2023-2025 Community Health Needs Assessment

St. Claire HealthCare

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Health Needs Assessment

Letter From The CEO

To Our Community Members:

St. Claire HealthCare is committed to providing high-quality healthcare and exemplary customer service. This community-based health system is in the heart of Morehead, KY. A board governs the hospital and ensures its strategic direction is met. The organization consistently meets the community's health care needs and the people it serves.

Our goal with the attached Community Health Needs Assessment ("CHNA") is to understand better the range of issues affecting community health needs, including local healthcare services provided and any gaps in meeting those needs. Moreover, through this assessment process, report, and subsequent actions, we hope to strengthen the understanding and working relationships among and between the health system 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 collaboratively to serve patients better and provide care and service focused on prevention, health promotion, and wellness.

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 adopt an implementation strategy to address applicable needs detected during the assessment process.

During 2024, a CHNA was conducted by St. Claire HealthCare for the region we serve. We will be developing an implementation strategy for the functional needs addressed. The results will be summarized in a separate report approved by St. Claire HealthCare and its Governing Board.

We are pleased to present this comprehensive CHNA, which represents a thorough assessment of health care needs in our community. We look forward to collaborating with you and others in the community to optimize community health and continue meeting St. Claire HealthCare's mission to proclaim God's goodness through a healing ministry to the people of Eastern Kentucky.

Donald H Lloyd II

MISSION

St. Claire HealthCare's mission is to proclaim God's goodness through a healing ministry to the people of Eastern Kentucky.

VISION

Dedicated to a Catholic Christian healing ministry, St. Claire HealthCare, in partnership with our healthcare providers, will be distinguished as a trusted health care organization and employer. We will be recognized for:

- Providing clinical and service excellence in a personalized manner;

- Building a leading integrated medical community that provides a seamless system of care and education; and

- Enhancing the quality of life of the individuals and communities we serve by prompting physical, spiritual, social, and emotional well-being.

VALUES

- DIGNITY
- COMPASSION
- EXCELLENCE
- COMMITMENT
- COLLABORATION

A community health needs assessment (CHNA) was conducted in 2024 by St. Claire HealthCare to pinpoint the major health needs, both fulfilled and unmet, in the surrounding area, primarily Rowan County (Pop. 24,662), which includes Morehead, KY. The main goals of the CHNA were to 1) recognize significant health needs in the community, and 2) adhere to the federal guidelines outlined in the Patient Protection and Affordable Care Act (PPACA) of 2010.

Data for this assessment was gathered from various sources to uncover key findings and potential gaps between health needs and available services in the community. Primary data was collected through personal interviews and surveys, while secondary data sources were examined to identify strategic implications and to benchmark the hospital's service area.

It is important to highlight that our data collection did not encompass a statistically representative sample of the community, as disadvantaged populations, such as immigrants, the homeless, and individuals with low education and income levels, were less likely to participate in the web-based survey.

The following needs listed below are important findings identified through the data collection, analysis, and assessment process:

- ➢ Premature Death Rate
    - o Obesity & Chronic Conditions
    - o Food Insecurity

- ➢ Drug, Alcohol, and Tobacco Use

- ➢ Access to Care
    - o Specialty Care
    - o Primary Care
    - o Mental Health
    - o Dental

St. Claire HealthCare has identified the above needs for its community and prioritized them based on the order above. The section later in this report titled "KEY FINDINGS" will go through all the health needs identified during the CHNA process.

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St. Claire HealthCare

St. Claire HealthCare (SCH) opened its doors on July 1, 1963, as a general acute care hospital with 41 beds, 9 nurses, and 6 physicians representing 3 medical specialties (General Practice, Surgery, and Internal Medicine).

Today, St. Claire HealthCare is much more than just a hospital, it's an integrated healthcare system.

St. Claire HealthCare is the largest employer in the region; with over 1,200 staff members, including a growing medical staff of more than 125 physicians, and nearly 70 advanced practice professionals representing more than 30 medical specialties. It includes the largest rural hospital in Eastern Kentucky, seven primary care locations located within five counties, a multi-specialty medical pavilion, two urgent care centers, pediatrics clinic, retail pharmacy, counseling center, medical equipment and supply store, and an outpatient center. Additionally, SCH provides home health and hospice services in eight counties within its eight (8) county service region.

All St. Claire HealthCare services are accredited by the Joint Commission.

St. Claire HealthCare is a not-for-profit health system sponsored by the Sisters of Notre Dame - United States.

History

In 1947, Dr. Claire Louise Caudill, with her nurse, Susie Halbleib, set up a physician practice in her native town of Morehead. Visiting patients in their homes and delivering babies occupied much of her time. It has been estimated that during her life, Dr. Louise (as she was called) delivered over 8,000 babies. Because there was no hospital, persons with more than minor ailments were sent to Lexington, Ashland or Cincinnati. To assure good medical care for the people of the area, Dr. Louise began her crusade to build a hospital in Morehead. Through Dr. Caudill's leadership and determination, she gained sponsorship from the sisters of Notre Dame - Covington Province. Along with the aid of the Eastern Kentucky Hospital Foundation and other farsighted citizens, the hospital concept became a reality.

SCH opened its doors on July 1, 1963. The hospital, named for Dr. Claire Louise Caudill, is sponsored by the Sisters of Notre Dame and is a Catholic, not-for-profit hospital.

Since day one, St. Claire HealthCare and the University of Kentucky (UK) have had a strong relationship. Dr. Warren Proudfoot was instrumental in forming the affiliation with UK which has provided and continues to provide much-needed specialty practices. A spirit of collaboration continues to exist

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among St. Claire HealthCare and other medical facilities. A dedication to the teaching and education of health professionals began during these early years.

Expansions in 1972, 1980 and 1994 added beds and services. From 1973 to 1991, primary care centers were established in Rowan, Menifee, Bath, Carter and Elliott counties. In 1971 home health services began to meet the needs of homebound patients in eight surrounding counties. With each expansion and added service, the staff at St. Claire HealthCare strengthens its commitment to provide quality healthcare in a caring environment through the living of its mission.

Services

Aesthetic Medicine	Obstetrics and Gynecology
Bariatric Surgery	Occupational Medicine
Breast Cancer Program	Occupational Therapy
Cancer Care	Orthopedics
Cardiology	Orthopedic Surgery
COVID Care	Pain Management
Dentistry	Palliative Medicine
Diagnostic Imaging	Pediatrics
Emergency Care	Pharmacy
Family Medicine	Plastic and Reconstructive Surgery
Gastroenterology	Podiatry
General Surgery	Primary Care
Home Health	Pulmonology
Hospice	Sleep Center
Hospital Medicine	Sports Medicine
Inpatient Rehabilitation	Surgical Services
Laboratory	Telecare
Labor and Delivery	Therapy Services
Medical Equipment and Supplies	Urgent Care
Mental Health	Urology
Nephrology	Vascular Surgery
Neurology	Weight Loss Center
	Wound Care

Service Area & Community of the Hospital

- Bath County
- Carter County
- Elliott County
- Fleming County
- Menifee County
- Montgomery County
- Morgan County
- **Rowan County**

St. Claire HealthCare (SCH) conducted the Community Health Needs Assessment (CHNA) in 2024 for the benefit of the approximately 24,409 residents of Rowan County, as per the 2023 US Census data, and for the patients coming from nearby communities. Moreover, the hospital extends its services to individuals residing in the adjacent counties of Bath, Carter, Elliott, Fleming, Menifee, Montgomery, Morgan, and Rowan.

SCH's main service area encompasses Rowan County, which spans around 286 square miles. The local economy and surrounding regions primarily focus on healthcare & social assistance (2,101 individuals), educational services (1,810 individuals), and retail trade (1,243 individuals). The highest paying industry in the county is utilities, with an average income of $59,345.

According to the 2023 Census data, the median age in Rowan County is 30.6, whereas the national median age is 39 years. The average number of individuals per household in Rowan County is 2.43, slightly lower than the U.S. average of 2.6. In terms of racial demographics, Rowan County comprises 95.5% White, 1.9% Black or African American, 0.2% Native American, 0.8% Asian, 0% Pacific Islander, 0% from other races, and 1.5% from two or more races. Additionally, 2.2% of the population identifies as Hispanic or Latino. Individuals aged 65 years and older make up 15% of the county's population, while those under 18 years old represent 20% of the total population.

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

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Service Area Maps
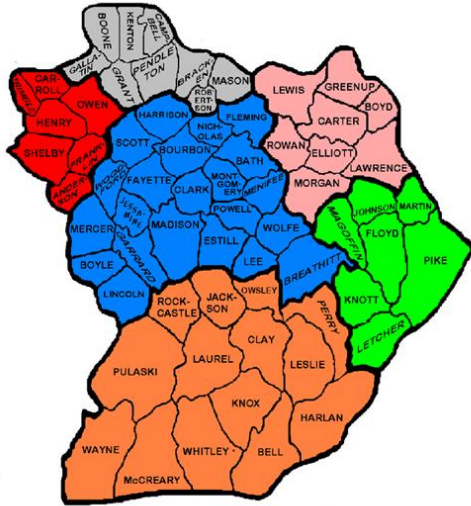
Original map copyright 2005 digital-topo-maps.com
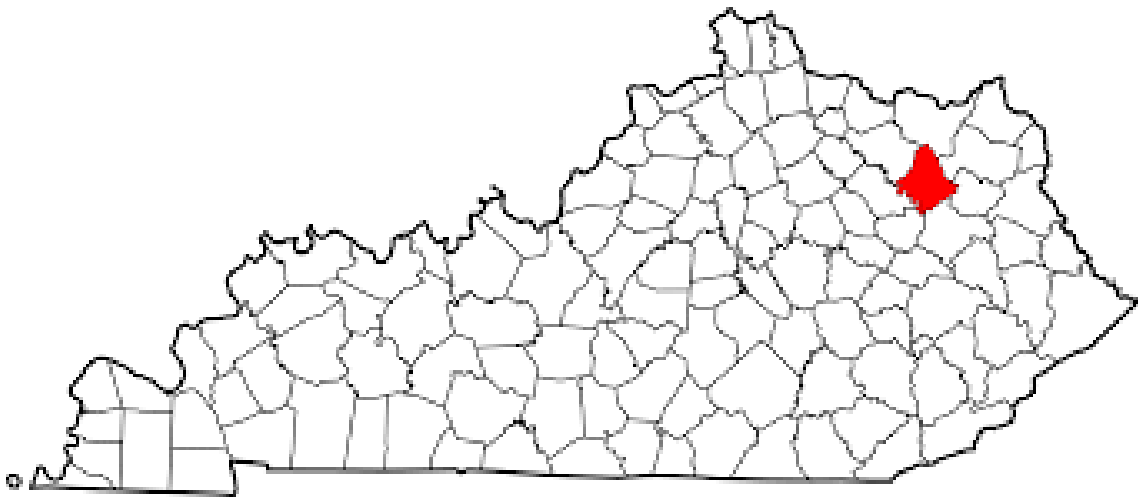
Conducting the Assessment

Overview

St. Claire HealthCare enlisted the services of Blue & Co., LLC (Blue), a Certified Public Accounting firm specializing in accounting, tax, and compliance for the healthcare industry, to conduct a Community Health Needs Assessment (CHNA) and analyze the data in accordance with the requirements outlined in section 9007 of the Patient Protection and Affordable Care Act (PPACA) of 2010. St. Claire HealthCare fully funded the assessment process.

The CHNA requirements came into effect for taxable years beginning after March 23, 2010. On December 29, 2014, the Treasury Department and the IRS issued final regulations for section 501(r) found in 26 CFR parts 1, 53, and 602. St. Claire HealthCare is licensed as a hospital facility by the Kentucky State Department of Health and is accredited by both the Joint Commission and Medicare.

The purpose of the assessment was to identify significant health needs within the community and identify any gaps in the services provided. It also aimed to provide the community with information to evaluate essential healthcare, preventive care, health education, and treatment services. This initiative demonstrates St. Claire HealthCare's commitment to sharing information that can contribute to improved healthcare and quality of care for the community, while strengthening and expanding the existing network of services and providers.

Community Health Needs Assessment Goals

The assessment had several goals which included identification and documentation of:
- Community health needs
- Quantitative analysis of needed physicians by specialty in the service area
- Health Services offered in the Hospital's service area
- Significant gaps in health needs and services offered
- Barriers to meeting any needs that may exist

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

Evaluation of 2020 Community Health Needs Assessment

The list below provides some of the identified needs from St. Claire HealthCare's 2020 Community Health Needs Assessment (CHNA). An evaluation of the impact of actions taken since St. Claire finished conducting its 2020 CHNA to address the significant health needs identified in the 2020 CHNA. Some of the results of the hospital's activities are listed below

2020 CHNA Focus Areas

Focus Area	Plan		Progress Toward Plan
Covid-19/Pandemic Management and Preparedness	1. Be a catalyst and conduit for actions that can prevent or minimize the risk of the spread of COVID-19. 2. Provide the best possible care for patients who test positive for COVID-19, in a manner that protects other patients and providers from contracting the virus. 3. Take steps to be as optimally prepared as possible to address future pandemics.	1. Work in conjunction with community partners to promote evidence-based actions that can prevent/minimize the spread of COVID-19 (e.g. mask wearing, social distancing, handwashing, getting the vaccine, avoiding large gatherings, etc.) *Work in conjunction with the Gateway District Health Department to administer as many doses of the COVID-19 vaccine as possible. 2. Monitor and implement evidence-based treatment methods and protocols for COVID-19 that are recommended by the CDC and state public health leaders. Utilize virtual visits when possible, to minimize unnecessary close physical interaction with patients who could be COVID- positive. 3. Closely monitor and implement recommended steps/strategies for pandemic preparedness, including those steps/strategies in appropriate SCH plans and policies. Work in conjunction with the Gateway District Health Department and other appropriate local and state agencies and partners to evaluate and improve pandemic and disaster preparedness plans and protocols.	Overall Great Progress was made towards these plans in conjunction with our surrounding partners. Covid-19 is still present in the community but the effect has subsided. Additionally, virtual visits are now available for most visits, including mental health services.

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Focus Area	Plan		Progress Toward Plan
Mental/Behavioral Health and Drug Abuse/Prevention	1. Provide interdisciplinary care for both adults and children who need mental/behavioral health treatment . 2. Be a leader in a coordinated approach to dealing with the service region's substance abuse/addiction problem. 3. In coordination with community partners, develop a plan to address the lack of access to mental/behavioral health and substance abuse treatment and services.	1. Provide medication assisted treatment through SCH, privately owned companies and soon-to-be through a community mental health center. 2. Carry out a $900,000 federal grant project from the U.S. Department of Health and Human Services Health Resources and Services Administration, in coordination with the Northeast Kentucky Substance Use Response Coalition, to provide medication-assisted treatment services, which are lacking in the region. 3. Form a team representing SCH, Gateway District Health Department, Pathways and appropriate privately owned companies and other agencies to develop the plan. Facilitate meetings as needed to identify current resources and to explore and implement steps/strategies to address where treatment and services are lacking.	1. SCH is providing Medication Assisted Treatment (MAT) services at several of their Outpatient clinics, including those in outlying areas like Olive Hill. St. Claire Counseling has begun to assist those clinics with providing same day mental health counseling. *SCH is assisting patients with setup of IOP with community partners. *St. Claire Counseling is providing traditional services to children, adolescent, adults and geriatric patients. Inpatient services for Behavioral Health admit adult and geriatric patients. Children and adolescents seeking behavioral health inpatient needs are referred to community partners for treatment. 2. SCH is working in partnership with Mountain Comprehensive Care to provide MAT treatment as well as primary care services for jail re-entry individuals seeking services, same or next day appointments have been made available for those who need referral. SCH is providing appointments within a week to any patient referral from a Substance Use Disorder (SUD) treatment program to begin treatment for Hepatitis C Virus (HCV). Treating HCV while in a recovery program has been shown through Evidence Based Practice (EBP) to improve chances of sustained recovery and decreases chances of re-infection.

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Focus Area	Plan		Progress Toward Plan
Health Behaviors Community Nutrition, Recreation/Physical Activity, Tobacco Use/Smoking Cessation, Immunizations and Radon Mitigation	1. Seek and implement ways to improve community nutrition and promote recreation and physical activity. 2. Work with community and state partners to reduce tobacco use in all age groups. 3. Work with community and state partners to educate residents in the service region about standard immunizations and Radon mitigation.	1. Explore the concept and feasibility of a "Farmacy Program" in which medical providers would have the option of prescribing fresh produce for patients who could then purchase the produce using a token or voucher program at farmers markets or participating grocery stores. *Partner with the UK Extension Service and other partners to facilitate nutrition classes and obesity prevention initiatives in area schools. *Partner with Parks and Recreation Departments and community groups to promote the use of recreational facilities and the region's extensive hiking and biking trail system. 2. Work with the Kentucky Healthcare Collaborative Tobacco Subcommittee to shape and implement strategies to reduce the use of tobacco and electronic cigarettes in all age groups. *Advocate for school districts throughout the service region to become 100% smoke-free. *When appropriate, use the Gateway Wellness Coalition display on smoking/second-hand smoke dangers at health fairs. When possible, support community initiatives to pass ordinances that restrict/prohibit tobacco use in public places. 3.Work with the Gateway District Health Department to implement a significant media initiative to educate the region's residents about myths associated with standard immunizations, including the new COVID-19 vaccine. *Partner with the Gateway District Health Department and other partners to educate the region's residents about Radon risks and the importance of Radon monitors in residences.	SBIRT is being utilized for patients at SCH Behavioral Health Service Providers, including inpatient and outpatient, to identify those who use any form of tobacco products and provide a brief intervention which includes referral for treatment if adhered by the patient during treatment plan. All behavioral health providers are trained and certified in conducting SBIRT with patients.

Focus Area	Plan		Progress Toward Plan
Access to Quality Medical/Dental Care	1. Address geographic barriers to access to quality care. 2. Address economic barriers to access to quality care. 3. Address societal barriers to access to quality care.	1. Explore - and where deemed feasible, implement - opportunities to provide more services physically in other counties throughout the service region where a desire for a greater SCH presence has been requested by residents, such as Morgan and Fleming counties. * Promote and increase utilization of SCH's home health services. 2. Assist residents who qualify but are not enrolled in taking the necessary steps to obtain Medicaid and Medicare benefits. Explore financial incentives (e.g. payments, vouchers and prize drawings) that can be used to encourage patients to undergo preventive care, such as screenings, vaccinations and other brief interventions. * Continue to offer free sports physicals to primary and secondary students in the service region. 3. In coordination with community partners, develop a plan to assess reasons that at-risk and marginalized groups, such as the LGBTQ+, are not able or do not feel comfortable accessing care. * Based on the findings of the assessment, develop strategies to address those reasons, and reach out those groups to assist them in accessing care.	1. Plan to start developing clinic in Morgan in upcoming year. Process has started. 2. Have brought in a third-party company to help, along with financial counselors, enroll residents into Medicaid. Free Sports physicals continue. 3. St. Claire HealthCare is continuing to learn and focus educational trainings to staff and leadership in regard to stigma with marginalized groups such as SUD and LGBTQI+. St. Claire is continuing to identify ways to build confidence and ways for these marginalized groups to choose SCH as their providers of healthcare without stigma through peer support services for patient who have SUD and providing inclusive LGBTQI+ support during health fairs. St. Claire Counseling will be setting up a booth as well as taking part in a scavenger hunt for the 1st Annual Pride Day Celebration on April 20th. St. Claire Behavioral Health Services will also partner with Elizabeth Banks for Health Fair on April 13th in Lexington to help promote a stigma free environment which SCH is providing to all patients. SCH is providing medical homes to all clients in SUD programs to further allow a continuum of care to be delivered after they finish recovery inpatient programs.

Process and Methodology

Documenting the healthcare needs of a community enables healthcare organizations to create and execute cost-effective strategies that enhance the health of the population they serve. By conducting a thorough data-driven assessment, critical health needs and concerns regarding education, prevention, detection, diagnosis, service delivery, and treatment can be identified. Blue utilized an assessment process that focused on gathering primary and secondary data sources to pinpoint areas of concern.

Blue, in collaboration with SCH, formulated interview questions and a survey as tools to gather information from key stakeholders in the community. SCH then engaged in discussions with community leaders and members of the hospital's medical staff or distributed online surveys for completion. The community outreach data collection approach aimed to involve a diverse group of residents from the community. Following the collection and analysis of data, meetings were conducted with hospital leadership to review key findings, and to 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. Two primary data collection methods were used: 1) surveys and 2) personal interviews.

Surveys

Blue and SCH developed a survey to gather opinions, perspectives, and overall comprehension from community members who encompass a wide range of interests, including those with specific expertise in public health. These individuals also advocated for the medically underserved, low-income, and minority populations within the community. The survey, titled "Community Input 2024" (Attachment F), was accessible through an online platform and as a for various members within the service area.

The survey consisted of a total of twenty-eight questions. Community leaders were inquired about the following crucial aspects: the top three most important health needs in the community, their perception of service availability, health status, provider coordination, and barriers. Moreover, participants were given the opportunity to address any other issues not mentioned. The key findings section of the report contains the survey results.

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Personal Interviews

Personal interviews were conducted by Blue with a total of Fifteen (15) participants during March & April of 2024, with each session lasting approximately 30 minutes. These sessions were conducted with community members served by SCH, including public service leaders, health experts, public officials, physicians, hospital employees, and other health professionals and providers, including those associated with SCH. The primary objective was to solicit perceptions regarding health needs and services offered in the community, along with any opportunities or barriers to satisfying requirements.

Secondary Data Sources

Blue reviewed secondary statistical data sources, including Deloitte 2024 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 US Census Quick Facts, County Health Rankings, and the Kentucky Department of Health. In addition, hospital-specific data provided by SCH were reviewed (citations in Attachment G).

Key Findings

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

Fifteen 15–20-minute Interviews

Over 200 Survey Comments

Qualitative studies require far fewer participants, but need much more time from participants, in order to understand the underlying "why" that drives the more quantifiable "what."

