.24
Pediatrics	13.00	(14.41)	12.80	N/A	7.60	13.90	11.43	27.41
Total Primary Care	129.00	3.25	66.80	N/A	35.10	55.44	52.45	125.75
Medical Specialties								
Allergy/Immunology	0.00	(3.05)	0.80	1.30	N/A	1.72	1.27	3.05
Cardiology	3.00	(4.68)	3.20	3.60	2.60	3.41	3.20	7.68
Dermatology	2.00	(3.26)	2.90	1.40	2.10	2.38	2.20	5.26
Endocrinology	1.00	(0.92)	0.80	N/A	N/A	0.80	0.80	1.92
Gastroenterology	2.00	(3.19)	2.70	1.30	N/A	2.50	2.17	5.19
Hematology/Oncology	2.00	(3.51)	3.70	1.20	N/A	1.99	2.30	5.51
Infectious Disease	0.00	(2.16)	0.90	N/A	N/A	0.90	0.90	2.16
Nephrology	1.00	(1.42)	1.10	N/A	N/A	0.92	1.01	2.42
Neurology	2.00	(2.62)	2.30	2.10	1.40	1.90	1.93	4.62
Psychiatry	10.00	(11.09)	15.90	7.20	3.90	8.18	8.80	21.09
Pulmonology	2.00	(1.44)	1.50	1.40	N/A	1.40	1.43	3.44
Rheumatology	0.00	(1.53)	0.70	0.40	N/A	0.81	0.64	1.53
Physical Medicine & Rehab	5.00	1.76	1.30	N/A	N/A	1.40	1.35	3.24
Other Medical Specialties	6.00	1.18	N/A	N/A	N/A	2.01	2.01	4.82
Surgical Specialties								
General Surgery	11.00	(6.69)	9.70	9.70	4.10	6.01	7.38	17.69
Cardio/Thoracic Surgery	1.00	(0.68)	N/A	0.70	N/A	N/A	0.70	1.68
Neurosurgery	0.00	(2.16)	1.10	0.70	N/A	N/A	0.90	2.16
OB/GYN	15.00	(6.86)	9.90	8.40	8.00	10.17	9.12	21.86
Ophthalmology	0.00	(9.72)	4.80	3.50	3.20	4.71	4.05	9.72
Orthopedic Surgery	12.00	(1.44)	6.20	5.90	4.20	6.12	5.61	13.44
Otolaryngology	0.00	(6.79)	3.30	2.40	N/A	2.8	2.83	6.79
Plastic Surgery	0.00	(4.03)	1.10	1.10	2.30	2.22	1.68	4.03
Urology	3.00	(3.33)	3.20	2.60	1.90	2.86	2.64	6.33
Other Surgical Specialties	0.00	(5.27)	N/A	N/A	N/A	2.20	2.20	5.27
Hospital-based								
Emergency	19.00	0.14	8.50	2.70	N/A	12.40	7.87	18.86
Anesthesiology	13.00	(5.34)	8.30	7.00	N/A	N/A	7.65	18.34
Radiology	9.00	(11.26)	8.90	8.00	N/A	N/A	8.45	20.26
Pathology	5.00	(6.63)	5.60	4.10	N/A	N/A	4.85	11.63
Pediatric Cardiology	0.00	(0.48)	N/A	N/A	N/A	0.20	0.20	0.48
Pediatric Neurology	0.00	(0.29)	N/A	N/A	N/A	0.12	0.12	0.29
Pediatric Psychiatry	0.00	(1.08)	N/A	N/A	N/A	0.45	0.45	1.08
Other Pediatric Subspecialties	1.00	(1.13)	0.89	N/A	N/A	N/A	0.89	2.13
TOTALS	254.00	-105.70						359.70

Physician Needs Assessment Analysis:

A quantitative physician needs assessment analysis was completed for Good Samaritan Health's primary service with a total population of 239,766. The 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:

- Internal Medicine: (23.24)
- Pediatrics: (14.41)
- Radiology: (11.26)
- Psychiatry: (11.09)

