



**Community Health Needs Assessment**

*CPAs / ADVISORS*



December 2016



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# LETTER FROM THE CEO

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To Our Community Members:

Perry County Memorial Hospital is committed to providing high quality healthcare and exemplary customer services. Our goal with the attached Community Health Needs Assessment (CHNA) is to better understand the range of issues affecting community health needs. Moreover, through this assessment process, report and subsequent actions, we hope to strengthen the understanding and working relationships among and between the hospital and the other various health care, social service, and community providers that all play a role in shaping the health status of our community. In the new era of population health management, it will be imperative that various providers and organizations work together in a collaborative fashion to better serve patients and provide care and service that is more focused on prevention, health promotion and wellness than ever.

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 2016, a CHNA was conducted by Perry County Memorial Hospital (the Hospital) for the residents of Perry and Spencer counties in Indiana and Hancock County in Kentucky. The Hospital will be developing an implementation strategy for the applicable needs addressed and the results will be summarized in a separate report approved by the Perry County Memorial Hospital Governing Board.

We are pleased to present this comprehensive CHNA which represents a comprehensive assessment of healthcare needs in our community. We look forward to working with you and others in the community to optimize community health and continue meeting the Perry County Memorial Hospital mission through serving the healthcare needs, and improving the health, of the people in our community.

  
Brian Herwig  
Chief Executive Officer

December 2016

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# PERRY COUNTY MEMORIAL HOSPITAL'S MISSION, VISION, AND VALUES

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## MISSION

The mission of Perry County Memorial Hospital is to provide high quality healthcare and exemplary customer service in the most caring, compassionate, and effective manner. We are dedicated to improving the health and quality of life for the communities we serve while reducing the burden of illness, injury, and disability.

## VISION

Our vision is to be the healthcare provider of choice.

## VALUES

- Attitude
- Appearance
- Respect
- Communication
- Privacy
- Etiquette
- Safety

## GOALS

- To provide safe, high quality, compassionate care and service.
- To maintain a highly qualified and competent medical staff and hospital staff.
- To provide modern equipment, facilities, and conveniently located clinics.
- To serve as a responsible employer and participate in the economic and cultural development of our community.





# COMMUNITY HEALTH NEEDS ASSESSMENT

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# EXECUTIVE SUMMARY

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On behalf of Perry County Memorial Hospital (referred herein as “PCMH” or the “Hospital”), a community health needs assessment (CHNA) was conducted in 2016 primarily to identify the major health needs within the community. The community’s geographic area is comprised of Perry and Spencer Counties in Indiana, and Hancock County, Kentucky. The chief objectives of the CHNA were to: 1) identify major health needs within the community in an effort to ultimately improve the health of the area’s residents and facilitate collaboration among local healthcare providers, and 2) satisfy the federal guidelines within the Patient Protection and Affordable Care Act (PPACA) of 2010, as subsequently amended.

Data for this CHNA was collected from primary and secondary sources to identify key findings and gaps that may exist between health needs and services provided within the community. The methods of collection for primary data used were surveys and focus groups. Several secondary data sources were reviewed to identify key findings with strategic implications and for benchmarking of the Hospital’s service area and the health status of the community served.

Highlighted subsequently are important findings identified through the data collection, analysis and assessment process:

- Access to health care services is limited, particularly for various at-risk populations; therefore, there is overuse of the hospital emergency department for non-emergency matters and some patients migrate out to providers in other communities.
- Offering of new or expanded health services is needed to more effectively reach selected at-risk populations such as after-hours and free clinics.
- Resources and funding for healthcare services overall are becoming increasingly limited with reductions in reimbursement.
- Shortage of critical healthcare staff including primary care physicians, dentists, hospitalists, and mental health clinicians.
- Limited access to mental healthcare and addiction services for adults and pediatric patients.
- Need for community wellness and health education programs.

Finally, it is important to note that our data collection did not include a statistically representative sample of the community, in that members of disadvantaged populations were less likely to participate via a web-based survey. These individuals may include immigrants, the homeless, as well as, individuals with low education attainment and income levels. Focus groups were conducted with community leaders, public health experts, and others who work directly with members of disadvantaged populations in order to consider broad interests of the community served.

# ORGANIZATIONAL BACKGROUND

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## PERRY COUNTY MEMORIAL HOSPITAL

Located in Perry County, Indiana, the Hospital provides inpatient, outpatient, in-home and emergency care to all area residents assuring patients of a continuity of quality care all within minutes of home. The Hospital is dedicated to improving the health and quality of life for the communities served while reducing the burden of illness, injury, and disability. The Hospital accepts all patients regardless of their ability to pay.

## HISTORY

In 1945, it was decided to convert the Perry County Infirmary into a hospital and use the hospital field units disposed by the War Assets Board. A site between Tell City and Cannelton was determined to be the ideal location for a county hospital, and Roy Fenn donated the building site for the proposed hospital. A committee was then created of four members who would also be the first hospital board. Five years after the initial meeting in 1945, the building for the hospital was finished and staffed. Perry County Memorial Hospital opened in October, 1950.

By 1956, the Hospital was in need of an expansion and went to the community to gain financial support. The Hospital was able to open a new wing as a result of a bonding issue and donations from the public. In 1963, the Hospital was also able to complete the basement and second floor as a result of hospital earnings from the previous years. In 1975, the Hospital doubled the size of its existing structure again with another expansion.

With the creation of the prospective payment system and reimbursement cuts in 1983, the Hospital began to look for new sources of revenue such as outpatient services, home health, companion care, and outpatient specialists. In order to provide these services, the Hospital embarked on a \$3.5 million building project to house outpatient specialist treatment rooms, a new emergency department, admitting area, and waiting rooms. This new addition was opened in March, 1995.

Much has changed since Perry County Memorial Hospital was founded on the banks of the Ohio River over 60 years ago. Technology has changed. New “miracles” of modern medicine have been introduced. Healthcare itself has evolved from the days when an old country doctor arrived on the front porch with his black bag of cures and good judgment. Along the way, Perry County Memorial Hospital has managed to keep ahead of the curve. Our new state-of-the-art facility opened in May 2015 and features cutting-edge technology along with three operating rooms, two endoscopy rooms, private patient rooms with bathrooms, spacious waiting areas, a dedicated emergency room entrance and ample parking. Emergency Medical Services continue with the partnership between Perry County Memorial Hospital and Perry County.

The Hospital is a full-service hospital dedicated to the health and well-being of all area residents. From diagnosis to treatment to rehabilitation, the Hospital assures patients of a continuity of quality care all within minutes of home.

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Services and Programs offered by the Hospital include:

- General Surgery
  - Advanced laparoscopic
  - Board certified surgeons
  - Colon cancer surgery
  - Comprehensive breast care for benign/malignant diagnosis
  - Endoscopic procedures of the upper and lower gastrointestinal tract
  - Excision of skin cancer
  - Laparoscopic cholecystectomy
  - Lesion removal
  - Open hernia repairs
  - Other general surgery
  - Surgical biopsy
- Cancer Treatment
- Cardiac and Pulmonary Rehabilitation
- Companion Care Services
- Diabetes Self-Management Education Program
- Emergency Department
- Home Care Services
- Laboratory
- Obstetrical Services
- Occupational Therapy
- Pain Management Center
- PCMH Clinics
- Physical Therapy
- Radiology
- Sleep Lab
- Speech Therapy
- Specialty Clinics
- Transitional Care Services
- Wound Care Center

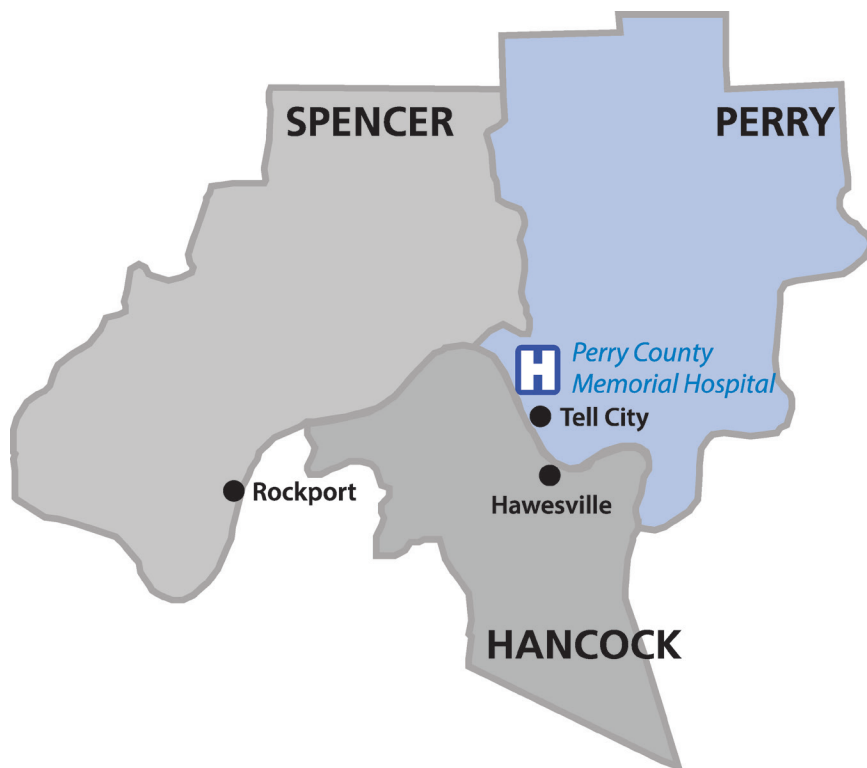
# SERVICE AREA

## SERVICE AREA AND COMMUNITY OF THE HOSPITAL

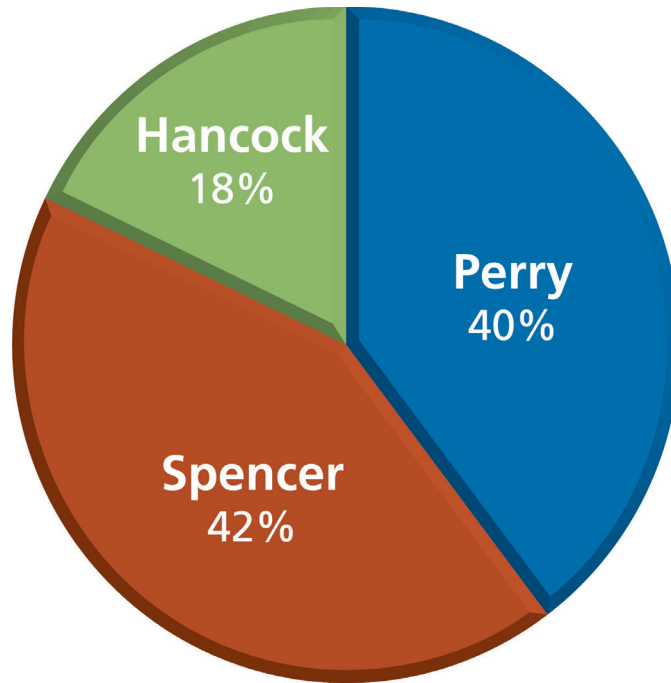
During 2016, the CHNA was conducted by the Hospital on behalf of the 48,754 (2015 US Census) residents of Perry and Spencer Counties located in Indiana and Hancock County located in Kentucky.

The Hospital's service area includes a rural area which covers roughly 1,000 square miles, with the local economy and surrounding areas focused on manufacturing, agriculture and retail activities. Population per square mile is significantly lower when compared to Indiana's population per square mile (50 per mile vs. 181 per mile, respectively). Spencer and Perry County represent 82% of the total service area population of 48,754. Median age in the service area is 41 years. The median age is approximately four years greater than the state of Indiana or Kentucky averages of 37 and 38, respectively. Persons from age 18 to 64 represent the largest population range (53.97%) for the service area, followed by the age range of 5 to 17. The smallest age range is birth to 4 years old, and this range comprised 5.70% of the service area.

## SERVICE AREA MAP



## SERVICE AREA POPULATION BREAKDOWN BY COUNTY







# CONDUCTING THE ASSESSMENT

## OVERVIEW

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

The CHNA requirements were effective starting taxable years beginning after March 23, 2012. On December 29, 2014 the United States Treasury and Internal Revenue Service published the final regulations for Internal Revenue Code Section 501(r) located in 26 CFR part 1, 53, and 602. The Hospital is a charitable hospital organization subject to the additional requirements for the PPACA of 2010. This report is the second assessment conducted for the Hospital and meets the compliance requirements of the PPACA of 2010.

The assessment was developed to identify the significant health needs in the community and gaps that may exist in services provided. It was also developed to provide the community with information to assess essential healthcare, preventive care, health education, and treatment services. This endeavor represents the Hospital's efforts to share information that can lead to improved healthcare and quality of care available to the community, while reinforcing and encouraging 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,
- Health services offered in the Hospital's service area,
- Significant gaps in health needs and services offered, and
- Barriers to meeting any needs that may exist.

Other goals of the assessment were:

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

## PROCESS & METHODOLOGY

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

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Blue conducted focus group conversations with community leaders, as well as, medical, social services, clinical and professional staff. Blue also obtained input from local physicians, hospital employees, public health experts, and community leaders and officials. In addition, written and online surveys were used to solicit feedback from members of the community. The community outreach data collection strategy was targeted at engaging a cross-section of residents from the community as discussed above.

Once data had been collected and analyzed, meetings with hospital leadership were held to discuss key findings, as well as, refine and prioritize the comprehensive list of community needs, services and potential gaps.

## PRIMARY DATA COLLECTION METHODS

The primary data was collected, analyzed, and presented with the assistance of Blue. The methods of collection for primary data were: 1) online and written surveys and 2) focus groups. The Hospital invited local officials, public health experts, health providers, and other key informants to participate in focus groups and surveys during the month of August 2016. Focus groups were facilitated by Blue personnel.

### Online and Written Surveys

A survey was developed and used as a method to solicit perceptions, insights and general understanding from community members including those with special expertise regarding the community's health needs during August 2016. The "Community Input 2016" survey (see Attachment D) was made available on the website of the Hospital ([www.pchospital.org](http://www.pchospital.org)); at seven healthcare related sites located in Tell City, Indiana; at the beginning of the focus group facilitations, and in the local newspaper. A total of 161 surveys were completed and returned.

The surveys comprised ten questions related to the current and previously conducted community health needs assessment. Community members were asked to identify the top five health needs, top three healthcare professionals needed, top three social issues, and top three healthcare challenges in the community. The top five health needs and top three healthcare professional needs questions provided fifteen topics to identify from highest to lowest priority. The top three social issues and top three healthcare challenge questions provided nine topics to identify from highest to lowest priority. Each question provided the option to write in issues that were not listed. Participants were also asked to identify the primary transportation used to attend a doctor's appointment and primary source for obtaining information about healthcare. The results of the survey can be found in the Key Findings section of this report.

In addition to soliciting comments regarding the current needs of the community, participants were asked to comment on the most recently conducted CHNA and implementation strategy, which were conducted in 2013. The responses received are provided in the Survey Results section.

## Focus Groups

Five focus groups were offered in the following locations: Cannelton, Indiana; Leopold, Indiana; Santa Claus, Indiana; and two in Tell City, Indiana. Four focus groups were conducted by Blue with a total of 43 participants during August 2016. Each session lasted approximately one hour (see Attachment D for focus group discussion topics). The focus group scheduled for Santa Clause, Indiana was cancelled due to low participation.

The focus groups were conducted with members representing the communities being served by the Hospital including community leaders, health experts, public officials, physicians, hospital employees and healthcare professionals including those associated with the Hospital and those who serve at-risk disadvantaged populations. The primary objective of the focus groups was to solicit perceptions regarding health needs and services offered in the community, along with any opportunities or barriers that may exist to satisfy needs. The individuals participating in the meetings were able to provide insight regarding members of disadvantaged populations including those in medically underserved, low-income, and minority populations.

## **SECONDARY DATA SOURCES**

Blue reviewed secondary data sources including the American Hospital Association 2015 & 2016 Environmental Scan and Deloitte 2015 and 2016 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: America's Health Rankings United Health Foundation; Behavioral Health Barometer; Centers for Disease Control and Prevention (MMWR); County Health Rankings; Indiana Coalition Against Domestic Violence; Indiana Drug Control Update; Indiana Housing & Community Development Authority (IHCDA); Indiana National Alliance on Mental Illness; Indiana State Department of Health; Kentucky State Department of Public Health; National Mental Health Services Survey (N-MHSS); Suicide in Indiana Report; and Substance Abuse and Mental Health Services Administration (SAMHSA) data. (See Attachment E for a complete list of citations.)

# KEY FINDINGS

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## AREAS OF CONCERN

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

### Limited Access to Healthcare Services

Access to health services is limited, particularly for various disadvantaged and at-risk populations.

- There is an overuse of the hospital emergency department with non-emergency patients due to the lack of an adequate supply of primary care physicians, mental health providers and other key professionals.
- Patients are migrating out of the community to seek care from primary care physicians, mental health providers, and other key professionals.
- Limited knowledge of available services from providers in the community.
- Need for after-hour and free clinics for non-emergency services.
- Transportation services are limited, reducing access to needed healthcare services for at-risk populations.
- Waiting periods for appointments and services were noted as a barrier to access.
- Shortage of available locations to provide vaccinations for children.

### Financial Resources and Funding

Financial resources and funding for healthcare services are limited, thus preventing providers from meeting identified unmet health needs in the community.

- Challenges faced in the community include high deductible insurance plans and co-pay costs, as well as, lack of health insurance.
- Needs noted for physicians accepting Medicare, Medicaid and self-pay patients.
- Concerns about the increasingly limited funding and financial resources available for healthcare services from both public and private sources including inadequate reimbursement rates.

### Professional Shortages

Shortage of critical healthcare workforce reduces access to healthcare services.

- There is a shortage of critical healthcare staffing in several areas including physicians in primary care and specialties such as cardiology, dentistry, family practice, gynecology, internal medicine, ophthalmology, orthopedics, pediatrics, psychiatry, urology and mid-level providers in the community.
- Significant needs noted for mental health and substance abuse providers including psychiatrists, therapists, and counselors in the community.
- Needs noted for paramedics and medical diagnosticians in the community.

## Limited Access to Mental Healthcare and Addiction Services

Access to mental health services is limited, particularly for various disadvantaged and at-risk populations; therefore, the offering of new or expanded mental health services is needed to meet these needs.

- Availability and access to mental health, alcohol and substance abuse providers and services, particularly for child and adolescent patients, are severely limited.
- Improvement needed with coordination among healthcare and social service providers, particularly those serving low income and other at-risk populations.
- Although services are being provided for at-risk populations, these services are limited. This is especially true as it relates to services for the seriously mentally ill, detox, adult alcohol and drug abuse, co-occurring disorders, geriatric, child and adolescent psychiatric, and child and adolescent alcohol and drug abuse populations.
- Waiting periods for appointments and services were noted as a barrier to access.
- Determining the entry-point into the mental healthcare system can be confusing for potential patients, particularly for low income and at-risk populations. The Hospital emergency department is viewed as a less-than-ideal entry point, especially given the limited amount of beds and professional mental health resources available.

## Community Wellness and Education

There is a perception that the community suffers from a shortage of health education, promotion, and prevention services.

- Need for education on types of services available at no cost for low-income and at-risk populations.
- Need for more effective health education, health promotion and prevention services specifically targeted at low-income and at-risk populations.
- Topics for education, promotion, and preventive services needed included: bullying, diabetes, drug abuse, food eating habits, mental health, and teen pregnancy.
- Need for general health and wellness education targeted for school age children and youth.
- Wellness programs for community members including Hospital employees and school children.

## COMMUNITY SURVEY RESULTS

The following represent the survey responses obtained during the data collection and analysis process:

### Top Five Health Needs in the Community

Survey participants were instructed to select the top five most significant health needs in the community with one (1) being the most important and five (5) being the least important, from the topics listed below, with the option to contribute a write-in response. The responses were given a weighted score and rank. The top five ranked responses are considered primary needs; the remainder of the needs are considered secondary.

NEEDS IN THE COMMUNITY – TOP 5 HEALTH NEEDS	
Primary Needs Based on Response Percentage	Percent of Responses
Access to healthcare	17%
Programs and resources for substance abuse	16%
Programs and resources for mental health improvements	13%
Program and resources for chronic disease	9%
Programs and resources for obesity prevention	8%
Secondary Needs	
Programs and resources for depression prevention and awareness	7%
Access to prenatal healthcare	6%
Programs and resources for suicide prevention and awareness	4%
Access to dental/oral healthcare	3%
Programs and resources for anxiety prevention and awareness	3%
Programs and resources for domestic abuse prevention and awareness	3%
Resources for hearing/vision issues	3%
Other*	3%
Resources for injury prevention	2%
Programs and resources for infant mortality prevention	1%
Programs and resources for Asthma awareness and prevention	1%

\* Participants were given the opportunity to specify other needs not listed. Other responses included:

- After hours medical clinic
- After hours dental services
- Ambulance station at the North Rescue Station
- County badly needs an urgent care clinic, other than the emergency room, for nights and weekends
- Dermatology, hematology, female gynecologist
- Educational programs on coping skills

- 
- Education regarding using emergency department for emergencies only
  - Food insecurity, hunger
  - Knowing what resources are available, & understanding how they function
  - Lymphedema services and DME services for DM shoes with custom inserts
  - Need someone in town who fixes broken hips
  - Physicians willing to care for Medicaid patients
  - Pre-hospital emergency care
  - Presence in schools (special presentations on each item listed above)
  - Program that helps me understand my age in relation to health
  - Resources in general- transportation to and from medical appointments
  - Urgent care facility
  - Wellness and prevention

## Top Three Healthcare Professionals Needed in the Community

Survey participants were instructed to select the three most important healthcare professionals needed in the community with one (1) being the most important and three (3) being the least important from the topics listed below with the option to provide a write-in response. The responses were given a weighted score and rank. The top three ranked responses are considered primary needs; the remainder of the needs are considered secondary.

NEEDS IN THE COMMUNITY – TOP 3 HEALTHCARE PROFESSIONALS NEEDED	
Primary Needs Based on Response Percentage	Percent of Responses
Mental Health	23%
Paramedics	11%
Medical diagnosis	10%
Secondary	
Geriatric care	9%
Clinician	9%
Maternal and newborn health	7%
Surgical	5%
Other*	5%
Alternative medicine	5%
Dietitians	5%
Rehabilitation care	3%
Telemedicine	3%
Eye care	2%
Oral care	2%
No additional healthcare professionals are needed	1%
Foot care	Less than 1%

\* Participants were given the opportunity to specify other needs not listed. Other responses included:

- Orthopedic (9)
- Pediatrician (5)
- Physicians (4)
- Dermatologist (3)
- Endocrinologist (2)
- Mental healthcare (2)
- Anesthesiology
- Diagnosis educator
- Dietitian
- Emergency room physicians
- Excellent emergency staff
- Family doctors and nurse practitioners
- Mental Health - psychologist and psychiatrist
- Neurology
- Nurse Practitioners
- Nurses
- Oral care and rehab care
- Pediatric care



- Physicians that accept Medicare/Medicaid
- Primary care providers
- Pulmonology
- Registered nurse
- Surgical
- Venous reflux surgery and scleraltherapy for wound reflux

## Top Three Social Issues in the Community

Survey participants were instructed to select the three most significant social issues in the community with one (1) being the most important and three (3) being the least important from the topics listed below with the option to provide a write-in response. The responses were given a weighted score and rank. The top three ranked responses are considered primary needs; the remainder of the needs are considered secondary.