Number of Results

Interviews: 15
Surveys: 241

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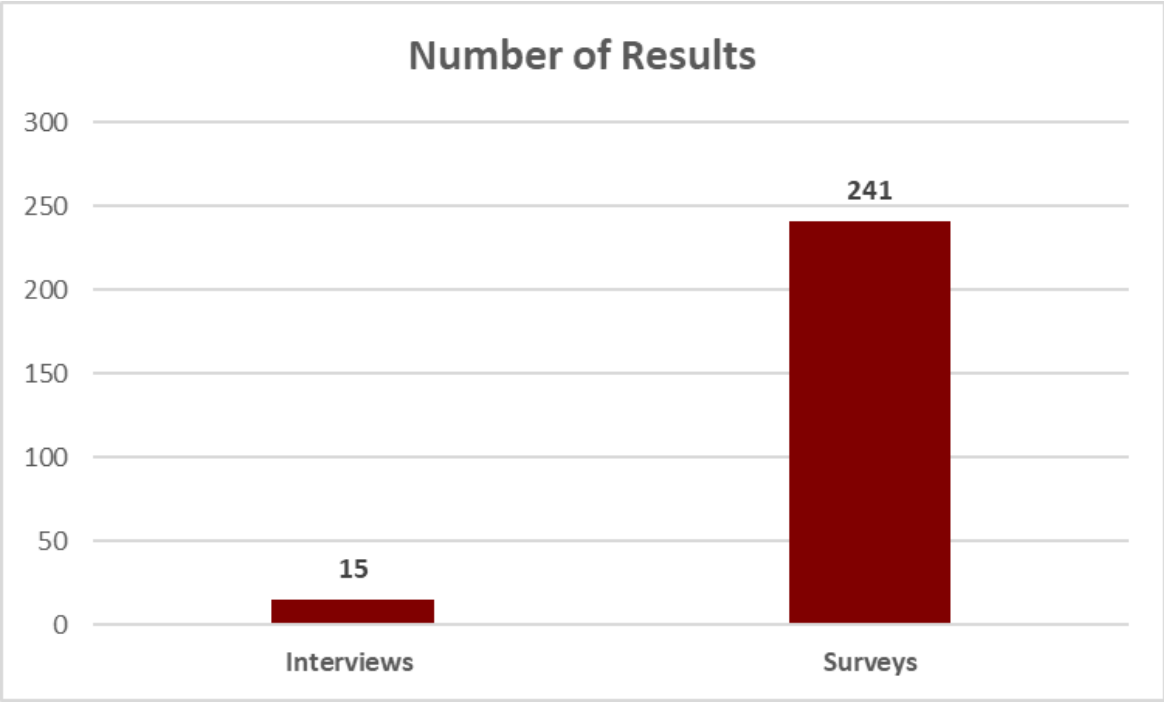
Personal Interview Results

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

All participants average Score: 2.77

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

Declined/Improved/Same	Percent of Total
Declined	0%
Improved	54%
Same	46%

Reasons and other factors that have contributed:

Category
Access
Drugs
Education
Transportation
Cost

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

Yes/No	Percent of Total
Yes	**100%**
No	**0%**

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

Category
Transportation
Cost
Money
Access
Specialist in Rural Clinics
Impoverished

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

Category
Financial
Food Insecurity
Obesity
Affordable Housing
Personal Education
Illegal Drug Use
Dental Services
Physician Inactivity
Smoking/Tobacco Use

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

Yes/No	Percent of Total
Yes	99%
No	1%

Responses to "Are you familiar with the outreach efforts regarding Heart Disease, Cancer, and Stroke?"

Yes/No	Percent of Total
Yes	13
No	1

Responses to "What insights and observations do you have in regard to health behaviors in the community surrounding obesity, physical inactivity, drug abuse, and tobacco use?"
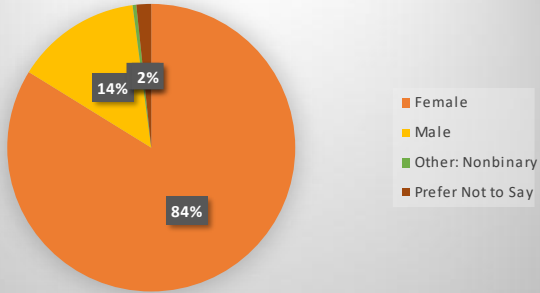
Category
Hospital has helped with educational campaigns. I have not noticed any improvements collectively
Not much improvement around those 4 areas
Noticeable Improvements
Still a major challenge/When it comes to obesity, there are not a lot of organic options ("We have three McDonalds, if that tells you anything")/ For behavioral health, St. Claire has partnered with recovery centers to help with drug epidemic (Huge strides made with the drug abuse)/ Seems as though there is a recent increase in physical activity as the community has partnered with health fairs, implemented walking trails, etc.
Hospital has helped with educational campaigns. I have not noticed any improvements collectively

"What is the most important issue hospital should address in next 3-5 years?"
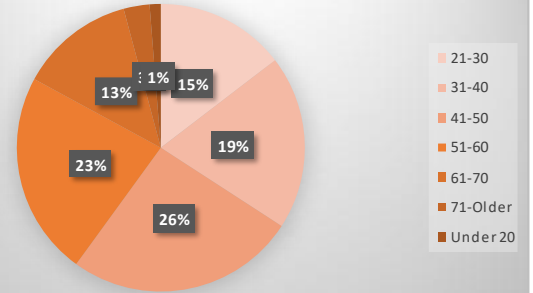
Category
Easy access for specialty services
Need More Space. People are forced out of the hospital faster than they should be
Investments in the Community to help improve Access
Dental
Vision
Emergency Care and Housing (beds) for those in need
Drug Issues
Obesity
Behavioral Health

What is your sex?

- Female — 84%
- Male — 14%
- Other: Nonbinary — 2%
- Prefer Not to Say

What age range do you fall under?

- 21-30 — 15%
- 31-40 — 19%
- 41-50 — 26%
- 51-60 — 23%
- 61-70 — 13%
- 71-Older — 1%
- Under 20

What is your race?

- OTHER: NATIVE AMERICAN — 1
- OTHER: JAPANESE/AMERICAN — 1
- I PREFER NOT TO SAY — 1
- HISPANIC/LATINO — 2
- BLACK/AFRICAN AMERICAN — 5
- ASIAN (INDIAN, JAPANESE, CHINESE,) — 1
- WHITE/CAUCASIAN — 230

What is your highest level of education?

- Associate's Degree — 19%
- Bachelor's Degree — 22%
- Graduate or Professional Degree — 29%
- High school degree (or GED/equivalent) — 10%
- Other — 20%

What was your total income last year, before taxes?

- Less than $20,000 — 5%
- $20,001 - $40,000 — 25%
- $40,001 - $60,000 — 20%
- $60,001 - $80,000 — 13%
- $80,001 - $100,000 — 11%
- Over $100,000 — 17%
- prefer not to answer — 9%

How many people live in your home?

- MORE THAN 4
- 2 TO 4
- 2 OR LESS

What is your job status?

- Full-time — 85%
- Part-time
- Unemployed
- Homemaker
- Retired — 6
- Student — 1%
- 2

When you get sick where do you go?

- Clinic/Doctor's Office — 63%
- Urgent Care — 27%
- Emergency Department (ER)
- Health Department — 0
- I don't seek medical attention — 7%
- Other — 2%

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

- I HAVE NEVER BEEN TO A DOCTOR FOR A
- MORE THAN 5 YEARS AGO
- 3 - 5 YEARS AGO
- 1 - 2 YEARS AGO
- WITHIN THE LAST YEAR

(x-axis: 0, 20, 40, 60, 80, 100, 120, 140, 160, 180)

Please identify the three most important unhealthy behaviors in our community.

- ANGRY BEHAVIOR/VIOLENCE
- OTHER
- RECKLESS DRIVING
- ELDER ABUSE (PHYSICAL, EMOTIONAL,
- CHILD ABUSE
- LACK OF EXERCISE OR EXERCISE FACILITIES
- ALCOHOL ABUSE
- DRUG ABUSE

(x-axis: 0, 50, 100, 150, 200, 250)

Please Identify the three most important health issues in our community.

- OTHER
- CHILDHOOD ASTHMA
- INJURIES
- ARTHRITIS
- INFECTIOUS/CONTAGIOUS DISEASES, SUCH
- CHRONIC PAIN
- LUNG DISEASE (ASTHMA, COPD)
- HEART DISEASE/HEART ATTACK
- CANCER
- OBESITY/OVERWEIGHT

(x-axis: 0, 20, 40, 60, 80, 100, 120)

In the last week, did you participate in deliberate exercise, (such as, jogging, walking, golf, weightlifting, fitness classes) that lasted for at...

- Yes — 43%
- No — 57%

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

- Yes: 18%
- No: 82%

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

- None: 1%
- 1 - 2: 69%
- 3 - 5: 17%
- More than 5: 3%

On a typical day, how often do you drink alcohol?

- None: 91%
- 1 Drink: 7%
- 2 Drinks: 0%
- 4 or More Drinks

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

- None: 85%
- 1 - 4
- 5 - 8: 2%
- 9 - 12
- More than 5: 6%

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

- Yes: 16%
- No: 84%

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Do you have a family doctor?

YES	214
NO	27

Where do you get most of your medical information?

OTHER	9
NURSE OR OTHER MEDICAL.	12
PHARMACY	5
INTERNET SEARCH	48
FRIENDS/FAMILY	8
DOCTOR/PHYSICIAN	159

Overall, my mental health is:

- Good: 50%
- Average: 41%
- Poor: 9%

Overall, my physical health is:

- Good: 42%
- Average: 51%
- Poor: 7%

National Healthcare Trends

National Healthcare Trends Synopsis

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

The United States (US) has a population of over 330 million people[1] and is supported by one of the most complex healthcare systems in the world, formed by intertwining relationships between providers, payers, and patients receiving care. The US healthcare system is in a constant state of evolution.

CMS 2022 Health Expenditures

- National Health Expenditures (NHE) grew 4.1% to $4.5 trillion in 2022, or $13,493 per person, and accounted for 17.3% of Gross Domestic Product (GDP).
- Medicare spending grew 5.9% to $944.3 billion in 2022, or 21 percent of total NHE.
- Medicaid spending grew 9.6% to $805.7 billion in 2022, or 18 percent of total NHE.
- Private health insurance spending grew 5.9% to $1,289.8 billion in 2022, or 29 percent of total NHE.
- Out of pocket spending grew 6.6% to $471.4 billion in 2022, or 11 percent of total NHE.
- Other Third-Party Payers and Programs and Public Health Activity spending declined 10.2% in 2022 to $564.0 billion, or 13 percent of total NHE.
- Hospital expenditures grew 2.2% to $1,355.0 billion in 2022, slower than the 4.5% growth in 2021.
- Physician and clinical services expenditures grew 2.7% to $884.9 billion in 2022, slower growth than the 5.3% in 2021.
- Prescription drug spending increased 8.4% to $405.9 billion in 2022, faster than the 6.8% growth in 2021.
- The largest shares of total health spending were sponsored by the federal government (33 percent) and the households (28 percent). The private business share of health spending accounted for 18 percent of total health care spending, state and local governments accounted for 15 percent, and other private revenues accounted for 7 percent.

Projected National Health Expenditures 2022-2031

- Over 2022-2031 average growth in NHE (5.4 percent) is projected to outpace that of average GDP growth (4.6 percent) resulting in an increase in the health spending share of GDP from 18.3 percent in 2021 to 19.6 percent in 2031.

- The insured share of the population is projected to have been 92.3 percent in 2022 (an historic high) related to high Medicaid enrollment and gains in Marketplace enrollment and remain at that rate through 2023.

- Medicaid enrollment is projected to decline from its 2022 peak of 90.4M to 81.1M by 2025 as states disenroll beneficiaries no longer eligible for coverage. By 2031 the insured share of the population is projected to be 90.5%.

- The Inflation Reduction Act is projected to result in lower Out of Pocket (OOP) spending on prescription drugs for 2024 and beyond as Medicare beneficiaries incur savings associated with several provisions from the legislation including the $2,000 annual OOP spending cap and lower gross prices resulting from negotiations with manufacturers.

National Health Expenditure 2022-2031 Annual Report

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 Rankings 2023 Edition represents the improvements and challenges in healthcare factors for 2023
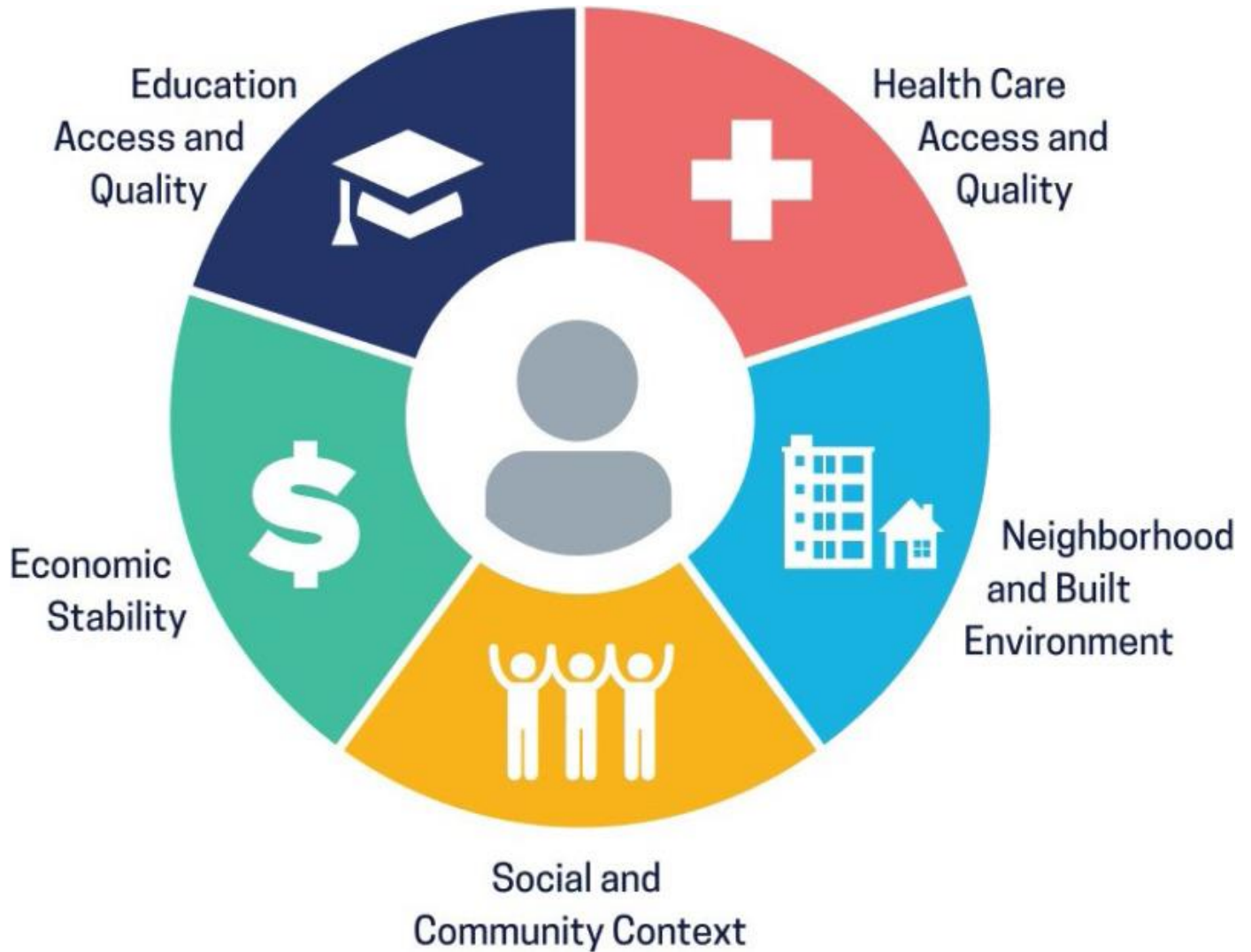
Americashealthrankings.org 2023 Annual Report

2023 America's Health Ranking's National Findings

This year's *Annual Report* finds several **concerning trends in chronic conditions** and **premature death** across the nation. According to the 2023 report, the premature death rate reached an all-time high with its highest rate in America's Health Rankings history. "Chronic conditions played a significant role in driving this rate, contributing to six of the top 10 leading causes of death before age 75. Other measures of mortality also worsened, with increases in drug deaths, firearm deaths and homicide" (2023 Annual Report).

- **Eight chronic conditions** — arthritis, depression, diabetes, asthma, cancer, cardiovascular diseases (CVDs), chronic obstructive pulmonary disease (COPD) and chronic kidney disease (CKD) — reached their **highest level** since *America's Health Rankings* began tracking them.
  - For **all eight chronic conditions**, there were **striking disparities** by nearly every measured demographic group.

- In 2022, 29.3 million adults, representing 11.2% of the population, reported having **three or more chronic conditions**.

- The number of **primary care providers decreased** 13% between 2022 and 2023 — a nationwide decline of over 107,000 providers.

- America's Health Rankings highlight **broad racial/ethnic disparities** in the management of certain chronic conditions.
  - Hispanic adults were **2.1 times** and Black adults were **1.8 times more likely**, respectively, to have **uncontrolled A1c** compared to multiracial adults.
  - In 2013-2016, **asthma-related emergency room visits** were **2.5 times higher** among Black compared with white adults with asthma.
  - White adults with hypertension were **1.5 times more likely** to have their **blood pressure "controlled"** compared to Black adults with hypertension.

- The **premature death rate increased** 9% between 2020 and 2021, marking the highest value recorded by *America's Health Rankings*.
  - Drug deaths increased 15%, while firearm death and homicide increased 7% and 33%, respectively.

- **Mental health providers continued to increase** 7% between 2022 and 2023.

2023 America's Health Ranking's National Findings Summary

Summary

Highlights

Homicide

33% ▲

from 5.8 to 7.7 deaths per 100,000 population between 2018-2019 and 2020-2021.

Occupational Fatalities

11% ▼

from 4.4 to 3.9 deaths per 100,000 workers between 2016-2018 and 2019-2021.

Premature Death

9% ▲

from 8,659 to 9,478 years lost before age 75 per 100,000 population between 2020 and 2021.

Asthma

8% ▲

from 9.6% to 10.4% of adults between 2020 and 2022.

Diabetes

8% ▲

from 10.6% to 11.5% of adults between 2020 and 2022.

Renewable Energy

8% ▲

from 19.0% to 20.5% of total electricity generated between 2021 and 2022.

Chronic Condition Prevalence and Disparities in 2022

Depression

21.7%

of adults had depression, affecting nearly 54.2 million adults.

Disparities by state

2.3x

higher in Tennessee (29.2%) than in Hawaii (12.5%).

Disparities by sexual orientation

2.4x

higher among LGBQ+ (45.4%) than straight (19.2%) adults.

Diabetes

11.5%

of adults had diabetes, impacting nearly 31.9 million adults.

Disparities by state

2.1x

higher in West Virginia (17.4%) than in Colorado (8.1%).

Asthma

10.4%

of adults had asthma, with nearly 26 million adults affected.

Disparities by disability status

3.2x

higher among adults who reported self-care difficulty (23.4%) than those without a disability (7.4%).

Disparities by sexual orientation

1.6x

higher among LGBQ+ (15.2%) than straight (9.7%) adults.

Cancer

8.3%

of adults had cancer (excluding non-melanoma skin cancer), with nearly 21.4 million affected.

Disparities by race/ethnicity

3.9x

higher among white (10.8%) than Asian (2.8%) adults.

Disparities by veteran status

1.8x

higher among adults who have served in the U.S. armed forces (13.5%) than those who haven't served (7.6%).

Prevalence of Chronic Conditions Continues to Increase
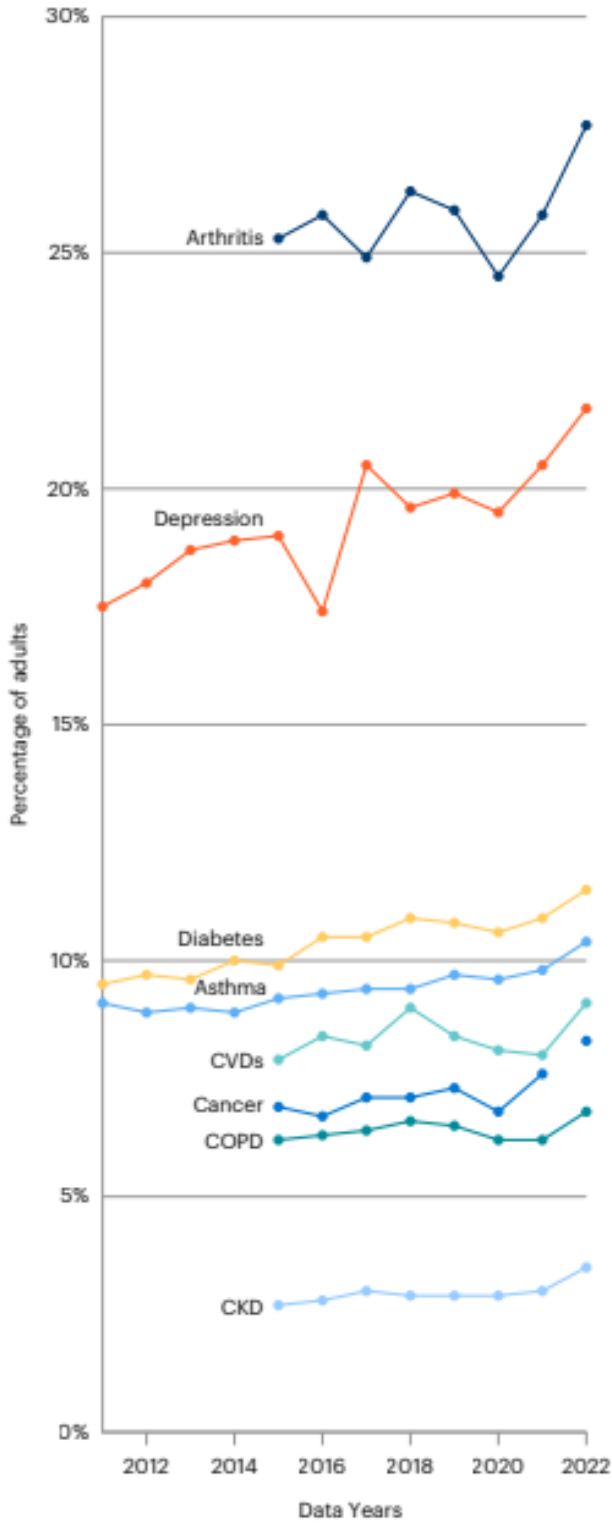
Increases in Drug Deaths by Race/Ethnicity

31
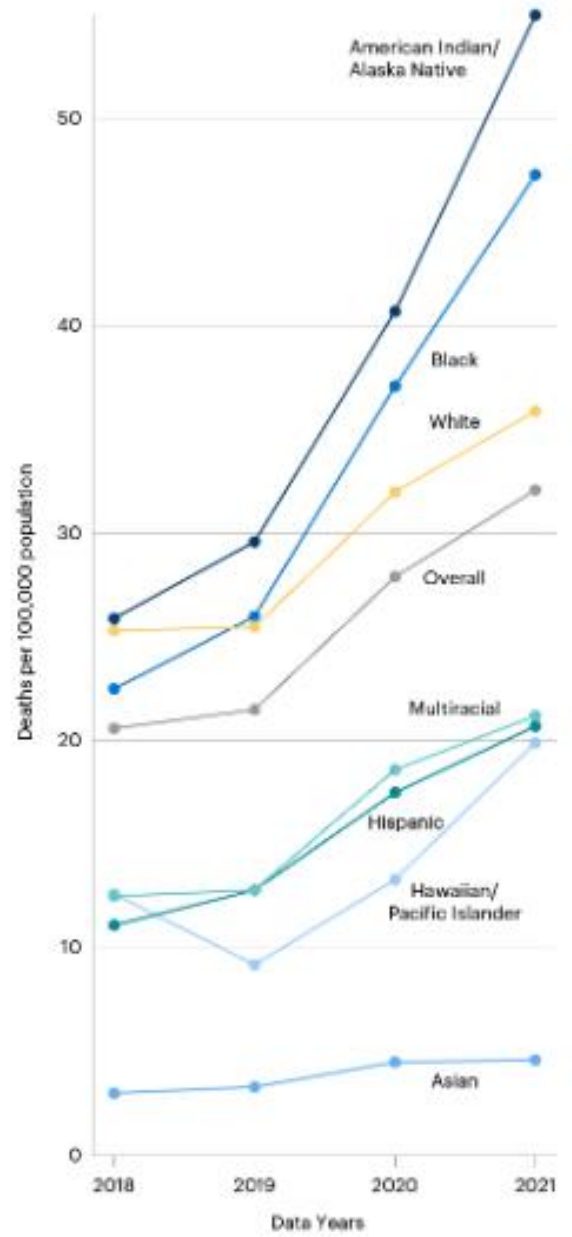
Disparities in Frequent Mental Distress by Disability

5.2 times higher among adults with cognitive difficulty than those without a disability.