Attachment F: Community Input Survey Tool

Interview Questions

KEY INFORMANT INTERVIEW

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next, I will be asking you a series of questions about health and quality of life in Knox County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Knox County?
 - 1 = Poor
 - 2 = Fair
 - 3 = Good
 - 4 = Very Good
 - 5 = Excellent

2. In your opinion, has health and quality of life in Knox County improved, stayed the same, or declined over the past few years?
 - a. Why do you think it has (based on the answer from the previous question: improved, declined, or stayed the same)?
 - b. What other factors have contributed to the (based on the answer to question 2: improvement, decline or to health and quality of life staying the same)?

3. Are there people or groups of people in Knox County whose health or quality of life may not be as good as others?
 - a. Who are these persons or groups (whose health or quality of life is not as good as others)?
 - b. Why do you think their health/quality of life is not as good as others?

4. What barriers, if any, exist to improving health and quality of life in Knox County?

5. In your opinion, what are the most critical health and quality of life issues in Knox County?

a. What needs to be done to address these issues?

| |

6. Do you think access to Health Services has improved over the last 3 years? Why or why not?

| |

7. What is your familiarity with various outreach efforts of Good Samaritan Health regarding Heart Disease, Cancer, and Stroke? Do you think the outreach is helpful and effective? Do you have any suggestions for additional outreach opportunities?

| |

8. Please provide insight and observations regarding certain health behaviors in the community surrounding obesity, physical inactivity, drug abuse, and tobacco use. Have any noticeable improvements been made in these areas during the last three years? What organizations are addressing these issues and what are they doing? What do you think is the best way to change behaviors in these areas?

| |

9. What is the most important issue the hospital should address in the next 3-5 years?

| |

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to developing a better understanding about factors impacting health and quality of life in Knox County. Before we conclude the interview,

Is there anything you would like to add?

| |

As a reminder, summary results will be made available and used to develop a community-wide health improvement plan

Thanks once more for your time. It has been a pleasure speaking with you.

Attachment G: Citations

American's Health Rankings 2021-22. Retrieved 2022, from America's Health Rankings website: www.americashealthrankings.org

American Hospital Association. Environmental Scan. Retrieved from: American Hospital Association Website: www.aha.org

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Centers for Medicare & Medicaid Services. Retrieved 2022, from Historical: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected>

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Deloitte. 2020 Survey of Health Care Consumers in the United States: The performance of the health care system and health care reform.

U.S. Department of Health and Human Services: Office of Disease Prevention and Health Promotion. Healthy People 2020. Retrieved from HealthyPeople.gov website: <http://www.healthypeople.gov/>

U.S. Census Bureau. State & County Quickfacts. Retrieved 2022, from Quickfacts Census Web Site: <http://quickfacts.census.gov>