NEEDS IN THE COMMUNITY – TOP 3 SOCIAL ISSUES	
Primary	Percent of Responses
Poverty	23%
Health	18%
Transportation	10%
Secondary	
Education	8%
Other*	8%
Hunger	8%
Public safety	7%
Housing	7%
Pollution clean, safe air quality	6%
Environment parks, sidewalks, roads, bike paths	4%

\* Participants were given the opportunity to specify other needs not listed. Other responses included:

- Drug abuse (7)
- Substance abuse (6)
- Drug use (3)
- Addiction (2)
- Alcohol abuse (2)
- Drug problem (2)
- Mental health issues (2)
- Animal control officer drug rehab/help of some kind
- Drug related-poverty/foster care
- Drug use/abuse & effects on the community
- Drugs and alcohol
- Foster parents' child care
- Hunger - kids
- Lack of financial literacy
- Need of parks - YMCA somewhere for families to go to get healthy
- Patient non-compliance

- People do not take care of themselves due to high deductibles. I am one of them. I don't have extra money for this and make "too" much money for financial assistance.....middle class. Not rich enough to pay my deductible because I'm paying for my child's who requires lots of medical care but not poor enough for assistance because I work to care for him and keep insurance.
- Population needs to grow not decline
- Poverty, housing, safety, & housing should be issues for every community
- Programs that can help people become good workers
- Children removed from homes
- Teenage drinking/drug use

### Top Three Healthcare Challenges in the Community

Survey participants were instructed to select the three most significant healthcare challenges in the community with one (1) being the most important and three (3) being the least important from the topics listed below with the option to provide a write-in response. The responses were given a weighted score and rank. The top three ranked responses are considered primary needs; the remainder of the needs considered secondary. Thirteen percent (13%) of the responses indicated there were no challenges receiving healthcare which has been listed as the last item.

<b>NEEDS IN THE COMMUNITY – TOP 3 HEALTHCARE CHALLENGES</b>	
<b>Primary</b>	<b>Percent of Responses</b>
Limited hours at doctors' offices / clinics	22%
Deductible and co-pay costs	17%
Lack of insurance	11%
<b>Secondary</b>	
Unable to find a specialist	10%
Unable to find a doctor	8%
Lack of transportation	8%
Lack of doctors who accept my insurance	6%
Other*	5%
Do not have any challenges receiving healthcare	13%

\* Participants were given the opportunity to specify other challenges not listed. Other responses included:

- Cost of insurance (4)
- Aging population of physicians in our area
- Doctors are often booked full and hard to get in until the next day or two for non-urgent care
- Huge challenge for self-employed people to find affordable health care
- Hard to get into a doctor with limited notice.

- Need an urgent care for after hour non-emergency issues
- Need local physicians in the ER
- Prescription medicine costs
- Substance abuse
- Temporary lack of transportation due to surgery limitations
- Under insured
- Weekend hours for family medicine would be beneficial

### Primary Transportation Taken to Doctor's Appointments and Other Healthcare Treatment

Survey participants were instructed to select the primary transportation from the following: personal vehicle; public transportation; taxi; family/friend; walk; I am unable to make it to appointments due to lack of transportation, or, other transportation. Of the responses 91% used a personal vehicle; 6% used a family or friend; and 1% used a taxi. The other transportation responses provided were a combination of personal vehicle, public transportation and family or friend while one individual responded there was a lack of options for elderly Medicare/Medicaid patients.

### Primary Source for Information about Healthcare

Survey participants were instructed to select the primary source for information about healthcare from the following: doctor's office or clinic; family, friend, co-workers, or neighbor; school clinic or nurse; community center; church; internet; media (radio, TV, magazines, newspapers); I do not receive information about healthcare; or other sources. Of the responses 39% received information from the doctor's office or clinic; 25% received information from family, friends, co-workers, or neighbors; 17% used the internet; 7% received information from media sources; 1% received information from school clinic or nurse; and 6% responded that they do not receive information about healthcare. The other sources listed were continuing education at work; medical references, health magazines from Owensboro and Memorial [hospitals], personal research, and word of mouth.

### General Comments: Current Needs, 2013 Solicited Comments, and Perry County Memorial Hospital (PCMH) Awareness

Participants were asked to provide any additional comments regarding needs in the community. The following comments are written as received.

- Accessibility is a huge problem. Weekend normal coverage does not exist and ER visits are expensive. Also, people do not know what is available to them.
- Added services such as Pain Clinic, Wound Clinic and more to come.
- An urgent care facility is necessary as major employers are 24-7
- Community is in need of another full time ambulance crew in the county

- County badly needs an urgent care clinic, other than the emergency room, for nights and weekends.
- Finding, and retaining orthopedic care, including surgeries is an ongoing battle that we face at PCMH.
- Foster care families. Child abuse prevention programs. MENTAL HEALTH!!!!
- Free BP monitoring/checks monthly. More preventative info.
- Get involved.
- Greatly need substance abuse treatment programs
- I feel as if a variety of people do not want to come to Perry County Memorial Hospital when they have a major illness or get hurt because it is considered to most a “transfer hospital” and I do not think it should be like that. I am proud of our hospital and want other people to be also.
- I think PCMH’s image in the community gets better each year!
- I would say the 2 biggest needs in our community, and both are equally important. The first is the need for additional EMS coverage. To have one EMS crew on duty and one on standby is not adequate coverage for a county of 19,000 and especially one that has an interstate that runs through the northern end of it. I know there is grant dollars available and other ways to fund additional units. If the one of the board members were in an emergency out by the interstate and needed EMS, how would they feel waiting for the ambulance that has to come from Tell City to get them?? In the 2013 CHNA, one of the important findings was a shortage of healthcare professionals and we still have that same shortage. My hope is that since there is a new CEO at the hospital, the perception will change and there will be an increase of healthcare professionals. There is also a very important need for an urgent care so that non-emergency visits can be seen there instead of the ER.
- Ivy Tech Community College has a new Health Science Lab that enables students to attend health related classes in their own community. Unfortunately, it is very difficult to identify individuals to teach the classes. It would be great if PCMH could collaborate with Ivy Tech in providing/teaching courses such as Phlebotomy, Anatomy & Physiology, and other health careers.
- Lack of local physicians in the emergency room resulting in expensive emergency room bills.
- Leopold clinic needs to provide some common meds to be available without driving into town. Leopold clinic needs expanded hours. Many times you call and doctor is not present.
- Lower cost and understanding insurance
- Lymphedema services by the PT department are greatly needed. Also, a place to obtain compression garments and custom garments, diabetic shoes with custom inserts. The local pharmacies carry some garments but not high quality garments. I see diabetic footwear but not custom inserts.
- Mental health
- Mental health services are overloaded and often inadequate. More must be done on drug/substance abuse and prevention.
- Mental health-drug abuse-transportation
- More ambulance for county
- More awareness of programs that PCMH offers
- More non-emergency walk-in clinics
- More Paramedics and ambulance

- More specialists would be beneficial to many people. Many people in our community go out of town for healthcare due to more options/specialists available.
- Need additional clinic hours. Need providers who will care for all types of patients and not be so quick to kick them out of their practices.
- Need an urgent care for after hour care for non-emergency issues.
- Needs to help senior citizens and others that need help. Senior Connection to help with different kinds of insurance. Health facilities that are in network providers for everyone that comes to the hospital.
- Negative comments made about our hospital are blown out of proportion. People negate the positive comments more often than not. We are so blessed to be able to have such a nice facility for our use.
- New hospital is nice. Need more doctors with better hours for appointments
- Our clients struggle most with finding doctors/dentists that accept their insurance and then transportation to and from appointments. Also, lack of knowledge about EPSDT recommended care schedule.
- PCMH has a beautiful facility which the community is very proud of. Staff is competent, friendly and helpful. It is comfortable to walk into the hospital. Would like to know more about services, hours, how to access.
- Pediatricians developing relationships with the young in the community would be a wonderful way to integrate health care into the thread of the community.
- Staffing the Paramedic service adequately with paramedics and more crews to serve the county as it should be served.
- Substance abuse and mental behavioral health needs are areas of concern that cannot readily seek treatment at PCMH.
- Thank you for listening.
- The first priority is to employ more family care physicians who will refer patients to our hospital. Continue to entice other specialty doctors to practice a few days a week or month in this area.
- There is a need for more businesses out towards PCMH. The hospital is a valuable part of the community, & since the move, it is a little more out-of-the-way than in the past. If there were a few businesses &/ or places to eat, the traffic & awareness of those establishments would make WHERE the hospital is a little more known.
- Transportation improvement would be #1, Would like to see a budget for social services and dc planning to help patients with financial struggles who need transport (taxi fund), clothes, shoes, help with medications on 4 dollar Walmart list.
- Transportation is a huge problem, especially to those of us who live in the northern part.
- Walk-in urgent care; mental health clinics.
- We are new to the community and are not aware of help when our doctor here sends us to their main office out of Tell City. We are not comfortable driving in a big city.
- We need a doctor facility that provides urgent care outside of normal hours and at night...and not the hospital.
- We need an urgent care center in our community. It is hard for working parents to get their sick children seen in the evening. The ER is being used as an urgent care center.

- We need an urgent care center or weekend clinic hours. Something!
- We need more awareness of the programs that we do have here at the hospital and all the clinics.
- Wellness- Most people need incentive for wellness. (Decrease monthly premiums on ins). For example, non-smokers, non-obese, those who work hard to improve wellness and health...lower insurance rates. Provide access to events/gyms-free of cost to encourage participation. Health coaches-phone calls to discuss opportunities for health improvement. Another issue-eating healthy is expensive. Much lower cost to eat ramen noodles rather than salmon and broccoli.

Participants were asked to provide comments, questions, changing circumstances for the 2013 Community Health Needs Assessment. The following comments are written as received.

- I am only aware of this survey based on my working here and it being discussed.
- I knew there was one, but didn't know how to access it to complete it.
- I think not all homes have access to the internet although it has improved for Tell City. Many outlying areas still do not have high speed internet.
- Perhaps local newspaper could summarize important statistics in an article.

Participants were asked to respond to the following question: "How do you characterize the community's overall awareness of Perry County Memorial Hospital and its services; and, to provide any feedback regarding how to improve awareness about the contributions the Hospital makes to the community. The following comments are written as received.

- Additional marketing would help educate the community on the services offered at PCMH.
- Afraid the county can't afford it. Reputation; will take time-maybe years.
- Appears that the community is pleased with the new facility and care given. We need pediatric provider(s) to care for the children provide guidance to parents.
- Awareness is good and will continue to grow. Services are increasing and availability helps.
- Awareness is slowly improving. We have a great hospital in our community and it is slowly improving its reputation in the public's eye. We are very fortunate to have a hospital in such a small community!
- Better doctors.
- Better usage of facilities, i.e. bring in groups to walk the grounds, have cafeteria specials etc. If you get people here, they will better grasp the scope of available services.
- Billboards and newspapers.
- Billboards should feature a different department instead of having generic PCMH signs. I did not realize we had an oncology department until I started working here. Also articles in Evansville Courier, which is more read by the local community.
- Community awareness is getting better. Still viewed as maybe not the best place to go. No consistent doctors.
- Community awareness is great.
- Community awareness is lacking in the aspects of the hospital's ability to provide exceptional care especially when compared to our competitors. Marketing to display a commitment to community

health and wellness through the provision of services and meeting the needs of the consumer is needed. Focusing on holding onto our roots but showing the community the face of change in order to challenge them to use our services to see for themselves what PCMH has to offer, close to home.

- Community awareness of PCMH continues to get better. PCMH should continue making the community aware of their contributions via the social media, newspaper and etc.
- Community definitely aware of PCMH-center of our community. New hospital. Provide many different services.
- Community is aware of our hospital and services.
- Community is aware of the contributions.
- Community is aware of the hospital however some, especially in the northern part of the county, choose not to use the hospital. I believe the hospital needs to reach out to the community and change some people's perception of what the hospital was to how the hospital is now.
- Community is aware of the Hospital, but if you had a serious surgery many people would choose to go to a larger hospital in either Owensboro or Evansville for treatment. We always have for maternity because if anything went seriously wrong it would have to be treated at a hospital with a more sophisticated unit for babies. Certain things you can only have with a big enough hospital.
- Community is aware what services are available at Perry County Memorial Hospital. I think PCMH does a good job advertising in the community thru newspapers, billboards and telephone directories to make people aware what services are available to them.
- Community is not always aware of all services. Continued press releases and advertising would help. Providers sharing service information would help. Hospital staff sharing information with friends and families would help.
- Community is still not aware of all of the services that the hospital has to offer.
- Community is very uneducated on the services provided here. Many will always choose to leave town for services, but a greater awareness would help keep some local.
- Community knows where the hospital is located and to go there when sick, but lack information about specialists and services offered by the hospital.
- Community looks down on PCMH. The hospital has a bad reputation.
- Community not aware of services provided. More marketing.
- Community utilizes this facility, but would like to see even more of what "Big city" hospitals offer.
- Community views the hospital as an emergency center although I have heard that the doctors staffing it are not part of the network that major insurance companies suggest. Few local doctors admit patients to the hospital. The outpatient services are well thought of by most. Nursing staff is excellent.
- Continually posting to social media and local newspapers and radio stations.
- Continue its sponsorship of health activities.
- Continue to promote the growing services we offer, and the good things that happen at PCMH. Continue to recognize the local people who work here.
- Cost of services offered are considerably higher than going outside the community for the same services.
- Don't hear a lot about what the hospital is doing.

- ER could be better, want you in and out.
- Everyone in the community is aware of the hospital. Some may not be aware of all of the services provided.
- Everyone seems to know about our hospital since it is the only one in this area.
- Everything is great.
- Excellent quality care facility with state of the art equipment. It just needs more tv commercials etc to be more known about.
- Fair advertise.
- Get involved with Health Coalitions to know what we can do to improve the community.
- Good.
- Good awareness.
- Great asset to the community. I know others do not from problems way in the past. Continuing a marketing program [maybe on advisory board of some type] and reaching out in the community- especially incentive to northern Perry Co would be helpful!
- Great hospital and great staff!
- Hospital as a whole is improving in many aspects.
- Hospital does a great job at promoting the services it provides.
- Hospital does well advertising.
- Hospital has improved the advertisement of their services but many people in the community still think that bigger equates with better. Overcoming this stigma is a huge obstacle.
- Hospital is currently working on new programs to help those in the community. Word of mouth, as well as references from the primary doctor will help this information to get out.
- Hospital is known. New CEO needs to be more visible in the community. Need more doctors and better hours to see doctor.
- Hospital provides a great service to the community. The Doctors and nurses there are great.
- I do not believe the overall general public is aware.
- I do not feel like the community is aware of all the services offered at PCMH.
- I do not feel like the community really understands the services provided. I would like to see more of a connection between the hospital and the community.
- I do not think there is anything to improve.
- I feel there are still persons in the community who are unaware of services we offer here. We have given cancer treatments at our facility for 20+ years and some still have no idea.
- I wasn't aware of the heart specialists that come here until a family member was admitted.
- I wasn't aware PCMH made contributions to the community.
- If one reads the newspaper, hospital events are advertised. To improve awareness, be at all community events.
- Image is improving as the outpatient services have helped erase the old "first aid" station mentality.



The new building also improves the hospital's image. Continued good work by the front desk staff... make it friendly and the better the ER doctors, the better the hospital looks.

- Improved since moving to the new facility.
- Improving, still fighting bad reputation.
- Increase advertising on radio, tv, newspaper, education at local places. Increase free screening such as blood pressure checks, glucose checks, more health fair participation such as USI, host Gerontology meetings with educational information, participate in local events 4-H fairs , set up booths, provide informational pamphlets and free small gifts.
- Lack of awareness and a disconnect between how the community views our hospital.
- Lacking... I did not know the Hospital had an Oncology department until 2 years ago.
- Limitation of services offered.
- Market and advertise more. Open communication with other providers.
- More advertisement.
- More advertising and community involvement.
- More community programs.
- More doctors so there not sent out of town so many can't afford this.
- More frequent changed billboards and tv advertisement that is personalized with real patients or staff.
- More hospital involvement at community/sporting events.
- More involvement in community events. Sponsor more events/runs/occasions. Provide more education at different events (other than health fairs).
- More Physicians needed; so more services could be offered.
- More specialists.
- Most people are not aware of a service until and unless they need that service. Then they must search for it.
- Need more advertising.
- Need more positive information about the care we provide. Need more information about home care services that are available.
- Need more support from our community.
- Need to have a big Hospital sign on Hwy 37. Not aware of contributions Hospital makes. So more media about what services are available etc.
- Needs to improve as not well known. Open houses, visiting employers.
- No, there is advertising up around town and on the tv about resources available.
- Not as aware as they could be.
- Not sure if people are aware of the level of care offered.
- OB/GYN - community needs to be made aware of services.

- Open houses for new services open to the community.
- PCMH does a great job involving in the community and sharing what they have to offer.
- PCMH does a great job of community outreach.
- PCMH does a great job with making people aware of the type of services they offer.
- PCMH is centrally located and very well known, especially after opening a new facility.
- PCMH is supportive of the hospital, but there is not enough information about the services offered and how to access.
- PCMH is well known throughout the community, and strives to provide quality and timely care. I believe if there were a greater focus on mental health/substance abuse issues and PCMH being able to provide care to patients with these issues, (without judgement), we would see fewer in the Emergency Department. I think these two issues are very prevalent in our community and the options for them, if under insured, are very limited.
- PCMH is working to improve awareness.
- PCMH needs to hold more public forums on issues pressing to the community. Need to keep other rival hospitals from presenting here at local nursing homes, churches, and public sites.
- PCMH offers most every service needed by community. Billboard advertising/newspaper advertising/ local commercials all effective to improve awareness.
- PCMH should host more activities relating to health and mental health. More community interaction.
- People are unaware of the offered services.
- People do not know all the services – for example Obstetrical Services.
- People who are interested in what you are doing will find the appropriate information. I think there is a huge health care literacy issue and that most people don't seek health information because they don't understand it.
- Perry County Memorial has made a Very Good effort to keep the community aware of all of their services & contributions.
- Poor communication. Reaching the underserved, uninsured patients.
- Public awareness of services available at PCMH has improved over the last several years. Enhanced partnerships between local providers (both independent and employed) and PCMH would increase awareness of the hospital's services and its contributions to the community.
- Since the completion of the new facility, the hospital has become prevalent in marketing their services/ facility/equipment. However, it is still in need of additional quality nurse practitioners, neonatal, specialists, and diagnostics. Providing a trusted facility is a step in the right direction. Complete the facility with trusted and experienced professionals that patients can rely on.
- Spencer County residents are not well aware of what PCMH has to offer. I would suggest mailers (as MHHCC does) or community forums.
- Unaware of several new services.
- Variety of people do not want to come to our hospital when they have a major illness or get hurt because it is considered to most a "transfer hospital" and I do not think it should be like that. I am proud of our hospital and want other people to be also.

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- We are fortunate to have PCMH in our community!
  - Well aware
  - With new building and open ceremonies, I feel hospitals presence has grown and has been positive impact on communities.
  - Within the last year awareness has been broadened by social media and newspaper articles. I think doing free seminars each month on different services may help improve awareness too.

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## COMMUNITY NEEDS – KEY ISSUES FROM FOCUS GROUPS

Participants were given the opportunity to provide feedback during focus group sessions on any healthcare needs in the local healthcare service system. These were key themes that have been highlighted from these sessions.

### Limited Access to Primary Care

- Limited access for those in poverty
- Limited access for women's health care
- Limited hours - not always convenient to accommodate individuals
- Need for a free clinic at least once a month for diagnosis and prevention which could be used to provide education to the public
- Need for an "App" (application) to provide access to information about local services available
- No doctor or dentist at Health Department
- No Federally Qualified Health Center in Perry County
- No hospice care available
- Not enough physicians - limited amount of nurse practitioners
- Retiring physicians replaced with nurses and not young physicians
- WIC assistance and Healthy Family not available at the Health Department

### Limited Access to Mental Health Services and Drug Addiction Services

- Need for Drug Addiction prevention services
- Need for medications prescribed
- Need for Diagnosis
- Need for Monitoring
- Not enough providers for all ages
- Southern Hills – Telemedicine is a start, but full

### Limited Access to Transportation

- One van for the county is not sufficient to handle the need
- Difficulty filling prescriptions in Leopold due to lack of transportation
- Shortage of options for the community

## Limited Access to Medication in Leopold, Indiana

- Closest pharmacy is twenty minutes away in Tell City, Indiana
- Limited vaccinations for children due to Health Department shortages
- Limited vaccines for babies at the Hospital due to three month waiting period
- Pharmacy is limited to giving vaccines to children younger than the age of 13
- Schools were not providing vaccinations to kindergartners

## Specialties needed:

- Audiologist
- Cardiologist
- Dentist
- Eye doctors
- Geri-Psych
- Gynecology
- Internist
- Mental Health Professionals
- Orthopedist
- Pediatricians
- Psychiatrist
- Sports Medicine
- Urology

## Education Needs and Opportunities

- Access to free education for low income families
- Bullying
- Diabetes
- Drug Abuse/ abstinence
- Food eating habits – obesity, wellness program, health goals
- Health fairs and health screenings for younger kids
- High School Create an APP to show case services and access
- Need for more county-wide promotion of education and wellness
- Need for promotion of the Perry County Wellness Clinic
- Need for promotion of the walking school bus
- Need for recommendations and requirements for health care for kids
- Seminar on (“Brown Bag” Events) on abuse prevention, eating health on a budget, mental health awareness, removing stigma of mental health, and what is mental health
- Teen pregnancy/parenting classes

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## Community Collaboration Opportunities

- Doctors/nurses to share information to parents
- Health Department and Hospital to provide vaccines
- Health fairs with dentist, eye doctor, nurse to perform minor screenings
- Health food options in the community
- More ads/information/flyers to pass out to school kids
- Need to know what the providers provide - More promotion of the United Way Resources Guide
- Need to use the county fairs as an avenue to get to people
- Physicals for school kids
- Social Service entities working better - Example United Way and Catholic Charities battling the foster family issue
- Summer programs/camps for kids
- Use vaccinations events at schools to provide other information
- Vocational training
- Wellness program for Perry County employees
- Wellness programs for schools

# NATIONAL, STATE AND COUNTY TRENDS

## NATIONAL HEALTHCARE TRENDS SYNOPSIS

### National Health Expenditures

Healthcare spending continued to grow at the national level from 2012 to 2014. The following data was obtained from the National Health Expenditures Highlights provided from the Centers for Medicare & Medicaid Services.

#### *2012 Health Expenditures*

- Total health expenditures increased 4.1% to \$2.8 trillion from 2011.
- Healthcare represents 17.4% of the Gross Domestic Product (GDP).
- Health expenditures reached \$8,996 per capita.

#### *2013 Health Expenditures*

- Total health expenditures increased 3.6% to \$2.9 trillion from 2012.
- Healthcare represents 17.4% of the Gross Domestic Product (GDP).
- Health expenditures reached \$9,255 per capita.

#### *2014 Health Expenditures*

- Total health expenditures increased 5.4% to \$3.0 trillion from 2013.
- Healthcare represents 17.9% of the Gross Domestic Product (GDP).
- Health expenditures reached \$8,680 per capita.

### American Health Rankings

As a nation, there has been a strong awareness on the impact our lifestyles have on our health. The following data obtained from America's Health Ranking 2015 Edition highlights the improvements and challenges in healthcare factors for 2015 from the past year.

#### *2015 National Health Improvements*

- Smoking has decreased 5% for those who smoke regularly.
- Immunization coverage among children has increased 5%.
- Preventable hospitalizations decreased 8%.

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## *2015 National Health Challenges*

- Deaths due to drugs have increased 4% to 13.5 deaths per 100,000 population.
- Children in poverty increased 6% to 21.1% of children under the age of 18.
- Premature death rate has not improved for the third year in a row.

## Deloitte Consumers & Health Care System

Deloitte Center for Health Solutions' 2016 and 2015 Surveys with a sample size of 3,751 provided the following national health related data regarding consumers' satisfaction with insurance coverage, knowledge of insurance costs, confidence in handling future health care costs, use of online services, and how coverage is shopped (insurance exchange is referred to as "exchange").