Without a Disability
9.4%

- - - - - **5.2x** - - - - -

Difficulty Hearing
21.4%

Difficulty with Mobility
29.0%

Difficulty Seeing
31.4%

Difficulty with Self-Care
44.2%

Independent Living Difficulty
47.3%

Difficulty with Cognition
49.2%

0%   25%   50%
Percentage of adults
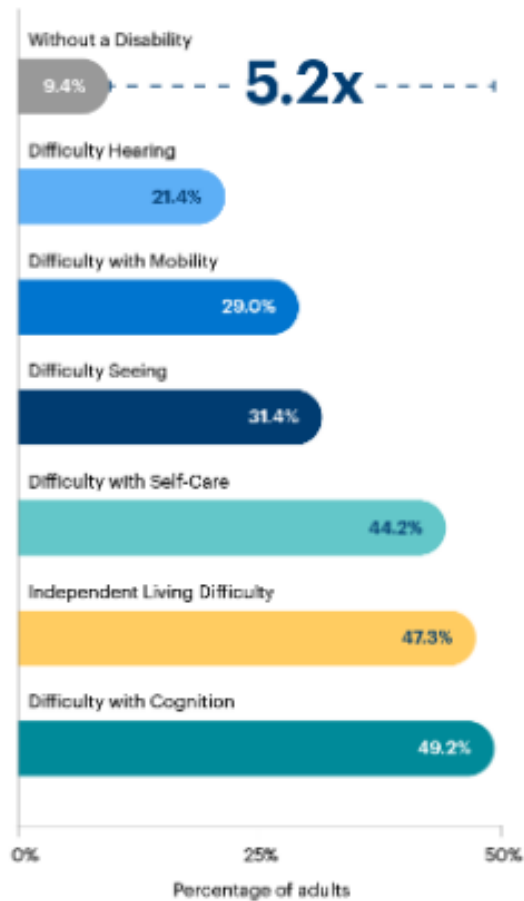
Racial and Ethnic Disparities in Diabetes Management Between 2017 and March 2020

A1c Check Among Adults with Diabetes

Black
84.6%

Hispanic
81.1%

White
93.3%

0%   50%   100%
Percentage of Adults with Diabetes
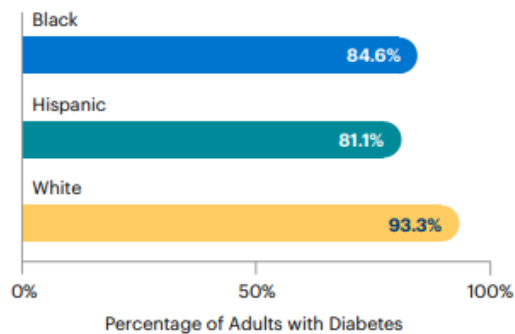
Uncontrolled A1c Among Adults with Diabetes

Black
40.3%

Hispanic
45.1%

Multiracial
21.8% **2.1x**

0%   50%   100%
Percentage of Adults with Diabetes
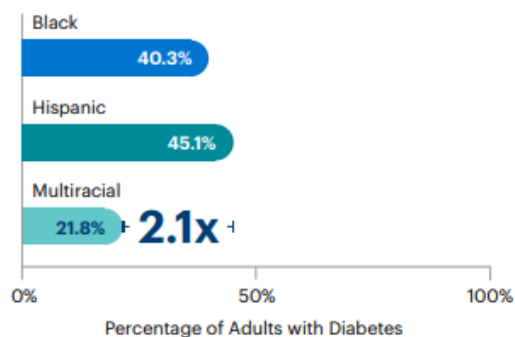
Source: CDC, National Health and Nutrition Examination Survey 2017 – March 2020.
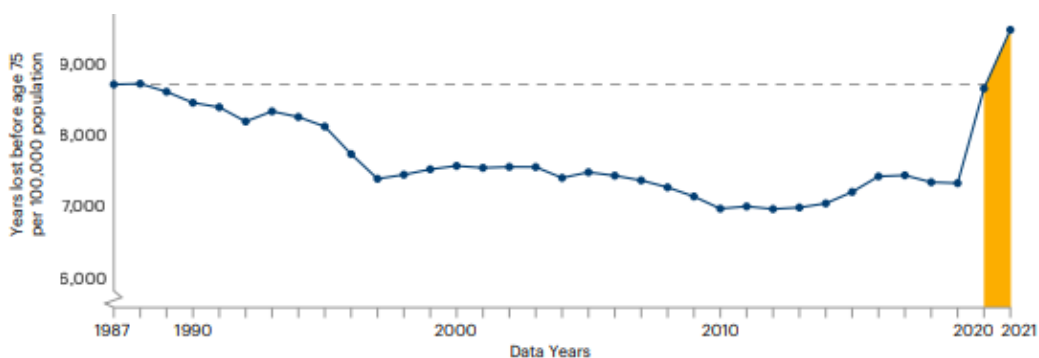
Americashealthrankings.org 2023 Annual Report

State Healthcare Trends Synopsis

Kentucky

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Health Outcome State Ranking

America's Health Ranking – Kentucky Summary 2023 Annual Report

Kentucky Health Ranking Highligts:

Strengths

Low prevalence of excessive drinking

High prevalence of colorectal cancer screening

High supply of primary care providers

Challenges

High prevalence of multiple chronic conditions

High occupational fatality rate

High prevalence of insufficient sleep

Highlights

↗ **58%**
Homicide

↗ **40%**
Diabetes

↘ **20%**
Physical inactivity

*Source: America's Health Ranking

America's Health Ranking – Kentucky and Excessive Drinking

Percentage of adults who reported binge drinking (four or more [females] or five or more [males] drinks on one occasion in the past 30 days) or heavy drinking (eight or more [females] or 15 or more [males] drinks per week).

Excessive Drinking

Percentage of adults who reported binge drinking (four or more [females] or five or more [males] drinks on one occasion in the past 30 days) or heavy drinking (eight or more [females] or 15 or more [males] drinks per week)

Data from CDC, Behavioral Risk Factor Surveillance System, 2022

| | <= 15.8% | 15.9% - 17.9% | 18.0% - 18.8% | 18.9% - 20.1% | >= 20.2% |

Top States	Rank	Value
Utah	1	13.6%
Kentucky	2	13.8%
Alabama	3	14.1%
Oklahoma	4	14.4%
West Virginia	5	14.5%

Bottom States	Rank	Value
Minnesota	46	21.2%
Wisconsin	47	21.6%
Iowa	48	22.6%
Montana	49	23.4%
North Dakota	50	23.9%

View All States >
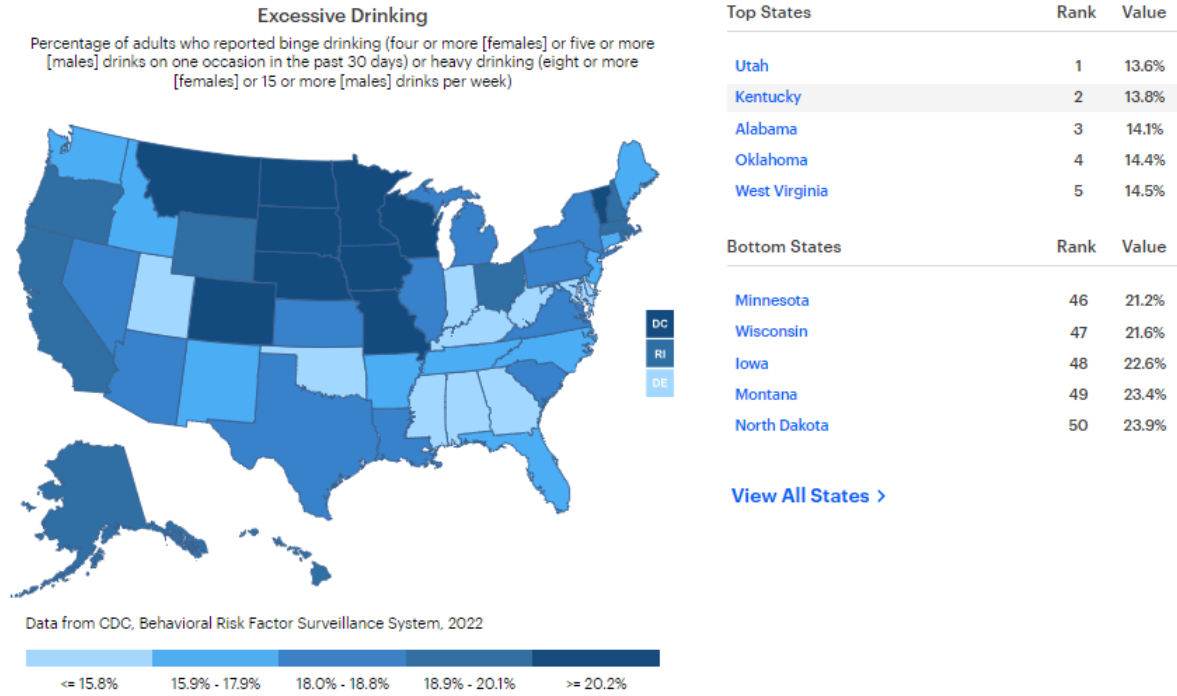
Source: America's Health Ranking

2024 Kentucky Highlights
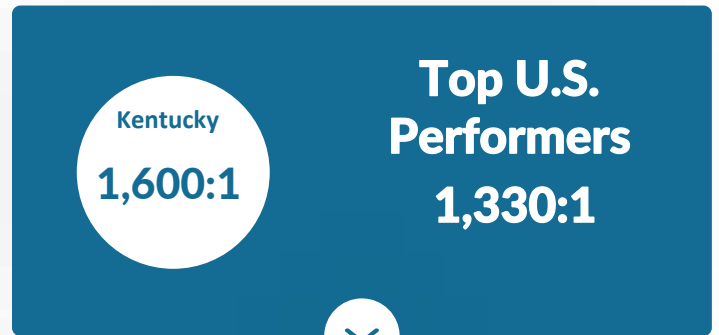
Kentucky 7%

Top U.S. Performers 10%

HEALTH FACTORS

UNINSURED

Kentucky 1,600:1

Top U.S. Performers 1,330:1

HEALTH FACTORS

PRIMARY CARE PHYSICIANS

Kentucky 30%

Top U.S. Performers 23%

HEALTH FACTORS

PHYSICAL INACTIVITY

Kentucky 340:1

Top U.S. Performers 320:1
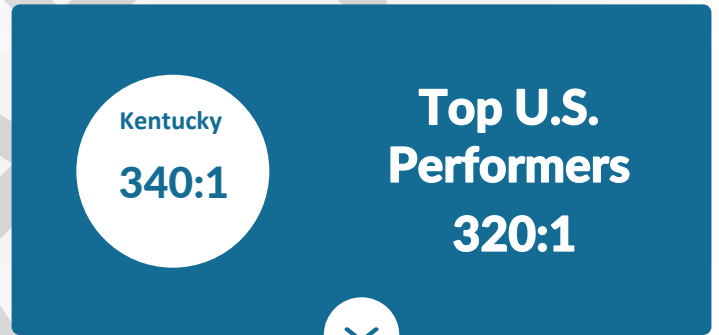
HEALTH FACTORS

MENTAL HEALTH PROVIDERS

Source: County Health Rankings

2024 County Health Outcomes & Factors Ranking

What are County Health Rankings?

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

County Health Rankings model © 2014 UWPHI
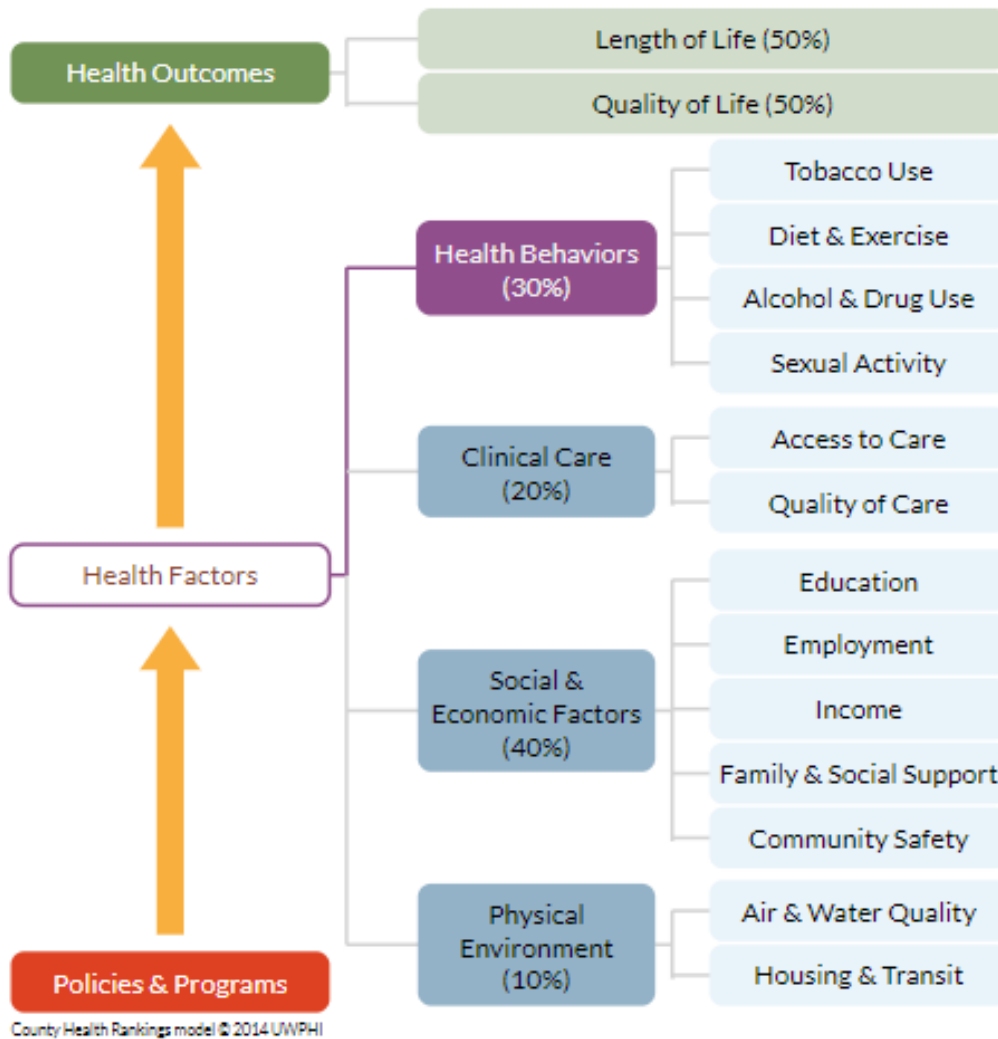
2024 Kentucky Health Outcomes Map by County

County Health Rankings & Roadmaps — 2024 Health Outcomes - Kentucky
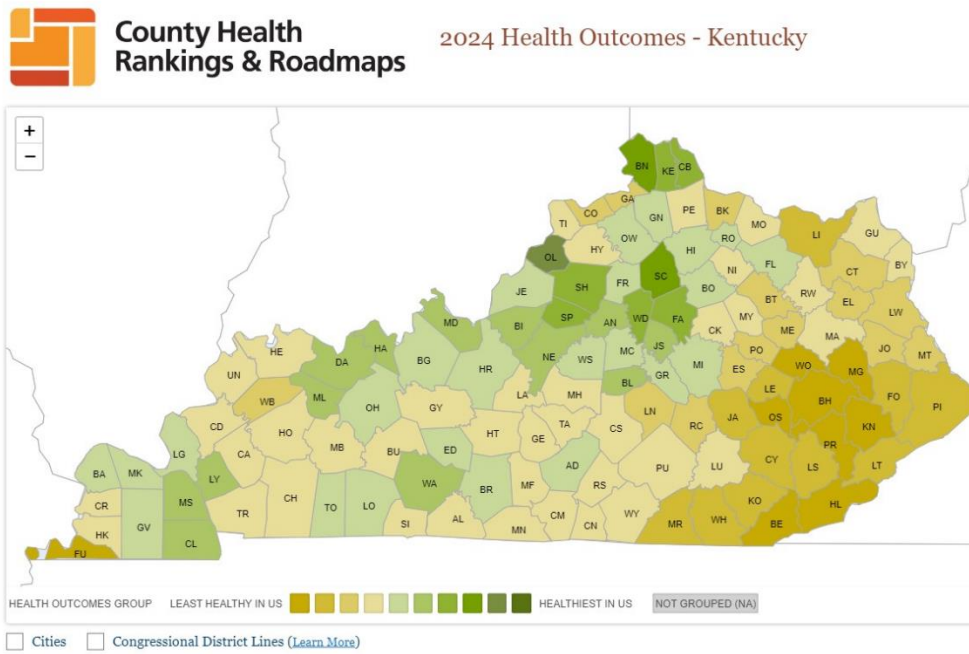
Health outcomes measure length and quality of life to understand the health outcomes among counties in Kentucky.

For other health factors map go to Attachment D

2024 Kentucky Health Factors Map by County
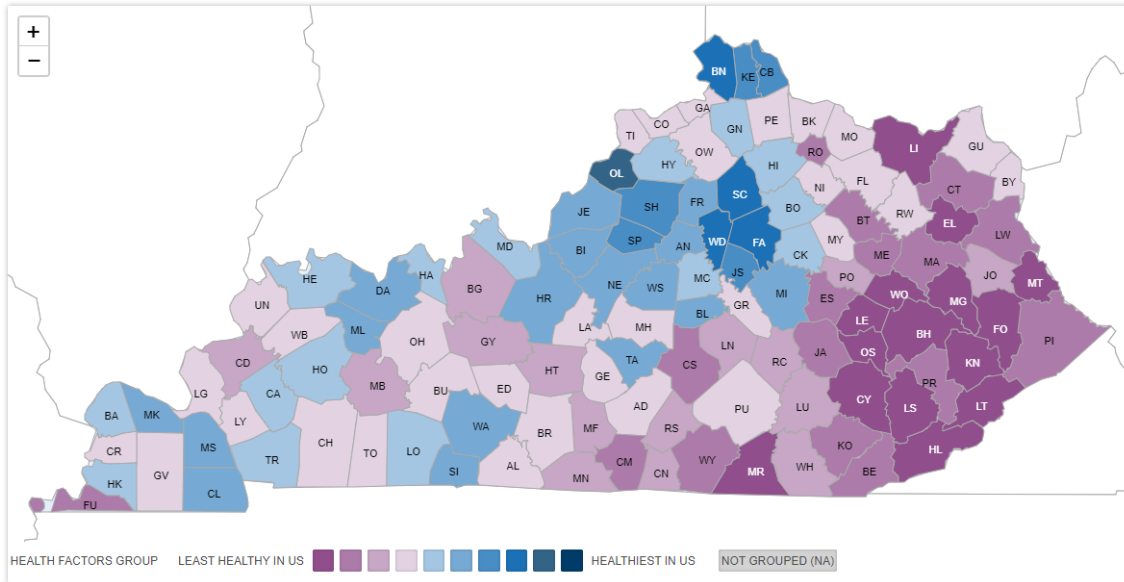
Health Status Synopsis

Rowan County: Rowan County is faring worse than the average county in Kentucky for Health Outcomes, and worse than the average county in the nation.
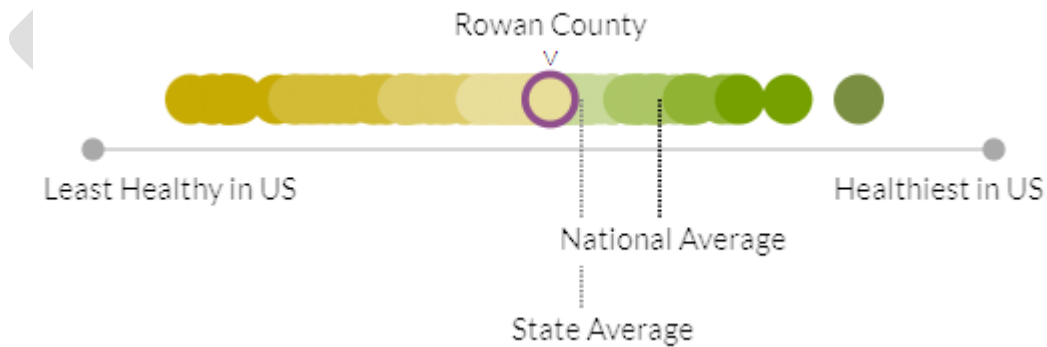
Bath County: Bath County is faring worse than the average county in Kentucky for Health Outcomes, and worse than the average county in the nation.
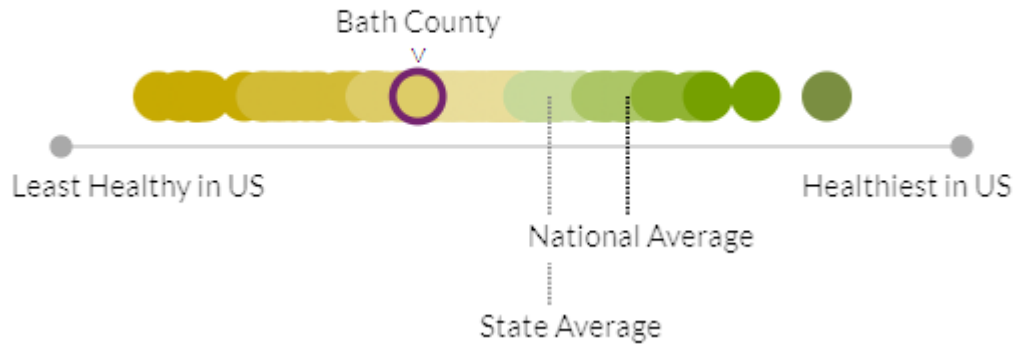
Carter County: Carter County is faring worse than the average county in Kentucky for Health Outcomes, and worse than the average county in the nation.
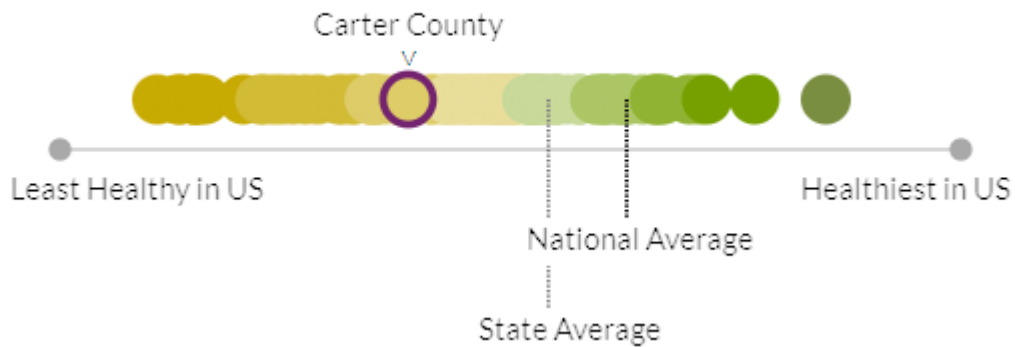
Elliott County: Elliott County is faring worse than the average county in Kentucky for Health Outcomes, and worse than the average county in the nation.