Attachment H: National Health Trends

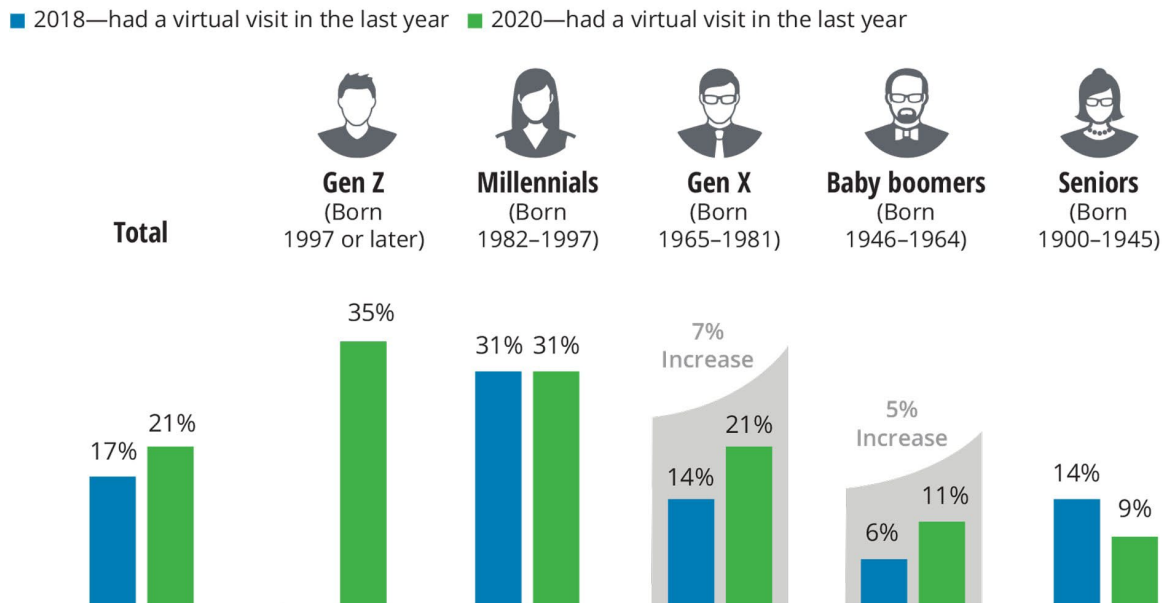
The following data describes the recent trends in national health care and was obtained from the United States Census Bureau, and the Deloitte Survey of Health Care Consumers in the United States and the American Hospital Association Environmental Scan.

The Deloitte Center for Health Solutions’ report titled 2020 Survey of Health Care Consumers in the United States: The performance of the health care system and health care reform provided the following national health related data:

Deloitte Consumers & Health Care System 2020 Survey – Virtual Care

FIGURE 4

From 2018 to March 2020, the largest increases in the use of virtual health care were among Gen X and baby boomers



Note: Data relating to Gen Z was not analyzed in the 2018 survey because the sample size was too small.

Source: Deloitte Center for Health Solutions 2020 and 2018 Surveys of Health Care Consumers.

Deloitte Insights | deloitte.com/insights

American Hospital Association (“AHA”) Environmental Scan (2020)

The 2020 AHA Environmental Scan provides insight and information about market forces that have a high probability of affecting the health care field. It was designed to help hospitals and health system leaders better understand the health care landscape and the critical issues and emerging trends their organizations will likely face in the future. The Scan provided the following information:

COVID-19’s Economic Impact on Hospitals & Health Systems

COVID-19’s impact on health care services

DEFERRING MEDICAL CARE



41%

of U.S. adults avoided medical care due to the pandemic as of June 30, 2020.

Czeisler, Mark É. et al. “Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020,” *Morbidity and Mortality Weekly Report*, Sept. 11, 2020, 69(36):1250-1257.

COVID-19’s ECONOMIC IMPACT ON HOSPITALS AND HEALTH SYSTEMS

**\$323.1
BILLION**

total projected losses to hospitals and health systems in 2020*



of hospital leaders believe patient volume will not return to baseline in 2020.*



decrease in outpatient visits at the start of the pandemic†

**Hospitals and Health Systems Continue to Face Unprecedented Financial Challenges due to COVID-19,” American Hospital Association, June 2020.
††Six month update: National patient and procedure volume tracker,” Strata Decision Technology, Sept. 23, 2020.

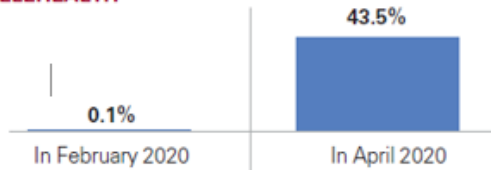
Consumer Telehealth Shift

EFFECTS OF TRANSITIONING CARE TO TELEHEALTH

- 20% of all emergency department visits could be avoided.
- 24% of health care office visits and outpatient volume could be delivered virtually.
- 35% of regular home health services could be virtualized.
- 2% of all outpatient volume could be shifted to the home setting with tech-enabled medical administration.

Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

% OF MEDICARE PRIMARY CARE VISITS USING TELEHEALTH



Bosworth A. et al. "ASPE Issue Brief: Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of the COVID-19 Pandemic," Office of the Assistant Secretary for Planning and Evaluation, Department of Health & Human Services, July 28, 2020.