### *2016 Survey Results*

- 53% of exchange consumers are satisfied with their health plan overall.
- 54% of employer insurance consumers are satisfied with their health plan overall.
- 42% of consumers believe his/her insurance does not pay enough health care expenses.
- 50% of exchange consumers believe their premiums are too high.
- 42% of commercial consumers believe their premiums are too high.
- 18% of consumers believe the network providers is too restricted.
- 34% of consumers feel prepared to handle future health care costs.
- 45% of consumers feel confident in obtaining affordable care.

### *2015 Survey Results*

- 67% of exchange consumers used online sources to research an insurance plans.
- 25% of consumers were surprised by unexpected out-of-pocket expenses.
- 94% of exchange consumers use the insurance plan costs when selecting a plan.
- 58% of consumers feel that doctors should explain treatment costs before making a decision.
- 21% of consumers use social media for health purposes.
- 28% of consumers are using technology to measure fitness and health improvement goals.
- 13% of consumers taking prescription medication receive electronic alerts or reminders.
- 42% of consumers taking prescription medication have not used electronic reminders yet.
- 15% of prescription medication users use technology to measure, record, or transmit treatment data; while 51% have not used technology for this purpose yet.



- 24% of consumers say mobile phone apps that access records, schedule appointments, order prescription refills would help them change their habits, behaviors, and improve their health.
- 25% of consumers say services (testing, mobile, online) giving customized health alerts or information change their habits, behaviors, and improve their health.
- 31% of consumers say reward points for uploading personal health data from devices worn on the body would help them change their habits, behaviors, and improve their health.
- 34% of consumers say prevention/wellness programs that provide information, reminders, and self-monitoring tools would help them change their habits, behaviors, and improve their health.
- 35% of consumers say care plans and programs to assist with chronic conditions by providing information, reminders, and self-monitoring tools would help them change their habits, behaviors, and improve their health.
- 40% of consumers say secure websites to access records, schedule appointments, order prescription refills would help them change their habits, behaviors, and improve their health.
- 42% of consumers say information about costs when choosing providers or treatments would help them change their habits, behaviors, and improve their health.
- 46% of consumers say premium discounts for participating in health improvement/ wellness/ fitness programs would help them change their habits, behaviors, and improve their health.
- 50% of consumers with major chronic conditions say having information about quality when choosing doctors and hospitals would help them change their habits, behaviors, and improve their health.

## [American Hospital Association \(AHA\) Environmental Scan \(2015 & 2016\)](#)

The 2015 and 2016 American Hospital Association Environmental Scan provides insight and information about market forces that have a high probability of affecting the healthcare field. It was designed to help hospitals and health system leaders better understand the healthcare landscape and the critical issues and emerging trends their organizations will likely face in the future. The Scan provided the following information:

### *Consumers & Patients*

- Nearly half of all Americans have a least one chronic illness or more.
- 85% of Americans 65 or older have a least one chronic illness or more.
- 65-year-old persons can expect, on average, to live to the age of 84.
- 18.2% of adults 18 or older experienced a mental illness in 2014.
- Individuals with mental illness are not receiving adequate behavioral health care.
- Depression is the leading cause of disability worldwide.
- 60% of adults with mental illness received no mental health services in the previous year.

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## *Insurance & Coverage*

- Medicare enrollment is estimated to grow 57% from 2006 to 2022.
- Medicaid enrollment is estimated to grow 71% from 2006 to 2022.
- Private insurance enrollment estimated to 6% from 2006 to 2022.
- Over 43% of privately insured adults said their deductible was somewhat, very difficult, or impossible to afford; dis-incentivizing people from getting needed care.
- 13% of all U.S. health systems offer health plans.
- 30% of employers anticipate moving to a private exchange over the next three to five years.
- High-deductible health plans have increased to 20% in 2013, however, PPO plans remain the most common plan type.
- Average patient deductible has nearly doubled since 2006 and the typical plan deductible now exceeds the typical family's available savings.
- Many exchange carriers are offering limited provider networks which may cause consumers to incur large out-of-network charges.

## *Transforming Care Delivery*

- U.S. Health care system has a new business model resulting from unsustainable costs and inordinate share of GDP from hospital-centric sick care to an outpatient community-based care.
- Retailers such as Walmart, Walgreens, and CVS are expanding their primary care clinics and planning to move into chronic disease management.
- Nontraditional health care clinics are growing with urgent care centers doubling between 2012 and 2015.

## *Physicians*

- U.S. physicians typically are not trained to meet patient needs related to non-fixable related problems such as frailty, aging, worsening chronic illness or terminal illness.
- The U.S. has more specialists than generalists which does not lower the mortality rates.
- Primary care teams likely will continue to integrate mental health professionals such as clinical psychologist, licensed clinical social workers, marriage and family therapists, and even nurses and health educators with specialized training.
- 75% of consumers say they would be comfortable seeing a nurse practitioner or physician assistance for physicals, prescriptions, minor injuries and ordering lab tests.
- 50% of consumers say they would be comfortable going to a pharmacist instead of a doctor for some services.
- The supply of primary care nurse practitioners is expected to increase 30% in the next five years, while the supply of physician assistances is expected to increase 58% in the next five years.

## 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 are:

### *Goals for Healthy People 2020*

- Eliminate preventable disease, disability, injury, and premature death.
  - Emphasize the importance of prevention and health promotion
  - Address “all hazards” preparedness as a public health issue
  - Create a multi-sectoral approach with a strong public health workforce and infrastructure
- Achieve health equity, eliminate disparities, and improve the health of all groups.
  - Achieve health equity and eliminate health disparities
  - Measure health equity and health disparities over time
- Create social and physical environments that promote good health for all.
  - Create an ecological approach to health promotion
  - Address the social and physical environments effecting health
- Promote healthy development and healthy behaviors across every stage of life.
  - Recognize the importance of life stages and developmental stages to health
  - Tailor a clustering of life stages and population metrics for healthy development

The 2020 topics are organized into 42 areas with measurable and developmental objectives maintained by the Office of Disease Prevention and Health Promotion within the U.S. Department of Health and Human Services. The objectives relevant for this assessment are as follows:

### *Healthy People 2020 Objectives*

#### Adolescent Health

- Increase educational achievement of adolescents and young adults.
- Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property.
- Increase the proportion of adolescents whose parents consider them safe at school.

#### Access to Health Services

- Increase the proportion of persons with health insurance.

- 
- Increase the proportion of persons with a usual primary care provider.
  - Increase the number of practicing primary care providers.
  - Increase the proportion of persons who have a specific source of ongoing care.
  - Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

### Education

- Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in the following areas: unintentional injury; violence; tobacco use and addiction; alcohol or other drug use; unhealthy dietary patterns; and inadequate physical activity, dental health and safety.
- Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.
- Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address the knowledge and skills articulated in the National Health Education Standards (high school, middle, and elementary).

## **STATE HEALTHCARE TRENDS SYNOPSIS**

### American's Health Ranking - Indiana

In Indiana, the overall health ranking is 41st as reported in the 2015 American's Health Ranking report and has remained the same over the past three years. The current strengths for the state are high rate of high school graduation, high immunization among adolescents for meningococcal disease, and low incidence of salmonella. The challenges faced by the Indiana population are low per capita public health funding, high prevalence of smoking, and high levels of air pollution.

### *2015 Indiana Improvements*

- High school graduation rate increased 8% in the past year to 87% of students.
- Physical inactivity decreased from 16% in the past year to 26.1% of adults.
- Infant mortality decreased 9% in the past two years to 7.0 deaths per 1,000 live births.
- Preventable hospitalizations decreased 16% over the past five years.

## 2015 Indiana Challenges

- Public health funding dollars per person decreased 11% over the past year.
- Smoking increased 4% in the past year to 22.9% of adults.
- Children in poverty increased 59% in the past year to 23.3% of children.
- Violent crimes increased 3% in the past year to 357 offenses per 100,000 population.

## American's Health Ranking - Kentucky

In Kentucky, the overall health ranking is 44th as reported in the 2015 American's Health Ranking report and has improved over the past year from 47th. The current strengths for the state are low violent crime rate, low prevalence of excess drinking, and high rate of high school graduation. The challenges faced by the Kentucky population are high rate of cancer deaths, high rate of preventable hospitalizations, and high prevalence of smoking.

## 2015 Kentucky Improvements

- Violent crimes decreased 5% in the past year to 210 offenses per 100,000 population.
- High school graduation rate increased 5% in the past year to 86.1% of students.
- Lack of health insurance has decreased 24% over the past two years.
- Children in poverty decreased 4% in the past year to 30.3%.

## 2015 Kentucky Challenges

- Diabetes increased 18% over the past year to 12.5% of adults.
- Public health funding dollars per person decreased 13% over the past year.
- Drug deaths increased 22% over the past two years to 24 deaths per 100,000 population.

## State Mental Health Cuts

Funding varies from year to year for mental health services; however, budgeted funding for Mental Health and Addiction Services in Indiana remained static between fiscal year 2012 and 2013. For fiscal year 2014, there is a budgeted decrease in appropriations of approximately \$8 million from the general fund. Funding reductions provide a challenge each year for mental health providers across the state. Lack of financial resources and funding for mental health services is one of the most prevalent findings from our primary data collection process. Lack of funding continues to be a significant barrier to meeting the needs of the community.

## Community and Social Services Occupational Employment

### Indiana

According to historical data from the Indiana Department of Workforce Development and Bureau of Labor Statistics for May 2015 and 2014, the total individuals employed in community and social service occupations for the United States were 1,972,140 and 1,930,750, respectively. Indiana comprises nearly 2% of the total. Indiana's service category shows an increase between years with mental health counselors increasing 24%; however, substance abuse and behavior disorder counselors decreased 9%, mental health and substance abuse social workers decreased 9%, and marriage and family therapists decreased 22%.

COMMUNITY AND SOCIAL SERVICE OCCUPATIONS	2015	2014
Total Community and Social Services Occupations in Indiana	34,190	32,910
Substance Abuse & Behavioral Disorder Counselors	970	1,070
Educational, Vocational, & School Counselors	3,860	3,820
Marriage & Family Therapists	530	680
Mental Health Counselors	2,100	1,690
Rehabilitation Counselors	1,000	1,020
Counselors, All Other	110	180
Child, Family, & School Social Workers	5,260	5,320
Medical & Public Health Social Workers	3,990	3,830
Mental Health & Substance Abuse Social Workers	1,890	2,010
Social Workers, All Other	590	600
Health Educators	1,540	1,520
Probation Officers & Correctional Treatment Specialists	2,410	2,370
Social & Human Service Assistants	5,730	4,990
Community Health Workers	1,260	1,190
Community & Social Service Specialists, All Other	1,630	1,240
Clergy	890	940
Directors, Religious Activities & Education	270	300
Religious Workers, All Other	150	130

## Kentucky

Kentucky comprises less than 2% of the total individuals employed in community and social service occupations for the United States. Kentucky's service category shows a decrease between years with mental health and substance abuse social workers decreasing 22%; substance abuse and behavior disorder counselors decreased 8%, and marriage and family therapists remaining constant; however, mental health counselors increased 28%.

COMMUNITY AND SOCIAL SERVICE OCCUPATIONS	2015	2014
Total Community and Social Services Occupations in Indiana	26,010	26,090
Substance Abuse & Behavioral Disorder Counselors	1,410	1,540
Educational, Vocational, & School Counselors	3,560	3,460
Marriage & Family Therapists	280	280
Mental Health Counselors	2,120	1,650
Rehabilitation Counselors	1,000	1,250
Counselors, All Other	140	170
Child, Family, & School Social Workers	7,380	7,070
Medical & Public Health Social Workers	1,710	1,610
Mental Health & Substance Abuse Social Workers	1,080	1,390
Social Workers, All Other	710	770
Health Educators	520	540
Probation Officers & Correctional Treatment Specialists	890	860
Social & Human Service Assistants	3,630	4,020
Community Health Workers	480	450
Community & Social Service Specialists, All Other	540	540
Clergy	460	450
Directors, Religious Activities & Education	60	50
Religious Workers, All Other	40	30

According to historical data from the Kentucky Center for Education and Workforce Statistics from the 2015 and 2014 County Profile Reports Public Access Data File, the total individuals employed in health and education service occupations for Kentucky was approximately 39% 1,691,615 and 1,678,227, respectively. Hancock County comprises less than 1% of the total Kentucky population employed in this employment sector for both years with 9.4% and 9.1% of Hancock County's population, respectively. See the County Healthcare Trend Synopsis section for additional review of county health rankings.

# COUNTY HEALTHCARE TREND SYNOPSIS

## COUNTY HEALTH RANKING POPULATION SYNOPSIS

According to County Health Rankings, the citizens of the service area are predominantly white (95.10%) and made up of 48.10% female. The age of the service area population is older compared to the state of Indiana, with 16.9% of the service area population 65 and older compared to 14.30% for the state of Indiana. The service area location as a whole has an average of 81.4% rural which is significantly higher than the state at 27.6% and nationally at 25.9%. Roughly 51% of residents have some level of college education; lower than the state of Indiana at 61%. The median household income of \$49,833 is marginally above the state level of \$49,400. The state of Indiana had reported unemployment rate of 6.00% and the service area was slightly lower at 5.8% unemployment rate. The percentage of children living in poverty for the service area is 17% which is lower than the state at 21%. Children in the service area living in single-parent households is 30% versus 34% in the state and 21% nationally. Approximately 35% of the children residing in the service area are eligible for a free school lunch, compared to 41% in the state of Indiana.

Approximately 15% of the population in the service area does not have health insurance, as compared to 16% in the state of Indiana. Approximately 8% of children do not have health insurance in the service, the same as in the state of Indiana. The number of people in relation to the number of dentists in the service area is 2,500 to one dentist, compared to the state of Indiana at 1,930 to one. The number of people in relation to the number of mental health providers in the service area is 3,207 to one compared to 710 to one in the state of Indiana. The ratio for population to primary care physicians in the service area is 3,375 to one; compared to 1,490 in the state of Indiana. Furthermore, the number of people in relation to other primary care providers (nurse practitioners, physician assistants and clinical nurse specialists) in the service area is 3,142 to one, as compared to 1,661 to one in the state of Indiana. (See the Physician Needs Assessment Analysis in Attachment C).

The percentage of adults who are obese is at 31%, the same as in the state of Indiana. The percentage of adults with diabetes is higher in the service area at 11% versus 10% in the state of Indiana. There is less access to physical exercise equipment, facilities and other opportunities for physical exercise in the service area and 27% of the service area being physically inactive versus 28% in the state of Indiana. Motor vehicle deaths are higher in the service area as compared to the state of Indiana at 18 per 100,000 population compared to 12 per 100,000 population. The number of preventable hospital days, which measures outpatient sensitive hospital admissions in the 65 years of age or older population, is higher in the service area at 67 per 1,000 versus 63 per 1,000 in the state of Indiana. Lastly, the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime is 20% for the service area which is slightly less than Indiana at 23% and Kentucky at 26%.

Note: See definitions on pages 55-58.

\* See Physician Needs Assessment in Attachment C.

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



## Health Status Synopsis

After reviewing secondary data for the service area, it was noted that the Health Outcomes ranking for Perry, Spencer and Hancock are 48, 20, and 44; the Health Factors rankings are 54, 7 and 7; and, the Clinical Care rankings are 77, 13, and 15. Overall, the national benchmark data is better than the service area and state data. (See Attachment B)

SERVICE AREA ANALYSIS				
	Service Area	Indiana	Kentucky	National
<b>Health Outcomes</b>				
Poor/Fair Health	16%	19%	24%	12%
Poor Physical Health Days	3.8	4.1	5.0	2.9
Poor Mental Health Days	3.8	4.3	4.6	2.8
Low Birth Weight	8.0%	8.3%	9.0%	6.0%
<b>Health Factors</b>				
Adult Smoking	20%	23%	26%	14%
Adult Obesity	31%	31%	32%	25%
Physical Inactivity	27%	28%	29%	20%
Excessive Drinking	17%	16%	14%	12%
Alcohol-impaired Driving Deaths	15%	25%	29%	14%
Sexually Transmitted Infections	174	429	391	134
Teen Birth Rate	45	37	47	19
<b>Clinical Care</b>				
Uninsured Adults	15%	16%	17%	11%
Primary Care Physicians*	3,375:1	1,490:1	1300:1	1040:1
Preventable Hospital Stays	67	63	85	38
Diabetic Screening	85%	84%	86%	90%
Mammography Screening	61%	62%	58%	71%

\* See Physician Needs Assessment at attachment C.

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

# CONCLUSION

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## COMMUNITY RESOURCES IDENTIFIED

The assessment identified community assets (See Attachment A) including the Hospital and its community benefits programs.

The assessment also identified a community clinic near Tell City, Indiana, a few primary care physicians, a public school system, and several religious congregations.

## OVERALL OBSERVATION

Priorities for the key areas will be assessed by the board of directors and documented in the Implementation Strategy Report.

Overall priorities determined to be significant:

- Increasing primary care physicians and critical healthcare manpower,
- Reducing migration out of people leaving the community to seek healthcare elsewhere,
- Reducing overuse of hospital emergency department by non-emergency patients,
- Increasing/ expanding collaboration among healthcare and social service providers,
- Increasing educational awareness programs,
- Increasing the number of mental healthcare providers and professionals,
- Increasing substance abuse prevention,
- Increasing access to mental healthcare for uninsured and under-insured, and
- Expanding transportation to/from treatment services.

## CONTACT

This assessment summary is published on the website of Perry County Memorial Hospital, [www.pchospital.org](http://www.pchospital.org). A copy may also be obtained by contacting the Hospital's Administrative Office at 812.547.0170. Please provide any feedback regarding the CHNA to [lauraschilling@pchospital.org](mailto:lauraschilling@pchospital.org).

## USDA REQUIREMENT

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# ATTACHMENTS

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# ATTACHMENT A: AVAILABLE COMMUNITY RESOURCES



Available resources representative of the majority of health services in the community:

## COMMUNITY RESOURCES

### Perry County

- Advanced Rehabilitation
- Burris-LeClere Eye Center
- Butler Family Dentistry
- Cannelton Clinic
- Catholic Charities
- Crisis Connection - Rockport
- CVS Pharmacy (Accepts SNAP and WIC, offers immunizations)
- David Fisher, DDS
- Deaconess Clinic in Rockport
- Deaconess VNA
- Diane Rudolph, DMD
- Dr. Gene Ress
- Dr. James Rogan
- Dr. Jeannie Gruber
- Golden Living Centers – Lincoln Hills Healthcare
- Holistic Therapy Services
- Joseph Antonini, DDS
- Joseph Walker, DDS
- Mark Flannagan, DDS
- Marcrum Family Healthcare
- Medial Home Care
- Miller's Merry Manor
- Oakwood Health Campus
- Owensboro Riverfront Medical Clinic
- Perry County EMS Rescue

- Perry County Family Practice
- Perry County Health Department
- Perry County Memorial Hospital
- Perry County Memorial Hospital Home Care Services
- Perry County OB/GYN
- Perry County Office – Department of Child Services and Division of Family Resources
- Perry County Substance Abuse Committee
- Perry County Surgical Associates
- Rockport Pharmacy
- Spencer County Child Protection
- Spencer County Hospice
- Spencer County Medical Center
- Southern Hills Counseling Center
- Southern Indiana RespiteCare
- Tell City Clinic
- Troy Clinic
- Visiting Nurse Association
- Walmart Pharmacy
- Werner Drugstore

### Hancock County, Kentucky

- Audubon Area Community Services Child Care Resources & Referral
- Cloverport Health Clinic
- Complete Wellness Chiropractic
- Hancock Clinic
- Hancock County Ambulance
- Hancock County Health Center
- Hancock Dental Arts - DDS

### Owensboro, Kentucky

- Aesthetic Surgery Center
- Green River District Health
- Owensboro Health Department
- River Valley Behavioral Health
- Spring Urgent Care
- St. Camillus Urgent Care
- The Women’s Pavilion, P.S.C.

# ATTACHMENT B: HEALTH STATUS DATA

## EXPLANATIONS & DEFINITIONS FOR SELECTED CHARTS/GRAPHS THAT FOLLOW

TITLE OF CHART/GRAPH	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.
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](http://www.countyhealthrankings.org)

TITLE OF CHART/GRAPH	EXPLANATIONS & DEFINITIONS
Teen Birth Rate	Teen birth rate per 1,000 female population, ages 15 to 19.
Clinical Care	Aggregate of several variables including percentage of uninsured, primary care physicians-to-population, preventable hospital days; diabetic screening, and mammography screening.
Uninsured	Percentage of the population under age 65 used in the clinical care factors ranking.
Primary Care Physicians	Ratio of population to Primary Care Physicians.
Dentists	Ratio of population to Dentists.
Mental Health Providers	Ratio of population to Mental Health Provider.
Preventable Hospital Stays	Hospital rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees.
Diabetic Monitoring	Percent of diabetic Medicare enrollees who receive HbA1c monitoring.
Mammography Screening	Percent of female Medicare enrollees who receive mammography screening.
Social & Economic Factors	Aggregate of factors including education level, unemployment rate, children in poverty, inadequate social support, children in single parent households, and violent crime rate.
High School Graduation	Percent of ninth graders who graduate in 4 years.
Some College	Percent of adults age 25 to 44 years with some post-secondary education.
Unemployment	Percent of population 16+ unemployed but seeking work.
Children in Poverty	Percent of children under age 18 in poverty.
Income Inequality	Ratio of income at the 80th percentile to the 20th percentile.
Children in Single-Parent Households	Percent of children who live in a household headed by a single parent.
Social Associations	Number of membership associations per 10,000 population.
Violent Crime Rate	Annual crimes per 100,000 in population.
Injury Deaths	Number of deaths caused from injuries per 100,000 population.
Physical Environment	Aggregate of several weighted variables including air pollution, drinking water violations, severe housing problems, driving alone to work and long commute - driving alone.
Air Pollution - Particulate Matter	Average density of fine particulate matter in micrograms per cubic meter per day.
Drinking Water Violations	Percent of population who may be exposed to water that does not meet safe drinking water standards.
Severe Housing Problems	Percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen or plumbing.

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



TITLE OF CHART/GRAPH	EXPLANATIONS & DEFINITIONS
Driving Alone to Work	Percent of workforce that drives to work alone
Long Commute - Driving Alone	Percent of the workforce whose commute exceeds 30 minutes.
Additional Measures	Additional parameters identified in each category. These parameters are included as a valuable source of data to help gain a better understanding of the community. These measures are not used to determine the ranking of each category unless no other data is available.
Population	Number of individuals who reside in a county.
% Below 18 Years of Age	Percentage of the population who are younger than 18 years of age.
% 65 and Older	Percentage of the population who are 65 or older.
% Non-Hispanic African American	Percentage of the population who are not Hispanic African American.
% American Indian & Alaskan Native	Percentage of the population who are of American Indian and Alaskan Native descent.
% Asian	Percentage of the population who are of Asian descent.
% Native Hawaiian/Other Pacific Islander	Percentage of the population who are of Native Hawaiian or other Pacific Island descent.
% Hispanic	Percent of the population who are Hispanic.
% Non-Hispanic White	Percent of the population who are white and not of Hispanic descent.
% Not Proficient in English	Percent of the population, age 5 or older, who report as not speaking English "well".
% Females	The percent of the population that are female.
% Rural	Percentage of the population living in a rural area.
Premature Age-Adjusted Mortality	Number of deaths under 75 years old per 100,000 population (age-adjusted).
Child Mortality	Number of children (under age 18) who died per 100,000.
Infant Mortality	Number of babies who died within 1 year of birth per 1,000 live births.
Frequent Physical Distress	Percent of the adult population reporting more than 14 days of poor physical health per month.
Frequent Mental Distress	Percent of the adult population reporting more than 14 days of poor mental health per month.
Diabetes Prevalence	Percentage of adults aged 20 or older who have been diagnosed with having diabetes.
HIV Prevalence	Number of people per 100,000 population diagnosed with HIV.
Food Insecurity	Percent of population who lack adequate access to food.
Limited Access to Healthy Foods	Percent of population who are low income and do not live close to a grocery store.