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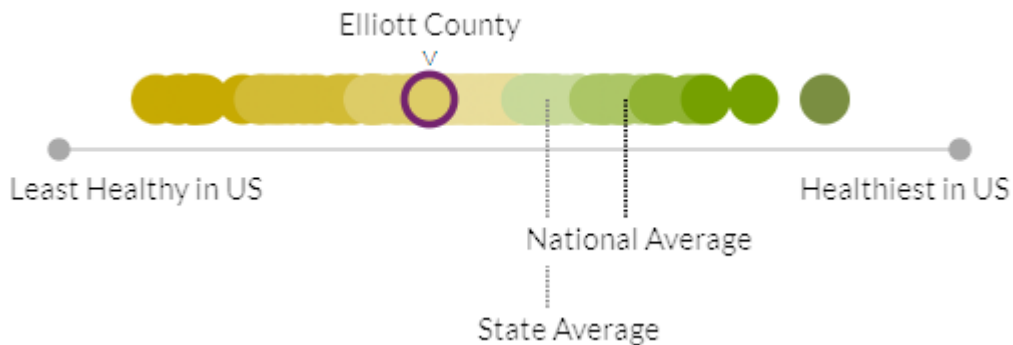
Fleming County: Fleming County is faring about the same as the average county in Kentucky for Health Outcomes, and worse than the average county in the nation.
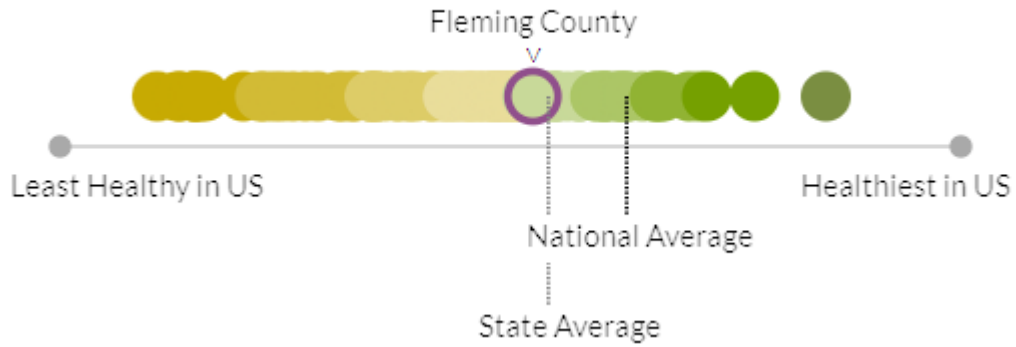
Menifee County: Menifee County is faring worse than the average county in Kentucky for Health Outcomes, and worse than the average county in the nation.
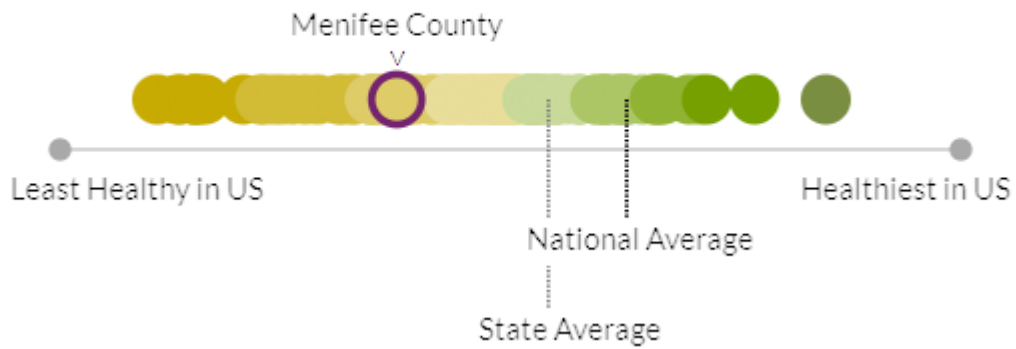
Morgan County: Morgan County is faring worse than the average county in Kentucky for Health Outcomes, and worse than the average county in the nation.
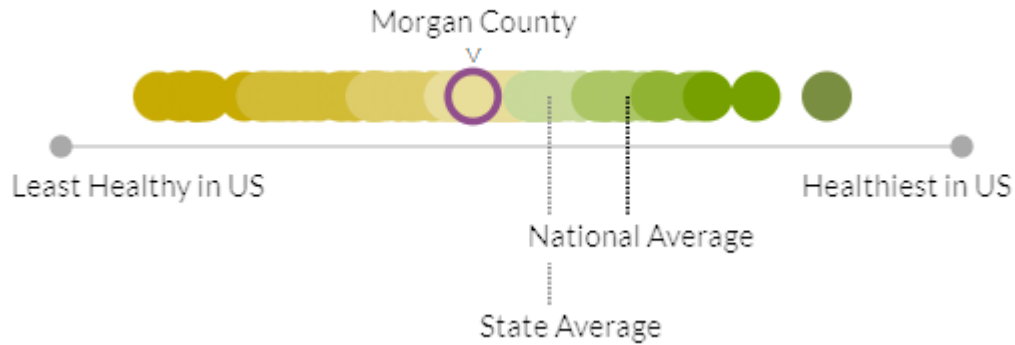
2024 Kentucky Health Factors Map by County

Health factors represent community conditions that can change to improve health and opportunity, such as access to quality education, living wage jobs, quality clinical care, nutritious foods, green spaces, and secure and affordable housing. We measure the following areas: health behaviors, clinical care, social, economic and physical environment factors.

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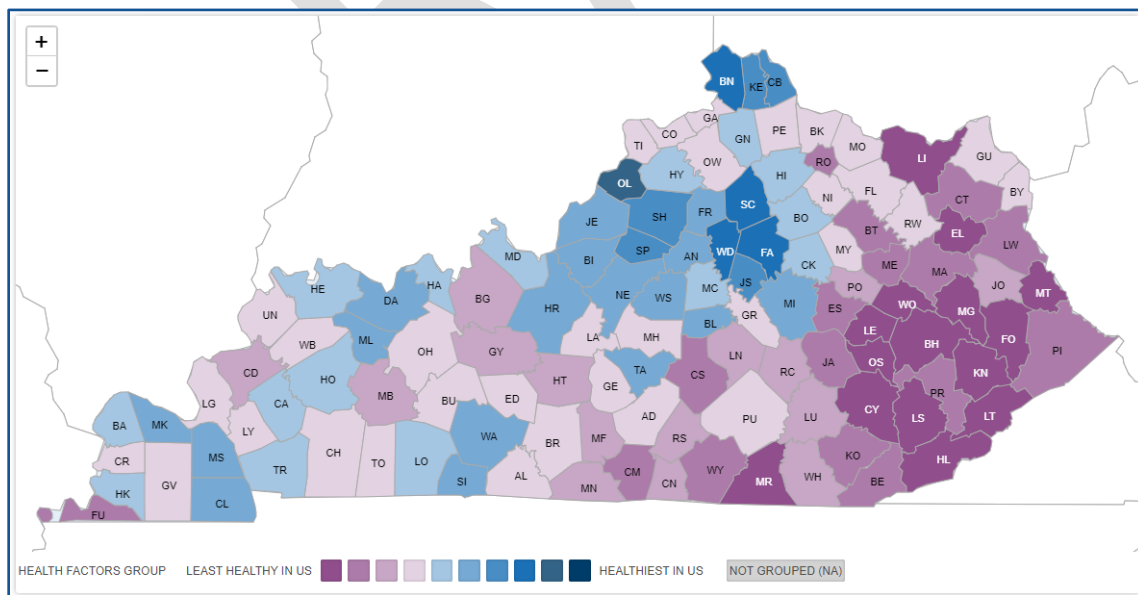
2022 County Health Rankings for the 120 Ranked Counties in Kentucky

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adair	67	73	Clark	70	30	Harrison	42	39	Madison	29	21	Perry	118	96
Allen	80	55	Clay	115	118	Hart	50	82	Magoffin	113	120	Pike	103	93
Anderson	21	17	Clinton	87	87	Henderson	62	43	Marion	76	80	Powell	105	92
Ballard	19	34	Crittenden	63	54	Henry	44	38	Marshall	24	11	Pulaski	79	63
Barren	36	66	Cumberland	43	78	Hickman	59	51	Martin	98	109	Robertson	69	64
Bath	93	95	Daviess	17	23	Hopkins	51	33	Mason	52	52	Rockcastle	91	77
Bell	112	110	Edmonson	31	81	Jackson	101	106	McCracken	33	22	Rowan	46	56
Boone	2	2	Elliott	95	111	Jefferson	32	26	McCreary	104	112	Russell	86	79
Bourbon	55	41	Estill	97	98	Jessamine	27	13	McLean	49	19	Scott	3	6
Boyd	73	42	Fayette	6	5	Johnson	96	71	Meade	11	20	Shelby	9	9
Boyle	16	28	Fleming	41	76	Kenton	14		Menifee	68	101	Simpson	57	29
Bracken	81	35	Floyd	109	108	Knott	111	104	Mercer	23	40	Spencer	7	7
Breathitt	119	116	Franklin	30	18	Knox	106	103	Metcalfe	71	89	Taylor	47	31
Breckinridge	35	72	Fulton	116	99	Larue	58	49	Monroe	84	84	Todd	54	61
Bullitt	10	16	Gallatin	77	65	Laurel	61	70	Montgomery	45	62	Trigg	25	32
Butler	56	74	Garrard	38	58	Lawrence	99	100	Morgan	85	90	Trimble	39	47
Caldwell	65	36	Grant	75	48	Lee	110	117	Muhlenberg	64	75	Union	83	69
Calloway	5	24	Graves	28	57	Leslie	108	113	Nelson	13	10	Warren	15	15
Campbell	4	4	Grayson	72	88	Letcher	107	105	Nicholas	92	91	Washington	34	25
Carlisle	20	45	Green	60	68	Lewis	102	107	Ohio	37	59	Wayne	78	94
Carroll	94	85	Greenup	48	37	Lincoln	90	86	Oldham	1	1	Webster	89	83
Carter	88	97	Hancock	12	14	Livingston	26	46	Owen	53	53	Whitley	100	67
Casey	82	102	Hardin	18	12	Logan	40	44	Owsley	117	115	Wolfe	120	114
Christian	66	60	Harlan	114	119	Lyon	22	27	Pendleton	74	50	Woodford	8	3

The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on the following measures: health behaviors, clinical care, social, economic and physical environment factors. Oldham and Boone Counties are #1 and #2. Rowan County, the home of SCH ranks 46th and 56th out of 120 counties.

Health Outcomes & Factors

	Kentucky	Rowan	Morgan	Bath	Menifee	Carter	Elliott	Montgomery	Fleming
Health Outcomes									
Length of Life									
Premature death	11,100	11,500	11,800	14,400	13,400	14,000	10,400	12,200	11,000
Quality of Life									
Poor or fair health	21%	23%	26%	24%	27%	27%	28%	22%	23%
Poor physical health days	4.5	4.9	5.4	5	5.4	5.3	5.5	4.7	5.1
Poor mental health days	5.5	6	6.1	6.2	6.3	6.2	6.2	5.5	6
Low birthweight	9%	8%	8%	8%	9%	8%	12%	9%	7%
	Kentucky	Rowan	Morgan	Bath	Menifee	Carter	Elliott	Montgomery	Fleming
Health Factors									
Health Behaviors									
Adult smoking	20%	24%	27%	25%	28%	27%	28%	24%	24%
Adult obesity	41%	41%	43%	39%	44%	43%	44%	42%	39%
Food environment index	6.8	7.4	6.8	7.3	6.8	6.3	-	7.1	7.7
Physical inactivity	30%	31%	34%	32%	36%	33%	36%	32%	32%
Access to exercise opportunities	70%	97%	51%	37%	84%	28%	12%	32%	50%
Excessive drinking	15%	15%	14%	15%	13%	13%	14%	15%	15%
Alcohol-impaired driving deaths	26%	24%	22%	27%	27%	21%	56%	11%	20%
Sexually transmitted infections	410.3	345.9	115.8	313	129.2	193.1	162.6	322.5	249.6
Teen births	26	15	43	37	41	36	37	42	32
Clinical Care									
Uninsured	7%	7%	7%	7%	8%	7%	6%	7%	8%
Primary care physicians	1,600:1	1,550:1	13,820:1	6,390:1	2,060:1	5,280:1	7,380:1	2,020:1	3,040:1
Dentists	1,500:1	1,630:1	3,530:1	12,830:1	6,250:1	6,600:1	2,430:1	1,890:1	3,820:1
Mental health providers	340:1	180:1	460:1	350:1	280:1	520:1	410:1	210:1	2,550:1
Preventable hospital stays	3,457	4,716	4,460	4,108	4,129	4,915	3,640	2,976	3,281
Mammography screening	42%	36%	28%	37%	32%	30%	30%	42%	36%
Flu vaccinations	44%	44%	30%	38%	33%	38%	32%	47%	35%
Health Factors									
	Kentucky	Rowan	Morgan	Bath	Menifee	Carter	Elliott	Montgomery	Fleming
Social & Economic Factors									
High school completion	88%	87%	77%	81%	80%	81%	75%	85%	81%
Some college	63%	52%	42%	45%	42%	46%	36%	54%	52%
Unemployment	3.9%	4.6%	5.3%	5.2%	5.6%	7.0%	8.0%	4.5%	4.4%
Children in poverty	21%	26%	31%	30%	38%	26%	32%	18%	28%
Income inequality	4.9	5.8	5.3	5	6.4	6	5.3	4.8	5
Children in single-parent households	25%	28%	22%	24%	22%	16%	38%	26%	23%
Social associations	10.2	5.2	2.2	3.9	0	6.4	0	8.2	5.3
Injury deaths	106	108	99	125	165	129	110	114	79
Air pollution - particulate matter	8.2	7.8	7.6	8	7.6	5.7	7.5	8.1	8
Drinking water violations		No	No	Yes	No	No	No	Yes	No
Severe housing problems	13%	12%	13%	10%	8%	11%	11%	12%	13%
Driving alone to work	79%	76%	78%	81%	80%	78%	74%	86%	80%
Long commute - driving alone	31%	23%	46%	39%	70%	43%	60%	38%	45%
Additional Measures									
Life Expectancy	74	73.5	73.7	70.6	72.1	71.8	75.8	72.6	73.5
Premature Age-Adjusted Mortality	540	570	550	640	590	660	500	610	550
Frequent Mental Distress	18%	21%	20%	21%	21%	22%	21%	20%	20%
Diabetes Prevalence	12%	11%	12%	12%	12%	13%	13%	11%	11%
Food Insecurity	13%	16%	17%	16%	19%	19%	20%	15%	13%
Limited Access to Healthy Foods	6%	1%	4%	1%	0%	4%	-	6%	3%
Drug Overdose Deaths	43	62	42	56	-	65	-	65	25
Insufficient Sleep	39%	39%	42%	39%	39%	39%	41%	39%	38%

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Conclusion

Overall Observation

In 2023, the America's Health Rankings report highlighted a record high in the premature death rate across the nation, witnessing a concerning 9% surge from the preceding year. This increase has predominantly been attributed to a rise in chronic diseases, contributing to six of the ten leading causes of death among individuals under 75 years old. Additionally, factors such as drug-related deaths, firearm fatalities, and homicides have also shown notable increases.

When assessing Kentucky's premature death rate in comparison to national statistics, Kentucky's rate was 39% higher than the national average, increasing 11% from 2023 to 2024. A detailed assessment at the county level within the gateway district, comprising Rowan, Morgan, Bath, Menifee, Carter, Elliott, Montgomery, and Fleming counties, key drivers of the increase in the premature death rate. Rowan County, where St. Claire is located, exhibited a 44% increase above the national average, escalating by 30% from 2023 to 2024. Bath County demonstrated the highest rate among the eight counties, registering 80% above the national average and 30% higher than Kentucky's average.

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

Obesity Rate: Nationally, the rate stands at 34%, while Kentucky and Rowan County share a rate of 41%. Two out of the eight counties listed exhibit the highest rate at 44%, surpassing the national average by a 29% increase and the state average by 7%.

Physical Inactivity: The national average is 23%, with Kentucky reporting an average of 30%, which is a 30% higher rate than the national average. Rowan County's inactivity rate slightly improved from 32% in 2023 to 31% in 2024, while Elliot and Menifee counties recorded the highest rate of the eight counties at 36%, 57% increase above the national average and 20% higher than the state average.

Poor or fair health: Nationally, the average is 14%, while the state average is 21%, indicating a 50% increase above the national average. Rowan County observed a slight rise from 22% to 23% from 2023 to 2024, marking a 64% increase above the national average. Elliot County has the highest rate at 28%.

Poor Physical Health Days: Nationally, the rate is 3.3, Kentucky is 4.5 and Rowan County is 4.9. The highest county is Elliot County at 5.5.

Adult Smoking: The national average is 15%, while Kentucky reports a rate of 20%. Rowan County experienced a slight decrease from 25% in 2023 to 24% in 2024, although remaining above national and state levels. Menifee and Elliot County recorded the highest rate at 28%, with other counties ranging from 24% to 27%.

Diabetes Prevalence: Nationally, the average is 10%, while Kentucky reports a rate of 12%. Rowan County improved from 12% in 2023 to 11% in 2024. Among the eight counties, rates ranged from 11% to 15%, with Elliot and Carter County recording the highest rate at 13%.

Food Insecurity: Food insecurity can lead to poor nutrition, which can drive the obesity rate and increase in chronic diseases. Nationally, food insecurity is at a 10% average and the statewide average is 13%. At a county level, Fleming County is the only county that is the same as the state and the rest of the eight counties are higher. Rowan and Bath County is at 16%, Morgan County is 17%, Montgomery is at 15%, Menifee and Carter at 19%, and Elliot is at 20%.

Qualitative data was also collected from the community through a survey that also had open-ended comments as well as interviews with community leaders. There were similar themes that were found in both the qualitative and quantitative data review. The main themes that were found were drug abuse, obesity, diabetes, and access.

Other factors that were noted as leading to premature death were **drug-related deaths**. Drug overdose deaths nationally are 27 deaths per 100,000 people. Kentucky had a rate of 43, which is 59% higher than the national average. Rowan County nearly doubled from the 2023 statistics to the 2024, going from 34 to 62 in 2024. Montgomery and Carter County are the highest at 65 deaths per 100,000 for drug-related deaths.

In the community, 35% left comments about drug and alcohol being the cause of the community not getting the care they need. Interviewees stated that their need more long-term solutions and guidance in the group homes.

"Drug use has gotten worse in the last 3 years"

"Opioid crisis has not improved"

Access to care impacts the well-being of individuals in a community because they are less likely to get care they need to treat chronic conditions. Access to care had the most comments from the community survey as a barrier to healthcare. The top concern was access to specialists and a long wait time if they could access one. Another common theme seen in both the survey respondents and the survey, was dental care access and cost of care and provider access being the barrier. The qualitative data also highlighted the need for more dental providers, showing the national average at 1,330:1 ratio and 1,600:1 ratio for the state, but in all eight counties, with the exception of Rowan,

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were all higher than the state ratio, with Bath County having the highest ratio of 12,830:1 ratio for dental providers in the county.

Primary care ratios of providers to people living in the county have also been on the decline. The national average 1,330 people to 1 provider, and Kentucky is 1,600 to 1 provider. Although Rowan is slightly better than the state at 1,550:1, it has gotten worse from 23 to 24 and the other eight counties are significantly higher ratios (lower is better). Morgan County has the highest ratio at 13,820:1 and the next highest is Elliot at 7,380:1. Survey respondents did not call out specifically primary care as being an issue but did say that they could not get an appointment when they needed one, pointing to an issue with getting into the primary care doctor. This was due to no appointments, access after work hours, or affordability.

According to America's Health Rankings, "the high cost of health care in the U.S. is a major reason why individuals avoid seeking needed care. People who don't get needed care are at risk of preventable hospitalizations and missed opportunities to prevent disease and manage chronic conditions — all of which can lead to worse and more expensive health outcomes." In Kentucky and the 9 counties, all were above the national average with preventable hospital stays. The national average is 2,681 per 100,000. Kentucky is 3,457 and Rowan County is, 4,716, with Carter County at the highest at 4,915. This shows that a potential underlying cause could be related to cost, but hours that people can receive care could also be an underlying cause.

Based on the information, the areas of focus are as follows.

The three focus areas:

- Premature death rate
    - o Obesity & Chronic conditions contributing to premature death
    - o Food Insecurity
- Drug, Alcohol, and Tobacco use and abuse
- Access to care
    - o Specialty Care
    - o Primary Care
    - o Mental Health
    - o Dental

Contact

This assessment summary is published on the website of St. Claire HealthCare (http://www.st-claire.org) Additionally, a copy may be obtained by contacting the Hospital's Administration office at 606-783-6500.

Attachment A: Community Resources Identified

Rowan County Community Resources:

GATEWAY COMMUNITY ACTION OUTREACH OFFICES
- Rowan County Outreach Office: 800-927-1833

DEPARTMENT FOR COMMUNITY BASED SERVICES
- Rowan County: 855-306-8959

DEPARTMENT OF HEADSTART
- Rowan County Head Start: 800-927-1833 Ext. 5300

DEPARTMENT OF EMPLOYMENT SERVICES
- Rowan County: 606-783-1140

KENTUCKY DEPARTMENT OF VETERANS AFFAIRS
- Rowan County: 606-784-3004

KENTUCKY CHILD SUPPORT
- Rowan County: 606-784-2225

ADULT EDUCATION PROGRAMS
- Rowan County: 606-783-2871

FOOD ASSISTANCE PROGRAMS
- Rowan County
  - Bluebank Church Ministry
  - God's Pantry Food Bank
  - Morehead Gateway Helping Hands
  - Christian Social Services
  - Rowan County Farmers Market
  - Johnson First Church of God Food Pantry

EMERGENCY ASSISTANCE AND SHELTERS
- D.O.V.E.S. of Gateway: 606-784-6880
- Gateway Homeless Coalition, Inc.: 606-784-2668

*Complete List of Resources for Surrounding Counites Click Here:

2023-2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Attachment B:
2024 County Health Rankings: Ranked Measure Sources & Years of Data

	Measure	Weight	Source	Years of Data
HEALTH OUTCOMES				
Length of Life	Premature Death*	50%	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021
Quality of Life	Poor or Fair Health*	10%	Behavioral Risk Factor Surveillance System	2021
	Poor Physical Health Days*	10%	Behavioral Risk Factor Surveillance System	2021
	Poor Mental Health Days*	10%	Behavioral Risk Factor Surveillance System	2021
	Low Birthweight*	20%	National Center for Health Statistics - Natality Files	2016-2022
HEALTH FACTORS				
HEALTH BEHAVIORS				
Tobacco Use	Adult Smoking*	10%	Behavioral Risk Factor Surveillance System	2021
Diet and Exercise	Adult Obesity*	5%	Behavioral Risk Factor Surveillance System	2021
	Food Environment Index	2%	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2021
	Physical Inactivity*	2%	Behavioral Risk Factor Surveillance System	2021
	Access to Exercise Opportunities	1%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2023, 2022 & 2020
Alcohol and Drug Use	Excessive Drinking*	2.5%	Behavioral Risk Factor Surveillance System	2021
	Alcohol-Impaired Driving Deaths	2.5%	Fatality Analysis Reporting System	2017-2021
Sexual Activity	Sexually Transmitted Infections	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021
	Teen Births*	2.5%	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2016-2022
CLINICAL CARE				
Access to Care	Uninsured	5%	Small Area Health Insurance Estimates	2021
	Primary Care Physicians	3%	Area Health Resource File/American Medical Association	2021
	Dentists	1%	Area Health Resource File/National Provider Identifier Downloadable File	2022
	Mental Health Providers	1%	CMS, National Provider Identification	2023
Quality of Care	Preventable Hospital Stays*	5%	Mapping Medicare Disparities Tool	2021
	Mammography Screening*	2.5%	Mapping Medicare Disparities Tool	2021
	Flu Vaccinations*	2.5%	Mapping Medicare Disparities Tool	2021
SOCIAL & ECONOMIC FACTORS				
Education	High School Completion	5%	American Community Survey, 5-year estimates	2018-2022
	Some College	5%	American Community Survey, 5-year estimates	2018-2022
Employment	Unemployment	10%	Bureau of Labor Statistics	2022
Income	Children in Poverty*	7.5%	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	2022 & 2018-2022
	Income Inequality	2.5%	American Community Survey, 5-year estimates	2018-2022

2023-2025 COMMUNITY HEALTH NEEDS ASSESSMENT

	Measure	Weight	Source	Years of Data
Family and Social Support	Children in Single-Parent Households	2.5%	American Community Survey, 5-year estimates	2018-2022
	Social Associations	2.5%	County Business Patterns	2021
Community Safety	Injury Deaths*	5%	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021
PHYSICAL ENVIRONMENT				
Air and Water Quality	Air Pollution - Particulate Matter	2.5%	Environmental Public Health Tracking Network	2019
	Drinking Water Violations⁺	2.5%	Safe Drinking Water Information System	2022
Housing and Transit	Severe Housing Problems	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2016-2020
	Driving Alone to Work*	2%	American Community Survey, 5-year estimates	2018-2022
	Long Commute - Driving Alone	1%	American Community Survey, 5-year estimates	2018-2022

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

Explanations & Definitions

TERM	EXPLANATIONS & DEFINITIONS
Health Outcomes	Health Outcomes ranking is based upon the length of life and quality of life
Length of Life	Length of Life ranking is based on the premature death rate.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted)
Quality of Life	Indicates poor health and the prevalence of disease in 4 separate categories which include poor or fair health, poor physical health days, poor mental health days and low birth weight.
Poor or Fair Health	Percent of adults reporting fair or poor health (age adjusted) by county.
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age adjusted).
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 Days (age adjusted).
Low Birth Weight	Percent of live births with low birth weights (<2,500 grams).
Health Factors	Weighted measures of health behaviors, clinical care, social and economic and physical environment factors within each county.
Health Behaviors	An aggregate of a number of variables that include adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections and teen births.
Life Expectancy	Average number of years a person is expected to live.
Adult Smoking	Percent of adults who report smoking >= 100 cigarettes and are currently smoking.
Adult Obesity	Percent of adults who report a Body Mass Index (BMI) >= 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	Percent of driving deaths caused by alcohol
Sexually Transmitted	Chlamydia rate per 100,000 population.