CONSUMERS TURN TO TELEHEALTH IN 2020

Used telehealth services in 2019

11%

Used telehealth services during pandemic (end of April 2020)

46%

Interest in using telehealth going forward

76%

Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

Provider telehealth shift

- Providers are seeing **50-175 times** the number of patients via telehealth than they did before the pandemic.

PROVIDERS' COMFORT WITH TELEHEALTH

Providers view telehealth more favorably than they did before COVID-19

57%

Providers more comfortable using telehealth

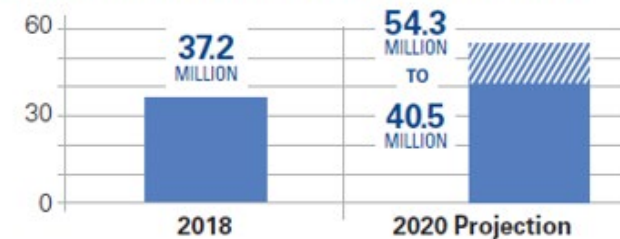
64%

*Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

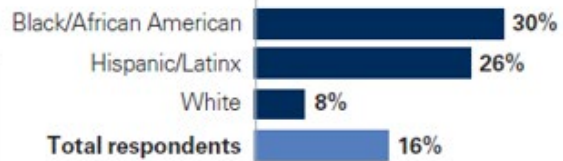
Societal Factors that Influence Health

Spotlight on food insecurity

AMERICANS EXPERIENCING FOOD INSECURITY*



AMERICANS REPORT SKIPPING MEALS OR RELYING ON CHARITY OR GOVERNMENT FOOD PROGRAMS DUE TO COVID-19†



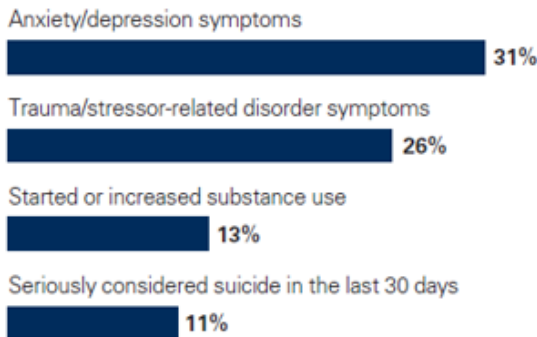
- Between 9 and 17 million children live in a household where adults say that their children do not have enough to eat. Pandemic-instigated school closures and a severe recession served as contributors.‡

*"The Impact of Coronavirus on Food Insecurity," Feeding America, May 19, 2020.
 †Hamel, Liz et al. "Impact of Coronavirus on Personal Health, Economic and Food Security, and Medicaid," KFF Health Tracking Poll — May 2020, Kaiser Family Foundation, May 27, 2020.
 ‡Bauer, Lauren and Parsons, Jana. "Why extend Pandemic EBT? When schools are closed, many fewer eligible children receive meals," Brookings, Sept. 21, 2020.

Mental Health

ADULT BEHAVIORAL HEALTH CONDITIONS

41% of adults report at least one adverse mental or behavioral health condition in June 2020.



ANXIETY SYMPTOMS INCREASE

1 in 3 adults report symptoms of an anxiety disorder, compared with 1 in 12 a year ago.

- 55% reported life to be more stressful.

"Mental Health: Household Pulse Survey," National Center for Health Statistics, CDC, cdc.gov, July 2020, accessed Sept. 7, 2020.

Mental health in the U.S.

- Anxiety is the most common mental health disorder, affecting 40 million adults every year.
- 17 million adults experience a depressive disorder each year.
- More than 42% cite cost and poor insurance coverage as the top barriers to accessing mental health care.
- More than \$200 billion: estimated annual U.S. spending due to mental health conditions.
- Roughly 111 million Americans live in areas that have a shortage of mental health professionals.

"America's State of Mind: U.S. trends in medication use for depression, anxiety and insomnia," Express Scripts, April 2020.