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

TITLE OF CHART/GRAPH	EXPLANATIONS & DEFINITIONS
Drug Poisoning Deaths	Number of deaths caused by drug poisoning per 100,000 population.
Drug Overdose Deaths - Modeled	Range of drug poisoning deaths per 100,000 population.
Motor Vehicle Crash Deaths	Number of deaths caused by motor vehicle crashes per 100,000 population.
Insufficient Sleep	Percent of the adult population who report averaging less than 7 hours of sleep in a 24 hour period.
Uninsured Adults	Percent of the population under age 65 without health insurance.
Uninsured Children	Percent of the population under the age of 18 without health insurance.
Healthcare Costs	The amount of price-adjusted Medicare reimbursements per enrollee.
Could Not See Doctor Due to Cost	Percent of the population who were unable to see a doctor because of cost.
Other Primary Care Providers	Ratio of population per primary care providers other than physicians.
Median Household Income	The income at which half the households earn more and half earn less.
Children Eligible for Free Lunch	Percentage of children enrolled in public schools that are eligible for free lunch.
Residential Segregation - Black/White	The index of dissimilarity ranging from 0 to 100, where 0 represents complete integration and 100 represents complete segregation.
Residential Segregation - Non-White/White	The index of dissimilarity ranging from 0 to 100, where 0 represents complete integration and 100 represents complete segregation.
Homicides	Number of deaths caused by assault per 100,000 population.

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

## SERVICE AREA ANALYSIS

	Perry	Spencer	Hancock	Service Area	Indiana	Kentucky	National
<b>Health Outcomes (State Rank)</b>	<b>48</b>	<b>20</b>	<b>44</b>	<b>37</b>			
<b>Length of Life</b>	<b>53</b>	<b>39</b>	<b>76</b>	<b>56</b>			
Premature death	8,000	7400	10,400	8,600	7,600	8,800	5,200
<b>Quality of Life</b>	<b>48</b>	<b>11</b>	<b>15</b>	<b>25</b>			
Poor or fair health	16%	14%	19%	16%	19%	24%	12%
Poor physical health days	3.6	3.4	4.5	3.8	4.1	5.0	2.9
Poor mental health days	3.7	3.7	3.9	3.8	4.3	4.6	2.8
Low birthweight	9.0%	7.0%	8.0%	8.0%	8.3%	9.0%	6.0%
<b>Health Factors (State Rank)</b>	<b>54</b>	<b>7</b>	<b>7</b>	<b>23</b>			
<b>Health Behaviors</b>	<b>25</b>	<b>7</b>	<b>21</b>	<b>18</b>			
Adult smoking	20%	18%	22%	20%	23%	26%	14%
Adult obesity	30%	29%	33%	31%	31%	32%	25%
Food environment index	7.4	8.4	8.2	8.0	7.2	7.1	8.3
Physical inactivity	26%	29%	27%	27%	28%	29%	20%
Access to exercise opportunities	85%	50%	32%	56%	75%	70%	91%
Excessive drinking	17%	16%	12%	15%	16%	14%	12%
Alcohol-impaired driving deaths	7%	8%	29%	15%	25%	29%	14%
Sexually transmitted infections	185.0	163.2	172.9	173.7	428.7	391.2	134.1
Teen births	49	32	55	45	37	47	19
<b>Clinical Care</b>	<b>77</b>	<b>13</b>	<b>15</b>	<b>35</b>			
Uninsured (> 65 years)	15%	15%	14%	15%	16%	17%	11%
Primary care physicians*	3,260	3,490		3,375	1,490	1,500	1,040
Dentists*	2,780	2,970	1,750	2,500	1,930	1,610	1,340
Mental health providers*	1,500	5200	2,920	3,207	710	560	370
Preventable hospital stays	91	42	69	67	63	85	38
Diabetic monitoring	83%	88%	85%	85%	84%	86%	90%
Mammography screening	55.0%	69.0%	60.0%	61%	62.0%	58.0%	71.0%

\* Ratio to 1 healthcare provider

‡ Not enough data to accurately depict service area

— No data available

This chart displays demographic data and other related characteristics of the population in each county of the Hospital's service area, as compared to the total service area and states of Indiana and Kentucky and the nation. See pages 56 - 81 for graphical depictions and additional explanation of select charted data above. It is important to note that the Hospital is located in Perry County. (Source: <http://quickfacts.census.gov> and [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

	Perry	Spencer	Hancock	Service Area	Indiana	Kentucky	National
<b>Social &amp; Economic Factors</b>	<b>57</b>	<b>8</b>	<b>6</b>	<b>24</b>			
High school graduation	90%	93%	98%	94%	87%	88%	93%
Some college	44%	56%	54%	51%	61%	59%	72%
Unemployment	5.9%	5.3%	6.1%	5.8%	6.0%	6.5%	3.5%
Children in poverty	20%	13%	19%	17%	21%	26%	13%
Income inequality	4.3	3.7	4.1	4.0	4.4	5.1	3.7
Children in single-parent households	28%	22%	39%	30%	34%	34%	21%
Social associations	13.3	14.8	17.3	15.1	12.6	10.8	22.1
Violent crime		14	39	27	334	235	59
Injury deaths	73	71	72	72	63	82	51
<b>Physical Environment</b>	<b>34</b>	<b>64</b>	<b>36</b>	<b>45</b>			
Air pollution - particulate matter	13.8	14	13.9	14	13.5	13.5	9.5
Drinking water violations	No	No	No	No			No
Severe housing problems	8%	8%	7%	7.7%	14%	14%	9%
Driving alone to work	85%	85%	86%	85%	83%	82%	71%
Long commute - driving alone	27%	40%	32%	33%	30%	28%	15%
<b>Demographics</b>							
Population	19,454	20,801	8,753	49,008	6,596,855	4,413,457	316,128,839
% Below 18 years of age	20.90%	22.6%	25.5%	23.0%	24.0%	22.9%	23.10%
% 65 and older	16.60%	18.0%	16.1%	16.9%	14.3%	14.8%	14.40%
% Non-Hispanic African American	2.90%	0.6%	1.2%	1.6%	9.2%	8.0%	11.00%
% American Indian and Alaskan Native	0.30%	0.3%	0.3%	0.3%	0.4%	0.3%	1.90%
% Asian	0.50%	0.4%	0.3%	0.4%	2.0%	1.4%	4.00%
% Native Hawaiian/Other Pacific Islander	0.00%	0.0%	0.0%	0.0%	0.1%	0.1%	0.40%
% Hispanic	1.30%	2.8%	1.4%	1.8%	6.6%	3.4%	11.20%
% Non-Hispanic white	94.30%	95.2%	95.9%	95.1%	80.3%	85.4%	69.70%
% Not proficient in English	0.00%	1.0%	1.0%	0.7%	2.0%	1.0%	2.80%
% Females	46.20%	49.3%	48.8%	48.1%	50.7%	50.8%	50.60%
% Rural	55.0%	100.0%	89.3%	81.4%	27.6%	41.6%	25.90%

	Perry	Spencer	Hancock	Service Area	Indiana	Kentucky	National
<b>Health Outcomes</b>							
Premature age-adjusted mortality	390.0	340	430	387	380	440	270
Child mortality	—	60	—	‡	60	60	40
Infant mortality	—	—	—	‡	7	7	5
Frequent physical distress	11%	10%	13%	11%	13%	16%	9%
Frequent mental distress	11%	11%	12%	11%	13%	15%	9%
Diabetes prevalence	10%	10%	12%	11%	10%	12%	9%
HIV prevalence	67	34	—	51	172	154	41%
<b>Health Behaviors</b>							
Food insecurity	13%	13%	13%	13%	15%	16%	11%
Limited access to healthy foods	7%	0%	0%	2%	6%	5%	2%
Drug overdose deaths	—	—	—	‡	16	24	8
Drug overdose deaths modeled	12.0-14.0	10.1-12.0	10.1-12.0	10.73-12.67	18.2	24.7	6.1-8.0
Motor vehicle crash deaths	12	20	23	18	12	18	9
Insufficient sleep	35%	32%	38%	35%	38%	39%	28%
<b>Health Care</b>							
Uninsured adults (>18)	18%	17%	17%	17%	19%	21%	13
Uninsured children	8%	9%	6%	8%	8%	6%	5
Health care costs	\$10,240	\$9,320	\$9,471	\$9,677	\$9,753	\$10,384	—
Other primary care providers *	4,864	3,467	1,094	3,142	1,661	922	866
<b>Social &amp; Economic Factors</b>							
Median household income	\$44,600	\$54,500	\$50,400	49,833	\$49,400	\$42,900	\$61,700
Children eligible for free lunch	37%	29%	40%	35%	41%	48%	25%
Residential segregation - black/white	—	—	—	‡	69	61	23
Residential segregation - non-white/white	37	33	38	36	56	52	15
Homicides	—	—	—	‡	5	5	2

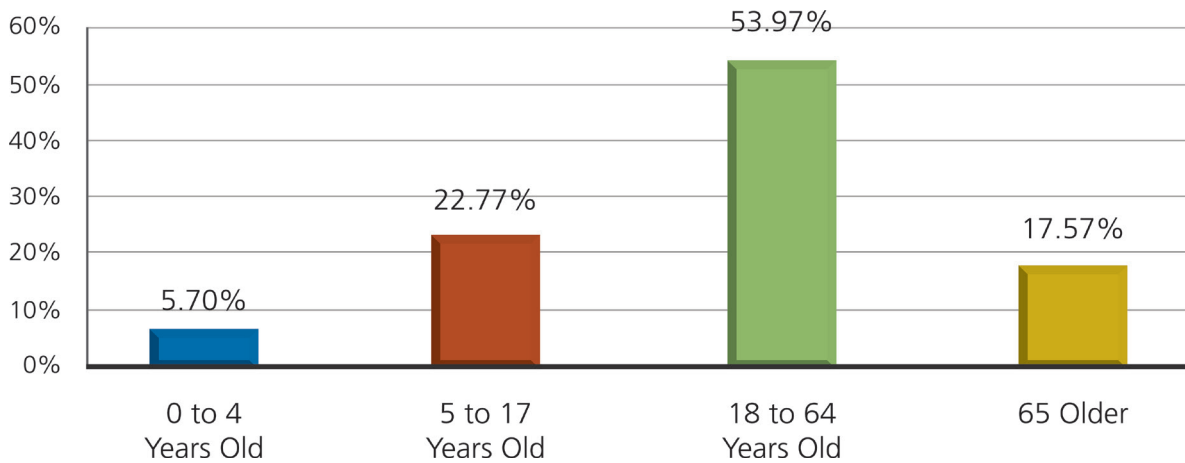
\* Ratio to 1 healthcare provider

‡ Not enough data to accurately depict service area

— No data available

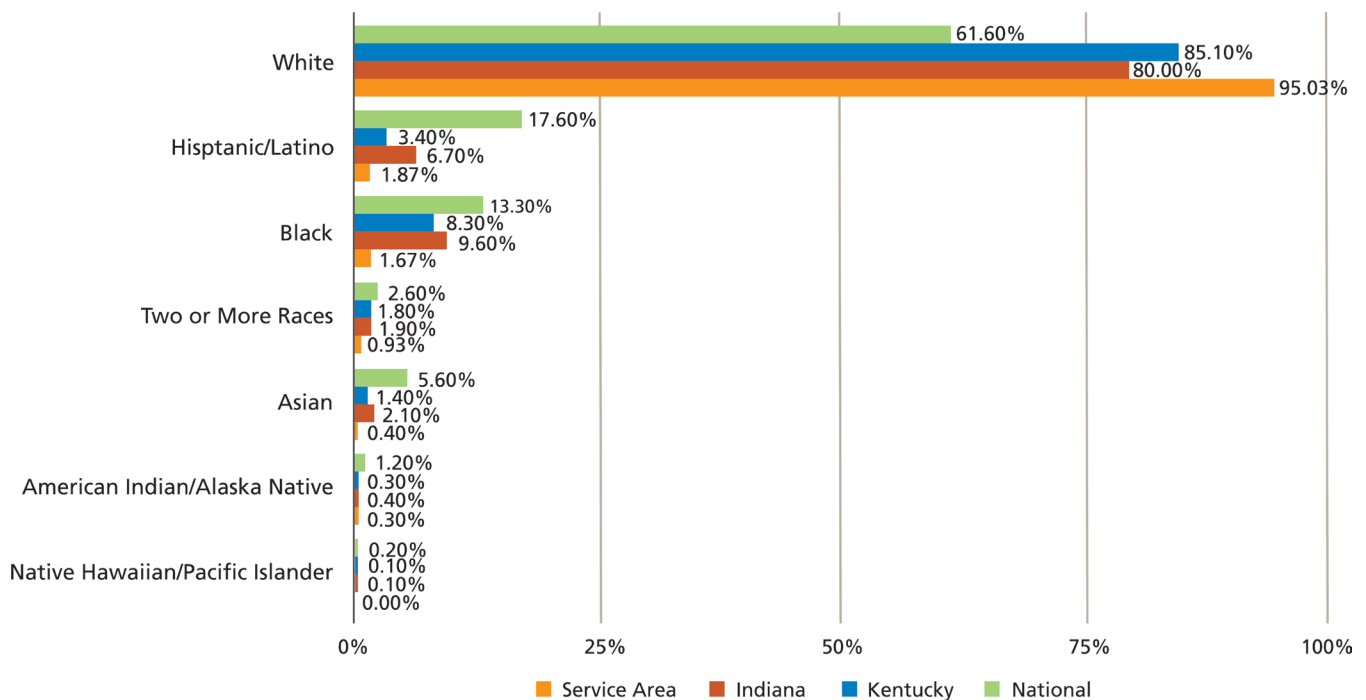
This chart displays demographic data and other related characteristics of the population in each county of the Hospital's service area, as compared to the total service area and states of Indiana and Kentucky and the nation. See pages 56 - 81 for graphical depictions and additional explanation of select charted data above. It is important to note that the Hospital is located in Perry County. (Source: <http://quickfacts.census.gov> and [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Population Distribution by Age



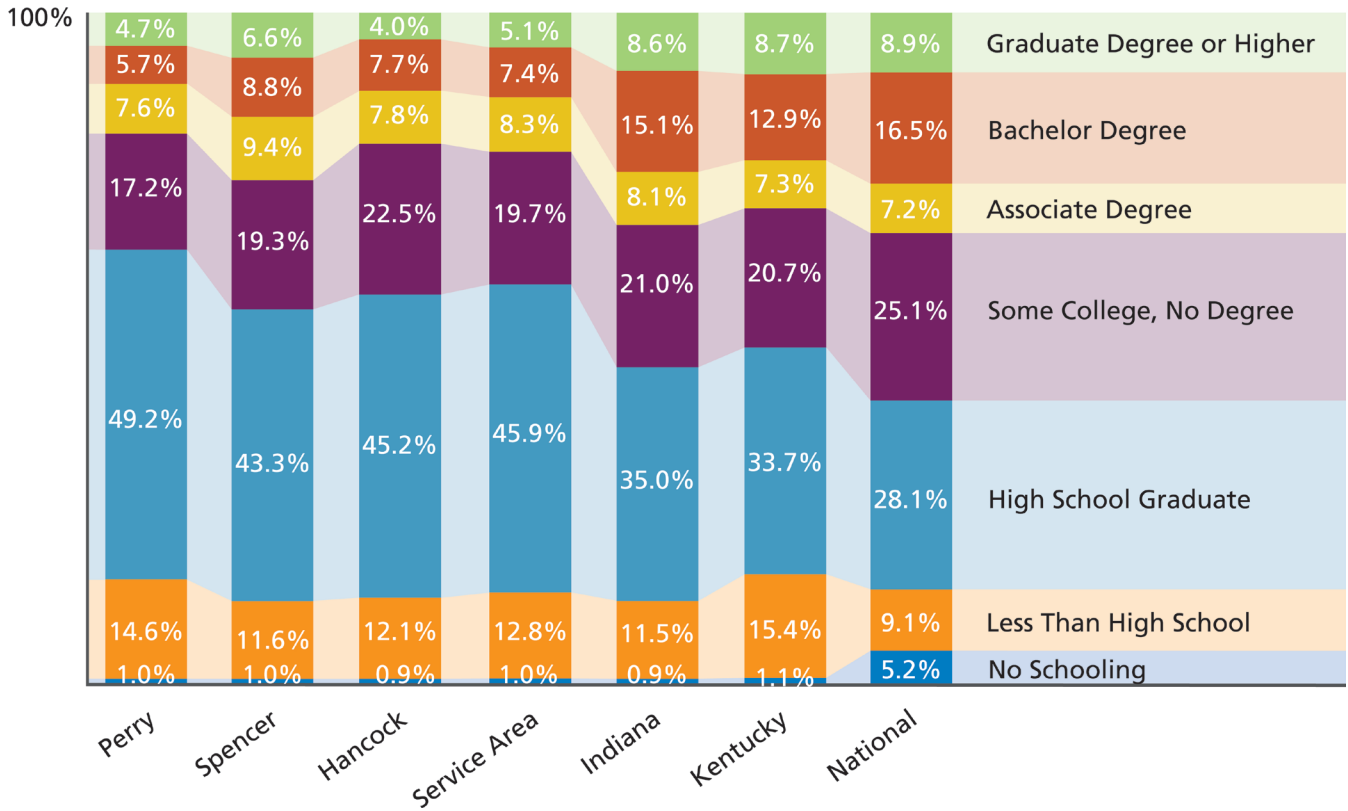
This graph displays the total population of the Hospital's service area by age. (<http://quickfacts.census.gov>)

## 2015 Population Estimates by Race



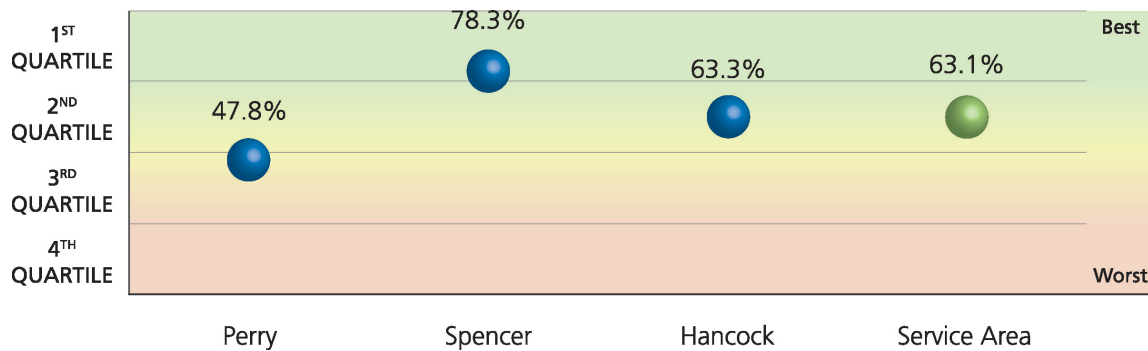
This graph displays the total population of the Hospital's service area by race. (<http://quickfacts.census.gov>)

## 2015 Educational Attainment



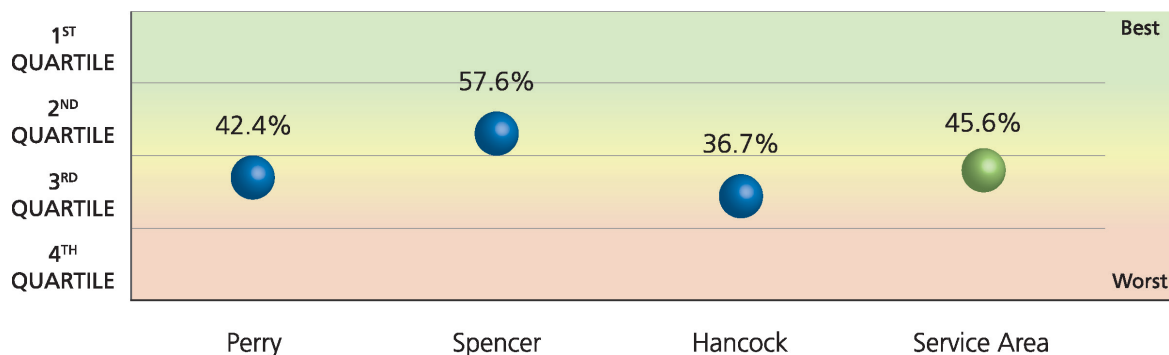
This graph displays the highest level of educational attainment of the population in each county in the Hospital's service area as compared to the total service area and states of Indiana and Kentucky. (<http://quickfacts.census.gov>)

## 2015 HEALTH OUTCOMES



Health Outcomes is a County Health Ranking representing how long people live and how healthy people feel while alive. The health outcomes represent the health of the county by measuring the length and quality of life within each county. The 92 counties in Indiana and the 120 counties in Kentucky have been ranked to show which quartile they fall into with the first quartile representing the healthiest and the fourth quartile representing the unhealthiest. Refer to page 38 for additional health status synopsis for the service area. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

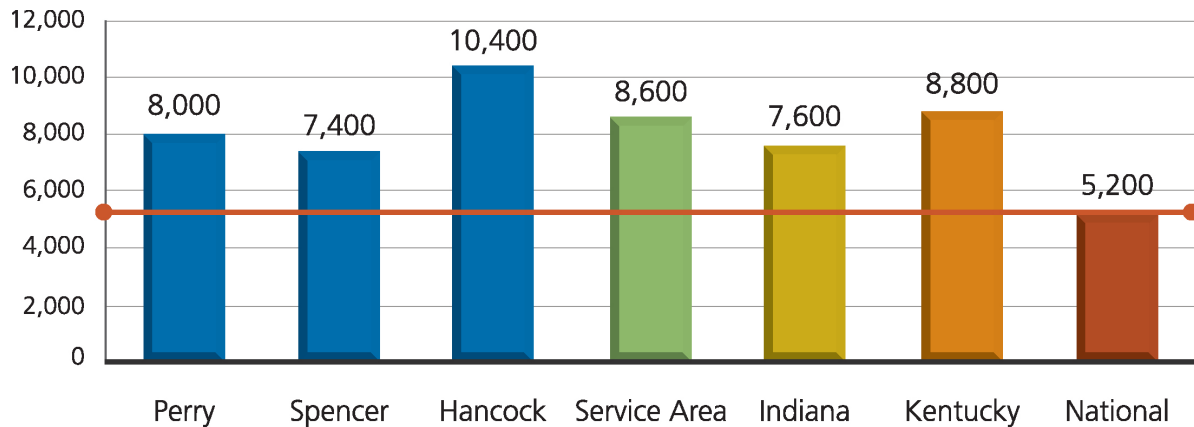
## 2015 Length of Life



The length of life ranking representing how long people live is based on the premature death rate in the county. This graph shows the quartile each county falls into with the first quartile representing the best length of life and the fourth quartile representing the worst length of life. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