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TERM	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	Number of hospitals stays for ambulatory-care 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 aged 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.

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.
Diabetes	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.
Premature Age-Adjusted Mortality	Number of deaths under 75 years old per 100,000 population (age- adjusted).
Infant Mortality	Number of babies who died within 1 year of birth per 1,000 live births.
Child Mortality	Number of children (under age 18) who died per 100,000.
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.
Motor Vehicle Crash Deaths	Number of deaths caused by motor vehicle crashes per 100,000 population.
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.
Homicides	Number of deaths caused by assault per 100,000 population.
Source: www.countyhealthrankings.org	

Attachment C: Demographic Data & Health Outcomes

	U.S. Top Performers	Kentucky	Rowan	Trend	Morgan	Trend	Bath	Trend	Menifee	Trend	Carter	Trend	Elliott	Trend	Montgomery	Trend	Fleming	Trend
Health Outcomes																		
Length of Life																		
Premature death	8,000	11,100	11,500		11,800		14,400		13,400		14,000		10,400		12,200		11,000	
Quality of Life																		
Poor or fair health	14%	21%	23%		26%		24%		27%		27%		28%		22%		23%	
Poor physical health days	3.3	4.5	4.9		5.4		5		5.4		5.3		5.5		4.7		5.1	
Poor mental health days	4.8	5.5	6		6.1		6.2		6.3		6.2		6.2		5.5		6	
Low birthweight	8%	9%	8%		8%		8%		9%		8%		12%		9%		7%	

	U.S. Top Performers	Kentucky	Rowan	Trend	Morgan	Trend	Bath	Trend	Menifee	Trend	Carter	Trend	Elliott	Trend	Montgomery	Trend	Fleming	Trend
Health Factors																		
Health Behaviors																		
Adult smoking	15%	20%	24%		27%		25%		28%		27%		28%		24%		24%	
Adult obesity	34%	41%	41%		43%		39%		44%		43%		44%		42%		39%	
Food environment index	7.7	6.8	7.4		6.8		7.3		6.8		6.3		-		7.1		7.7	
Physical inactivity	23%	30%	31%		34%		32%		36%		33%		36%		32%		32%	
Access to exercise opportunities	84%	70%	97%		51%		37%		84%		28%		12%		32%		50%	
Excessive drinking	18%	15%	15%		14%		15%		13%		13%		14%		15%		15%	
Alcohol-impaired driving deaths	26%	26%	24%		22%		27%		27%		21%		56%		11%		20%	
Sexually transmitted infections	495.5	410.3	345.9		115.8		313		129.2		193.1		162.6		322.5		249.6	
Teen births	17	26	15		43		37		41		36		37		42		32	
Clinical Care																		
Uninsured	10%	7%	7%		7%		7%		8%		7%		6%		7%		8%	
Primary care physicians	1,330:1	1,600:1	1,550:1		13,820:1		6,390:1		2,060:1		5,280:1		7,380:1		2,020:1		3,040:1	
Dentists	1,360:1	1,500:1	1,630:1		3,530:1		12,830:1		6,250:1		6,600:1		2,430:1		1,890:1		3,820:1	
Mental health providers	320:1	340:1	180:1		460:1		350:1		280:1		520:1		410:1		210:1		2,550:1	
Preventable hospital stays	2,681	3,457	4,716		4,460		4,108		4,129		4,915		3,640		2,976		3,281	
Mammography screening	43%	42%	36%		28%		37%		32%		30%		30%		42%		36%	
Flu vaccinations	46%	44%	44%		30%		38%		33%		38%		32%		47%		35%	

	U.S. Top Performers	Kentucky	Rowan	Trend	Morgan	Trend	Bath	Trend	Menifee	Trend	Carter	Trend	Elliott	Trend	Montgomery	Trend	Fleming	Trend
Health Factors																		
Social & Economic Factors																		
High school completion	89%	88%	87%		77%		81%		80%		81%		75%		85%		81%	
Some college	68%	63%	52%		42%		45%		42%		46%		36%		54%		52%	
Unemployment	3.70%	3.90%	4.60%		5.30%		5.20%		5.60%		7.00%		8.00%		4.50%		4.40%	
Children in poverty	16%	21%	26%		31%		30%		38%		26%		32%		18%		28%	
Income inequality	4.9	4.9	5.8		5.3		5		6.4		6		5.3		4.8		5	
Children in single-parent household	25%	25%	28%		22%		24%		22%		16%		38%		26%		23%	
Social associations	9.1	10.2	5.2		2.2		3.9		0		6.4		0		8.2		5.3	
Injury deaths	80	106	108		99		125		165		129		110		114		79	
Physical Environment																		
Air pollution - particulate matter	7.4	8.2	7.8		7.6		8		7.6		5.7		7.5		8.1		8	
Drinking water violations	-		No		No		Yes		No		No		No		Yes		No	
Severe housing problems	17%	13%	12%		13%		10%		8%		11%		11%		12%		13%	
Driving alone to work	72%	79%	76%		78%		81%		80%		78%		74%		86%		80%	
Long commute - driving alone	36%	31%	23%		46%		39%		70%		43%		60%		38%		45%	
Additional Measures																		
Life Expectancy	77.6	74	73.5		73.7		70.6		72.1		71.8		75.8		72.6		73.5	
Premature Age-Adjusted Mortality	390	540	570		550		640		590		660		500		610		550	
Frequent Mental Distress	15%	18%	21%		20%		21%		21%		22%		21%		20%		20%	
Diabetes Prevalence	10%	12%	11%		12%		12%		12%		13%		13%		11%		11%	
Food Insecurity	10%	13%	16%		17%		16%		19%		19%		20%		15%		13%	
Limited Access to Healthy Foods	6%	6%	1%		4%		1%		0%		4%		-		6%		3%	
Drug Overdose Deaths	27	43	62		42		56		-		65		-		65		25	
Insufficient Sleep	33%	39%	39%		42%		39%		39%		39%		41%		39%		38%	

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

County Demographic Information

| Demographics	State	Rowan	Bath	Carter	Elliott	Fleming	Menifee	Morgan
Population	4,526,154	24,372	12,829	26,395	7,293	15,288	6,250	14,120
% below 18 years of age	22.3%	19.8%	25.3%	22.2%	16.8%	23.8%	17.7%	17.5%
% 65 and older	17.6%	15.0%	17.5%	20.2%	21.7%	18.8%	21.4%	17.7%
% Non-Hispanic Black	8.7%	1.9%	1.4%	0.7%	4.2%	1.5%	1.0%	5.0%
% American Indian & Alaska Native	0.3%	0.2%	0.2%	0.3%	0.5%	0.2%	0.2%	0.3%
% Asian	1.8%	0.8%	0.5%	0.3%	0.2%	0.3%	0.2%	1.0%
% Native Hawaiian/Other Pacific Islander	0.1%	0.0%	0.1%	0.0%	0.2%	0.0%	0.1%	0.0%
% Hispanic	4.3%	2.2%	1.9%	1.5%	1.5%	1.8%	1.4%	1.3%
% Non-Hispanic White	83.2%	93.8%	94.7%	96.3%	92.7%	94.8%	95.9%	91.5%
% not proficient in English	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Females	50.3%	51.0%	50.0%	50.6%	41.6%	50.3%	49.5%	41.9%
% Rural	41.3%	62.0%	100.0%	79.7%	100.0%	100.0%	100.0%	100.0%

Attachment D: KY Outcomes

Health Outcomes – Premature Death

Years of potential life lost before age 75 per 100,000 population (age-adjusted). The 2024 County Health Rankings used 2019-2021 for this measure.
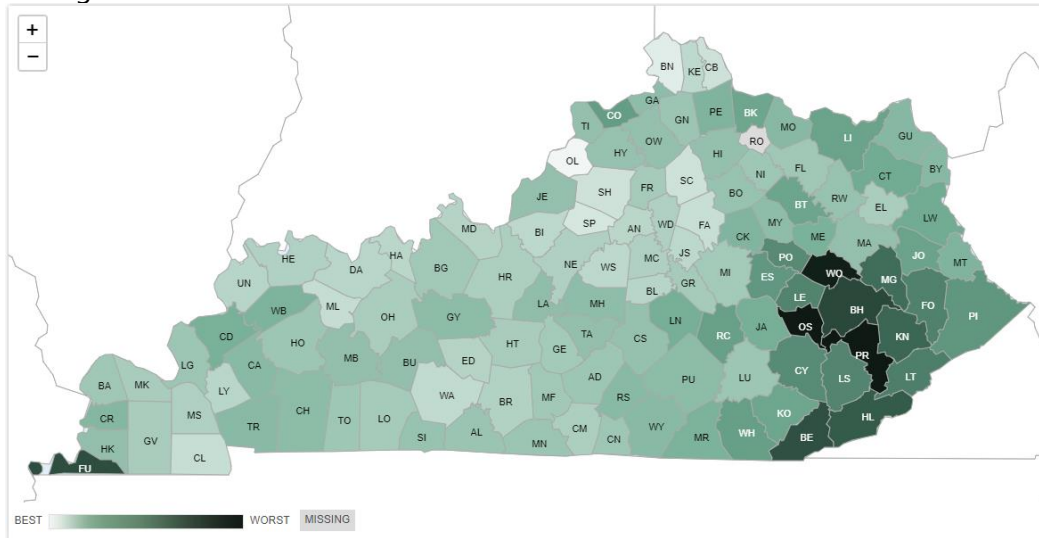
Health Outcomes – Poor Physical Health Days

Average number of physically unhealthy days reported in past 30 days (age-adjusted).
The 2024 County Health Rankings used data from 2021 for this measure.
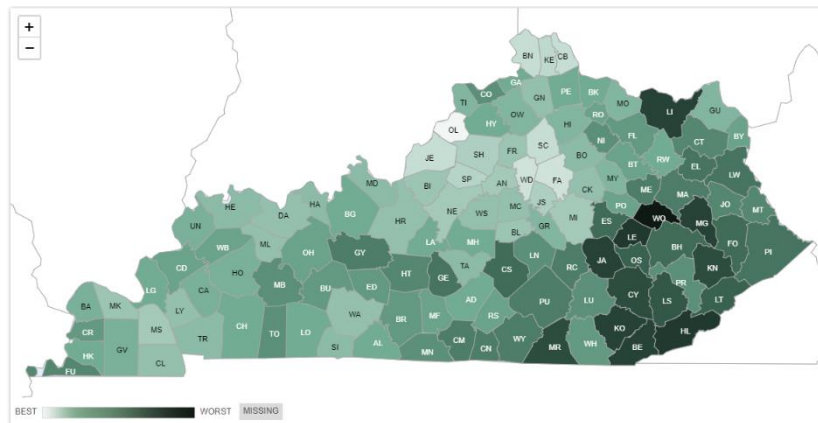
Health Factors

There are many things that influence how well and how long we live. Everything from our education to our environments impact our health. Health Factors represent those things we can modify to

improve the length and quality of life for residents. They are predictors of how healthy our communities can be in the future.

No one factor dictates the overall health of an individual or community. A combination of multiple modifiable factors, from clean air and water to stable and affordable housing, need to be considered to ensure community health for all. The County Health Rankings illuminate those opportunities for improvement by ranking the health of nearly every county in the nation across four Health Factors:

- Health Behaviors, providing alcohol and drug use rates, diet and exercise, sexual activity, and tobacco use.
- Clinical Care, showing the details of access to and quality of health care.
- Social and Economic Factors, rating education, employment, income, family and social support, and community safety.
- Physical Environment, measuring air and water quality, housing, and transit.

Health Factors – Adult Obesity

Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. The 2024 County Health Rankings used data from 2021 for this measure.
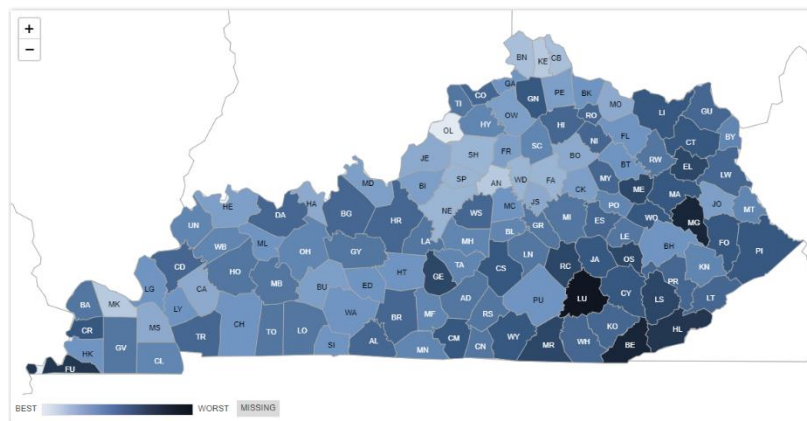
Health Factors – Uninsured

Percentage of population under age 65 without health insurance.
The 2024 County Health Rankings used data from 2021 for this measure.
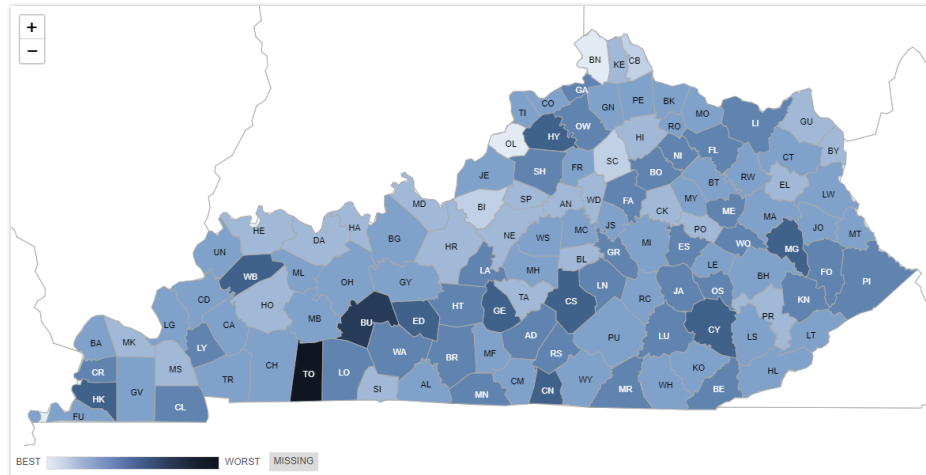
Health Factors – Physical Inactivity

Percentage of adults aged 20 and over reporting no leisure-time physical activity.
The 2024 County Health Rankings used data from 2021 for this measure.

Health Factors – Food Environment Index

Index of factors contributing to a healthy food environment, from 0 (worst) to 10 (best).
The 2024 County Health Rankings used 2019 & 2021 for this measure.

Health Factors – Alcohol-Impaired Driving Deaths

Percentage of driving deaths with alcohol involvement.
The 2024 County Health Rankings used data from 2017-2021 for this measure.
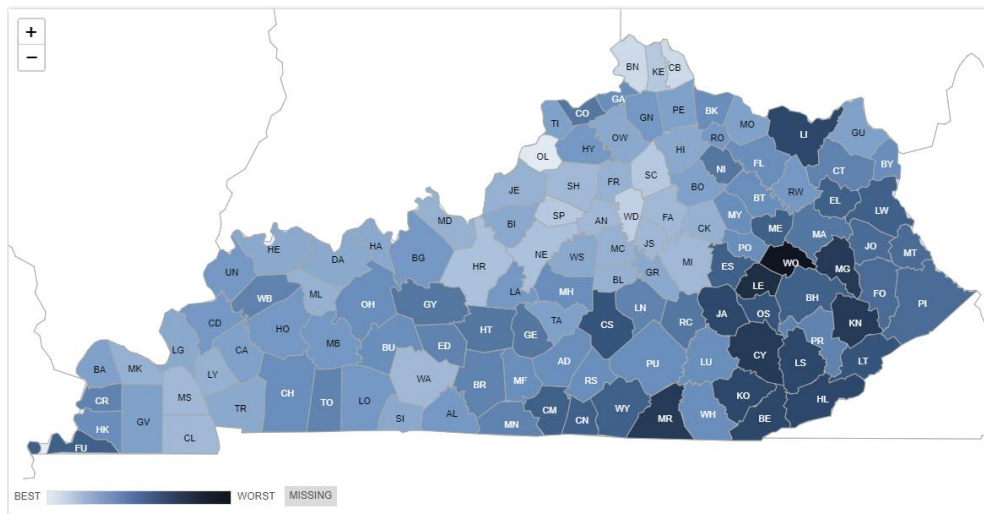
Health Factors – Sexually Transmitted Infections

Number of newly diagnosed chlamydia cases per 100,000 population.
The 2024 County Health Rankings used data from 2021 for this measure.
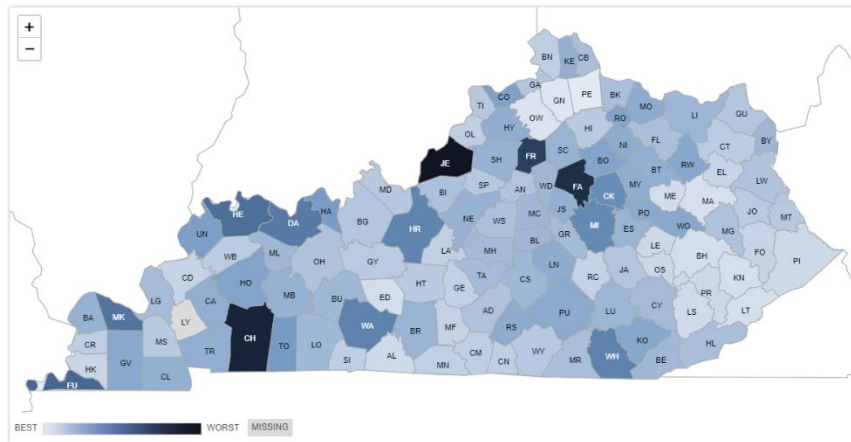
Health Factors – Primary Care Physicians

Ratio of population to primary care physicians.
The 2024 County Health Rankings used data from 2021 for this measure.

Source County Health Rankings
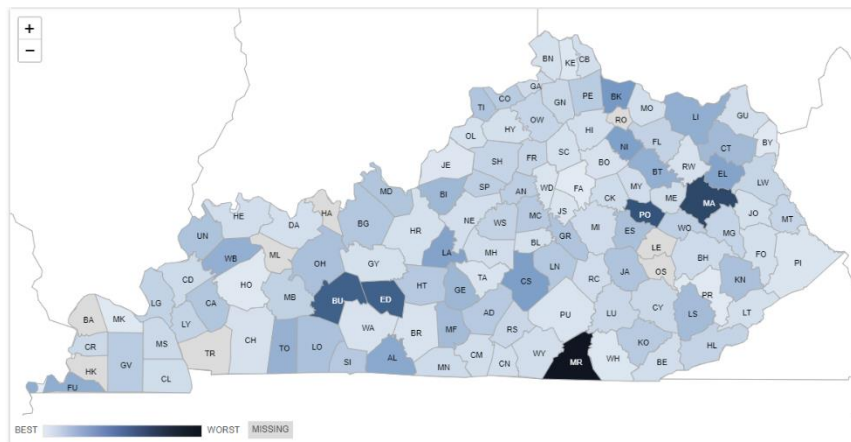
Rowan County Health Statistics:

This data source is not to contradict County Health Rankings, but to enhance it. County Health Rankings should be used, but Datausa can provide a more in-depth review.

Patient to Primary Care Physician Ratio:
1,359 to 1
Primary care physicians in Rowan County, KY see an average of 1,359 patients per year. This represents a 5.02% increase from the previous year.

The following chart shows how the number of patients seen by primary care physicians has been changing over time in Rowan County, KY in comparison to its neighboring geographies.
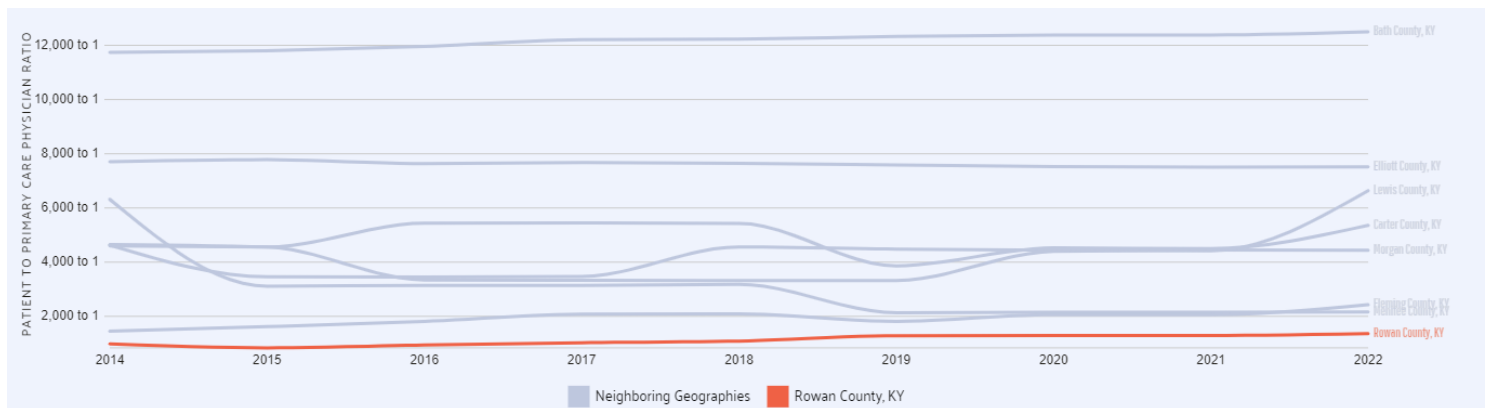
Patient to Dentist Ratio:
1,645 to 1
Dentists in Rowan County, KY see an average of 1,645 patients per year. This represents a 7.59% increase from the previous year (1,529 patients).