Substance Use Disorders (SUDs)

DRUG OVERDOSES

- Drug overdose deaths in the U.S. in 2019: Increased to 72,000.*
- Opioids are responsible for 71% of these deaths.*
- As of July 2020, drug overdose deaths increased an average of 13% over last year.†



*Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts, National Center for Health Statistics, CDC, cdc.gov, accessed Oct. 25, 2020.
†Katz, Josh et al. "In Shadow of Pandemic, U.S. Drug Overdose Deaths Resurge to Record," The New York Times, July 15, 2020.

Opioids

ECONOMIC IMPACT

\$819 BILLION

Estimated cost of the opioid epidemic from 2015 to 2019.

\$1 TRILLION

The cost to society over the next five years if trends continue.

Top 3 costs

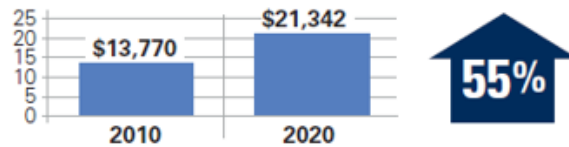
- Mortality: **\$327 billion**
- Health care: **\$270 billion**
- Lost productivity: **\$124 billion**

*A Movement to End Addiction Stigma — Addressing opioid use disorder stigma: The missing element of our nation's strategy to confront the opioid epidemic, Shatterproof white paper, July 16, 2020.

Access & Affordability

Health care expenses

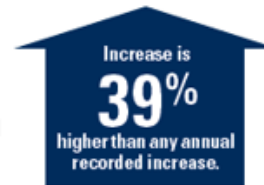
EMPLOYER-SPONSORED INSURANCE: AVERAGE ANNUAL PREMIUM (FAMILY COVERAGE)



"2020 Employer Health Benefits Survey," Kaiser Family Foundation, Oct. 8, 2020.

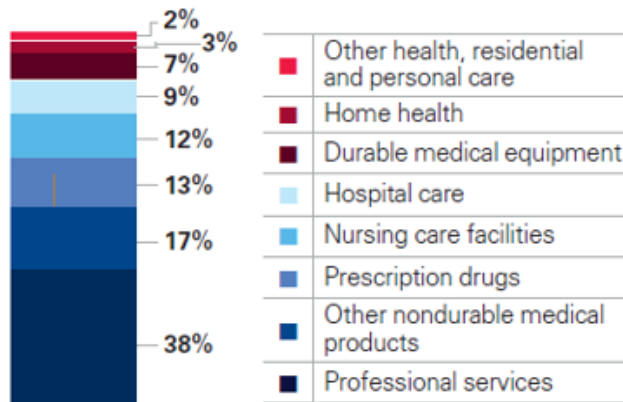
UNINSURED INCREASE

5.4 MILLION Number of U.S. workers who became uninsured February to May, 2020.*



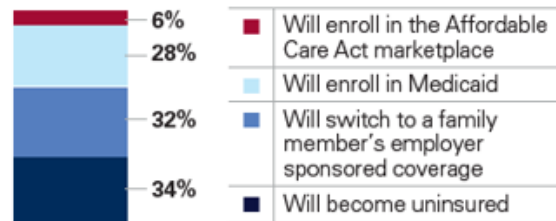
*Dorn, Stan. "The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History," The National Center for Coverage Innovation, Families USA, July 17, 2020.

DISTRIBUTION OF CONSUMER OUT-OF-POCKET HEALTH EXPENSES



"National Health Expenditure Data, Historical," NHE Tables, cms.gov, released Dec. 17, 2019.

PEOPLE WHO LOSE THEIR EMPLOYER-SPONSORED HEALTH INSURANCE IN 2020 (PROJECTED)



Banthin, J. et al. "Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation," Urban Institute, Robert Wood Johnson Foundation, July 13, 2020.