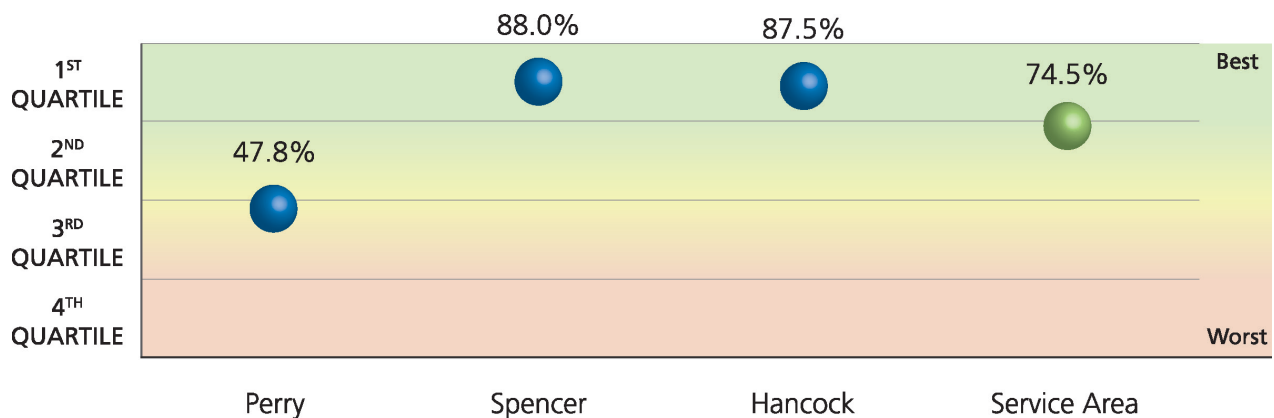


## 2015 Premature Death



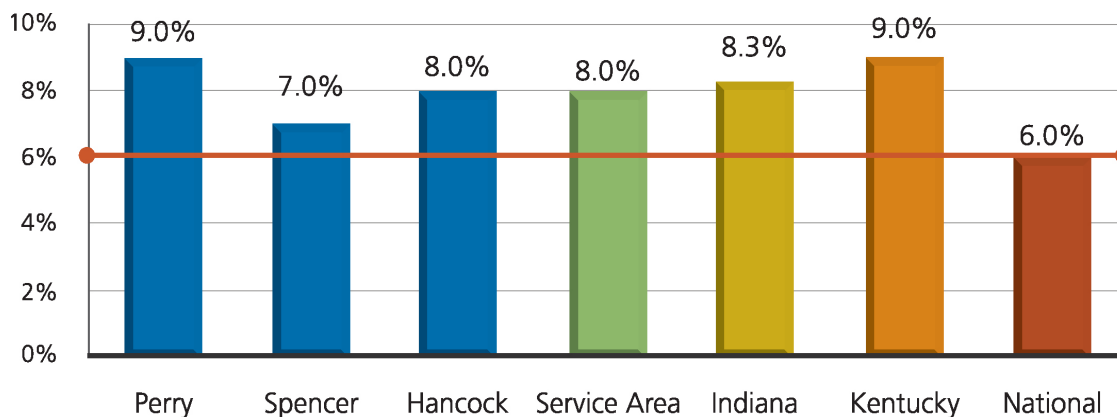
Premature death measures the years of potential life lost before age 75 per 100,000 population. It is the only measure which goes into the length of life ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Quality of Life



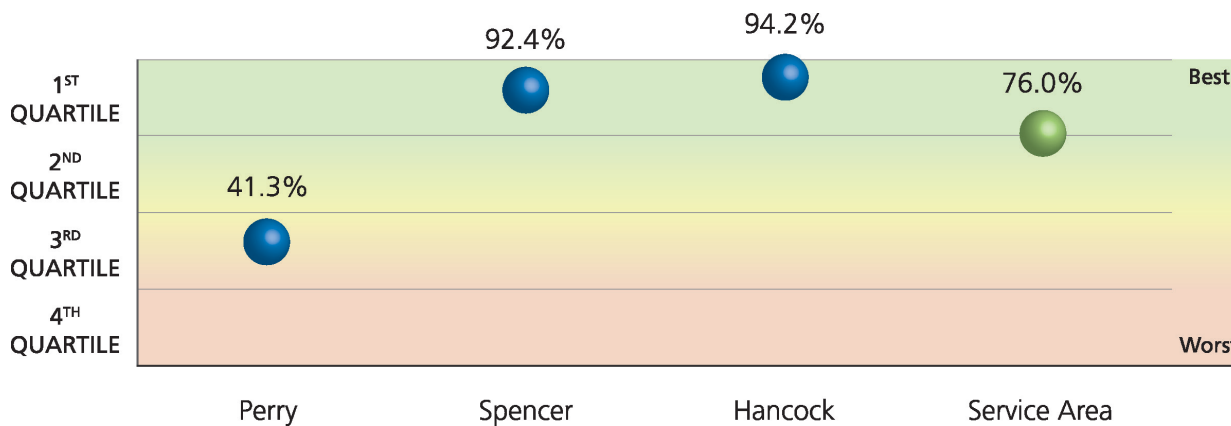
The quality of life is made up of poor or fair health, poor physical health days, poor mental health days and low birthweight measures. The Indiana (92) and Kentucky (120) counties have been ranked. This table shows the quartile each county falls into with the first quartile representing the best quality of life and the fourth quartile representing the worst quality of life. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Low Birthweight



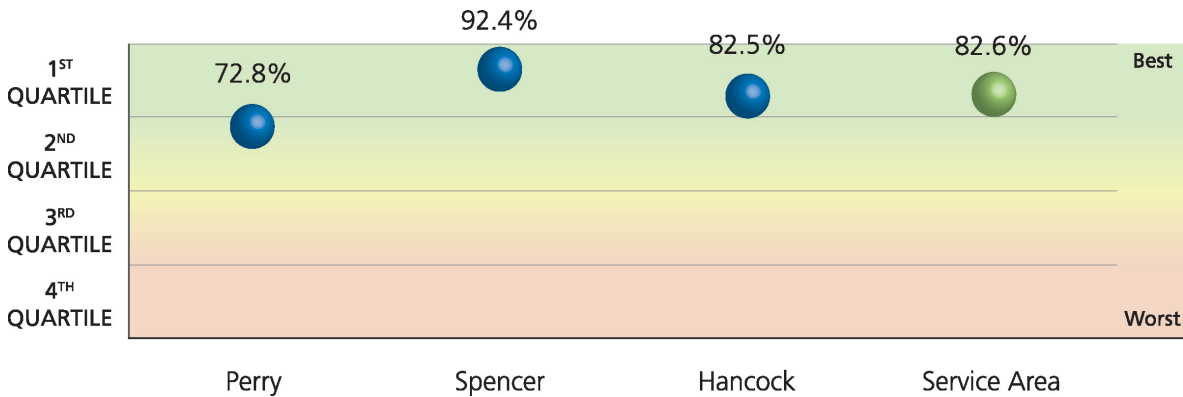
Low birthweight (LBW) represents maternal exposure to health risks and an infant's current and future morbidity which is an indicator for premature mortality and/or morbidity. The value reported for each county is the percent of live births with LBW (<2,500 grams). (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 HEALTH FACTORS



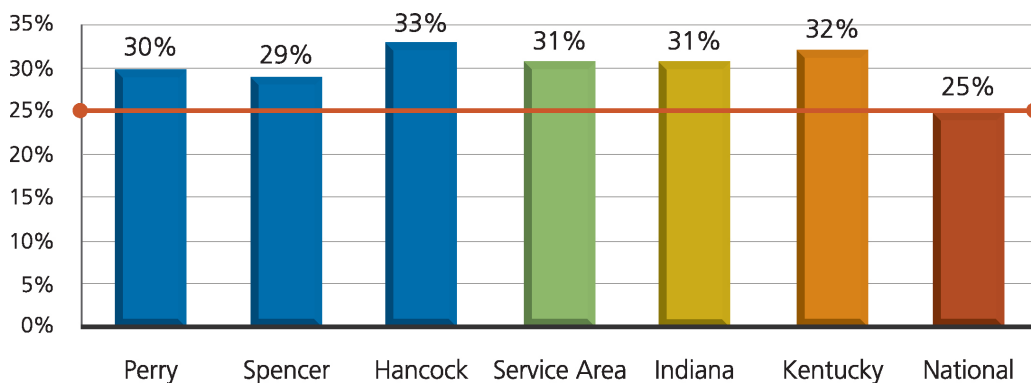
Health Factors is a County Health Ranking representing what influences the health of a county. The health factors are weighted measures of health behaviors, clinical care, social and economic, and physical environment factors within each county. Indiana (92) and Kentucky (120) counties have been ranked from highest to lowest composite score. The first quartile represents the highest and the fourth quartile represents the lowest composite score. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Health Behaviors



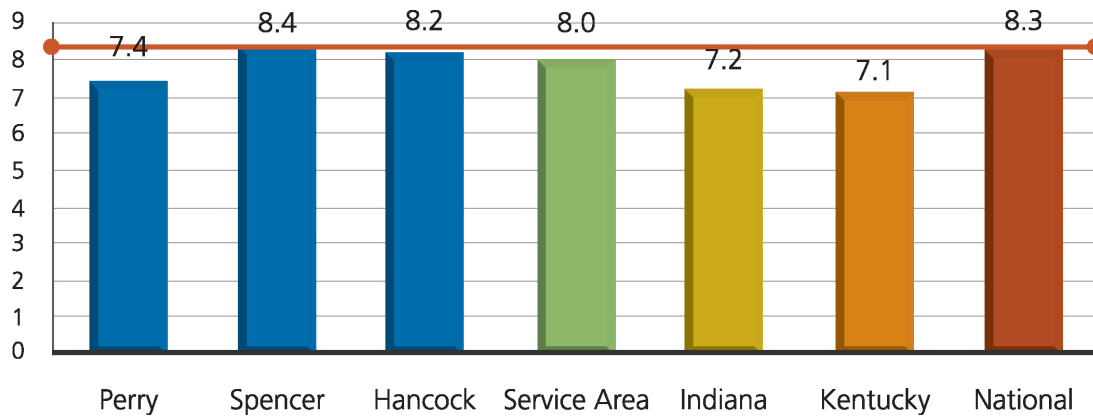
Health behaviors consists of the following weighted factors for each county: smoking (10%), diet and exercise (10% - made up of adult obesity at 7.5% and physical inactivity at 2.5%), alcohol use (5% - excessive drinking 2.5%; motor vehicle crash death rate 2.5%), and sexual activity (5% - sexually transmitted infections 2.5%; teen birth rate 2.5%). The counties in Indiana and Kentucky have been ranked by state from highest to lowest; where the first quartile represents the highest and fourth quartile represents the lowest composite score. The health behaviors score is one of four factors with a weight of 30% in calculating a county's overall health factor ranking. See pages 61-64 for an explanation of health behavior factors. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Adult Obesity



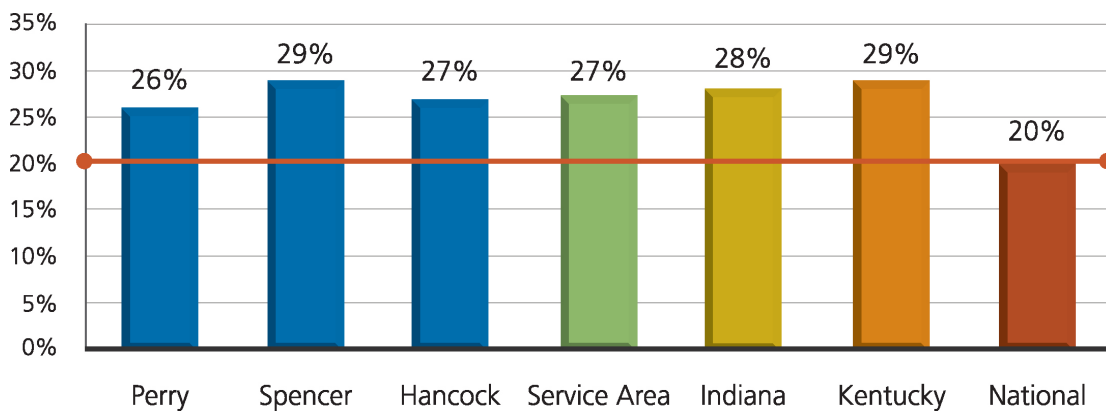
Adult obesity represents the increased risk in each county for health conditions linked to being overweight or obese such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis. The value reported for each county is the percent of adults who report a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup>. Adult obesity rate is a factor in calculating a county's overall health behavior ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

### 2015 Food Environment Index



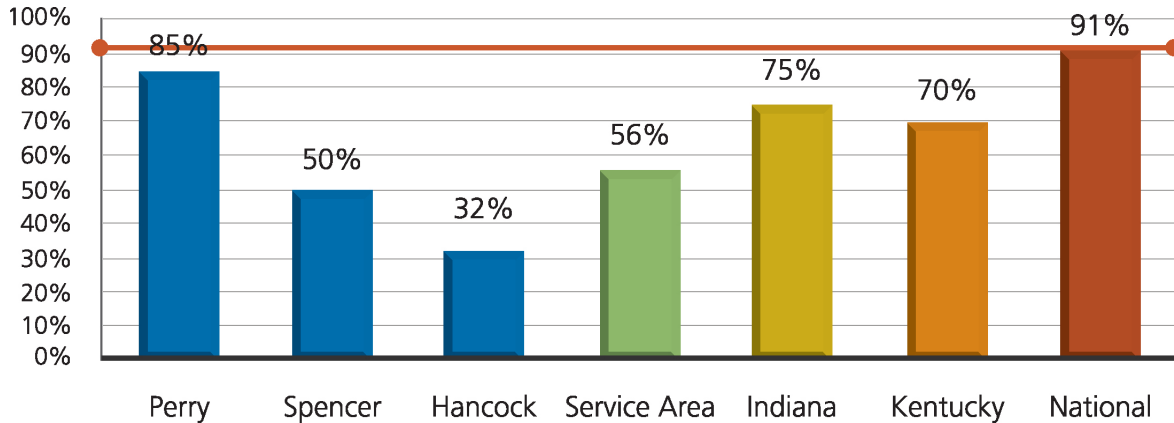
The food environment index categorizes the factors that contribute to a healthy food environment with 1 being the worst and 10 the best. The index is a factor in calculating a county's overall health behavior ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

### 2015 Physical Inactivity



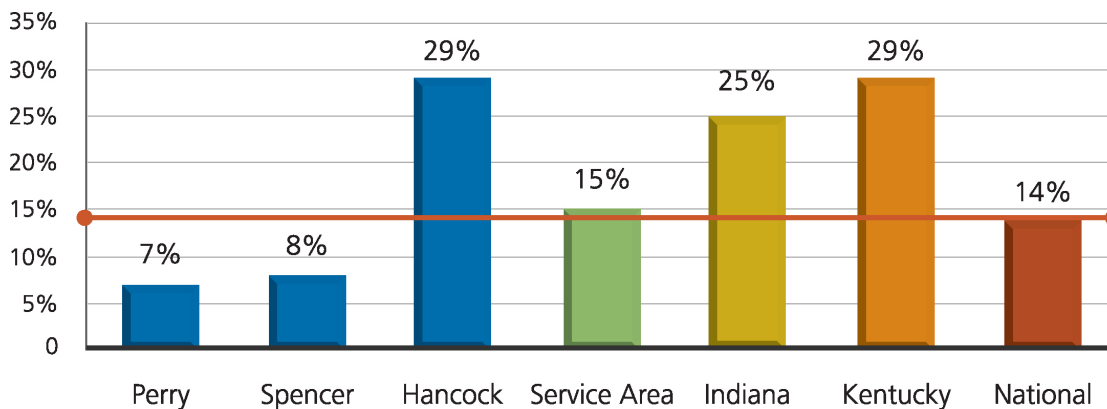
Physical inactivity represents the increased risk in each county for health conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. The value reported for each county is the percent of adults aged 20 and older reporting no leisure-time physical activity. Physical inactivity is a factor in calculating a county's overall health behavior ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Access to Exercise Opportunities



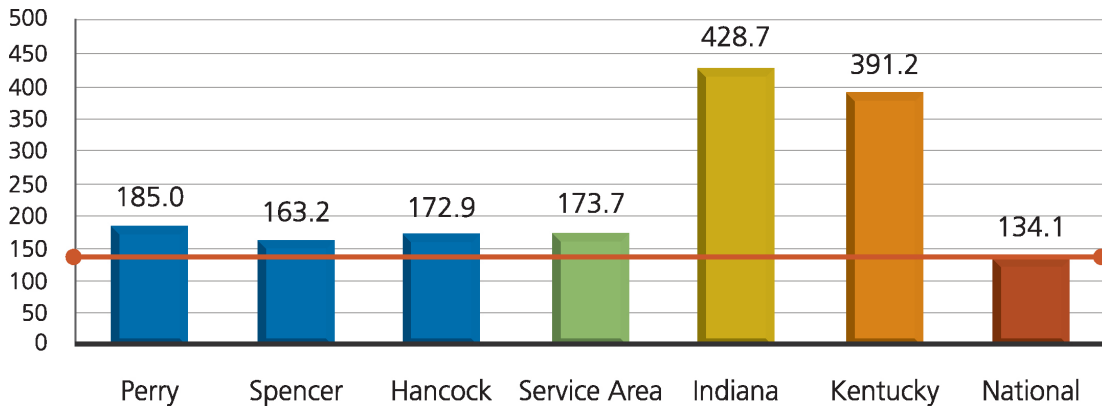
Access to exercise opportunities represents the percentage of the population with adequate access to locations for physical activity. Access to exercise opportunities is a factor in calculating the health behavior ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Alcohol-impaired Driving Deaths



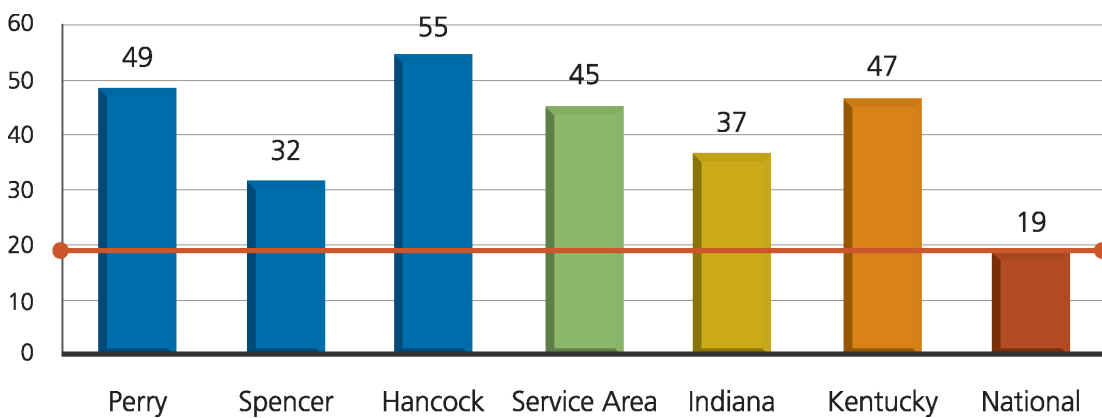
The alcohol-impaired driving deaths parameter measures the percentage of deaths due to driving while under the influence of alcohol. This percentage is a portion of the alcohol and drug use factor used in calculating a county's overall health behavior ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Sexually Transmitted Infections



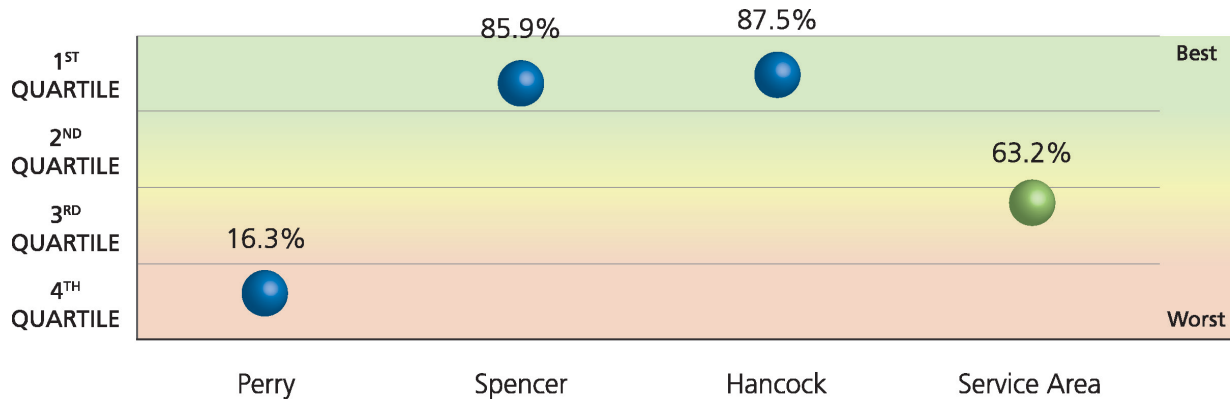
Sexually transmitted infections (STI) represents the increased risk in each county of morbidity and mortality due to cervical cancer, involuntary infertility, and premature death. The value reported for each county is the number of newly diagnosed chlamydia cases per 100,000 population. STI is a factor in calculating a county's overall health behavior ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Teen Births



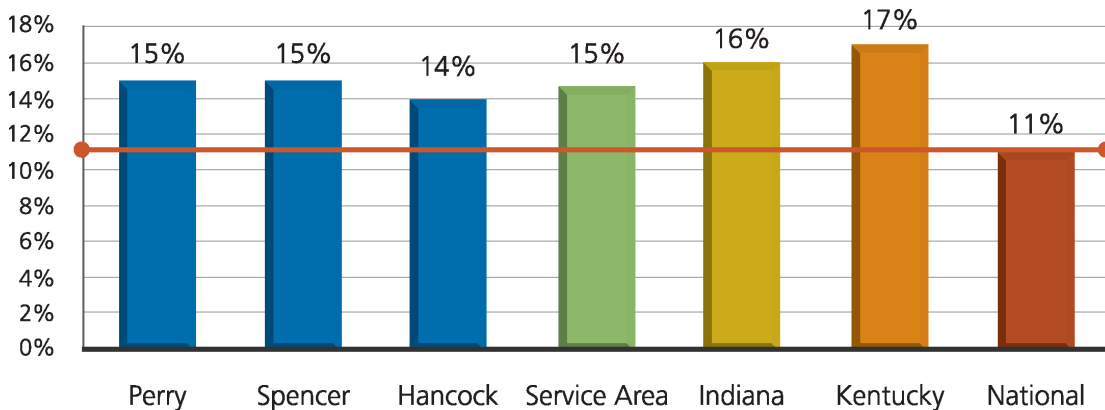
Teen birth rate represents the increased risk in each county for poor prenatal care and pre-term delivery due to late or no prenatal care, gestational hypertension and anemia, and poor maternal weight gain. The value reported for each county is the number of teen births per 1,000 in the female population ages 15-19. Teen birth rate is a factor in calculating a county's overall health behavior ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Clinical Care



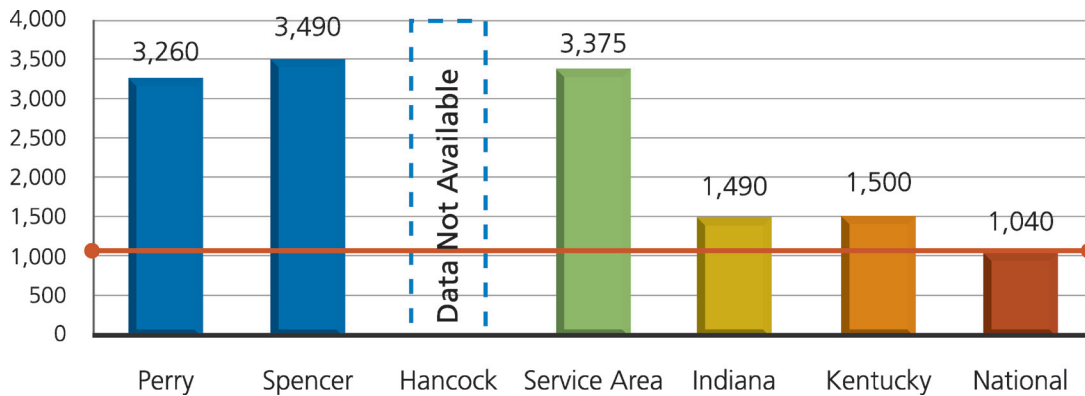
Clinical care is comprised of two weighted factors for each county: access to care and quality of care. The counties in Indiana and Kentucky have been ranked by state from highest to lowest; where the first quartile represents the highest and fourth quartile represents the lowest composite score. The clinical care score is a factor in calculating a county's overall health factor ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Uninsured