The following chart shows how the number of patients seen by dentists has been changing over time in Rowan County, KY in comparison to its neighboring geographies.

https://datausa.io/profile/geo/cumberland-county-ky#health
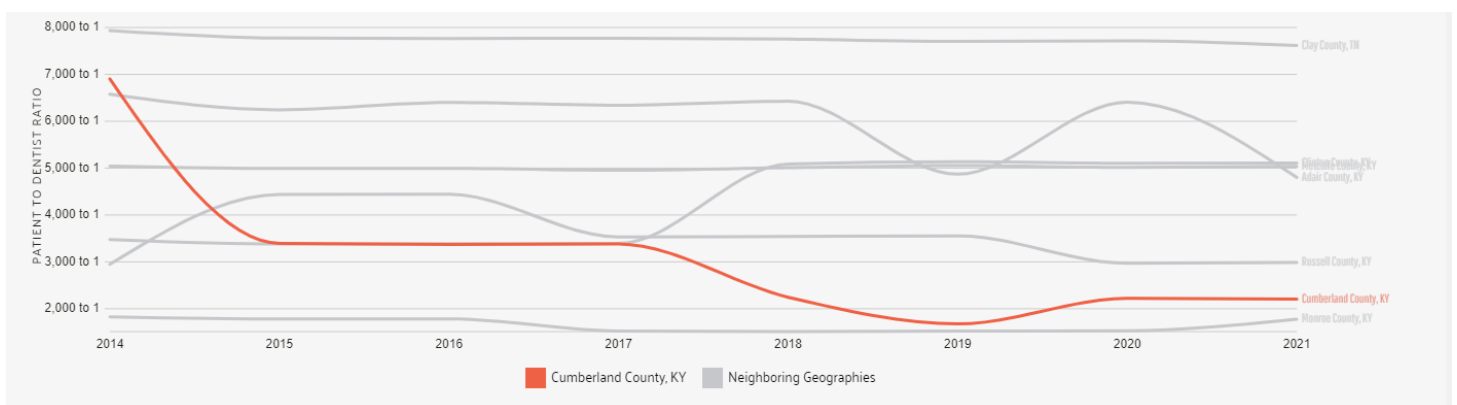
Patient to Mental Health Provider Ratio:
181 to 1

Mental health providers in Rowan County, KY see an average of 181 patients per year. This represents a 3.43% increase from the previous year (175 patients).

The following chart shows how the number of patients seen by mental health providers has been changing over time in Rowan County, KY in comparison to its neighboring geographies.
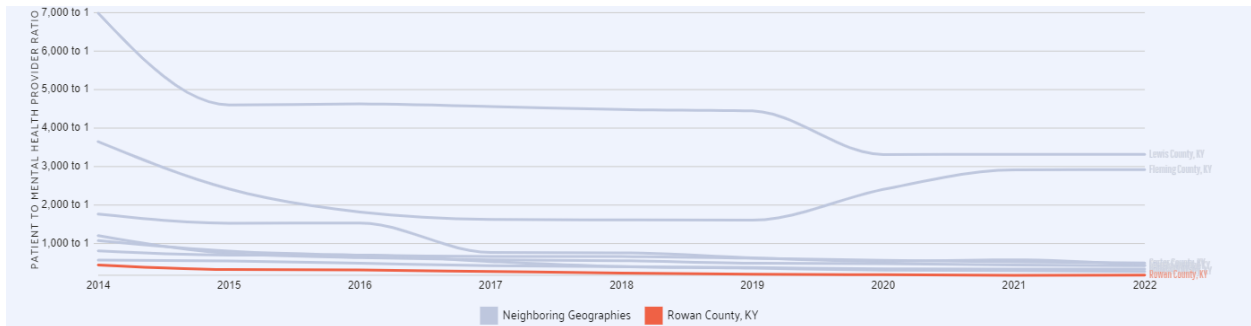
Healthcare Coverage for Rowan County:

5.45%	**44.7%**	**27.6%**	**11.1%**	**9.36%**	**1.85%**
Uninsured	Employer	Medicaid	Medicare	Non-Group	Military or VA
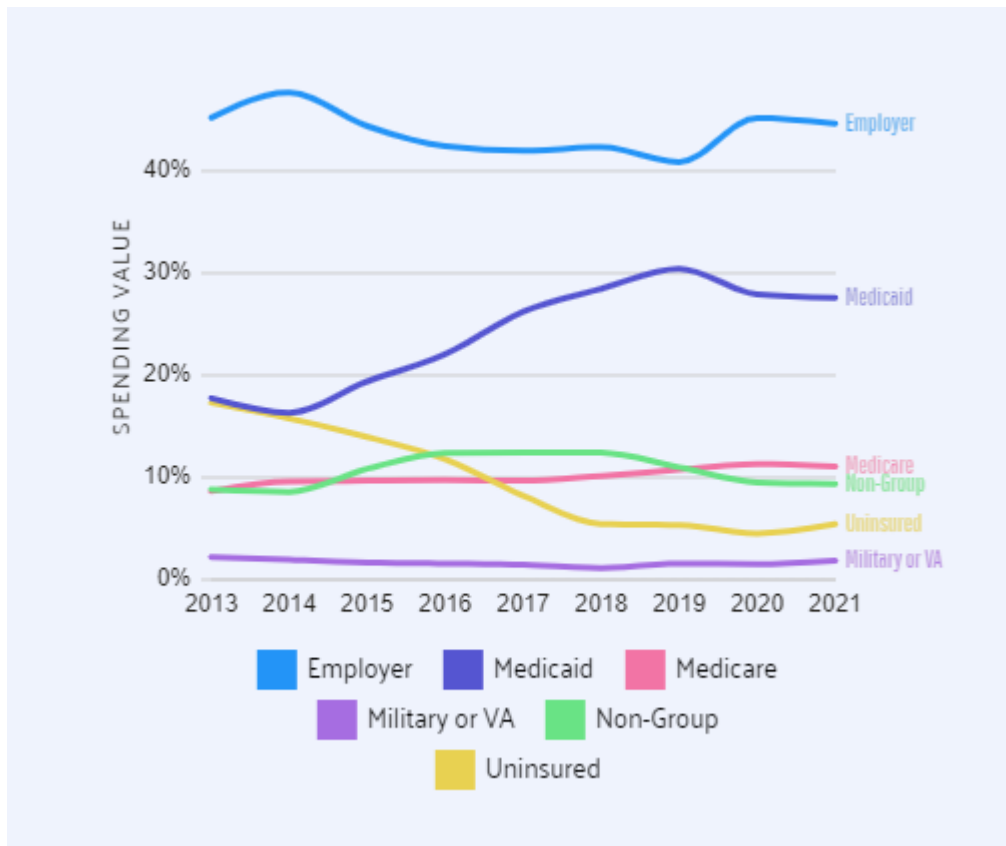
Attachment E: Physician Needs Assessment Analysis

Physician Needs Assessment Analysis: Primary Service Area Bath County, Carter County, Elliott County, Flemming County, Menifee County, Montgomery County, Morgan County, and **Rowan County.**
Rowan County Physician Needs

SPECIALTIES	CURRENT NUMBER OF PHYSICANS WITHIN PRIMARY SERVICE AREA	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	Population of 100,000					POPULATION BASED UPON HOSPITAL PRIMARY SERVICE AREA: POPULATION OF 24,409
Physician Specialties: GMENAC Goodman Hicks & Glenn Solucient			GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT	AVERAGE	
Primary Care								
Family Practice	9.00	3.80	25.20	N/A	16.20	22.53	21.31	5.20
Internal Medicine	0.00	(4.81)	28.80	N/A	11.30	19.01	19.70	4.81
Pediatrics	2.00	(0.79)	12.80	N/A	7.60	13.90	11.43	2.79
Total Primary Care	11.00	(1.80)	66.80	N/A	35.10	55.44	52.45	12.80
Medical Specialties								
Allergy/Immunology	0.00	(0.31)	0.80	1.30	N/A	1.72	1.27	0.31
Cardiology	2.00	1.22	3.20	3.60	2.60	3.41	3.20	0.78
Dermatology	0.00	(0.54)	2.90	1.40	2.10	2.38	2.20	0.54
Endocrinology	0.00	(0.20)	0.80	N/A	N/A	0.80	0.80	0.20
Gastroenterology	1.00	0.47	2.70	1.30	N/A	2.50	2.17	0.53
Hematology/Oncology	2.00	1.44	3.70	1.20	N/A	1.99	2.30	0.56
Infectious Disease	0.00	(0.22)	0.90	N/A	N/A	0.90	0.90	0.22
Nephrology	1.00	0.75	1.10	N/A	N/A	0.92	1.01	0.25
Neurology	1.00	0.53	2.30	2.10	1.40	1.90	1.93	0.47
Psychiatry	3.00	0.85	15.90	7.20	3.90	8.18	8.80	2.15
Pulmonology	1.00	0.65	1.50	1.40	N/A	1.40	1.43	0.35
Rheumatology	0.00	(0.16)	0.70	0.40	N/A	0.81	0.64	0.16
Physical Medicine & Rehab	0.00	(0.33)	1.30	N/A	N/A	1.40	1.35	0.33
Other Medical Specialties	8.00	7.51	N/A	N/A	N/A	2.01	2.01	0.49
Surgical Specialties								
General Surgery	5.00	3.20	9.70	9.70	4.10	6.01	7.38	1.80
Cardio/Thoracic Surgery	2.00	1.83	N/A	0.70	N/A	N/A	0.70	0.17
Neurosurgery	1.00	0.78	1.10	0.70	N/A	N/A	0.90	0.22
OB/GYN	9.00	6.77	9.90	8.40	8.00	10.17	9.12	2.23
Ophthalmology	0.00	(0.99)	4.80	3.50	3.20	4.71	4.05	0.99
Orthopedic Surgery	2.00	0.63	6.20	5.90	4.20	6.12	5.61	1.37
Otolaryngology	0.00	(0.69)	3.30	2.40	N/A	2.8	2.83	0.69
Plastic Surgery	0.00	(0.41)	1.10	1.10	2.30	2.22	1.68	0.41
Urology	2.00	1.36	3.20	2.60	1.90	2.86	2.64	0.64
Other Surgical Specialties	3.00	2.46	N/A	N/A	N/A	2.20	2.20	0.54
Hospital-based								
Emergency	8.34	6.42	8.50	2.70	N/A	12.40	7.87	1.92
Anesthesiology	0.00	(1.87)	8.30	7.00	N/A	N/A	7.65	1.87
Radiology	3.00	0.94	8.90	8.00	N/A	N/A	8.45	2.06
Pathology	0.00	(1.18)	5.60	4.10	N/A	N/A	4.85	1.18
Pediatric Cardiology	0.00	(0.05)	N/A	N/A	N/A	0.20	0.20	0.05
Pediatric Neurology	0.00	(0.03)	N/A	N/A	N/A	0.12	0.12	0.03
Pediatric Psychiatry	0.00	(0.11)	N/A	N/A	N/A	0.45	0.45	0.11
Other Pediatric Subspecialties	0.00	(0.22)	0.89	N/A	N/A	N/A	0.89	0.22
TOTALS	**65.34**	**28.72**						36.62

Surrounding Counties Physician Needs

Physician Specialties: GMENAC Goodman Hicks & Glenn Solucient								
SPECIALTIES	CURRENT NUMBER OF PHYSICANS WITHIN PRIMARY SERVICE AREA	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	Population of 100,000					POPULATION BASED UPON HOSPITAL PRIMARY SERVICE AREA: POPULATION OF 154,790
			GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT	AVERAGE	
Primary Care								
Family Practice	12.00	(20.99)	25.20	N/A	16.20	22.53	21.31	32.99
Internal Medicine	5.00	(25.50)	28.80	N/A	11.30	19.01	19.70	30.50
Pediatrics	2.00	(15.70)	12.80	N/A	7.60	13.90	11.43	17.70
Total Primary Care	19.00	(62.18)	66.80	N/A	35.10	55.44	52.45	81.18
Medical Specialties								
Allergy/Immunology	0.00	(1.97)	0.80	1.30	N/A	1.72	1.27	1.97
Cardiology	2.00	(2.96)	3.20	3.60	2.60	3.41	3.20	4.96
Dermatology	0.00	(3.40)	2.90	1.40	2.10	2.38	2.20	3.40
Endocrinology	0.00	(1.24)	0.80	N/A	N/A	0.80	0.80	1.24
Gastroenterology	1.00	(2.35)	2.70	1.30	N/A	2.50	2.17	3.35
Hematology/Oncology	2.00	(1.56)	3.70	1.20	N/A	1.99	2.30	3.56
Infectious Disease	0.00	(1.39)	0.90	N/A	N/A	0.90	0.90	1.39
Nephrology	1.00	(0.56)	1.10	N/A	N/A	0.92	1.01	1.56
Neurology	1.00	(1.98)	2.30	2.10	1.40	1.90	1.93	2.98
Psychiatry	3.00	(10.61)	15.90	7.20	3.90	8.18	8.80	13.61
Pulmonology	1.00	(1.22)	1.50	1.40	N/A	1.40	1.43	2.22
Rheumatology	0.00	(0.99)	0.70	0.40	N/A	0.81	0.64	0.99
Physical Medicine & Rehab	0.00	(2.09)	1.30	N/A	N/A	1.40	1.35	2.09
Other Medical Specialties	8.00	4.89	N/A	N/A	N/A	2.01	2.01	3.11
Surgical Specialties								
General Surgery	5.00	(6.42)	9.70	9.70	4.10	6.01	7.38	11.42
Cardio/Thoracic Surgery	2.00	0.92	N/A	0.70	N/A	N/A	0.70	1.08
Neurosurgery	1.00	(0.39)	1.10	0.70	N/A	N/A	0.90	1.39
OB/GYN	9.00	(5.11)	9.90	8.40	8.00	10.17	9.12	14.11
Ophthalmology	0.00	(6.27)	4.80	3.50	3.20	4.71	4.05	6.27
Orthopedic Surgery	3.00	(5.68)	6.20	5.90	4.20	6.12	5.61	8.68
Otolaryngology	0.00	(4.39)	3.30	2.40	N/A	2.8	2.83	4.39
Plastic Surgery	0.00	(2.60)	1.10	1.10	2.30	2.22	1.68	2.60
Urology	2.00	(2.09)	3.20	2.60	1.90	2.86	2.64	4.09
Other Surgical Specialties	4.00	0.59	N/A	N/A	N/A	2.20	2.20	3.41
Hospital-based								
Emergency	8.34	(3.84)	8.50	2.70	N/A	12.40	7.87	12.18
Anesthesiology	0.00	(11.84)	8.30	7.00	N/A	N/A	7.65	11.84
Radiology	3.00	(10.08)	8.90	8.00	N/A	N/A	8.45	13.08
Pathology	0.00	(7.51)	5.60	4.10	N/A	N/A	4.85	7.51
Pediatric Cardiology	0.00	(0.31)	N/A	N/A	N/A	0.20	0.20	0.31
Pediatric Neurology	0.00	(0.19)	N/A	N/A	N/A	0.12	0.12	0.19
Pediatric Psychiatry	0.00	(0.70)	N/A	N/A	N/A	0.45	0.45	0.70
Other Pediatric Subspecialties	0.00	(1.38)	0.89	N/A	N/A	N/A	0.89	1.38
TOTALS	75.34	-156.88						232.22

Physician Needs Assessment Analysis:

A quantitative physician needs assessment analysis was completed for SCH's primary service area of Rowan County with a population of 24,409. The physician needs assessment analysis uses a nationally recognized quantitative methodology to determine the need for physicians by physician specialty for a given geographic population area being assessed.

Based on the quantitative physician needs assessment analysis completed, the top six physician needs in the service area by specialty are as follows:
- Internal Medicine- 4.81
- Anesthesiology- 1.87
- Pathology- 1.18
- Ophthalmology- .99
- Otolaryngology- 0.69
- Plastic Surgery- .41

Also, a quantitative physician needs assessment analysis was completed for SCH's surrounding service area with a population of 154,790. The physician needs assessment analysis uses a nationally recognized quantitative methodology to determine the need for physicians by physician specialty for a given geographic population area being assessed.

Based on the quantitative physician needs assessment analysis completed, the top six physician needs in the service area by specialty are as follows:
- Internal Medicine- 25.50
- Family Practice- 20.99
- Pediatrics- 15.70
- Anesthesiology- 11.84
- Psychiatry- 10.61
- Radiology- 10.08

Attachment F: Community Input Survey Tool

https://blueandco.formstack.com/forms/stclaire_health_care_community_health_needs_assessment

Dear valued member of the community:

St. Claire HealthCare is completing their Community Health Needs Assessment for 2024. The goal of this project is to gather local data and feedback as part of developing a plan to improve health and quality of life within the service area and surrounding community.

A combination of surveys and interviews are being used to engage community members and you have been selected for the survey portion of this document. As a member of the community, you have been selected because of your knowledge, insight, and familiarity with the community. The themes that emerge from these surveys will be summarized and made available to the public; however, individual survey answers will be kept strictly confidential.

We anticipate that this survey will take you less than 20 minutes to complete and we certainly appreciate you taking time out of your busy day to participate.

1. What is your sex?
   a. Male
   b. Female
   c. I prefer not to say
   d. Other
2. What age range do you fall under?
   a. Under 20
   b. 21 - 30
   c. 31 - 40
   d. 41 - 50
   e. 51 - 60
   f. 61 - 70
   g. 71 or older
3. What is your race?
   a. White/Caucasian
   b. Black/African American
   c. Hispanic/Latino
   d. Asian (Indian, Japanese, Chinese, Korean, Vietnamese, Filipino)
   e. Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro)
   f. I prefer not to say
   g. Other

4. What is your highest level of education?
    a. Less than high school
    b. Some high school
    c. High school degree (or GED/equivalent)
    d. Some college (no degree)
    e. Associate degree
    f. Bachelor's Degree
    g. Graduate or Professional Degree
    h. Other
5. What was your total income last year before taxes?
    a. Less than $20,000
    b. $20,001 - $40,000
    c. $40,001 - $60,000
    d. $60,001 - $80,000
    e. $80,001 - $100,000
    f. Over $100,000
    g. I prefer not to answer
6. How many people live in your home?
    a. 2 or less
    b. 2 to 4
    c. More than 4
7. What is your job status?
    a. Full-time
    b. Part-time
    c. Unemployed
    d. Homemaker
    e. Retired
    f. Disabled
    g. Student
    h. Armed Forces
8. Please Identify the three most important health issues in our community.
    a. Aging issues, such as Alzheimer's disease, hearing loss or memory loss
    b. Cancer
    c. Chronic pain
    d. Dental health (including tooth pain)
    e. Diabetes
    f. Early sexual activity
    g. Heart disease/heart attack
    h. HIV/AIDS
    i. Infectious/contagious diseases, such as Covid, flu, pneumonia
    j. Injuries
    k. Lung disease (asthma, COPD)
    l. Childhood asthma
    m. Mental health issues such as depression, hopelessness, anger, etc.
    n. Obesity/overweight

      o.   Sexually transmitted infections
      p.   Stroke
      q.   High blood pressure
      r.   Arthritis
      s.   Other

9.   Please identify the three most important unhealthy behaviors in our community.
      a.   Angry behavior/violence
      b.   Alcohol abuse
      c.   Child abuse
      d.   Domestic violence
      e.   Drug abuse
      f.   Prescription drug abuse
      g.   Elder abuse (physical, emotional, financial, sexual)
      h.   Lack of exercise or Exercise Facilities
      i.   Not able to get a routine checkup
      j.   Poor eating habits
      k.   Reckless driving
      l.   Risky sexual behavior
      m. Smoking
      n.   Lack of Public parks
      o.   Other

10. Please identify the three most important factors that impact your well-being in our community.
      a.   Angry behavior/violence
      b.   Alcohol abuse
      c.   Child abuse
      d.   Domestic violence
      e.   Drug abuse
      f.   Prescription drug abuse
      g.   Elder abuse (physical, emotional, financial, sexual)
      h.   Lack of exercise
      i.   Access to Healthcare (Able to get routine checkup)
      j.   Poor eating habits
      k.   Reckless driving
      l.   Risky sexual behavior
      m. Smoking
      n.   Mental Health Services
      o.   Food Insecurity
      p.   Transportation
      q.   Housing
      r.   Crime
      s.   Other

11. When you get sick where do you go?
      a.   Clinic/Doctor's Office
      b.   Urgent Care
      c.   Emergency Department (ER)

      d.   Health Department
      e.   I don't seek medical attention
      f.   Other

12. How long has it been since you have been to the doctor to get a checkup when you were well, not because you were already sick?
      a.   Within the last year
      b.   1 - 2 years ago
      c.   3 - 5 years ago
      d.   More than 5 years ago
      e.   I have never been to a doctor for a checkup

13. In the last year, was there a time when you needed medical care but were not able to get it?
      a.   Yes
      b.   No

14. Why weren't you able to get medical care? *[gated question, if they answered yes to the question above, this question appears.]*
      a.   I didn't have health insurance
      b.   I couldn't afford to pay my co-pay or deductible
      c.   I didn't have any way to get to the doctor
      d.   The doctor or clinic did not take my insurance or Medicaid
      e.   I didn't know how to find a doctor
      f.   Fear
      g.   Too long to wait for appointment
      h.   Doctor was not taking new patients
      i.   Concerns about being exposed to Covid
      j.   I do not trust healthcare providers
      k.   My job did not allow me to take time off work during the hours the medical provider was open
      l.   Other

15. In the last year, was there a time you needed mental health counseling but were unable to get the help you needed?
      a.   Yes
      b.   No

16. Why weren't you able to get mental health counseling? *[gated question, if they answered yes to the question above, this question appears.]*
      a.   I didn't have health insurance
      b.   I couldn't afford to pay my co-pay or deductible
      c.   I didn't have any way to get to the counselor
      d.   The counselor did not take my insurance or Medicaid
      e.   I didn't know how to find a counselor
      f.   Too long to wait for appointment
      g.   Fear
      h.   Embarrassment
      i.   Other

17. In the last week, did you participate in deliberate exercise, (such as, jogging, walking, golf, weightlifting, fitness classes) that lasted for at least 30 minutes or more?
    a. Yes
    b. No
18. On a typical day, how many servings of fruits and/or vegetables do you have?
    a. None
    b. 1 - 2
    c. 3 - 5
    d. More than 5
19. On a typical day, how often do you smoke or chew tobacco products (either actual or electronic/vapor)?
    a. None
    b. 1 - 4
    c. 5 - 8
    d. 9 - 12
    e. More than 12
20. On a typical day, how often do you drink alcohol?
    a. None
    b. 1 Drink
    c. 2 Drinks
    d. 3 Drinks
    e. 4 or More Drinks
21. Do You Use or Consume Illegal Substances?
    a. Yes
    b. No
22. Where do you get most of your medical information?
    a. Doctor/physician
    b. Friends/family
    c. Internet search
    d. Pharmacy
    e. Nurse or other medical professional in the community i.e., church, social groups, etc.
    f. Other
23. Do you have a family doctor?
    a. Yes
    b. No
24. Overall, my physical health is:
    a. Good
    b. Average
    c. Poor
25. Overall, my mental health is:
    a. Good
    b. Average
    c. Poor
26. What other concerns do you have that we have not asked?
27. What additional healthcare services are needed in our county?