Healthy People 2020

HealthyPeople.gov provides 10-year national objectives for improving the health of all Americans by 2020. The topics are the result of a multiyear process with input from a diverse group of individuals and organizations. Eighteen federal agencies with the most relevant scientific expertise developed health objectives to promote a society in which all people live long, healthy lives. The primary goals for Healthy People 2020-2030 are:

Goals for Healthy People 2020-2030

- Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury, and premature death
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all
- Create social, physical, and economic environments that promote attaining full potential for health and well-being for all
- Promote healthy development, healthy behaviors, and well-being across all life stages
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all

For All Healthy People 2020-2030 Objectives Click [Here](#):

Attachment I: Health Ranking Measures in Relation to Focus Area's

The following measures and definitions represent secondary data sources and the measurements and reason for ranking based on the relationship to health outcome measures used to evaluate Focus Area's.

1. Adult Obesity Measure

Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m² (age-adjusted).

Reason for Ranking:

The measure of obesity serves as a proxy metric for poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems (such as asthma), osteoarthritis, and poor health status.

2. Food Index:

Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).

Reason for Ranking:

The County Health Rankings measure of the food environment accounts for both proximity to healthy foods and income. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket, locations for health food purchases in most communities, and the inability to access healthy food because of cost barriers.

There is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death as supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. Additionally, those with low income may face barriers to accessing a consistent source of healthy food. Lacking consistent access to food is related to negative health outcomes such as weight gain, premature mortality, asthma, and activity limitations, as well as increased health care costs.

3. High School Graduation:

Percentage of ninth-grade cohort that graduates in four years.

Reason for Ranking:

Education is an important predictor of health. Completing more education is associated with being less likely to smoke and more likely to exercise, as well as better physical health and self-reported health.

4. Primary care physicians:

Ratio of population to primary care physician.

Reason for Ranking

Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

5. Drug overdose deaths

Number of drug poisoning deaths per 100,000 population.

Reason for Ranking

Drug overdose deaths are a leading contributor to premature death and are largely preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137% nationwide. Opioids contribute largely to drug overdose deaths; since 2000, there has been a 200% increase in deaths involving opioids (opioid pain relievers and heroin).

6. Excessive Drinking

Percentage of adults reporting binge or heavy drinking (age-adjusted).

Reason for Ranking

Excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. Nearly 1 in 6 U.S. adults are considered binge drinkers. U.S. adults consumed more than 17 billion drinks in a binge setting in 2015.

7. Child Mortality

Number of deaths among residents under age 18 per 100,000 population

Reason for Ranking

The child mortality rate can have a large impact on years of potential life lost (YPLL), so it is an important measure to reference when interpreting a county's YPLL rate.

Child Mortality measures the number of deaths occurring before age 18 per 100,000 population. Rates measure the number of events (e.g., deaths, births) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates facilitate data comparisons across counties with different population sizes.

8. Premature Age-Adjusted Mortality

Number of deaths among residents under age 75 per 100,000 population (age-adjusted).

Reason for Ranking

Premature Age-Adjusted Mortality is a common and important population health outcome measure. Premature Age-Adjusted Mortality measures the number of deaths among residents under the age of 75 per 100,000 population. Rates measure the number of events (e.g., deaths, births) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates facilitate data comparisons across counties with different population sizes. Age is a non-modifiable risk factor, and as age increases, poor health outcomes are more likely. We report an age-adjusted rate in order to fairly compare counties with differing age structures.

9. Premature Death

Years of potential life lost before age 75 per 100,000 population (age-adjusted).

Reason for Ranking

Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are

dominated by deaths of the elderly. For example, using YPLL-75, a death at age 55 counts twice as much as a death at age 65, and a death at age 35 counts eight times as much as a death at age 70.

10. Mental Health Providers

Ratio of population to mental health providers.

Reason for Ranking

Access to care requires not only financial coverage, but also access to providers. Nearly thirty percent of the population lives in a county designated as a Mental Health Professional Shortage Area. As the mental health parity aspects of the Affordable Care Act create increased coverage for mental health services, many anticipate increased workforce shortages.

Source: County Health Rankings & Roadmaps – For further information and metrics, please follow the link [here](#)