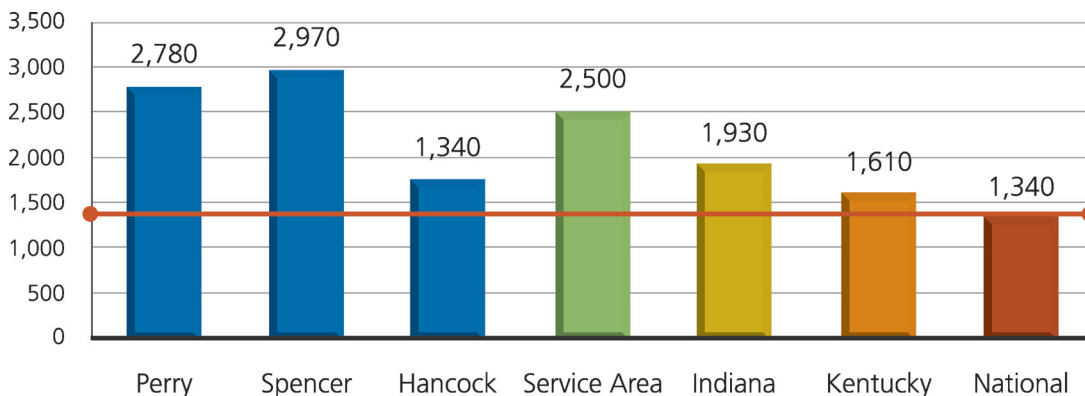
Uninsured represents a significant barrier to accessing needed health care due to lack of health insurance coverage that continues to increase. The value reported for each county is the estimated percent of the population under age 65 without health insurance coverage. The uninsured percentage is a factor in calculating a county's overall clinical care ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Primary Care Physicians



The primary care physicians parameter represents the rate of availability for the population to obtain essential access to preventive and primary care with appropriate referrals to specialty care. The value reported is the population per provider including practicing physicians specializing in general practice medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The rate depicted is a factor in calculating a county's overall clinical care ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

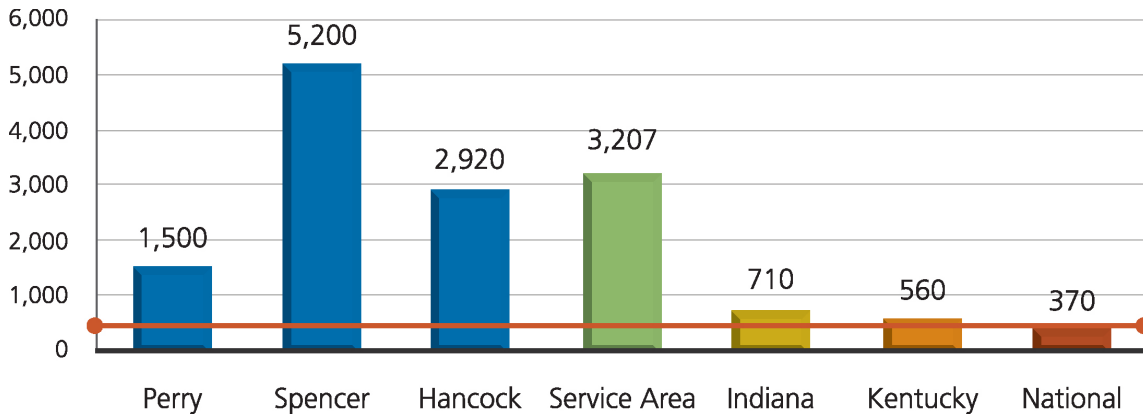
## 2015 Dentists



The dentists parameter represents the rate of availability for the population to obtain essential access to preventive and restorative dental care. The value reported is the population per dentist. The rate depicted is a factor in calculating a county's overall clinical care ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

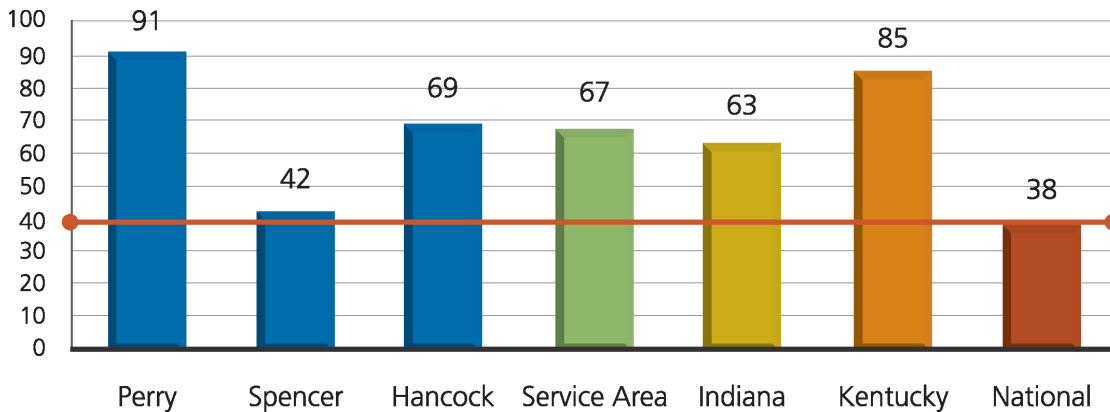


### 2015 Mental Health Providers



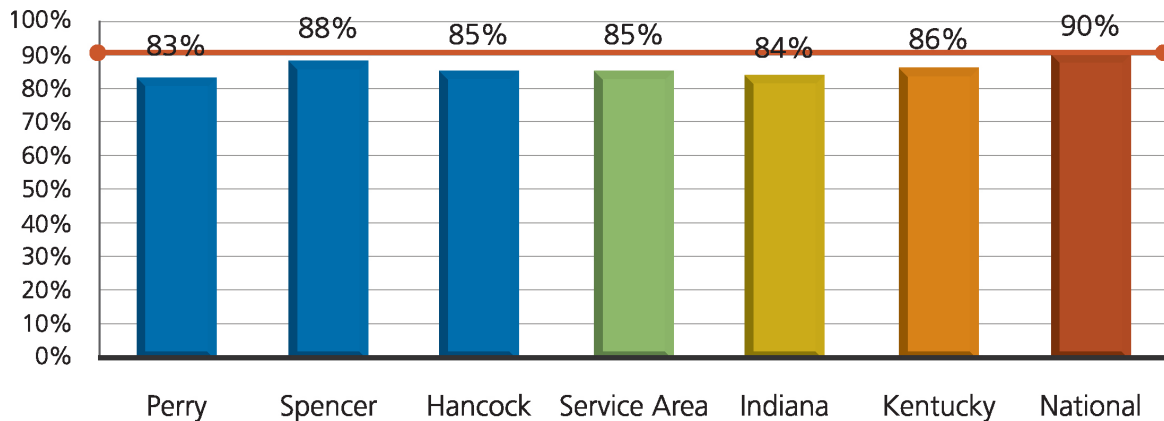
The mental health providers parameter measures number of residents in the county for each mental health providers. Mental Health Providers a factor in calculating the county's overall clinical care ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

### 2015 Preventable Hospital Stays



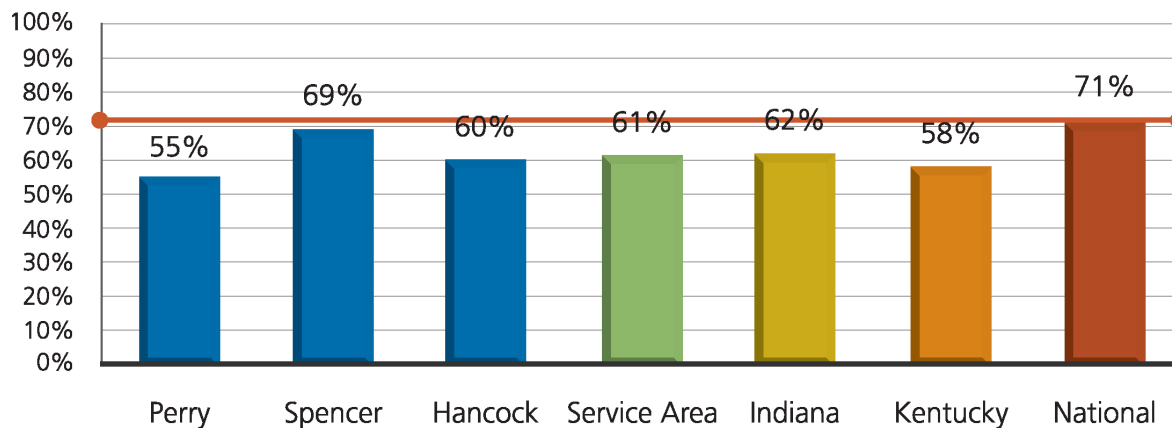
The preventable hospital stays parameter measures the number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. Preventable hospital stays a factor in calculating the county's overall clinical care ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

### 2015 Diabetic Monitoring



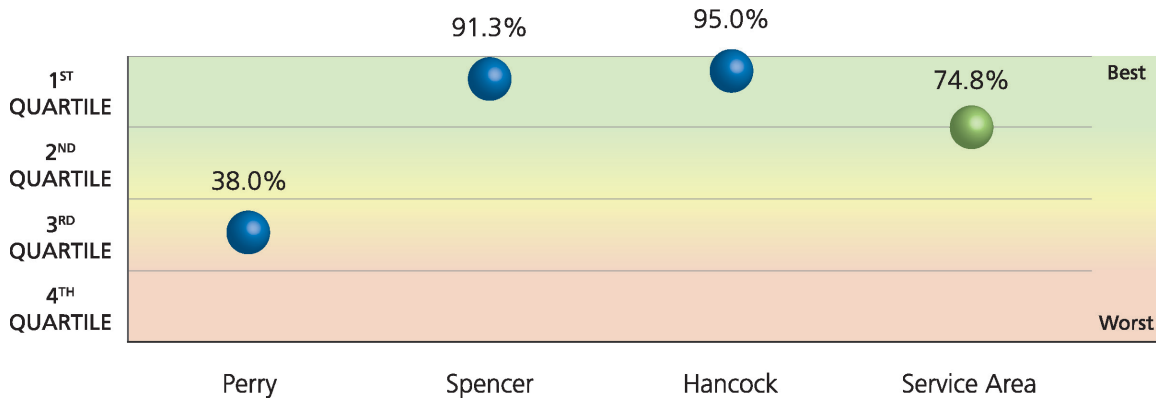
Diabetic monitoring measures the percentage of diabetic Medicare enrollees ages 65 to 75 that receive HbA1c monitoring. Diabetic Monitoring is a factor in calculating the county's overall clinical care ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

### 2015 Mammography Screening



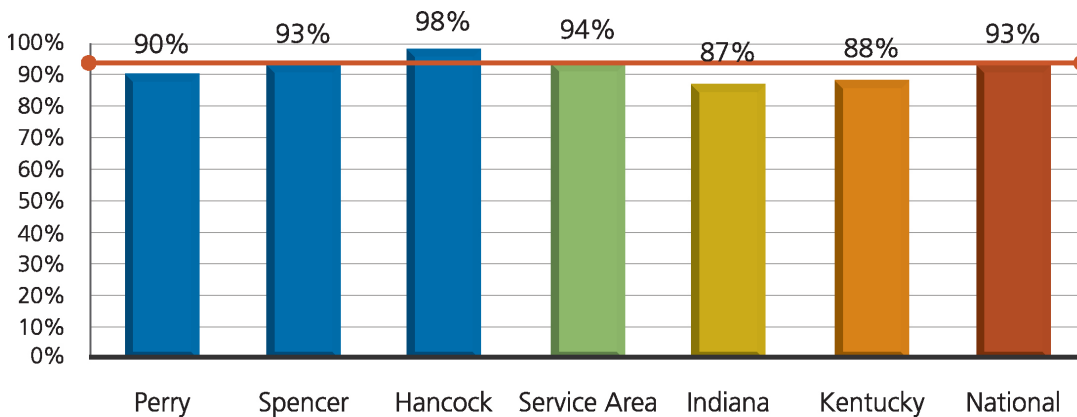
The mammography screening measures the percentage of female Medicare enrollees ages 67-69 that receive mammography screening. Mammography screening is a factor in calculating the county's overall clinical care ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Social & Economic Factors



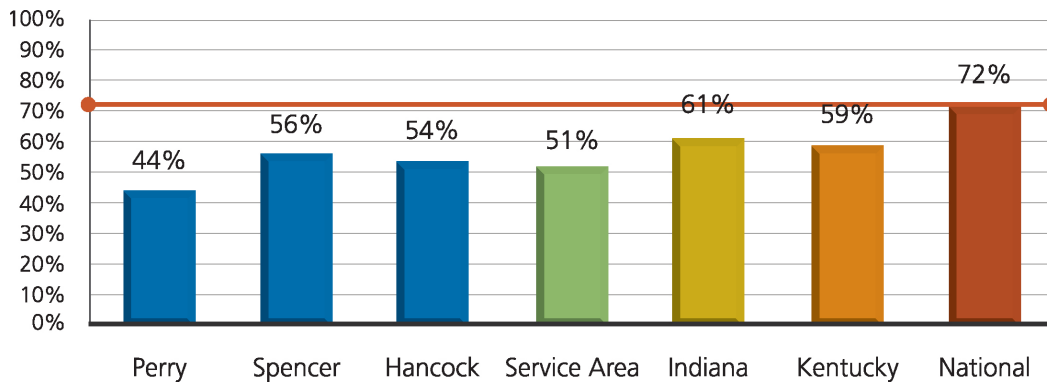
Social & Economic factors consists of the following weighted factors for each county: education (10% - comprises high school graduation, 5% and those with some college 5%), Employment (10%), and family and social support (5% - inadequate social support 2.5%; children in single-parent households 2.5%) factors within each county. The counties in Indiana and Kentucky have been ranked by state from highest to lowest; where the first quartile represents the highest and fourth quartile represents the lowest composite score. The social & economic score is one of the four factors with a weight of 40% in calculating a county's overall health factor ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 High School Graduation



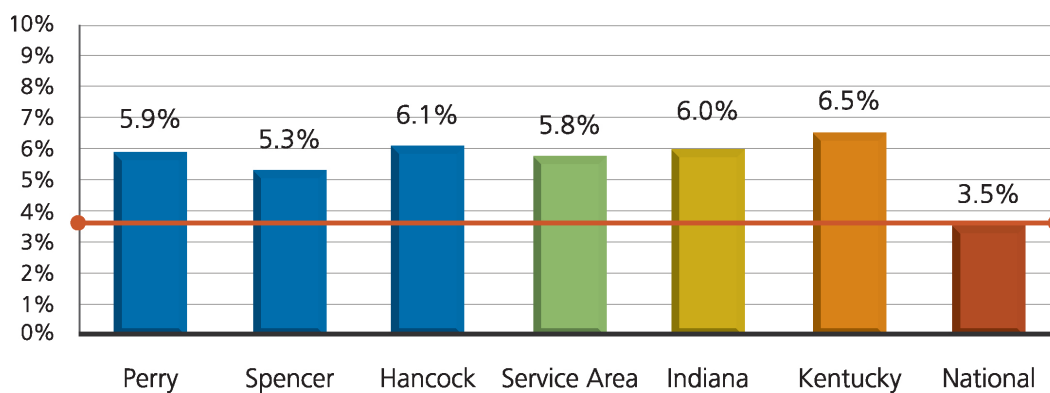
High school graduation represents a correlation between education attainment and improved health through improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles. The value reported is the percent of ninth-grade cohorts in public schools that graduate in 4 years. The high school graduation percentage is a factor in calculating a county's overall social and economic ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Some College



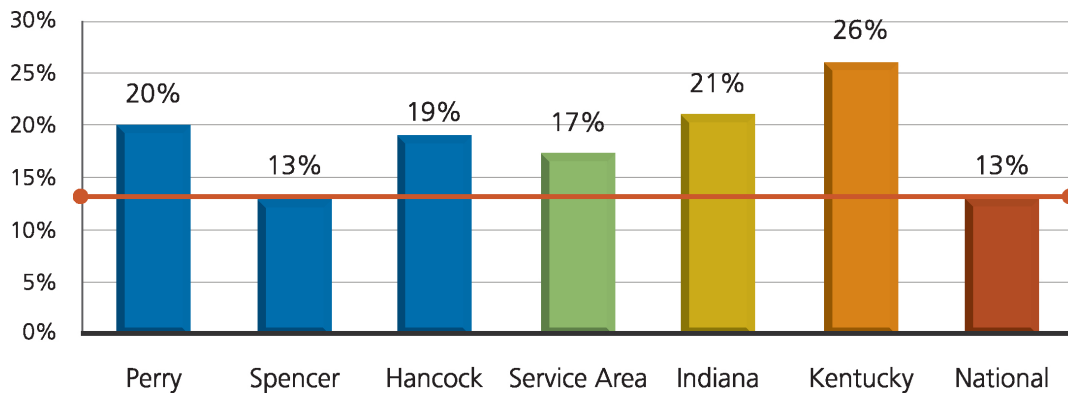
Some college represents a correlation between higher education attainment and improved health through improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles. The value reported is the percent population, ages 25 to 44 years, with some post-secondary education, such as enrollment at vocational/technical schools, junior colleges, four-year colleges including pursuing post-secondary education without receiving a degree. Some college percentage is a factor in calculating a county's overall social and economic ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Unemployment



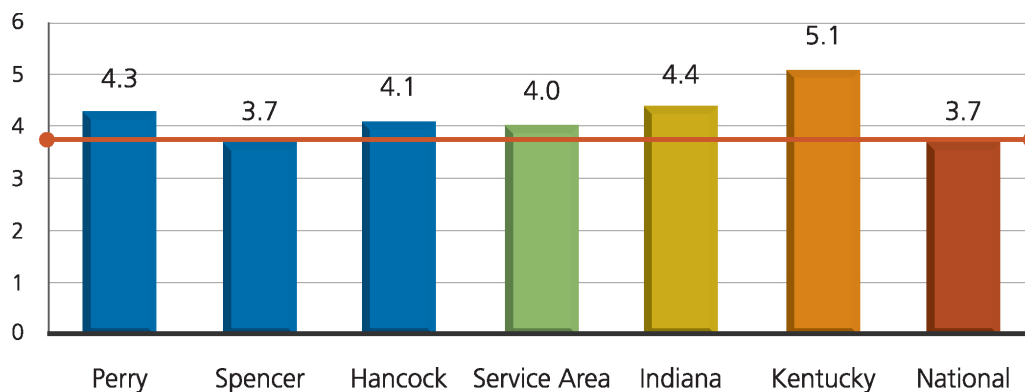
Unemployment represents the population that may be at risk for various health concerns associated with unemployment that can lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. The value reported for each county is the percent of the civilian labor force, 16 years or older, who is unemployed but seeking work. Unemployment percentage is a factor in calculating a county's overall social and economic ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Children in Poverty



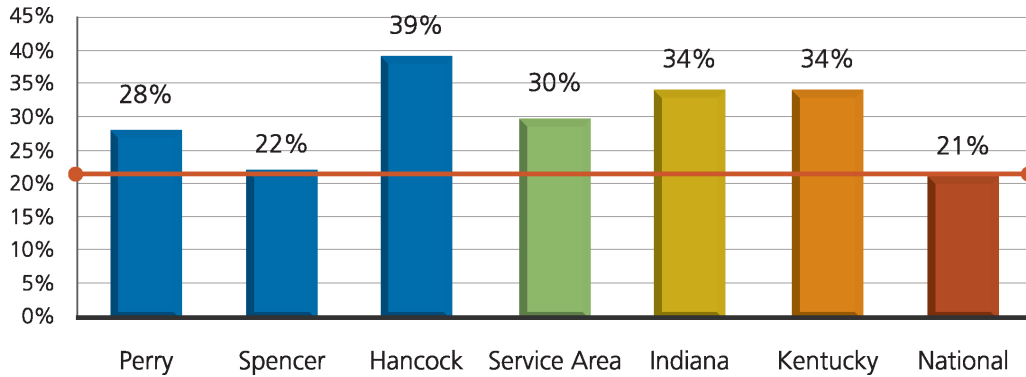
Children in poverty (income factor) represent increased risk in children of morbidity and mortality due to risk of accidental injury and lack of health care access. Poverty can result in negative health consequences, such as increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. The value reported for each county is the percent of children under age 18 living below the Federal Poverty Line. Children in poverty percentage is a factor in calculating a county's overall social and economic ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Income Inequality



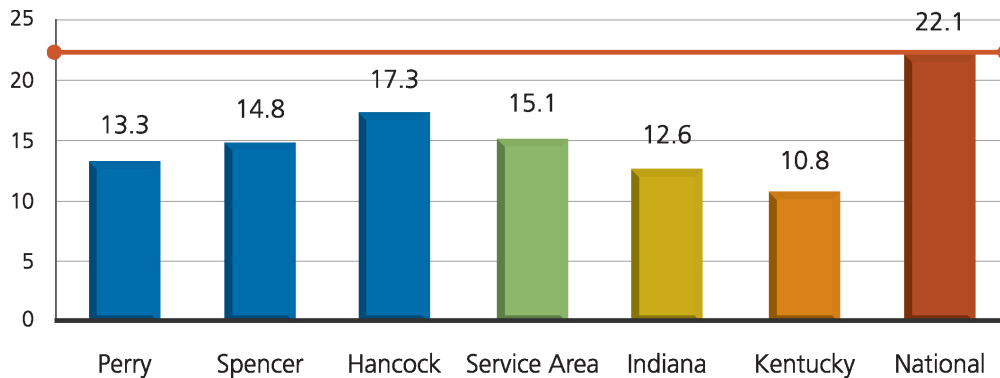
Income inequality represents the ratio of household income at the 80th percentile to income at the 20<sup>th</sup> percentile. Income inequality is a factor in calculating a county's overall social and economic ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Children in Single-Parent Households



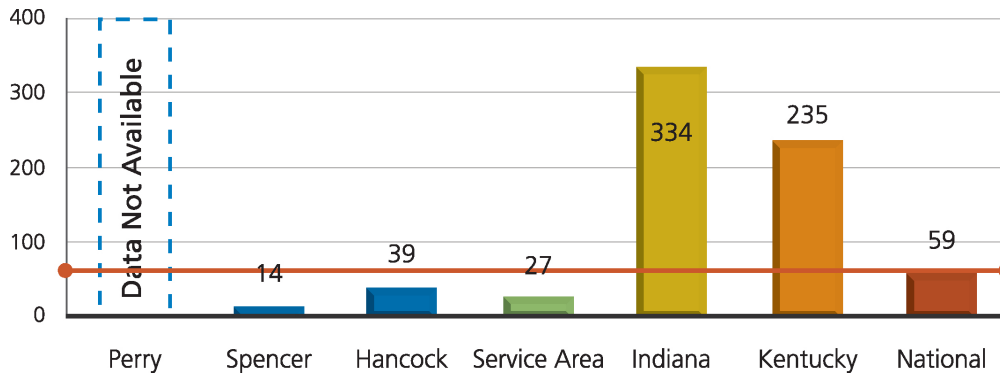
Children in single-parent households represent the percentage of children in family households that live in a household headed by a single parent without a spouse living in the home. Children in single-parent households are at increased risk of negative health outcomes such as mental health problems (such as substance abuse, depression and suicide) and developing unhealthy behaviors such as excessive alcohol use and smoking. Children in single-parent households is a factor in calculating a county's overall social and economic ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Social Associations



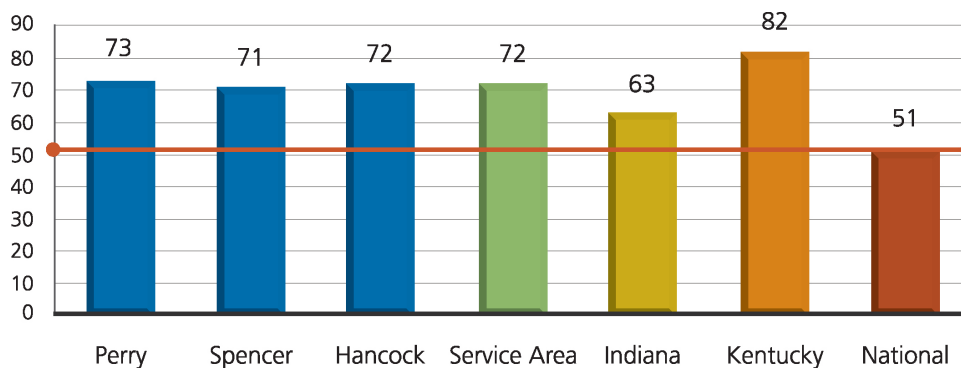
Social Associations represents the number of membership associations per 10,000 population. These include memberships to civic, political, religious, sports, professional organizations as well as golf clubs and fitness centers and other types of membership associations. This parameter was included because those with poor family support, minimal social contact and limited involvement in community life are associated with increased morbidity and early mortality. Social associations is a factor in calculating a county's overall social and economic ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Violent Crime



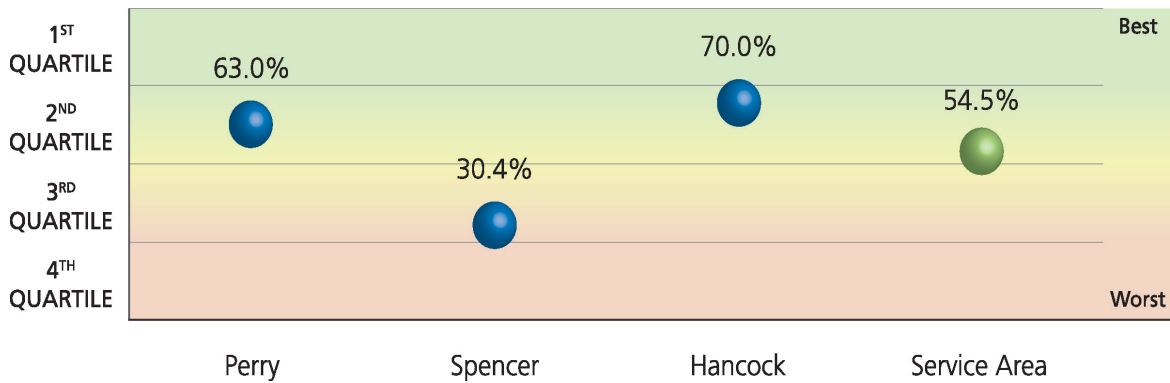
Violent crime represents the number of violent crime offenses reported per 100,000 population. Violent crime is defined as face-to-face offenses between victims and their perpetrators. These include rape, robbery, aggravated assault and homicide. High levels of violent crime negatively affects a persons physical safety and psychological well-being and can negatively impact the pursuit of healthy behaviors. Violent crime is a factor in calculating a county's overall social and economic ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Injury Deaths



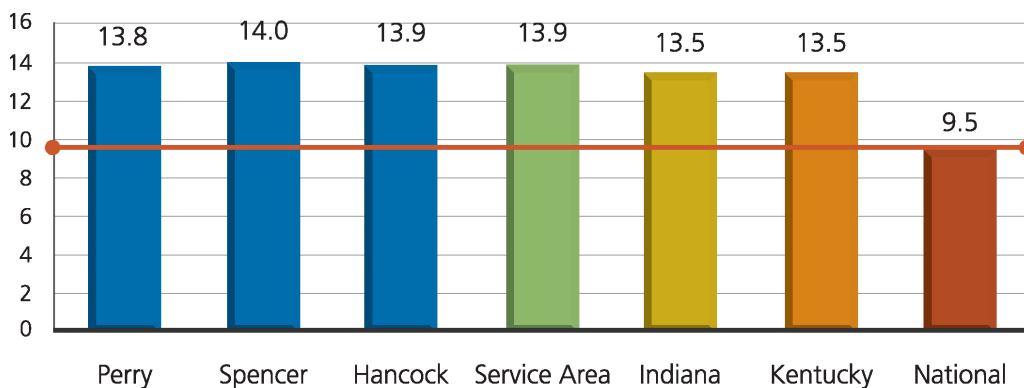
Injury deaths represents the number of deaths due to both intentional and accidental injury per 100,000 population. Injury is a leading cause of death with unintentional and intentional injury as the 5th and 10th leading causes respectively. The most common causes being motor vehicle, poisoning and falls, as well as suicide firearm, homicide firearm and suicide suffocation. Injury deaths is a factor in calculating a county's overall social and economic ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Physical Environment



Physical Environment consists of the following weighted factors for each county: air pollution (2.5%), drinking water violations (2.5%), severe housing problems (2%), driving alone to work (2%), and long commute - driving alone (1%). The counties in Indiana and Kentucky have been ranked by state from highest to lowest; where the first quartile represents the highest and fourth quartile represents the lowest composite score. The physical environment score is a factor in calculating a county's overall health factor ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

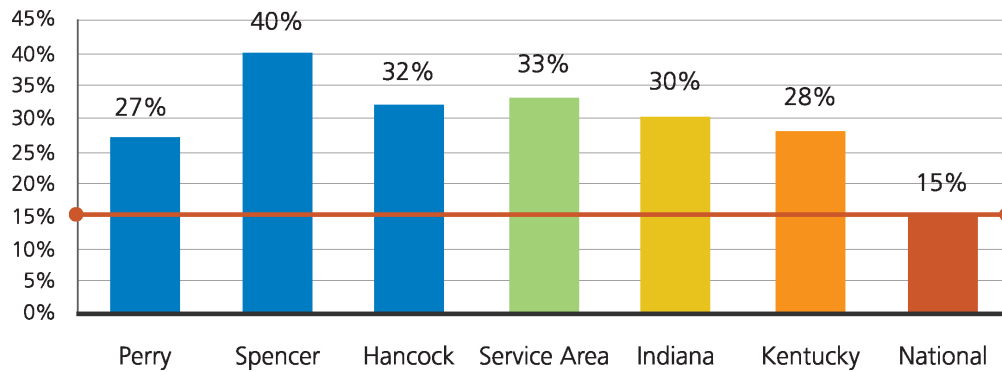
## 2015 Air Pollution - Particulate Matter



Air Pollution - particulate matter represents the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). A negative correlation between decreased lung function, chronic bronchitis, asthma and other pulmonary health problems has been linked to increased air pollution due to particulate matter being inhaled. The air pollution - particulate matter a factor in calculating a county's overall physical environment ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

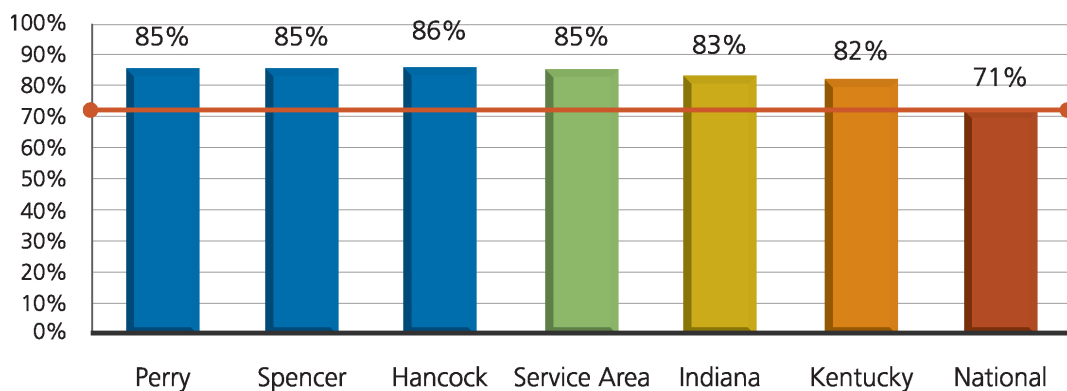


## 2015 Severe Housing Problems



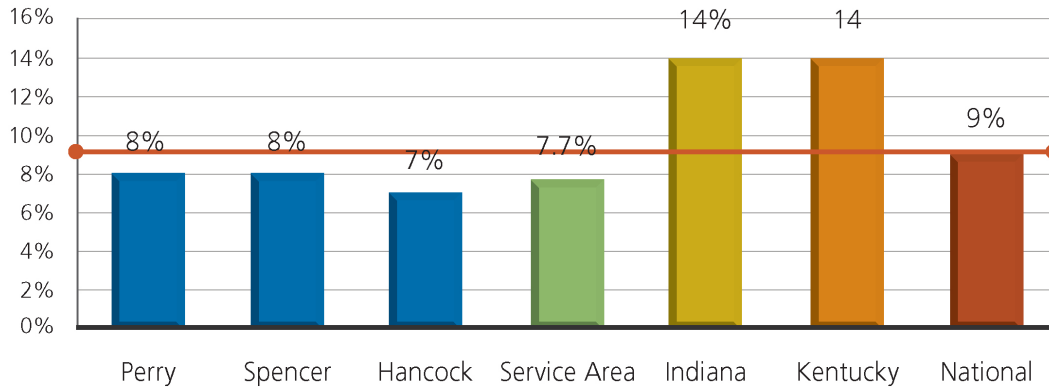
Severe housing problems consist of homes reported to have incomplete kitchen, lack of plumbing, severely overcrowded (more than 1.5 persons per room) or cost burdened household (housing cost exceeds 50% of income). This parameter was included because severe housing problems contribute to chronic and infectious diseases, increased injury and poor childhood development. Severe housing problems is a factor in calculating a county's overall physical environment ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Driving Alone to Work



Driving alone to work is the percentage of the employed population who regularly drives to work alone. Transportation impacts the overall health of the community through air quality, traffic accidents and active living. The score impacts the housing and transit portion of the overall physical environment ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

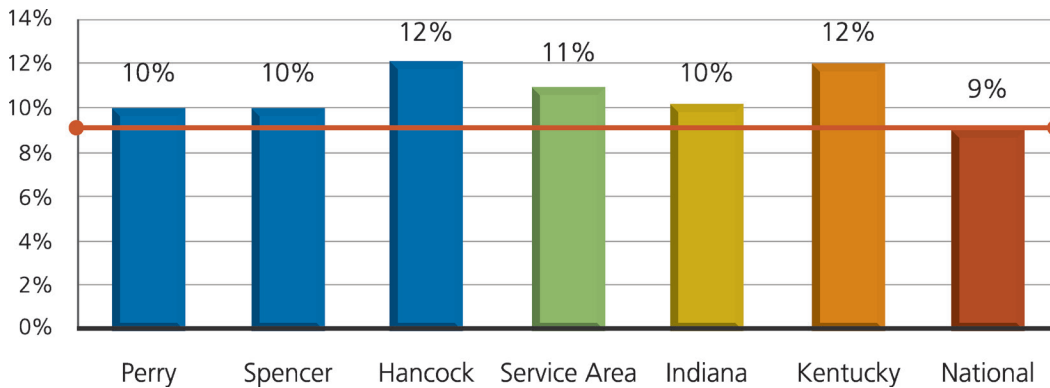
## 2015 Long Commute - Driving Alone



Long commute - driving alone parameter is the percentage of those workers who has a commute to work taking longer than 30 minutes each day. This ranking is the result of a 2012 study published in the American Journal of Preventative Medicine which found the farther people commute by vehicle, the higher their BMI (body mass index) and their blood pressure. Additionally, the longer the commute, the less physical activity the individual participated in. The long commute - driving alone score is a factor in calculating the housing and transit portion of a county's overall physical environment ranking. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

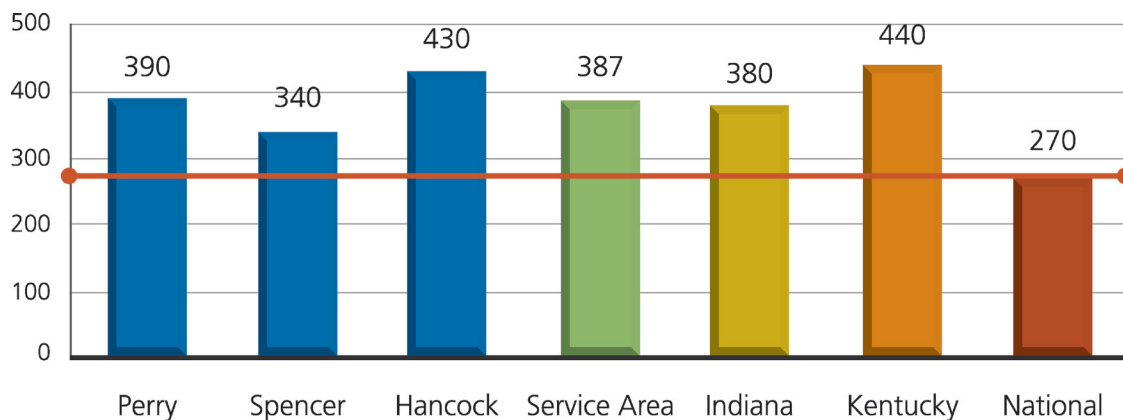
## 2015 ADDITIONAL MEASURES - HEALTH OUTCOMES

### 2015 Diabetes Prevalence



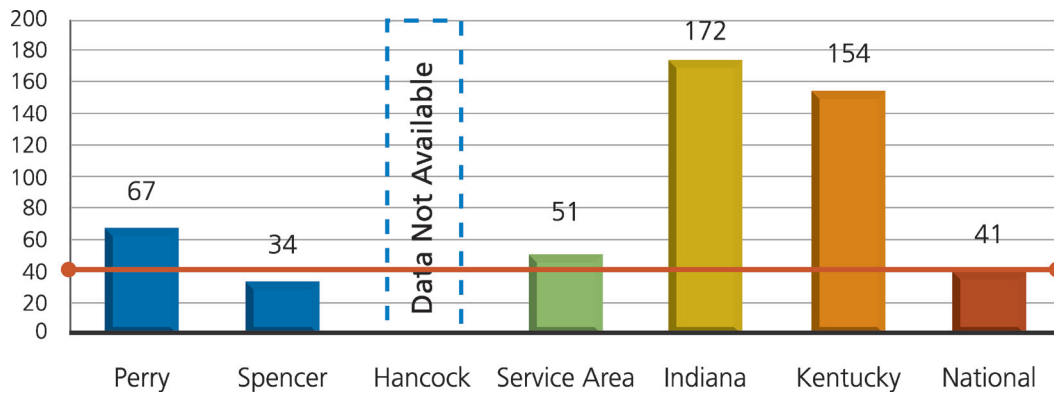
Diabetes score is the percentage of adults 20 years or older who have been diagnosed as having diabetes. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

### 2015 Premature Age-Adjusted Mortality



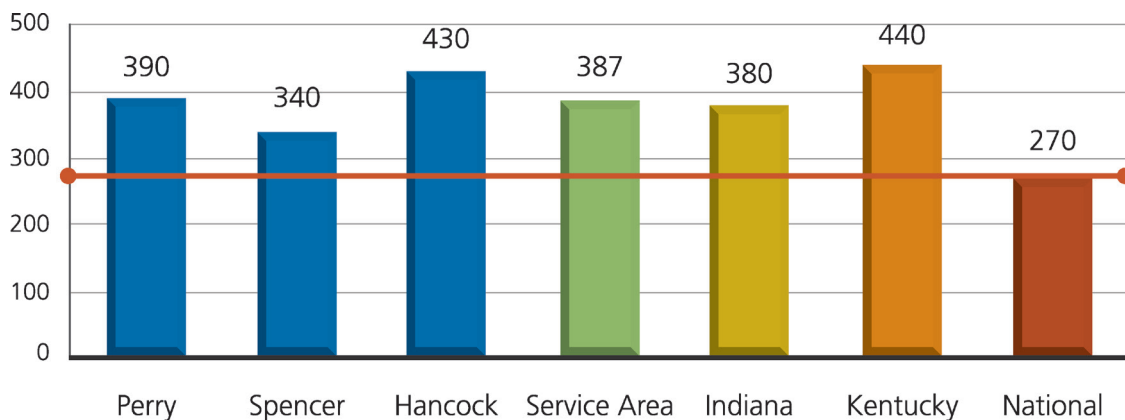
Premature age-adjusted mortality score is the number people (per 100,000 population) under the age of 75 who have died. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 HIV Prevalence



Diabetes score is the percentage of adults 20 years or older who have been diagnosed as having diabetes. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

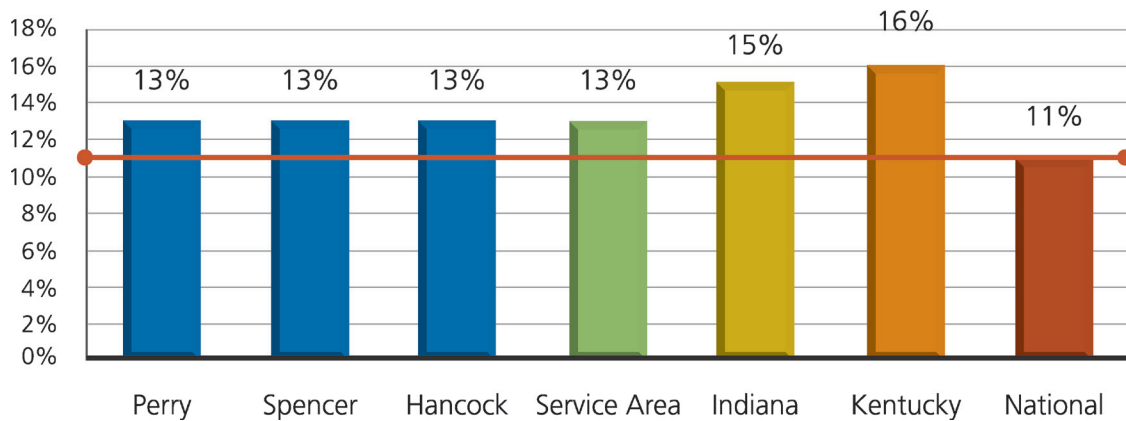
## 2015 Frequent Physical Distress



Premature age-adjusted mortality score is the number people (per 100,000 population) under the age of 75 who have died. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

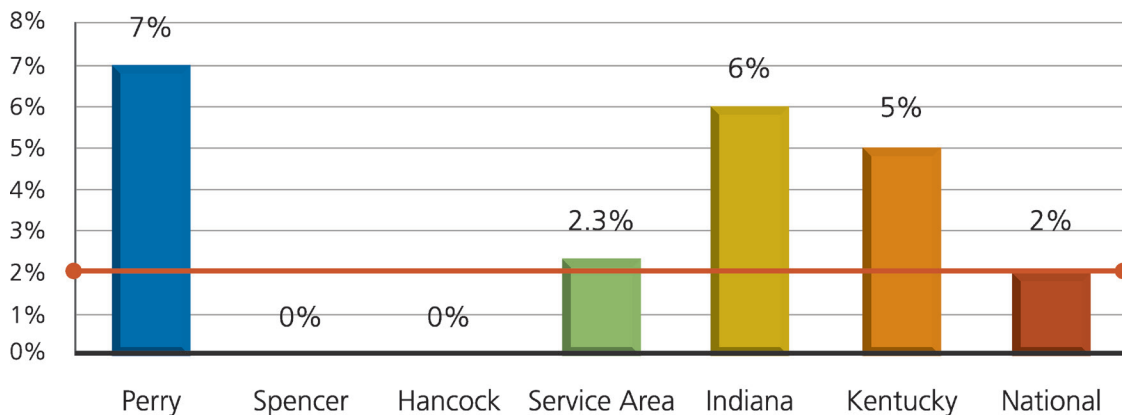
## 2015 ADDITIONAL MEASURES - HEALTH BEHAVIORS

### 2015 Food Insecurity



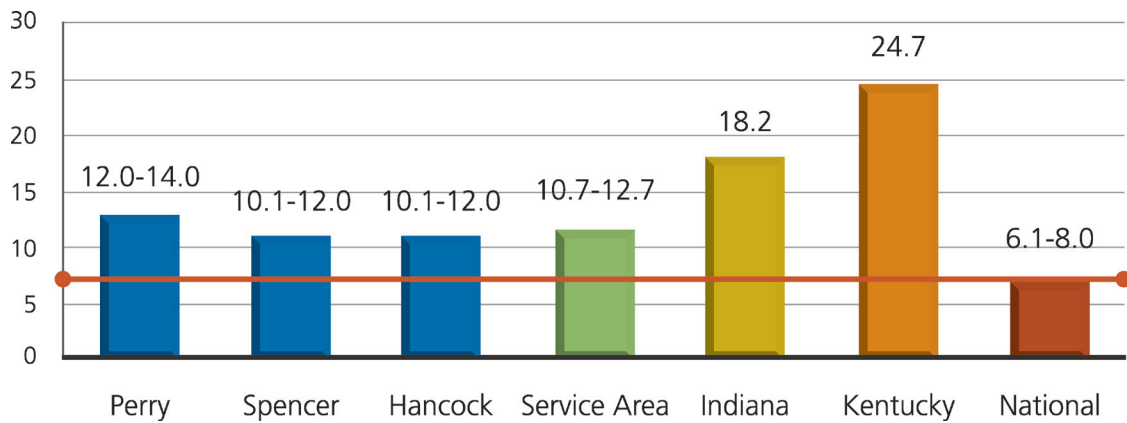
Food insecurity is the percentage of the population who do not have sufficient access to food. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

### 2015 Limited Access to Healthy Foods



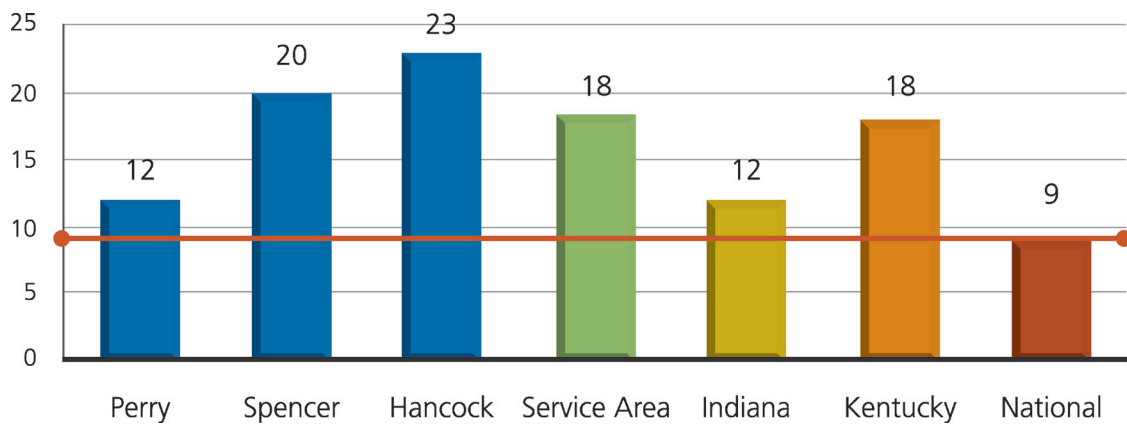
The limited access to healthy foods score is the percentage of the low-income population who does not live close to a grocery store. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Drug Overdose Deaths - Modeled



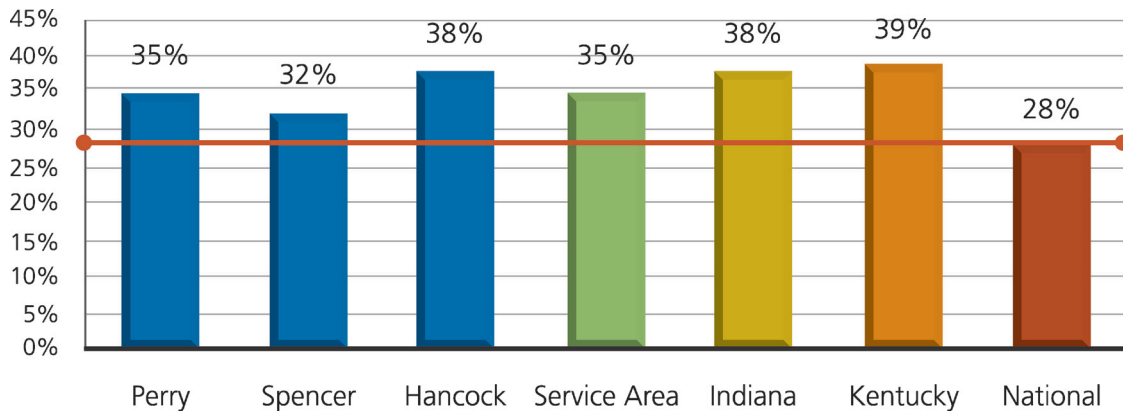
The drug overdose deaths - modeled is the range of deaths per 100,000 population. Motor vehicle crash deaths score is the number of people who have died in motor vehicle crashes per 100,000 population. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Motor Vehicle Crash Deaths



The Motor vehicle crash deaths score is the number of people who have died in motor vehicle crashes per 100,000 population. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

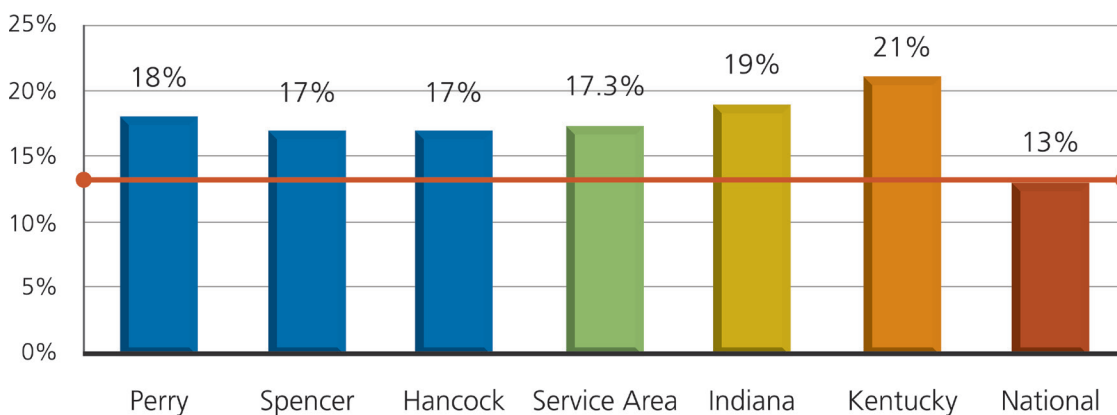
## 2015 Insufficient Sleep



The Motor vehicle crash deaths score is the number of people who have died in motor vehicle crashes per 100,000 population. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

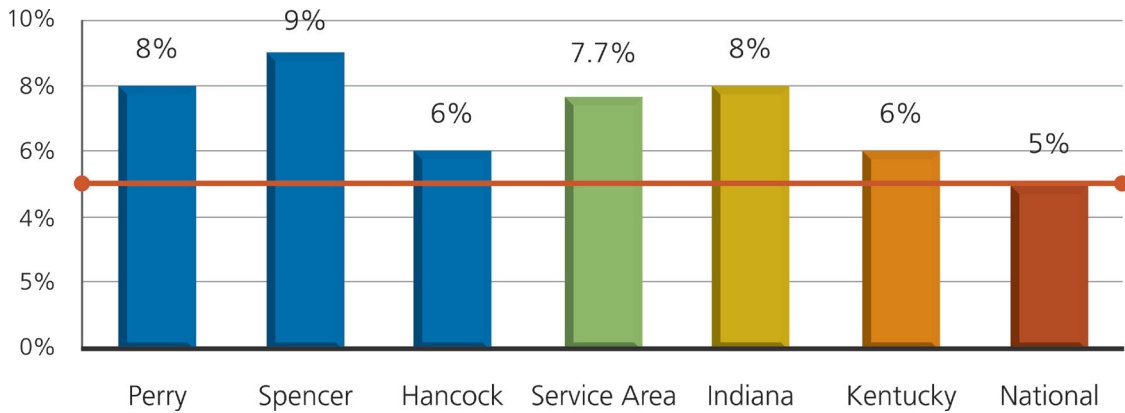
## 2015 ADDITIONAL MEASURES - HEALTH CARE

### 2015 Uninsured Adults



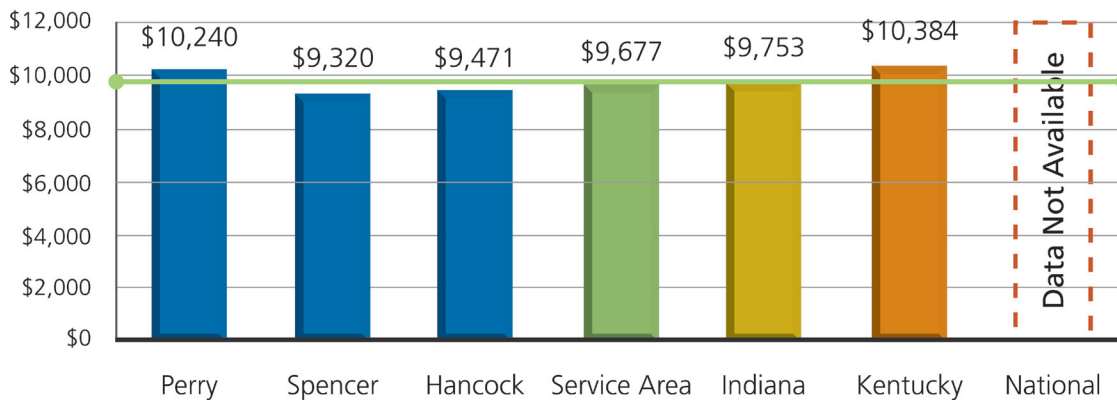
Uninsured adults is the percentage of adults, 18 to 64 years old, who do not have health insurance. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Uninsured Children



Uninsured children is the percentage of the population under the age of 19 without health insurance coverage. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

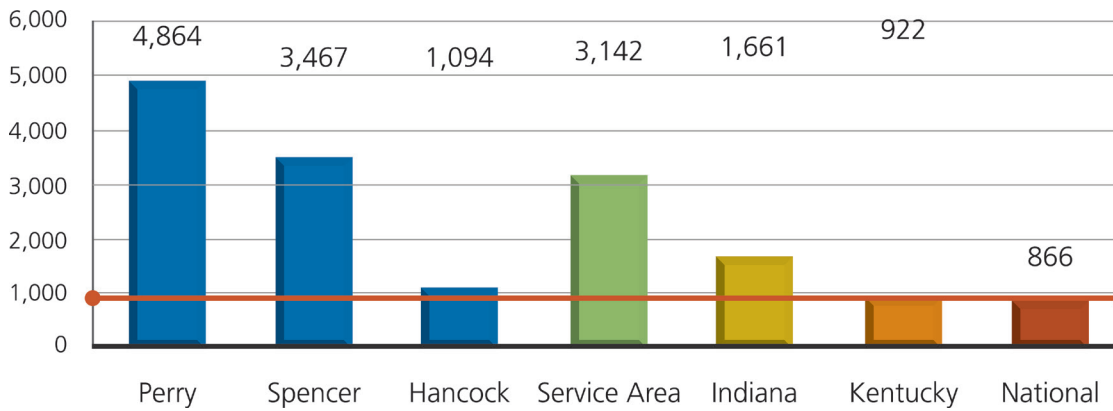
## 2015 Health Care Costs



Health care costs is the amount of Medicare reimbursements which have been price-adjusted per enrollee. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))



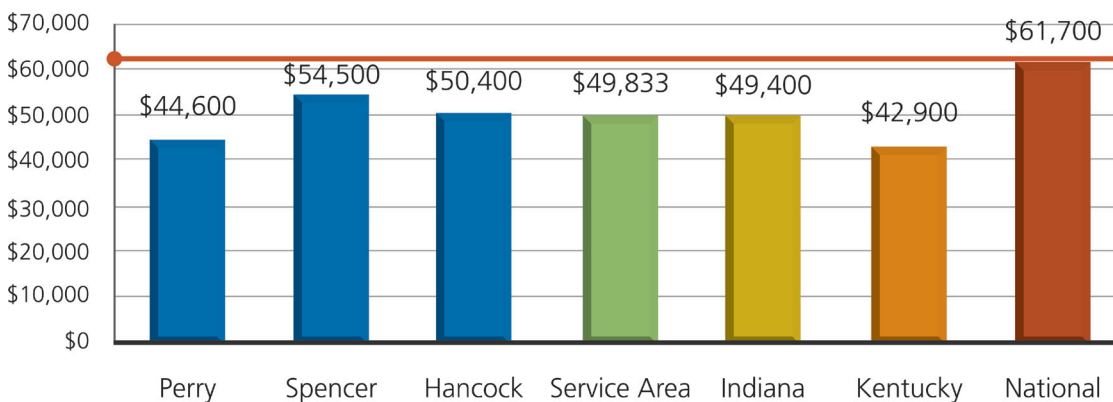
## 2015 Other Primary Care Providers



Other primary care providers score is a ratio of the number of people in the county to one primary care provider other than physicians. Other primary care providers include nurse practitioners (NPs), physician assistants and clinical nurse specialists. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

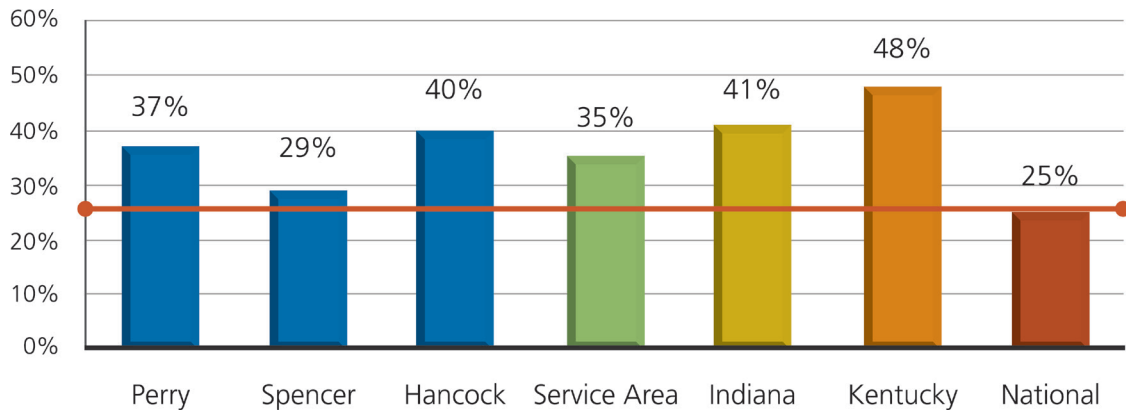
## 2015 ADDITIONAL MEASURES - SOCIAL & ECONOMIC FACTORS

### 2015 Median Household Income



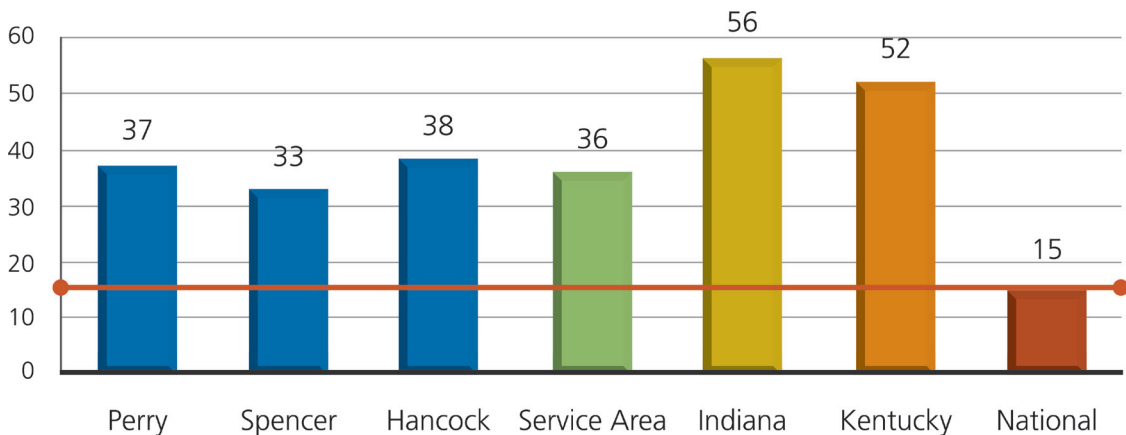
The median household income is the income at which is halfway between the highest earning household income and the lowest earning household income. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Children Eligible for Free Lunch



Children eligible for free lunch is the percentage of school age children enrolled in public schools who are eligible for free lunch. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## 2015 Residential Segregation - Non-White/White



Residential segregation - non-white/white is the index of dissimilarity between residents based on whether they are white or not white. Higher values indicate more segregation where lower values indicate less segregation between residents with 0 being complete integration and 100 being complete segregation. (Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org))

# ATTACHMENT C: PHYSICIAN NEEDS ASSESSMENT

## Physician Needs Assessment Analysis

A quantitative physician needs assessment analysis was completed for a portion of the service area considered to be the primary service area specifically for Perry County only. 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. This need for physicians by specialty is then compared to the current supply of physicians practicing in that given geographic population. For purposes of this CHNA, the primary service area population of approximately 40,000 people, and the Gray County population of 20,044 specifically, were analyzed by physician need vs. supply by physician specialty. Gaps of physician supply vs. needs were then identified.

It should be noted there are a myriad of qualitative factors that impact the need, supply and gaps for physicians by specialty in any particular geographic region. These qualitative factors include, but are not limited to, the age of current practicing physicians; quality or service issues with a given physician or practice; the number of practicing mid-level providers; full time vs. part time availability expressed in terms of a full time equivalent (FTE); hospital emergency department coverage; coverage for vacations, continuing medical education, or personal time off; patient outmigration; the geographical referral area for the given specialty; waiting times for appointments; insurance plans accepted by the physician practice; the growing national shortage of physicians; the length of time it can take to successfully recruit a physician to the community and begin practicing; and other important qualitative factors.

This physician needs assessment analysis of Perry County only is limited and therefore reveals a need for physicians in selected specialties as discussed below. The primary qualitative factor accounted for in this analysis was the age of the practicing physicians in Gray County, and the identification of any physician considered to be in the "retirement zone", or 60 years of age or older. It was assumed that any physician in the retirement zone could retire from his/her medical practice at any time and therefore that position must be considered as one possibly needing to be replaced and part of any physician recruitment plan for the future.

Based on the quantitative physician needs assessment analysis completed, the top six physician needs by full-time equivalent in Perry County by specialty are as follows:

- Internal Medicine – 2.36 FTEs
- Psychiatrist - 1.72 FTEs
- OB/GYN - 1.69 FTEs
- Orthopedic Surgery - 1.0 FTEs
- General Surgery - 0.91 FTEs
- Ophthalmologist - 0.74 FTEs

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## Qualitative Factors to be Assessed

For a more complete and comprehensive physician needs assessment analysis, the following qualitative factors should be analyzed and taken into consideration.

1. Age of current physicians practicing in service area—by specialty. For those at age 60 and above it should be assumed they are in the possible retirement zone and their position should be accounted for in recruitment planning. This is especially true given the growing national shortage of physicians and length of time successful recruitment can take.
2. Quality or service issues that may cause the physician to be asked to leave or be replaced.
3. Waiting times for new patient appointments.
4. Full-time vs. part-time status (FTE count) including actual hours available for direct patient care.
5. Emergency department call coverage and any gaps that may exist.
6. Coverage for vacations, continuing medical education time off, personal time off, etc.
7. The specialty of “Hospitalist” is a newer specialty, and therefore the four national physician need models do not account for this specialty.
8. Patient outmigration by specialty.
9. Patient satisfaction by physician.
10. Size of individual physician practices/approximate patient counts and patients seen per day on average.
11. Physician participation in Medicare, Medicaid and commercial insurance and other employer-sponsored group health plans.
12. Physician acceptance of indigent care patients.
13. We included four family nurse practitioners to equal 2.0 family practice physicians as it relates to the current supply.
14. We counted the internal medicine/pediatric physician as a 0.5 internal medicine/0.5 pediatrics.

# ATTACHMENT D: SURVEY QUESTIONNAIRES

## General Survey Questionnaire



Dear Community Member:

Perry County Memorial Hospital is inviting you to participate in a community health needs survey as a method to solicit perceptions, insights and general understandings from community members as part of a Community Health Needs Assessment. This survey is confidential and has only 10 questions. The feedback you provide will help us assess the health needs in our community and what gaps may exist in services offered to meet those needs.

We would appreciate receiving your feedback through **August 31, 2016**.

**Goals for the survey:**

1. To understand perceptions and expectations about health services, including education and prevention services that are issues or critical ***needs of the community***.
2. To understand perceptions and expectations about health services, including education and prevention services, offered and provided in the community, including ***services not offered and provided but needed***.
3. To receive feedback regarding the previous 2013 Community Health Needs Assessment available.

**Please complete this survey and return in the self-addressed envelope**

**or visit the web address to complete online at <http://mcaf.ee/c814qt>**

Blue & Co., LLC is assisting in the completion of the 2016 Community Health Needs Assessment and related research including gathering and analyzing primary and secondary data about the community, its health needs, and healthcare services being offered. The Community Health Needs Assessment is a requirement of not-for-profit, 501(c)(3) hospitals as mandated by the Patient Protection & Affordable Care Act of 2010. The complete report will be made available to the community through the Perry County Memorial Hospital website.

Thank you in advance for your participation and contributions to the health of our community.

Sincerely,

Perry County Memorial Hospital

Perry County Memorial Hospital is an Equal Opportunity Provider and Employer.

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**Part A. Community Needs (Place one checkmark per column)**

<b>1. Select the top 5 health needs in the community.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Select one choice per column, beginning with 1 as your most important need.					
Access to healthcare					
Access to prenatal healthcare					
Access to dental/oral healthcare					
Resources for hearing/vision issues					
Programs and resources for obesity prevention					
Programs and resources for chronic disease (cancer, heart disease)					
Programs and resources for Asthma awareness and prevention					
Resources for injury prevention					
Programs and resources for infant mortality prevention					
Programs and resources for mental health improvement					
Programs and resources for substance abuse					
Programs and resources for depression prevention and awareness					
Programs and resources for anxiety prevention and awareness					
Programs and resources for suicide prevention and awareness					
Programs and resources for domestic abuse prevention and awareness					
Other health need (list):					

<b>2. Select the top 3 types of healthcare professionals needed in the community:</b>	<b>1</b>	<b>2</b>	<b>3</b>
Select one per column, beginning with 1 as your most important need:			
Alternative medicine			
Dietitians			
Clinical			
Eye care			
Foot care			
Geriatric care			
Maternal and newborn health			
Medical diagnosis			
Mental healthcare			
Oral care			
Paramedics			
Rehabilitation care			
Surgical			
Telemedicine			
No additional healthcare professionals are needed			
Other professionals needed (list):			

<b>3. Select the top 3 social issues in the community:</b>			
Select one choice per column, beginning with 1 as your most important issue.	1	2	3
Public safety			
Hunger			
Health			
Transportation			
Poverty			
Housing			
Education			
Environment (parks, sidewalks, roads, bike paths)			
Pollution (clean, safe air quality)			
Other social issues (list):			
<b>4. Select the top 3 healthcare challenges household face in the community:</b>			
Select one choice per column, beginning with 1 as your most important challenge.	1	2	3
Lack of transportation			
Lack of insurance			
Co-pay costs			
Limited hours at doctors' offices/clinics			
Unable to find a doctor			
Unable to find a specialist			
Lack of doctors who accept my insurance			
Language barriers			
Do not have any challenges receiving healthcare			
Other challenges (list):			
<b>5. Select the primary transportation community members take to doctor's appointments and other healthcare treatment:</b> Check one		<b>6. Select the primary source for receiving information about healthcare:</b> Check one	
Personal Vehicle		Doctor's office or clinic	
Public transportation		Family/friends/Co-workers/neighbors	
Taxi		School clinic or nurse	
Family or friend		Community Center	
Walk		Church	
I am unable to make it to appointments due to lack of transportation		Media (radio, TV, magazines, newspaper)	
Other transportation (list below):		Internet	
		I do not receive information about healthcare	
		Other sources (list below):	

7. How do you characterize the community's overall awareness of Perry County Memorial Hospital and its services? Is there anything that could be done to improve awareness about the contributions the Hospital is making to the community?

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8. Please provide any additional comments regarding the needs in the community:

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9. Were you aware the 2013 Community Health Needs Assessment was available? Yes  No

To view the 2013 Community Health Needs Assessment visit <https://www.pchospital.org/wp-content/uploads/2014/08/CommunityHealthNeedsAssessment-11212013.pdf>. Or a copy can be requested from Perry County Memorial Hospital | 8885 State Road 237 | Tell City, IN 47586 | (812)-547-7011

10. Please provide comments, questions, changing circumstances for the 2013 Community Health Needs Assessment?

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## FOCUS GROUP STRUCTURED QUESTIONS FOR FACILITATION

1. Are you aware of or familiar with the CHNA that was completed by Perry County Memorial Hospital in 2013 and posted to the hospital's website?
2. Are you aware of / or familiar with any of the strategies or action steps taken by Perry County Memorial Hospital, or any other healthcare or social service organization in the community, as a direct result of the past CHNA?
3. For those of you who haven't or don't use Perry County Memorial Hospital for services the hospital provides, what are the reason(s)?
4. What would have to occur before you would consider using Perry County Memorial Hospital for the services they provide? What are the most important factors that contribute to a hospital's image and your trust in their care and service?
5. How do you perceive / compare Perry County Memorial Hospital to other available hospitals and the services they provide.
6. Describe access to healthcare services in this community.
7. Does access to healthcare vary between primary care and specialty care service? If so, how?
8. Does access to healthcare vary between medical care and mental health care? If so, how?
9. What are the obstacles to people accessing needed medical and mental health care in this community?
10. Are there any barriers that exist in the general community, public health community, or healthcare provider community that prevents us from creating a healthier community?
11. What are the biggest healthcare needs, including mental healthcare and addiction care needs, in this community?
12. What healthcare needs are currently being met and what healthcare needs are currently not being met adequately? For those needs that are unmet, what reasons exist for them not being met?
13. What are the biggest healthcare, mental health or addiction care education or prevention needs in this community?
14. Are there unmet social service needs impacting access to healthcare services in the community? If so, what are they?
15. Are there healthcare education and prevention needs currently being met? If not, which needs are unmet and to what extent are they not being met?
16. Describe your perception of how well healthcare providers work together and coordinate care across the continuum in this community.
17. Describe your perception of how well healthcare providers and organizations work together with social service organizations in the community.
18. Are there any special one-time projects that exist where one-time funding would help meet a healthcare or related need that is currently unmet?

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19. Name 2 or 3 improvements you would like to see made in healthcare services in this community and why.
  20. Is this community adequately prepared to prevent injury, as well as prevent disease & epidemics, and prevent or respond to environmental hazards and emergency situations? If not, how could the community infrastructure be improved so that we are more adequately prepared?
  21. Do you have any other thoughts, comments or suggestions about healthcare, mental health, addiction care, or health education and prevention that we haven't discussed today?

# ATTACHMENT E: CITATIONS

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## 2015 REPORT

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- U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28>. Accessed 2016.
- U.S. Census Bureau. (2012). State & County Quickfacts. Retrieved 2016, from Quickfacts Census Web Site: <http://quickfacts.census.gov>.