28. Are there any other factors that keeps you from getting the healthcare you need?

Attachment G: Citations

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Attachment H: Health Trends

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

The Deloitte Center for Health Solutions' report titled 2024 Global Health Care Sector Outlook
The performance of the health care system and health care reform provided the following national health related data:

Deloitte Consumers & Health Care System 2024 Global Health-Transforming Health Care with Artificial Intelligence

Key Takeaways

- Health care providers are partnering with tech companies to develop AI tools that can better predict clinical outcomes, enhance radiological imaging, and optimize sleep monitoring.

- AI has the potential to transform health care by optimizing both administrative functions and care delivery. It will have financial and non-financial benefits, such as improved care quality, enhanced patient experience, and greater clinician satisfaction. Private providers may gain the greatest benefits from optimization in care, claims, and provider relationship management.

- Predictive AI could forecast patient volumes and help hospitals adjust staffing and resources by predicting future resource needs, analyzing detailed data, and identifying high-impact patterns and trends.

- AI is rapidly becoming a competitive necessity in the health care sector. Yet many organizations are still understanding what AI can mean for them. Deloitte created the AI Dossier to give leaders in different industries summaries of key issues and opportunities, and how AI can help achieve them.

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How AI is Transforming Health Care

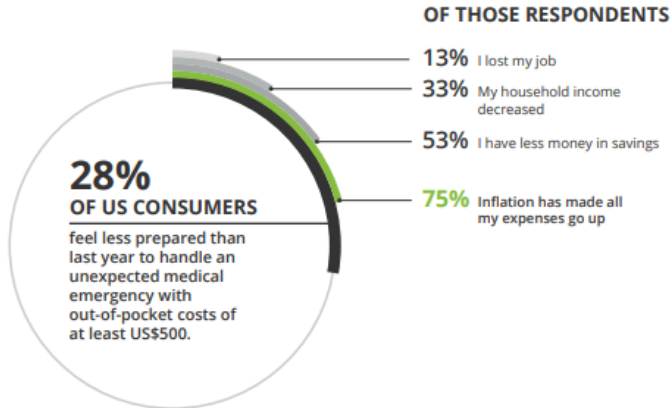| Enhancing patient engagement	Automating claims management	Efficient and accurate diagnoses	Personalized health care	Optimizing hospital staffing and resources
Many patients struggle to book appointments, access medical records, determine which services are available to them, and get answers to simple logistical questions. AI can improve interactions between patients and providers by: **• Simplifying complex medical information: Natural language processing can make medical data more understandable to patients, increasing health literacy.** **• Streamlining communication among health care workers: AI and machine learning can filter and share relevant information efficiently.** **• Accelerating database searches: AI-enabled databases improve information retrieval and reliability.** **• Enhancing chatbots: Chatbots can assist with patient questions, appointment scheduling, and referrals.** **• Personalizing patient engagement: AI-driven prescriptive analytics can suggest personalized actions for patients, increasing focus on care delivery.**	**Traditional claims management is costly, slow, and error-prone, often relying on manual data input. AI can assist by:** • Automating claims data extraction and input: Robotic process automation tools extract data without manual intervention. • Providing real-time updates and monitoring: AI systems offer real-time status updates and claims monitoring. • Automating follow-ups and denials: Repetitive tasks related to claims can be handled instantly by AI tools. • Analyzing claims: AI-enabled data analysis provides real-time insights on filed claims.	**Diagnosis often depends on complex factors, including patient history and genetics. AI can improve them by**: • Analyzing extensive medical data: AI can uncover complex patterns and characteristics that might be overlooked by humans. • Offering recommendations: AI technologies such as deep neural networks and machine learning can enhance the analysis of patient data.	**Precision medicine considers an individual's genetics, environment, and lifestyle to provide tailored treatments. AI can deliver more personalized diagnoses, prevention, and treatment by:** • Connecting various datasets: Machine learning algorithms link treatment outcomes to diverse health datasets. • Analyzing and collecting vast data: AI and machine learning enable more effective data collection and analysis. • Developing personalized treatments and care: AI analytics allow health care providers to deliver personalized care.	**Demand for health care rises and falls in response to a complex range of factors, making it difficult for hospitals to optimally allocate their supply of critical resources such as medical equipment and staff.** **Predictive AI can forecast patient volumes and help hospitals adjust staffing and resources accordingly by:** • Predicting future resource needs: Data mining, modeling, and AI provide insights for resource allocation. • Analyzing detailed data: AI and machine learning offer a comprehensive understanding of health status. • Identifying high-impact patterns and trends: AI-Driven analysis reveals hidden trends and potential risks.

*Source Click [Here](#)

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Deloitte Consumers & Health Care System 2024 Global Health-Addressing Cost and Affordability

Key Takeaways

- While workforce expenses are a major driver of rising health costs, other factors also contribute. The cost of maintaining care facilities is one factor.

- Health care organizations globally are beginning to implement innovative technologies such as virtual wards and AI-enabled diagnostic tools to reduce costs of age-related care. Providers also are investing in technology to accelerate diagnoses and reduce treatment costs for chronic diseases.

- Medical tourism has become increasingly popular among businesses and insurance providers as a means of bringing down health care costs. This is particularly true of patients in the US.

- The current cost environment requires new strategies to transform the organization. Traditional cost-cutting may no longer be enough. Instead, health care organizations should transform themselves by building new capabilities, relationships, and competencies.

Figure 1: Inflation is the No. 1 reason that nearly one in three people feel less prepared to handle health care costs in the US

Do you feel less prepared to handle health care costs compared to one year ago? If so, why do you feel less prepared?

(Respondents selected all that applied)

OF THOSE RESPONDENTS

- 13% I lost my job
- 33% My household income decreased
- 53% I have less money in savings
- 75% Inflation has made all my expenses go up

28% OF US CONSUMERS feel less prepared than last year to handle an unexpected medical emergency with out-of-pocket costs of at least US$500.

Note: N = 2,005.
Source: Deloitte 2022 Pulse Survey of US Consumers.

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Figure 2: Modeling the cost of US health inequalities in 2040

Cost of inequities today
US$320 billion

Expected changes in population demographics, cost of care, and per capita spending

Cost of inequities in 2040
US$1 trillion

We initially focused on a set of disease states to establish a baseline for the costs potentially attributed to inequities and bias

Using the assumptions from these disease states and disparities research, we extrapolated to all other disease states

Note: All values are in US dollars.

Sources: Deloitte analysis.

Deloitte Consumers & Health Care System 2024 Global Health-Responding to the Looming Global Shortfall in Health Care Workers
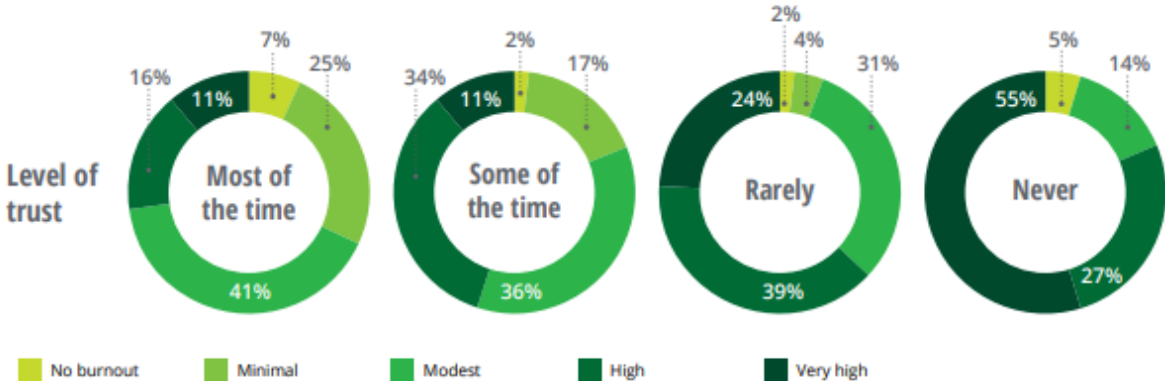
Key Takeaways

- Clinician burnout is one of the key causes of the health care sector's labor shortages.

- To retain and attract the clinical workforce, health care leaders have a responsibility to rebuild their trust and restore meaning, value, and purpose in their industry. Listening to frontline workers, recognizing their clinical autonomy, elevating their voice to leadership, and building an inclusive culture are some ways organizations try to achieve this.

- In addition to building trust and paying clinicians more, technology could ease some of the biggest contributors to burnout, such as administrative tasks. AI has the potential to take over documentation burdens, handle pre-op workflows, and assist with insurance claims.

- Providers looking to help improve their recruitment and retention may need to consider transforming their care models and redesigning jobs.

Figure 1: Clinician burnout rate is highest in the US among those who have lost trust in their organization's leadership

Survey question: Do you trust your organization's executive leadership to do what's right for the workers?

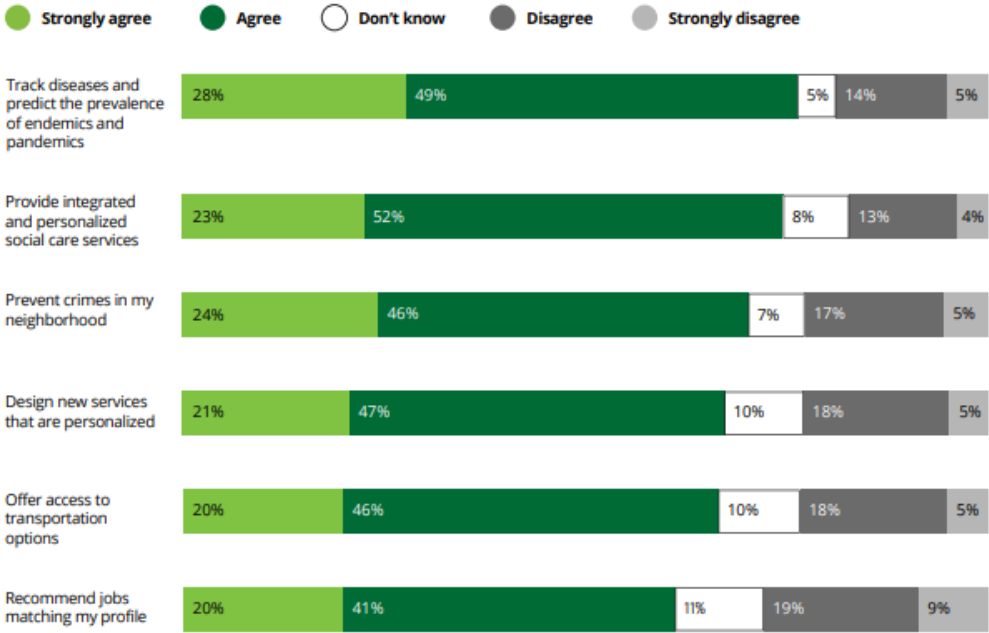The burnout I experience today is ...

Note: N = 486 (clinicians currently in clinical practice).
Source: Deloitte 2022 Survey of US Frontline Clinicians.

Deloitte Consumers & Health Care System 2024 Global Health- The Role of Social Care

Key Takeaways

- A number of countries are embarking on partnerships to build a more resilient roster of social care talent—and to increase the attractiveness of these careers.

- Another focus for governments is ensuring that investments in the social determinants of health are equitably distributed across underserved populations.

- Delivering social care services to underserved populations is a perennial challenge that was exacerbated during the pandemic. Technology can help. Numerous examples show how technology can support inclusiveness while serving a broad range of populations.

- Providers that strive to prioritize social care as part of their commitment to deliver on whole health should establish sustainable frameworks for workforce recruitment and training.

Figure 1: I am comfortable with government agencies collecting personal data to ...

Legend: Strongly agree | Agree | Don't know | Disagree | Strongly disagree

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
Track diseases and predict the prevalence of endemics and pandemics	28%	49%	5%	14%	5%
Provide integrated and personalized social care services	23%	52%	8%	13%	4%
Prevent crimes in my neighborhood	24%	46%	7%	17%	5%
Design new services that are personalized	21%	47%	10%	18%	5%
Offer access to transportation options	20%	46%	10%	18%	5%
Recommend jobs matching my profile	20%	41%	11%	19%	9%

Note: Percentages may not add up to 100 due to rounding off.

Source: 2023 Deloitte Digital Citizen Survey.

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Deloitte Consumers & Health Care System 2024 Global Health- A Sustainable Future

Key Takeaways

- There are severe heat crises in regions unaccustomed to dangerously high temperatures. One of the ways hospitals are addressing acute energy insecurity and that affects the delivery of care is by building resilience into their operations.

- Sustainability regulations vary from region to region. In the absence of a comprehensive supplier engagement program, standardization, or clear mandates, breaking down the barriers between purchasing and clinical care can be challenging.

- Measuring environmental impact and being able to compare and learn from peers on how to minimize impact is another way the health care sector can build more sustainable systems.

- A commitment to information sharing can also influence health outcomes for populations disproportionately affected by social determinants of health.

Figure 1: The physical environment is a threat multiplier for overall human health[13]

Climate change disproportionately affects the health and well-being of historically under-resourced communities

Source: Deloitte analysis.

American Hospital Association (AHA) Environmental Scan (2024)

The 2024 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:

After enduring three years of unprecedented difficulties and providing care for millions of patients, hospitals and health systems in America are now confronted with a new and critical challenge. The costs associated with patient care and community support have significantly and consistently risen, jeopardizing their financial stability.

In the year 2023, there was a slight improvement in the financial health of hospitals. Although the median hospital operating margin saw a small increase, it only managed to reach a breakeven point, while expenses remained high. Furthermore, hospitals faced additional obstacles such as Medicaid disenrollment, denials from commercial insurers, and delayed payments, all of which had a direct impact on their available cash reserves.

The challenging environment affects hospitals of all types and in all locations. However, rural hospitals and health systems face unique and long-standing pressures. These include low reimbursement rates, staffing shortages, low patient volume, a higher proportion of sicker patients, and regulatory barriers. It is important to note that one in five Americans reside in rural areas and heavily rely on their local hospital not only for healthcare services but also as a vital contributor to the economic and social fabric of their communities.

Hospital and Health System Landscape: Financial Stability

Medical Cost Trends

The medical cost trend, or growth rate, is influenced primarily by changes in the price of medical products and services and prescription medications, known as unit cost inflation, and changes in the number or intensity of services used or changes in per capita utilization.

Projected % increase in the cost to treat patients

Year	% increase
2020	6.0%
2021	7.0%
2022	5.5%
2023	6.0%
2024	7.0%
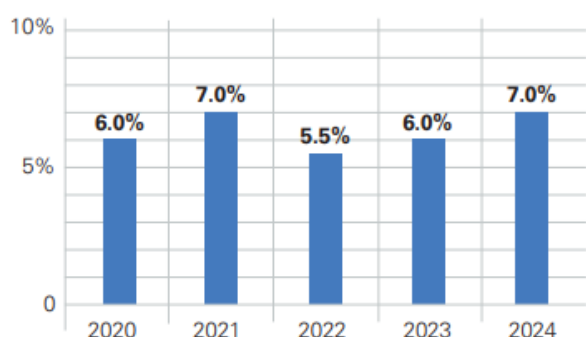
2024 projection

- **Inflators:** Clinical workforce shortages, inflationary impacts on health care providers, the increasing cost of pharmaceuticals including weight-loss drugs and new cell and gene therapies.
- **Deflators:** Biosimilars coming to market and the shift in site of care.
- **Trends to watch:** Total cost of care management initiatives such as value-based care, changing COVID-19 policies and the need for vaccines, testing and treatment, health equity, behavioral health, the Centers for Medicare & Medicaid Services (CMS) Hospital Price Transparency Final Rule and Medicaid redetermination.

"Medical cost trend: Behind the numbers 2024," PwC Health Research Institute, June 2023, © PwC. Not for further distribution without the prior written permission of PwC, June 29, 2023

Financial Challenge: Version 1: In 2022, a significant financial challenge was faced by over 50% of hospitals as they operated at a loss. However, the first quarter of 2023 witnessed a surge in bond defaults among hospitals, marking the highest number in over ten years.
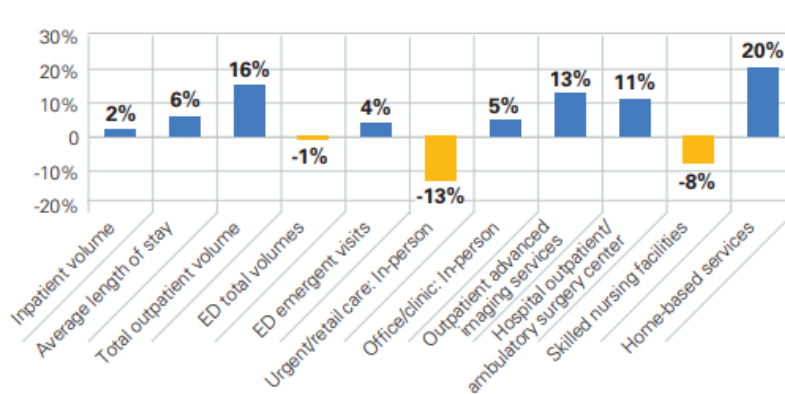
AHA members report challenges with commercial health insurer practices

Challenge	% of respondents
Increase in staff time spent seeking prior authorization approval	95%
Increasing cost of complying with insurer policies	84%
Worsening experience with commercial insurers	78%
Oldest Medicare Advantage claim dates to 2016 or older	55%
$50M+ in forgone payments because of denied claims once appeals have been exhausted	35%

- **62% of prior authorization denials** and **50% of initial claim denials** that are appealed ultimately **are overturned.**

"Survey: Commercial Health Insurance Practices that Delay Care, Increase Costs" infographic, AHA, Nov. 2, 2022

2033 Forecast: Care in alternative settings on the rise

Chart values (left to right):
- Inpatient volume: 2%
- Average length of stay: 6%
- Total outpatient volume: 16%
- ED total volumes: -1%
- ED emergent visits: 4%
- Urgent/retail care: In-person: -13%
- Office/clinic: In-person: 5%
- Outpatient advanced imaging services: 13%
- Hospital outpatient/ambulatory surgery center: 11%
- Skilled nursing facilities: -8%
- Home-based services: 20%

- 28% of evaluation and management visits will occur virtually by 2033.
- As the population continues to age and chronic disease incidence rises, there will be increased demand across many sites of care.
- Patient acuity will continue to rise.
- Care redesign will be critical to prevent the acute exacerbation of medical conditions.

Data from "2023 Impact of Change® Forecast Highlights," Sg2, a Vizient company, accessed Aug. 8, 2023. Used with permission of Vizient, Inc. All rights reserved. Impact of Change®, 2023; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2019. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2021; The following 2021 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2023; Sg2 Analysis, 2023

Increased cost for individuals with comorbid physical and behavioral conditions

- Research shows total health care costs are 75% higher for people with both behavioral health and other common chronic conditions, such as diabetes and cardiovascular disease.

"Integrating Physical and Behavioral Health: The Time is Now," AHA, September 2023

OPIOID-USE DISORDERS

Hospital expenses related to opioid-use disorders (OUDs)[†]

- **$95 billion** per year
- **7.9%** of hospital spending

Patients with an OUD diagnosis compared with those without[†]

- **32.5%** higher cost per emergency department (ED) visit
- **8%** higher cost per inpatient visit

Opioid-involved drug overdose deaths in the U.S.[‡]

- 2021: **82,310**[*]
- 2022: **83,894**[*]
- **1.9%** increase

*Predicted number of deaths for the 12-month period
†Bailey, Victoria. "Caring for Opioid Use Disorder Patients Costs Hospitals $95B Per Year," RevCycle Intelligence, Jan. 25, 2023
‡"Provisional Drug Overdose Death Counts," Centers for Disease Control and Prevention (CDC) National Center for Health Statistics, https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm, accessed Oct. 24, 2023

Hospital and Health System Landscape: Financial Stability (Rural Health)

Rural hospital closures in the U.S. (as of October 2023)

25 Closures and Conversions in 2023	166 Closures and Conversions since 2010
• 16 Rural Emergency Hospital conversions	• 16 Rural Emergency Hospital conversions
• 2 conversions to other services	• 69 conversions to other services
• 7 complete closures	• 81 complete closures
More than 3 times as many hospitals closed in 2022 compared with 2021	

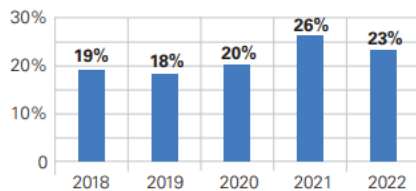**The Rural Emergency Hospital (REH)**

Launched in January 2023, Congress created the REH, a new type of Medicare provider, as a response to the loss of emergency services in rural areas due to hospital closures. The REH does not provide inpatient care but will provide 24-hour emergency services. An analysis shows:
- 389 rural hospitals are most likely to consider REH conversion.
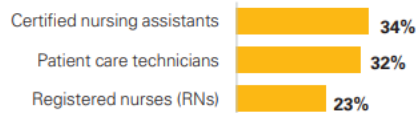- 77 hospitals are ideal candidates for REH conversion.

Hospital and Health System Landscape: Workforce

A skilled, competent, committed, and varied workforce lies at the core of the healthcare system in the United States. The impact of the pandemic has intensified persistent issues such as exhaustion, excessive administrative tasks, and a scarcity of healthcare professionals. These ongoing challenges persistently jeopardize hospitals' capacity to provide quality care to their patients and the communities they cater to.
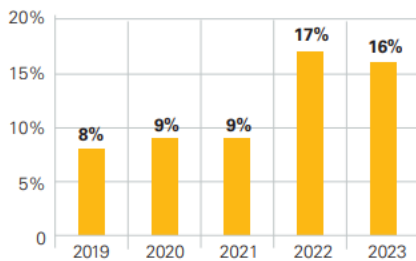
Hospital staff turnover rate

Year	Rate
2018	19%
2019	18%
2020	20%
2021	26%
2022	23%

The top turnover rates for advanced practice and allied health professionals, 2022

Certified nursing assistants	34%
Patient care technicians	32%
Registered nurses (RNs)	23%

- Only pharmacists (0.6%) and physician assistants (2.8%) saw an increase in turnover from 2021.

Average RN vacancy rate

Year	Rate
2019	8%
2020	9%
2021	9%
2022	17%
2023	16%

Providers leave the workforce, 2021-2022*

Percentage who left the workforce by provider type

Physical therapists	11%
Nurse practitioners	9%
Licensed clinical social workers	9%
Physician assistants	8%
Physicians	6%

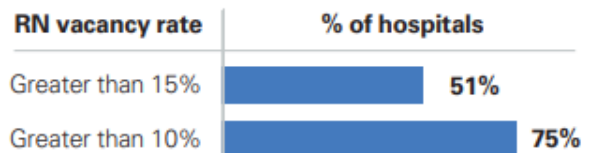- 145,213 U.S. health care providers left the profession.

"2023 NSI National Health Care Retention & RN Staffing Report," NSI Nursing Solutions Inc., March 2023
* "Addressing the healthcare staffing shortage," ©2023 Definitive Healthcare, LLC., All rights reserved, Oct. 16, 2023

Nursing shortage

- **100,000 RNs** left the workforce during the COVID-19 pandemic.
- **3.3% decline** in the U.S. nursing workforce in the past two years.
- **One-fifth of RNs** nationally are **projected to leave** the health care workforce by 2027.
- **34,000** licensed practical/vocational nurses (LPNs and LVNs) **left the workforce** since 2020, with **184,000** reporting **an intent to leave by 2027.**

"NCSBN Research Projects Significant Nursing Workforce Shortages and Crisis," National Council of State Boards of Nursing, April 13, 2023

Majority of hospitals experience high vacancy rates, 2023

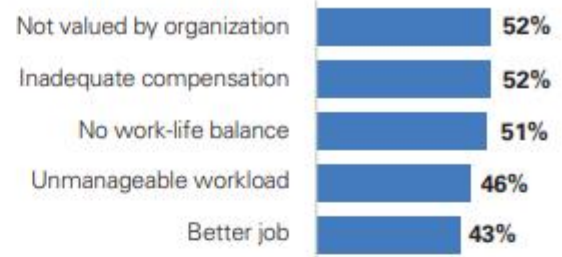| RN vacancy rate	% of hospitals
Greater than 15%	51%
Greater than 10%	75%

- It takes more than 3 months to recruit an experienced RN, with medical-surgical nursing presenting the greatest challenge.

"2023 NSI National Health Care Retention & RN Staffing Report," NSI Nursing Solutions Inc., March 2023

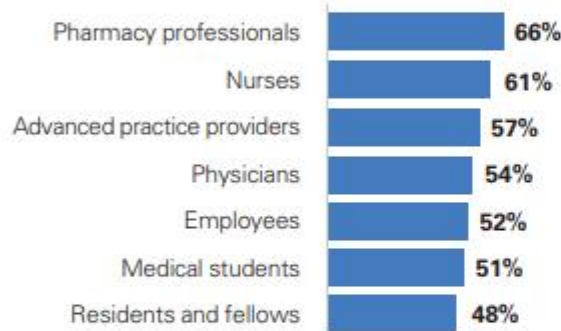## Top factors influencing RNs to stay in current positions

Doing meaningful work	82%
Positive interactions	69%
Having caring and trusting teammates	69%
Good health	65%
Safe environment	64%

"Nursing in 2023: How hospitals are confronting shortages," McKinsey & Company, May 5, 2023

Top factors influencing RNs to leave jobs in the past 18 months

Not valued by organization	52%
Inadequate compensation	52%
No work-life balance	51%
Unmanageable workload	46%
Better job	43%

Burnout by occupation

Health care workers reporting burnout during the past month

Pharmacy professionals	66%
Nurses	61%
Advanced practice providers	57%
Physicians	54%
Employees	52%
Medical students	51%
Residents and fellows	48%

Note: Data gathered from more than 118,000 Well-Being Index assessments taken in 2022

"State of Well-Being 2022-2023," Well-Being Index, https://www.mywellbeingindex.org/insights, 2023

Cost of clinician burnout in a midsize health system with 500 clinicians

- Productivity impact: **$18.5M**
- Patient satisfaction impact: **14%**

Turnover costs

- Recruitment cost: **$1.5M**
- Onboarding cost: **$2.8M**
- Lost revenue multiplied by number of months to fill vacancy: **$3.5M**

Total cost per year: $20M+

Freeman, Richard B., Hu, Sisi (Xi) et al. "Beyond Burnout: From Measuring to Forecasting," National Bureau of Economic Research Working Paper Series, © January 2023
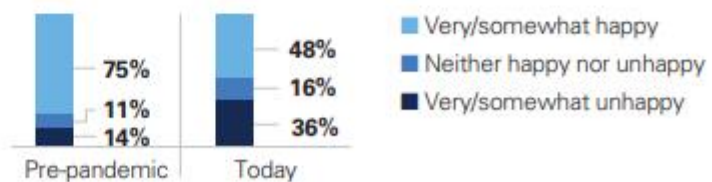
Nurses' emotional health

"A few times a week" or "every day", nurses reported feeling:
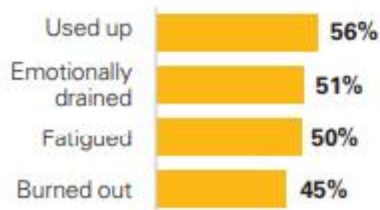
Used up	56%
Emotionally drained	51%
Fatigued	50%
Burned out	45%

"NCSBN Research Projects Significant Nursing Workforce Shortages and Crisis," National Council of State Boards of Nursing, April 13, 2023

Physician happiness at work, pre-pandemic vs today*

Pre-pandemic: 75%, 11%, 14%
Today: 48%, 16%, 36%

- ■ Very/somewhat happy
- ■ Neither happy nor unhappy
- ■ Very/somewhat unhappy

- 23% of physicians indicated they were depressed, an increase from the previous year (21%).[†]

*McKenna, Jon. "Medscape Physician Lifestyle & Happiness Report 2023: Contentment Amid Stress," Medscape, Jan. 20, 2023
†McKenna, Jon. "Doctors' Burden: Medscape Physician Suicide Report 2023," Medscape, March 3, 2023

Hospital and Health System Landscape: Better Care and Greater Value

Hospitals and health systems come in different sizes, locations, and offer various services to diverse patient populations. However, they all share a fundamental objective rooted in compassion and healing. Their ultimate goal is to deliver top-notch healthcare services to individuals and communities, ensuring the highest quality of care.

Care delivery transformation models are one way to enhance the quality of care. These models encompass various strategies, including team-based care, telehealth, alternative care sites, care at home, addressing societal factors that impact health, and population health management. Additionally, value-based payment models play a crucial role in a hospital's operational infrastructure by supporting these strategies. These payment models aim to incentivize healthcare providers based on the quality of care they offer, rather than the quantity of services provided to patients.

Value-based payment models have stabilized in recent years

■ Community hospitals participating in an accountable care organization (ACO)
■ Community hospitals with some percentage of net patient revenue paid on a shared-risk basis
■ Community hospitals with contracts with commercial payers tied to quality/safety performance
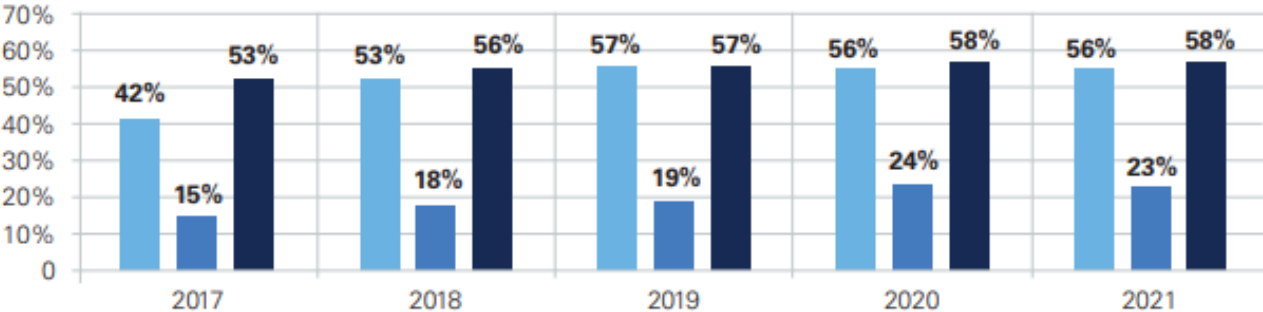
AHA Annual Survey, 2018-2022
Note: Community hospitals include all nonfederal, short-term general and specialty hospitals whose facilities and services are available to the public. ACOs are groups of clinicians, hospitals and other health care providers who come together voluntarily to give coordinated high-quality care a designated group of patients.

Societal Factors That Influence Health

Much of health happens beyond the walls of hospitals and health systems. To improve health equity, hospitals engage in a variety of strategies to address the societal factors that influence the health of patients and communities. Recently, CMS added two social determinants of health measures to the Inpatient Quality Reporting program. Hospital reporting on the new measures is voluntary in 2023 and will become mandatory in 2024.

Majority of hospitals collect social needs data (2022)

83% of hospitals report collecting data on patients' health-related social needs.

60% of hospitals report electronically receiving social needs data from external sources.

Most common uses of social needs data

| Use	Percent
Inform discharge planning	72%
Inform clinical decision-making	67%
Referrals to social service organizations	65%
Population health analytics	48%
Inform community needs assessment or other equity initiatives	46%
Quality management	42%

Chaing, Wei and Richwine, Chelsea. "Social Needs Screening among Non-Federal Acute Care Hospitals, 2022," ONC Data Brief, no.67, Office of the National Coordinator for Health Information Technology, July 2023

Maternal mortality in the U.S.

- **Maternal mortality increased 40%** in 2021 compared with that of 2020.

Maternal deaths per 100,000 live births

Group	Deaths
U.S. overall	33
White	27
Hispanic	28
Black	70
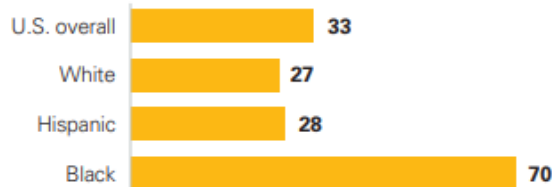
- In 2020, the overall maternal mortality rate of high-income countries was 12 per 100,000 live births.

Simmons-Duffin, Selena and Wroth, Carmel. "Maternal deaths in the U.S. spiked in 2021, CDC reports," NPR, March 16, 2023

Promising review of maternal health and telehealth

- Replacing or supplementing usual maternal care with telehealth led to similar or better maternal, obstetric and patient-reported outcomes compared with usual in-person care alone, particularly for mental health, general maternal care and prenatal diabetes.

- Studies of general maternal care models aimed at reducing the number of in-person visits during the pandemic typically found improved attendance and higher levels of patient satisfaction.
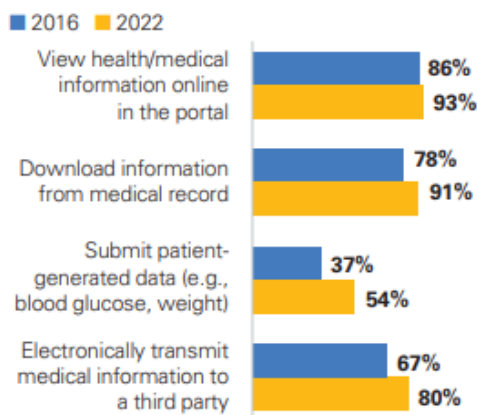
Parsons, Rachael and Althuis, Michelle. "Promising Evidence for Telehealth Strategies for the Delivery of Maternal Health Care," Patient-Centered Outcomes Research Institute, July 27, 2022

Hospital and Health System Landscape: Consumerism

Health care consumerism is commonly defined as individuals taking an active role in utilizing reliable, pertinent information and suitable technology to make educated choices regarding their health care alternatives, encompassing both clinical and non-clinical settings. Empowering patients can manifest in various ways, such as arming them with knowledge to engage in decision-making or offering tools and technology for self-management and health monitoring.

## Trends in electronic health record (EHR) patient engagement

% of hospitals that provide their patients with the following technologies

■ 2016 ■ 2022

Technology	2016	2022
View health/medical information online in the portal	86%	93%
Download information from medical record	78%	91%
Submit patient-generated data (e.g., blood glucose, weight)	37%	54%
Electronically transmit medical information to a third party	67%	80%

- In 2022, 82% of hospitals provided patients with access to their health/medical information using apps.

AHA Information Technology Surveys, 2017-2023

Retail clinic claims volume over time

○ Year-over-year % change
■ Claims volume

12% -1% 103% 74% -23%

2022: 200% increase from 2017
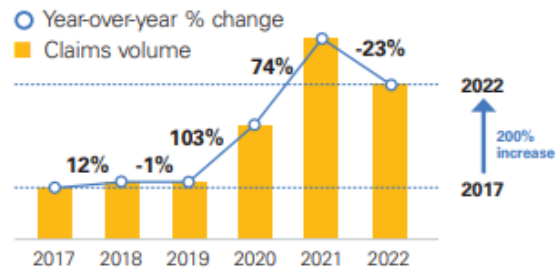
- Excluding COVID-19-related procedures, retail clinic claims volumes were up by 21% from 2021 to 2022.

Claims volume growth, 2017-2022

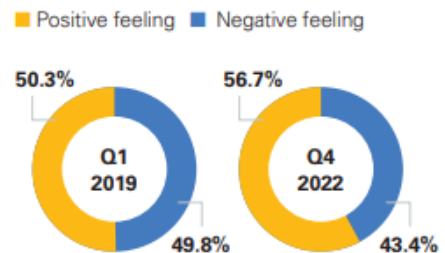|	
Retail clinics	200%
Urgent care centers	70%
Emergency departments	-1%
Primary care physician offices	-13%
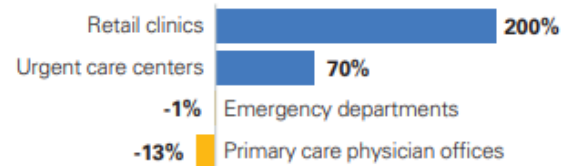
"Retailers in healthcare: A catalyst for provider evolution," © 2023 Definitive Healthcare LLC. All rights reserved, May 2023

Top 3 retail clinics' market share by number of locations

63% — minute clinic — CVS
12% — The Little Clinic — Kroger Health
8% — Village Medical — Walgreens (majority owner)

Consumer sentiment improves: Use of a clinic inside a retail/grocery store

■ Positive feeling ■ Negative feeling

Q1 2019: 50.3% / 49.8%
Q4 2022: 56.7% / 43.4%

Makoul G. et al. "2023 Experience Perspective," NRC Health, https://nrchealth.com/resources, accessed Aug. 10, 2023

FOCUS ON
Rural Health

• A third of rural patients don't have access to consistent or affordable internet.

**Rural health care organizations offer tools to improve the consumer experience**

% of rural health care respondents who offer the following tools

Tool	%
Telehealth/virtual visits	77%
Online bill pay	71%
Mobile apps/patient portal	67%
Price transparency/price estimator tools	66%
Text appointment reminders	63%
Patient scheduler tools	29%
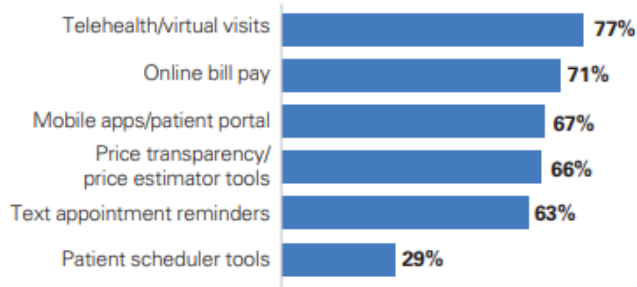
"The state of rural healthcare: Research report and outlook for 2023," Wipfli LLP, https://www.wipfli.com/-/media/wipfli/collateral/hc-2023-wipfli-state-of-rural-healthcare-report.pdf, Feb. 2, 2023

Rural telehealth use increasing

Respondents who reported using telehealth at some point in their lives
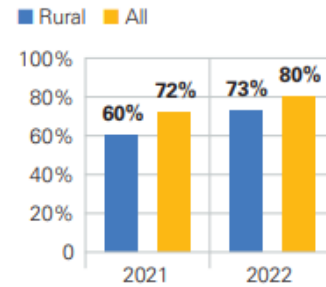
■ Rural ■ All

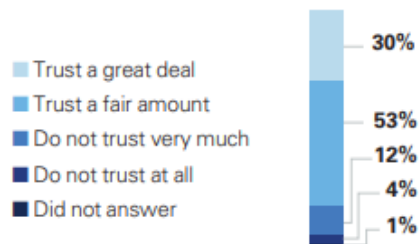| Year	Rural	All
2021	60%	72%
2022	73%	80%

Knowles, Madelyn et al. "Consumer adoption of digital health in 2022: Moving at the speed of trust," Rock Health, Feb. 21, 2023

Hospital and Health System Landscape: Trends

Public Trust

Public perception of hospitals

More than 8 of 10 voters say they trust their preferred hospital a great deal or a fair amount for information about critical health issues.

■ Trust a great deal — 30%
■ Trust a fair amount — 53%
■ Do not trust very much — 12%
■ Do not trust at all — 4%
■ Did not answer — 1%

National survey of registered voters conducted by Public Opinion Strategies, July 2022

Trust in health information sources

% of respondents who responded they trust the following information sources:

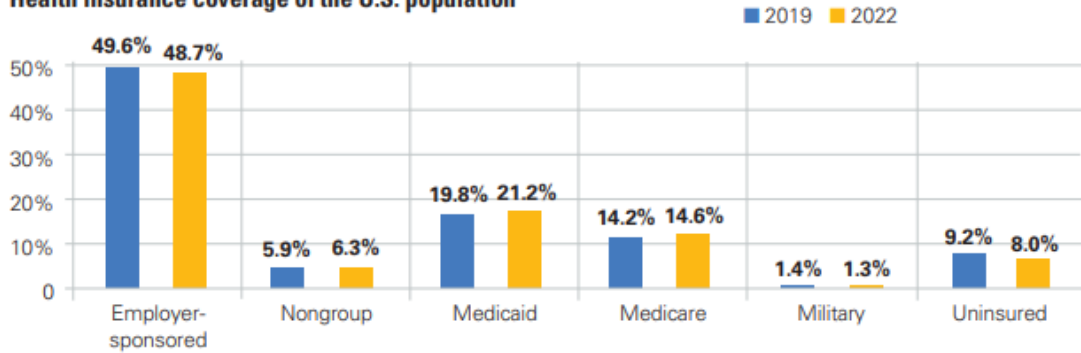| Source	%
Doctors/clinicians	77%
A digital health app	28%
A website	16%
A social media group	11%
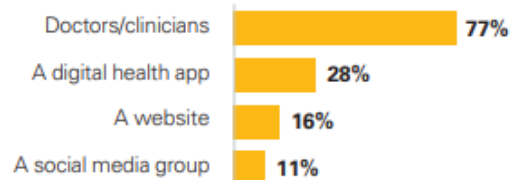
• 70% of respondents are willing to share their health data with their doctors/clinicians.

Knowles, Madelyn et al. "Consumer adoption of digital health in 2022: Moving at the speed of trust," Rock Health, Feb. 21, 2023

Coverage

Health insurance coverage of the U.S. population*

Legend: ■ 2019 ■ 2022

Category	2019	2022
Employer-sponsored	49.6%	48.7%
Nongroup	5.9%	6.3%
Medicaid	19.8%	21.2%
Medicare	14.2%	14.6%
Military	1.4%	1.3%
Uninsured	9.2%	8.0%

- 5.8% of adults reported having Affordable Care Act Marketplace coverage in early 2023, compared with 4.4% in 2020.[†]

- In 2022, 63.6 million people were enrolled in Medicare. Enrollment is projected to climb to 76.4 million by 2031.[‡]

- The Medicare Hospital Insurance Trust Fund is projected to become insolvent in 2031.[§]

- Enrollment in Medicaid was projected to reach a high of 97.6 million in 2022, expected to fall between 2023 and 2026 because of Medicaid redeterminations and will reach 93.6 million enrollees in 2031.[‡]
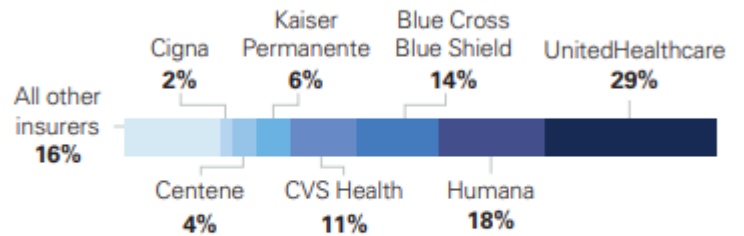
MEDICARE ADVANTAGE

% of eligible Medicare beneficiaries enrolled in Medicare Advantage*

Year	Percent
2007	19%
2023	51%
2033 Projection	62%
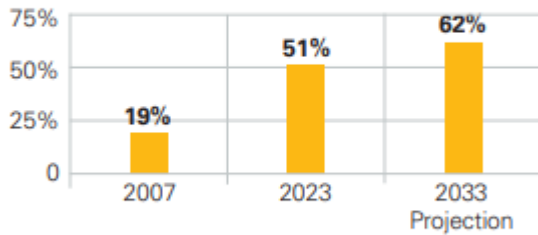
- Between 2022 and 2023, Medicare Advantage experienced an 8% growth rate.

Medicare Advantage enrollment by firm or affiliate*

| Firm	Percent
All other insurers	16%
Cigna	2%
Centene	4%
Kaiser Permanente	6%
CVS Health	11%
Blue Cross Blue Shield	14%
Humana	18%
UnitedHealthcare	29%

- In 32% of all U.S. counties, UnitedHealthcare and Humana account for at least 75% of enrollment.

*Ochieng, Nancy et al. "Medicare Advantage in 2023: Enrollment Update and Key Trends," KFF, Aug. 9, 2023

Mental Health of Young People

- **Mental health cases** among children's hospital ED discharges were **20% higher** in 2022 than 2019.
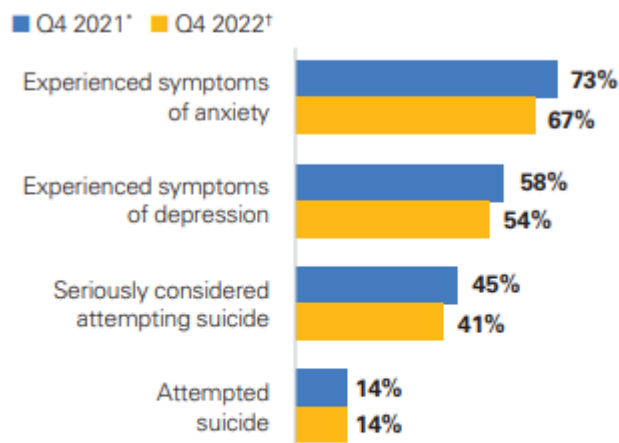
Children's hospital suicide and self-injury ED cases by year
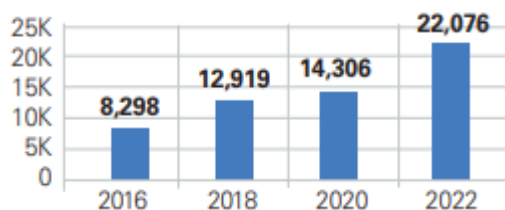
- Among all mental health cases, suicide (attempts and ideation) and self-injury have seen the greatest increase and have become the most common ED mental health conditions in children's hospitals.

- Since 2016, suicide and self-injury ED cases have nearly tripled.

Data from 38 children's hospitals from the Children's Hospital Association's The Pediatric Health Information System®. Mental health ED cases: Ages 3-18. Suicide/Self-injury ED cases: Ages 5-18. "The Latest Pediatric Mental Health Data," Children's Hospital Association, April 21, 2023

LGBTQ youth (ages 13-24)

■ Q4 2021* ■ Q4 2022†

	Q4 2021	Q4 2022
Experienced symptoms of anxiety	73%	67%
Experienced symptoms of depression	58%	54%
Seriously considered attempting suicide	45%	41%
Attempted suicide	14%	14%

- Nearly 1 in 3 LGBTQ young people said their mental health was poor most of the time or always due to anti-LGBTQ policies and legislation.

* "2022 National Survey on LGBTQ Youth Mental Health," The Trevor Project, May 4, 2022
† "2023 U.S. National Survey on the Mental Health of LGBTQ Young People," The Trevor Project, May 9, 2023

Social media and mental health connection

- Since the onset of the pandemic, visits for eating disorders, depressive disorders and self-harm among patients younger than 18 increased at rates higher than the overall population and are correlated with increased utilization of social media.

"Trends Shaping the Health Economy: Behavioral Health," Trilliant Health, https://www.trillianthealth.com/behavioral-health-trends-shaping-the-health-economy, March 2023

Healthy People 2020

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

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

For All Healthy People 2020-2030 Objectives Click Here: