RUSSELL COUNTY HOSPITAL

2023 Community Health Needs Assessment

CPAs / ADVISOR
blue

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Letter From The CEO

To Our Community Members:

Russell County Hospital is committed to providing high-quality healthcare and exemplary customer services. The hospital is a community-based hospital located in the heart of Russell Springs, KY. A board governs the hospital and ensures that the hospital's 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 hospital and the other various health care, social service, and community providers that all play a role in shaping the health status of our community. In the new era of population health management, it will be imperative that various providers and organizations work together 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 2023, a CHNA was conducted by Russell County Hospital 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 Russell County Hospital 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 working with you and others in the community to optimize community health and continue meeting Russell County Hospital's mission to provide quality compassionate healthcare consistent with the trust and support of the communities we serve.

Scott Thompson, CEO

MISSION

To provide quality compassionate healthcare consistent with the trust and support of the communities we serve.

VISION

To be the leading provider of quality health care in the communities we serve.

VALUES

FIRST

Friendliness: The spirit of our environment

Integrity: Adherence to a code of moral values

Respect: Recognition of each individual's dignity

Service: Excellence in action

Trust: The belief in our Associates

Executive Summary

On behalf of Russell County Hospital, a community health needs assessment ("CHNA") was conducted in 2023 primarily to identify the major health needs, both met and un-met, within the surrounding community. The community's geographic area is comprised primarily of Russell County (Pop. 18,156), including the town of Russell Springs, KY.

The primary objectives of the CHNA were to:

1) Identify major health needs within the community in an effort to improve the health of the area's residents and facilitate collaboration among local healthcare providers.
2) Satisfy the federal guidelines within the Patient Protection and Affordable Care Act ("PPACA") of 2010.

Data for this CHNA was collected from primary and secondary sources to identify key findings and gaps that may exist between health needs and services provided within the community. The method of collection for primary data were personal interviews and surveys. Several secondary data sources were reviewed and analyzed to identify key findings with strategic implications and for benchmarking the Hospital's service area.

Finally, it is important to note that our data collection did not include a statistically representative sample of the community, in that members of disadvantaged populations were less likely to participate via a web-based survey. These individuals may include immigrants, the homeless, as well as individuals with low education and income levels.

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

- Alcohol and Substance Abuse
- Obesity / Inactivity / Unhealthy Food,
- Access to Care

Russell County 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.

Russell County Hospital

Located in Russell Springs, KY, Russell County Hospital is a critical access hospital that provides inpatient, outpatient, in-home, and emergency care to area residents assuring patients of continuity of quality care all within a few minutes' drive from home. The hospital is dedicated to serving the healthcare needs and improving the health of the people in the community. Russell County Hospital is a not-for-profit hospital and accepts all patients regardless of their ability to pay.

The Board of Directors of Russell County Hospital is a body elected to serve as the policy-making body for the hospital. The Directors volunteer in committee meetings, educational meetings, fundraising, community meetings, and of course, the regular monthly board meetings where decisions are made. The Directors are entrusted with the responsibility of seeing that the hospital achieves its Mission of providing outstanding health care to the community.

Russell County Hospital has a rich heritage of Director leadership, which has resulted in a hospital for the community, which has consistently addressed the health care needs of the community and provided outstanding care and service. The current Board is no different. Citizens of Russell County should be comforted in the knowledge that their Hospital Board members are engaged in overseeing the operations of the hospital and defining the strategic direction of the enterprise so that it consistently meets the health care needs of the people.

History

According to local historians, the quest for the Russell County Hospital dates back to the 1930's. In the 1960's local residents went to the polls and voted on a hospital tax, but efforts to receive approval for a hospital were unsuccessful. In the 1970's Russell County decided to join with Adair County to build a regional health facility. The regional plans for Russell County soon fell by the wayside as they were calling for a hospital to be built for Taylor, Adair, and Russell with the facility to be constructed near the Adair-Taylor County line. Russell Countians decided they wanted a hospital in their own community and withdrew from the regional concept. A young physician from Russell County, Dr. Barrett Bernard, and two of his classmates, Dr. Rick Miles and Dr. Larry Loehle, came to the county and stated they would locate to Russell County, if Russell County would build a hospital.

In 1977, voters for the second time voted in a hospital tax to construct a hospital in Russell County. County Judge Terrill Flanagan appointed a Russell County Hospital Committee composed of Charles Gore, Dr. Vic Henry, Dr. Charles Peck, Jack Stephens, Welby Hoover, Cosby Popplewell, Bobby Wilson, and Lester Bernard. The committee employed Frank Groschelle as their Hospital Consultant and work began on compiling an application for a Certificate of Need ("CON"). The state board of licensure firmly stated all the bed allocations for the region were taken and a CON could not be issued for Russell County. The hospital committee and citizens of Russell County did not accept this as final and continued their efforts to obtain a CON.

In October 1978 the hospital committee again submitted a request to obtain a CON to the Sub Area Health Planning Council. The application identified that in 1976 approximately 1,579 people from Russell County received 11,000 hospital days in hospitals outside the county. Since this was a board composed of area residents, approval for the CON was granted. The CON was then submitted to the Lake Russell Health Council and the council granted their approval as well. The next steps would take the CON process to the East Kentucky Health Services Council and then to the state; both were expected to give a negative response to the request.

With this in mind, the county took their appeal to the people. A public appeal was made to the citizens of Russell County to take ownership of their request and physically follow the process. Buses were organized and convoys were planned for the citizens to attend a regional meeting in Winchester. State-wide media coverage was given to the process that was keeping a small county from obtaining a hospital when they had already voted in a hospital tax and had doctors ready to move into the county. Among those speaking before the council were Dr. Charles Peck, Dr. Miles, Dr. Bernard, and Dr. Loehle, with Dr. Vic Henry playing a most important role at this session. Dr. Henry was a member of the council and his influence with fellow council members was extremely important and visible, State Representative Raymond Overstreet and State Senator Doug Moseley appeared before the council and spoke on the county's behalf. Following approval by the council, the CON was presented to the State Health Council for final approval. Again, buses were loaded and the convoy, this time with TV cameras from Lexington and Louisville, medical reps from across the area, and some 250 - 300 people headed to the state council meeting. Again, Representative Overstreet and Senator Mosley, Judge Terril Flanagan, Dr. Henry, Dr. Peck and others made the plea to the council on behalf of Russell County and the CON was obtained on December 13, 1978. The first official hospital board was formed with members Charles Gore, Dr. Vic Henry, Jack Stephens, Welby Hoover and Robert Wilson. Frank Groschelle was hired as the first administrator on June 21, 1979. The architecture firm of Gresham, Keeling and Jones of Paducah was hired, with Dave Jones as architect. Bond sales for construction of the hospital began on November 29, 1979.

For the hospital site, the Rippetoe family donated 3.5 acres in memory of Edwin Rippetoe, the board purchased another 1.5 acres from the Rippetoes, and an additional 4 acres from Vernon Grant on Dowell Road in Russell Springs. Construction of the Russell County Hospital was finally underway.

The hospital officially opened in July 1981 and has been in continuous operation since that time serving the citizens of Russell and surrounding counties.

Services

Cardiac and Pulmonary Rehabilitation

Diagnostic Imaging

Dietary Services

Emergency Department

Laboratory

Long Term Care

Medical Records

Rehabilitation

Respiratory Therapy

Sleep Lab

Surgical Services

Volunteer Opportunities

Wound Care Center

RCH Women's Health Center

RCH Infusion Center

Rural Health Clinics

Service Area & Community of the Hospital

Russell County Hospital conducted the CHNA during 2023 on behalf of the approximately 18,156 (2020 US Census) residents of Russell County and the patients served by the hospital from neighboring communities. Additionally, the hospital provides services to members of the bordering counties of Casey (North), Pulaski (Northeast), Wayne (Southeast), Clinton (South), Russell (Southwest) and Adair (West).

Russell County Hospital's primary service area includes Russell County, which covers roughly 283 square miles, with the local economy and surrounding areas focused on manufacturing, retail trade, health care and social assistance.

2022 Census data also reports that the median age in Russell County is 42.5. The median age for the United States is 38.1 years. The number of persons per household in Russell County is 2.53. The U.S. average number of persons per household is 2.53. Race in Russell County is as follows: 96.7% White, 0.9% Black or African American, 0.5% Native American, 0.6% Asian, 0% Pacific Islander, 0% from other races, and 1.3% from two or more races. 3.9% of the population were Hispanic or Latino of any race. Persons 65 years and older represent 20.6% of the population and persons under the age of 18 years represent 22.9% of the population of the county.

In Russell County there is 1 primary care doctor to 2,970. The Kentucky average is 1,540 to 1.
The overall health ranking for Russell County is 86 out of 120, with the general state ranking being 45th out of 50 states.

The defined communities served within this report did not exclude the medically underserved, low-income, or minority populations who live in the below geographic areas. In addition, the 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 Russell County Hospital's financial assistance policy.

Service Area Maps

Kentucky Health Facts

The following table compares the state of Kentucky to the United States for key health indicators. The table gives a snapshot of the state trends.

Health Indicator	Kentucky	United States	Status
Smoking (% of adults, current smoker)	24.2%	16.%	Higher
Youth Smoking	8.9%	6.0%	Higher
Youth e-cigarettes	26.1%	32.7%	Lower
Obesity	36.2%	32.1%	Higher
Youth Obesity	18.4%	15.5%	Higher
Mentally unhealthy days per month	5.3	4.3	Higher
Uninsured population under 65	9.0%	12.8%	Lower
Past year dental visits for adults	62.2%	67.6%	Lower
Drug overdose deaths	32.5	21.6	Higher
Cancer deaths	192.8	158.3	Higher
Heart disease deaths per 100,000	198.3	163.6	Higher
Infant Mortality per 1,000 live births	5.8	5.7	Higher
Life Expectancy at birth	75.9	78.8	Lower
	Kentucky	United States	Status

Source: KentuckyHealthFacts.org

Conducting the Assessment

Overview

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

The CHNA requirements began in the taxable years beginning after March 23, 2010. On December 29, 2014, the Treasury Department and the IRS published final regulations for section 501(r) located in 26 CFR parts 1, 53, and 602. The Kentucky State Department of Health licenses Russell County Hospital as a hospital facility.

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

Community Health Needs Assessment Goals

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

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

Other goals of the assessment were:

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

**** The 2023 Community Health Needs Assessment report was approved by the Russell Counties Board of Directors on XXXX XX, XXXX (2023 tax year) and applies to the following three-year cycle: July 2023 to June 20XX (FY 20XX – FY 20XX). This report, as well as the previous report, can be found at our public website***

Evaluation of 2018 Community Health Needs Assessment

The list below provides some of the identified needs from Russell County Hospitals 2019 Community Health Needs Assessment ("CHNA"). An evaluation of the impact of actions taken since Russell County Hospital finished conducting its 2019 CHNA to address the significant health needs identified in the 2019 CHNA. Some of the results of Russell County Hospital's activities are listed below.

2019 CHNA Focus Areas

Priority 1: Lack of Health Knowledge / Education

Goal 1: Work with area coalitions to create a communication piece

Strategies:

- Obtain information from – work with LC Area Development District
- Obtain information from – work with RC Health and Wellness Coalition

Goal 2: Advocate/Provide resources to educate outside our walls

Strategies:

- Distribute communication piece in areas outside RCH

Goal 3: Case Management/Social Services increase patient advocacy utilizing increased knowledge and information

Strategies:

- Identify customers who may be candidates for services
- Refer identified customers to needed services

Priority 2: Transportation

Goal 1: Work with H&H Transportation on indigent guidelines

Strategies:

- Identify what the guidelines are for indigent care.
- Add this information to communication piece for distribution outside the walls of RCH

Goal 2: Develop way to shift 340B rebate resources to fund transportation

Strategies:

- Identify if resources from 340 B can be directed to fund transportation needs
- If yes, identify group or committee to administer program at RCH

Goal 3: Explore philanthropy options

Strategies:

- Identify if the RCH Foundation would work on a campaign directed toward transportation

Priority 3: Uninsured / Underinsured

Goal 1: Look at qualifying guidelines for 340B Indigent program

Strategies:

- Look at current guidelines and determine if they allow for Patients/Customers considered to be the working poor to qualify for indigent assistance
- Identify Patient/Customers not eligible for other programs that may be for 340 B program

Goal 2: DSH and In-House Strategies

Strategies:

- Identify recipients early that may qualify for these programs
- Establish clear guidelines and routes to obtain assistance

Goal 3: Increase awareness of In-house assistance policies

Strategies:

- Create communication piece/document containing guidelines for ALL assistance available at RCH
- Communicate to Associates and Patients/Customers our Assistance Policy - Guidelines

Process and Methodology

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

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

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

Primary Data Collection Methods

The primary data was collected, analyzed, and presented with the assistance of Blue. Two primary data collection methods were used:

1) Surveys
2) Personal interviews

Surveys

An online survey was developed by Russell County Hospital and used to solicit perceptions, insights, and general understanding from community members who represent the broad interests of the community, including those with special knowledge of or expertise in public health. These individuals also represented the interests of the medically underserved, low-income, and minority populations of the community served. The survey "Community Input 2023" (Attachment F) was made available via an online tool and PDF for multiple service area members.

The survey comprised twenty-six questions in total. Community leaders were asked the following key questions: top three most significant health needs in the community, perception of the availability of services, health status, provider coordination, and barriers. Additionally, the participants were allowed to write in issues not listed. The survey results can be found in the key findings section of the report.

Personal Interviews

Personal interviews were conducted by Blue & Co., LLC (Blue) with a total of Seven (7) participants during March 2023, with each session lasting approximately 30 minutes. These sessions were conducted with community members served by Russell County Hospital, including public service leaders, health experts, public officials, physicians, hospital employees, and other health professionals and providers, including those associated with Russell County Hospital. 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. The interview questions can be found in Attachment F of the report.

Secondary Data Sources

Blue reviewed secondary statistical data sources, including Deloitte 2020 Survey of Health Care Consumers in the United States, to identify health factors with strategic implications. The health factors identified were supported with information from additional sources, including US Census Quick Facts, County Health Rankings, and the Kentucky Department of Health. In addition, hospital-specific data provided by Russell County Hospital were reviewed (citations in Attachment E).

Key Findings

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

Personal Interview Results

Responses to *"Health and Quality of Life in Russell County"*

Russell County Health Rating Average Score = 3.85 (Good)

Responses to *"Has health and quality of life improved, stayed the same, or declined in the past few years?"*

Declined	*43%*
Improved	*57%*
Stayed the Same	*0%*

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

Russell County Health Rating Average Answer = Yes; Elderly

Responses to *"What barriers, if any, exist to improving health and quality of life in Russell County?"*

1.	*Transportation*
2.	*Physical Activity*
3.	*Access*

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

1.	*Availability*
2.	*Tobacco Use (Vaping)*
3.	*Illegal Substance Abuse*

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

Russell County Health Rating Average Answer = Yes

"It has slightly improved over the past few years. Local hospital has been very aggressive in bringing in specialist"

Responses to *"Are you familiar with the outreach efforts of Russell County Hospital regarding Heart Disease, Cancer, and Stroke?"*

Russell County Health Rating Average Answer = Yes; Facebook ads, word of mouth and some radio ads.

"Services need to be made available where patients can schedule appointments close by. Those experiencing heart disease, cancer, and stroke should not have to travel to Lexington and/or Pulaski County. Recruiting of specialists has been a big factor"

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?"*

"Drug use is a challenge. Not unlike any other rural areas of Kentucky"

"Tobacco use – vaping is getting worse, tobacco maybe improving but people switch to vaping now"

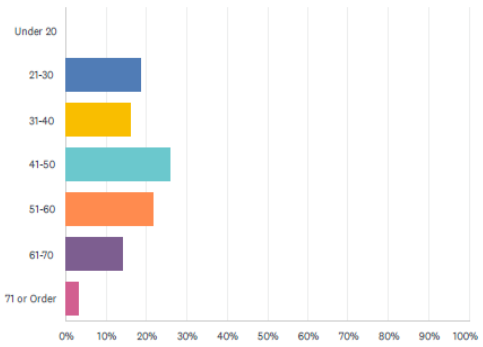
"Obesity is an issue, but its due to a lack of awareness and diet choices…People have to want to do it"

Responses to *"What is the most important issue Russell County Hospital should address in next 3-5 years?"*

1.	*Tobacco Use (Vaping)*
2.	*Availability of Providers*
3.	*Illegal Substance Abuse*
4.	*Physical Inactivity*

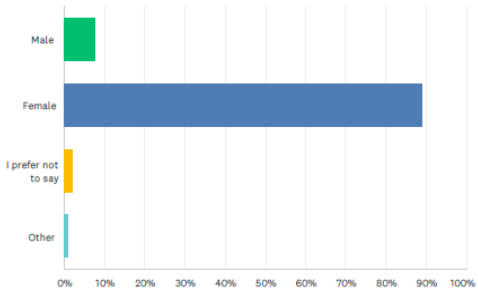
Community Survey Results

Age Range of Respondents



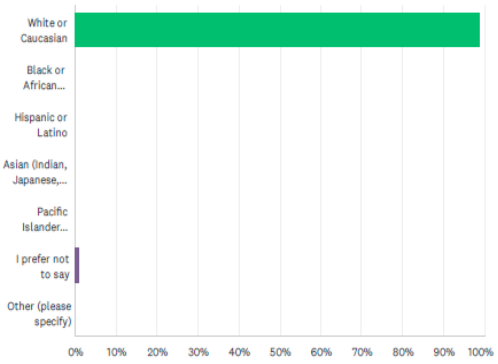
ANSWER CHOICES	RESPONSES	
Under 20	0.00%	0
21-30	18.48%	17
31-40	16.30%	15
41-50	26.09%	24
51-60	21.74%	20
61-70	14.13%	13
71 or Order	3.26%	3
TOTAL		92

Gender Distribution of Respondents



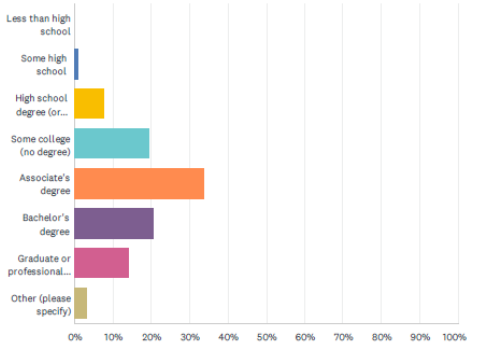
ANSWER CHOICES	RESPONSES	
Male	7.61%	7
Female	89.13%	82
I prefer not to say	2.17%	2
Other	1.09%	1
TOTAL		92

Race Distribution of Respondents



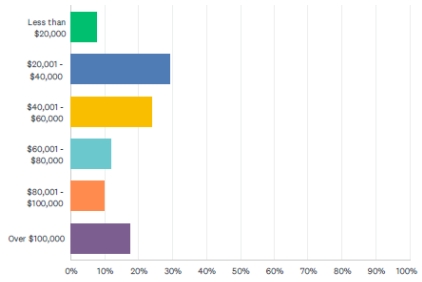
ANSWER CHOICES	RESPONSES	
White or Caucasian	98.91%	91
Black or African American	0.00%	0
Hispanic or Latino	0.00%	0
Asian (Indian, Japanese, Chinese, Korean, Vietnamese, Filipino)	0.00%	0
Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro)	0.00%	0
I prefer not to say	1.09%	1
Other (please specify)	0.00%	0
TOTAL		92

Education Distribution of Respondents



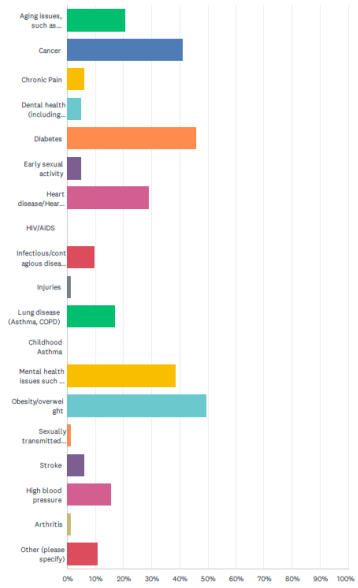
ANSWER CHOICES	RESPONSES	
Less than high school	0.00%	0
Some high school	1.09%	1
High school degree (or GED/equivalent)	7.61%	7
Some college (no degree)	19.57%	18
Associate's degree	33.70%	31
Bachelor's degree	20.65%	19
Graduate or professional degree	14.13%	13
Other (please specify)	3.26%	3
TOTAL		92

Income Distribution of Respondents



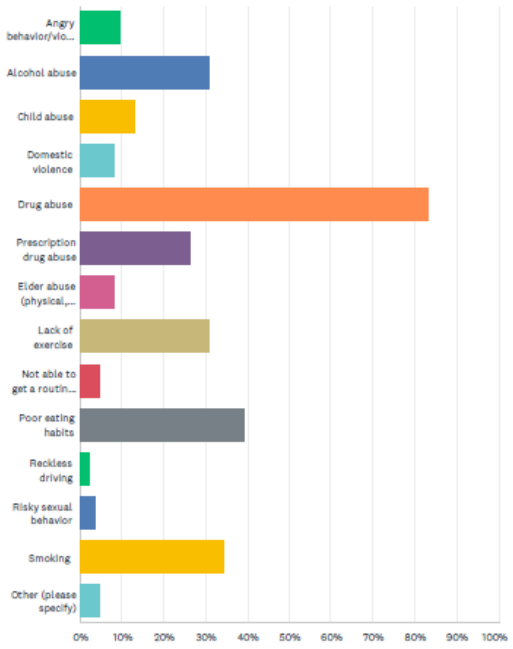
ANSWER CHOICES	RESPONSES	
Less than $20,000	7.61%	7
$20,001 - $40,000	29.35%	27
$40,001 - $60,000	23.91%	22
$60,001 - $80,000	11.96%	11
$80,001 - $100,000	9.78%	9
Over $100,000	17.39%	16
TOTAL		92

Most Important Health Issues of Respondents



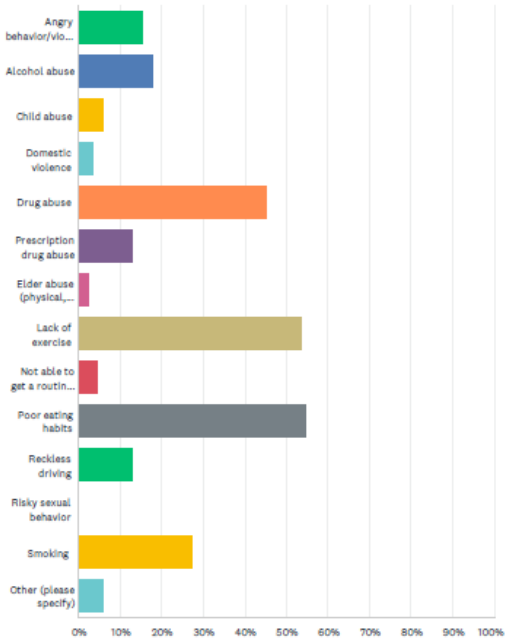
ANSWER CHOICES	RESPONSES	
Aging issues, such as Alzheimer's disease, hearing loss or memory loss	20.48%	17
Cancer	40.96%	34
Chronic Pain	6.02%	5
Dental health (including tooth pain)	4.82%	4
Diabetes	45.78%	38
Early sexual activity	4.82%	4
Heart disease/Heart attack	28.92%	24
HIV/AIDS	0.00%	0
Infectious/contagious disease, such as Covid, Flu, Pneumonia	9.64%	8
Injuries	1.20%	1
Lung disease (Asthma, COPD)	16.87%	14
Childhood Asthma	0.00%	0
Mental health issues such as depression, hopelessness, anger, etc	38.55%	32
Obesity/overweight	49.40%	41
Sexually transmitted infections	1.20%	1
Stroke	6.02%	5
High blood pressure	15.66%	13
Arthritis	1.20%	1
Other (please specify)	10.84%	9
Total Respondents: 83		

Most Important Unhealthy Behaviors of Respondents



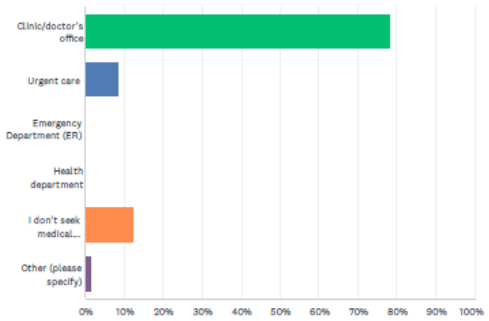
Angry behavior/violence	9.52%	8
Alcohol abuse	30.95%	26
Child abuse	13.10%	11
Domestic violence	8.33%	7
Drug abuse	83.33%	70
Prescription drug abuse	26.19%	22
Elder abuse (physical, emotional, financial, sexual)	8.33%	7
Lack of exercise	30.95%	26
Not able to get a routine checkup	4.76%	4
Poor eating habits	39.29%	33
Reckless driving	2.38%	2
Risky sexual behavior	3.57%	3
Smoking	34.52%	29
Other (please specify)	4.76%	4
Total Respondents: 84		

Most Important Factors That Impact Your Well-Being Respondents



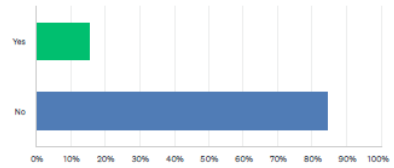
ANSWER CHOICES	RESPONSES	
Angry behavior/violence	15.48%	13
Alcohol abuse	17.86%	15
Child abuse	5.95%	5
Domestic violence	3.57%	3
Drug abuse	45.24%	38
Prescription drug abuse	13.10%	11
Elder abuse (physical, emotional, financial, sexual)	2.38%	2
Lack of exercise	53.57%	45
Not able to get a routine checkup	4.76%	4
Poor eating habits	54.76%	46
Reckless driving	13.10%	11
Risky sexual behavior	0.00%	0
Smoking	27.38%	23
Other (please specify)	5.95%	5
Total Respondents: 84		

Where Respondents Seek Care When Sick



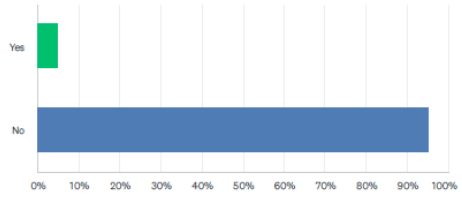
ANSWER CHOICES	RESPONSES	
Clinic/doctor's office	78.31%	65
Urgent care	8.43%	7
Emergency Department (ER)	0.00%	0
Health department	0.00%	0
I don't seek medical attention	12.05%	10
Other (please specify)	1.20%	1
TOTAL		83

of Respondents who Could Not Get Medical Care When Needed



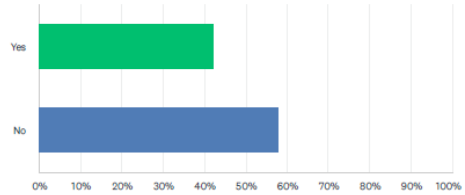
ANSWER CHOICES	RESPONSES	
Yes	15.66%	13
No	84.34%	70
TOTAL		83

of Respondents who Could Not Get Mental Health Care When Needed



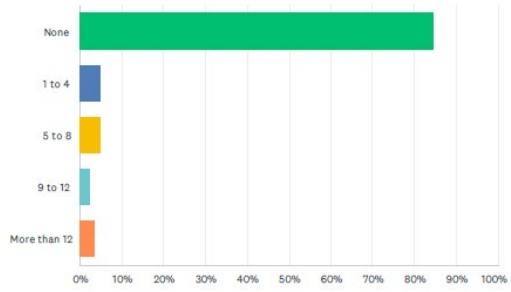
ANSWER CHOICES	RESPONSES	
Yes	4.82%	4
No	95.18%	79
TOTAL		83

of Respondents who Exercised Less than 30 min in The Past Week



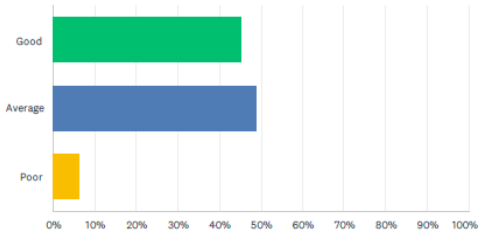
ANSWER CHOICES	RESPONSES	
Yes	42.17%	35
No	57.83%	48
TOTAL		83

Number of Days Respondents who use/smoke a Tobacco Product (Either actual or Electronic/Vape)



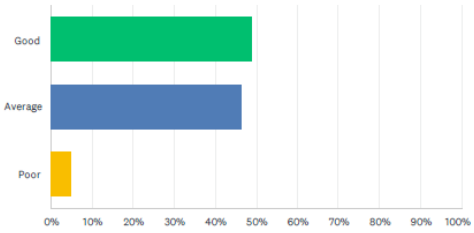
ANSWER CHOICES	RESPONSES	
None	84.34%	70
1 to 4	4.82%	4
5 to 8	4.82%	4
9 to 12	2.41%	2
More than 12	3.61%	3
TOTAL		83

Respondents Rating of Physical Health



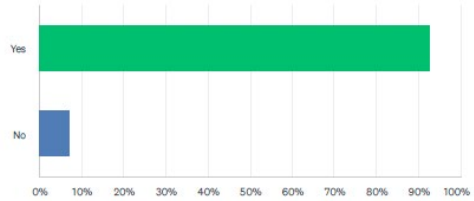
ANSWER CHOICES	RESPONSES	
Good	45.12%	37
Average	48.78%	40
Poor	6.10%	5
TOTAL		82

Respondents Rating of Mental Health



ANSWER CHOICES	RESPONSES	
Good	48.78%	40
Average	46.34%	38
Poor	4.88%	4
TOTAL		82

of Respondents who Have a Family Physician



ANSWER CHOICES	RESPONSES	
Yes	92.68%	76
No	7.32%	6
TOTAL		82

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

CMS 2021 Health Expenditures

- NHE grew 2.7% to $4.3 trillion in 2021, or $12,914 per person, and accounted for 18.3% of Gross Domestic Product ("GDP").
- Medicare spending grew 8.4% to $900.8 billion in 2021, or 21 percent of total NHE.
- Medicaid spending grew 9.2% to $734.0 billion in 2021, or 17 percent of total NHE.
- Private health insurance spending grew 5.8% to $1,211.4 billion in 2021, or 28 percent of total NHE.
- Out of pocket spending grew 10.4% to $433.2 billion in 2021, or 10 percent of total NHE.
- Other Third-Party Payers and Programs and Public Health Activity spending declined 20.7% in 2021 to $596.6 billion, or 14 percent of total NHE.
- Hospital expenditures grew 4.4% to $1,323.9 billion in 2021, slower than the 6.2% growth in 2020.
- Physician and clinical services expenditures grew 5.6% to $864.6 billion in 2021, slower growth than the 6.6% in 2020.
- Prescription drug spending increased 7.8% to $378.0 billion in 2021, faster than the 3.7% growth in 2020.
- The largest shares of total health spending were sponsored by the federal government (34 percent) and the households (27 percent). The private business share of health spending accounted for 17 percent of total health care spending, state and local governments accounted for 15 percent, and other private revenues accounted for 7 percent.

Projected NHE, 2021-2030

- On average over 2021-30, National Health Expenditures ("NHE") and Gross Domestic Product ("GDP") are both projected to grow 5.1 percent per year; as a result, the projected NHE share of GDP in 2030 (19.6 percent) is similar to 2020 (19.7 percent).
- Near-term NHE patterns are significantly influenced by the COVID-19 pandemic. NHE growth in 2021 is projected to have slowed to 4.2 percent (down from 9.7 percent growth in 2020) as federal COVID-19 supplemental funding declined substantially.
- Following the declines observed in 2020, health care utilization is expected to rebound starting in 2021 and normalize through 2024. By 2024, the government (federal and state & local) share of health spending is expected to fall to 46 percent as COVID-19 supplemental funding is expected to wane, down from an all-time high of 51 percent in 2020.

- The percentage of the population with health insurance is expected to peak in 2022 at 91.1% (mainly due to Medicaid enrollment) before falling back towards pre-pandemic levels as the public health emergency is assumed to end. The 2030 rate is projected to be 90.5%.
- For 2025-2030, factors that typically drive changes in health spending and enrollment, such as economic, demographic, and health-specific factors, are again expected to primarily influence trends in the health sector.

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 2020 Edition represents the improvements and challenges in healthcare factors for 2020.

2022 National Findings

Health Outcomes

Premature death
18% ▲
from 7,337 to 8,659 years of life lost before age 75 per 100,000 population between 2019 and 2020.
Source: CDC WONDER, Multiple Cause of Death Files.

Drug deaths
30% ▲
from 21.5 to 27.9 deaths per 100,000 population between 2019 and 2020.
Source: CDC WONDER, Multiple Cause of Death Files.

Non-medical drug use
29% ▲
from 12.0% to 15.5% of adults between 2021 and 2022.
Source: RADARS® System, Survey of Non-Medical Use of Prescription Drugs Program.

Frequent mental distress
11% ▲
from 13.2% to 14.7% of adults between 2020 and 2021.
Source: CDC, Behavioral Risk Factor Surveillance System.

Suicide
3% ▼
from 14.5 to 14.0 deaths per 100,000 population between 2019 and 2020.
Source: CDC WONDER, Multiple Cause of Death Files.

Multiple chronic conditions
5% ▲
from 9.1% to 9.6% of adults between 2020 and 2021.
Source: CDC, Behavioral Risk Factor Surveillance System.

Obesity
6% ▲
from 31.9% to 33.9% of adults between 2020 and 2021.
Source: CDC, Behavioral Risk Factor Surveillance System.

High cholesterol
7% ▲
from 33.3% to 35.7% of adults between 2019 and 2021.
Source: CDC, Behavioral Risk Factor Surveillance System.

Social and Economic Factors

Firearm deaths
13% ▲
from 12.1 to 13.7 deaths per 100,000 population between 2019 and 2020.
Source: CDC WONDER, Multiple Cause of Death Files.

Unemployment
40% ▲
from 4.5% to 6.3% of the civilian workforce ages 16-64 between 2019 and 2021.
Source: U.S. Census Bureau, American Community Survey.

Poverty
5% ▲
from 12.2% to 12.8% of households between 2019 and 2021.
Source: U.S. Census Bureau, American Community Survey.

Less than high school education
7% ▼
from 11.4% to 10.6% of adults ages 25 and older between 2019 and 2021.
Source: U.S. Census Bureau, American Community Survey.

Per capita income
7% ▲
from $35,672 to $38,332 between 2019 and 2021.
Source: U.S. Census Bureau, American Community Survey.

Fourth grade reading proficiency
6% ▼
from 34.3% to 32.1% of students between 2019 and 2022.
Source: U.S. Department of Education, National Assessment of Educational Progress.

Food insecurity
11% ▼
from 11.7% to 10.4% of households between 2016-2018 and 2019-2021.
Source: USDA, *Household Food Security in the United States* report.

High-speed internet
3% ▲
from 89.4% to 92.4% of households between 2019 and 2021.
Source: U.S. Census Bureau, American Community Survey.

Clinical Care

Uninsured
7% ▼
from 9.2% to 8.6% of the population between 2019 and 2021.
Source: U.S. Census Bureau, American Community Survey.

Mental health providers
7% ▲
from 284.3 to 305.0 providers per 100,000 population between 2021 and 2022.
Source: CMS, National Plan and Provider Enumeration System.

Primary care providers
5% ▲
from 252.3 to 265.3 providers per 100,000 population between 2021 and 2022.
Source: CMS, National Plan and Provider Enumeration System.

Summary

DRUG DEATHS

▲30%

from 21.5 to 27.9 deaths per 100,000 population between 2019 and 2020.

NON-MEDICAL DRUG USE

▲29%

from 12.0% to 15.5% of adults between 2021 and 2022.

PREMATURE DEATH

▲18%

from 7,337 to 8,659 years lost before age 75 per 100,000 population between 2019 and 2020.

FOOD INSECURITY

▼11%

from 11.7% to 10.4% of households between 2016-2018 and 2019-2021.

HIGH-SPEED INTERNET

▲8%

from 85.2% to 92.4% of households between 2016 and 2021.

UNINSURED

▼7%

from 9.2% to 8.6% of the population between 2019 and 2021.

MULTIPLE CHRONIC CONDITIONS

▲5%

from 9.1% to 9.6% of adults between 2020 and 2021.

Measures		U.S. Value
SOCIAL & ECONOMIC FACTORS		
Community and Family Safety	Occupational Fatalities (deaths per 100,000 workers)	3.9
	Public Health Funding (dollars per person)	$116
	Violent Crime (offenses per 100,000 population)	399
Economic Resources	Economic Hardship Index (index from 1-100)	—
	Food Insecurity (% of households)	10.4%
	Income Inequality (80/20 ratio)	4.96
Education	Fourth Grade Reading Proficiency (% of public school students)	32.1%
	High School Graduation (% of students)	85.8%
	High School Graduation Racial Disparity (percentage point difference)**	15.1
Social Support and Engagement	Adverse Childhood Experiences (% ages 0-17)	14.0%
	High-speed Internet (% of households)	92.4%
	Residential Segregation — Black/White (index from 0-100)	—
	Volunteerism (% ages 16+)	33.4%
	Voter Participation (% of U.S. citizens ages 18+)	60.1%
PHYSICAL ENVIRONMENT		
Air and Water Quality	Air Pollution (micrograms of fine particles per cubic meter)	7.8
	Drinking Water Violations (% of community water systems)	0.8%
	Risk-screening Environmental Indicator Score (unitless score)	—
	Water Fluoridation (% of population served)	73.0%
Housing and Transit	Drive Alone to Work (% of workers ages 16+)	67.8%
	Housing With Lead Risk (% of housing stock)	16.9%
	Severe Housing Problems (% of occupied housing units)	17.0%
CLINICAL CARE		
Access to Care	Avoided Care Due to Cost (% ages 18+)	8.8%
	Providers (per 100,000 population)	
	Dental Care	60.6
	Mental Health	305.0
	Primary Care	265.3
	Uninsured (% of population)	8.6%
Preventive Clinical Services	Colorectal Cancer Screening (% ages 50-75)	74.3%
	Dental Visit (% ages 18+)	66.7%
	Immunizations	
	Childhood Immunizations (% by age 24 months)	70.5%
	Flu Vaccination (% ages 18+)	46.5%
	HPV Vaccination (% ages 13-17)	61.7%
Quality of Care	Dedicated Health Care Provider (% ages 18+)	84.1%
	Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries)	2,770
BEHAVIORS		
Nutrition and Physical Activity	Exercise (% ages 18+)	23.0%
	Fruit and Vegetable Consumption (% ages 18+)	7.4%
	Physical Inactivity (% ages 18+)	23.7%
Sexual Health	Chlamydia (new cases per 100,000 population)	481.3
	High-risk HIV Behaviors (% ages 18+)	5.6%
	Teen Births (births per 1,000 females ages 15-19)	15.4
Sleep Health	Insufficient Sleep (% ages 18+)	32.3%
Smoking and Tobacco Use	E-cigarette Use (% ages 18+)†	6.7%
	Smoking (% ages 18+)	14.4%
HEALTH OUTCOMES		
Behavioral Health	Drug Deaths (deaths per 100,000 population)†	27.9
	Excessive Drinking (% ages 18+)	17.3%
	Frequent Mental Distress (% ages 18+)	14.7%
	Non-medical Drug Use (% ages 18+)	15.5%
Mortality	Premature Death (years lost before age 75 per 100,000 population)	8,659
	Premature Death Racial Disparity (ratio)**	1.6
Physical Health	Frequent Physical Distress (% ages 18+)	10.9%
	Low Birthweight (% of live births)	8.2%
	Low Birthweight Racial Disparity (ratio)**	2.0
	Multiple Chronic Conditions (% ages 18+)	9.6%
	Obesity (% ages 18+)	33.9%

†Non-ranking measure.
— Data not available, missing or suppressed.
** Disparity measures compare the group with the highest or lowest rate and the white rate.
For measure descriptions, source details and methodology, visit AmericasHealthRankings.org.

Americashealthrankings.org 2022 Annual Report

State Healthcare Trends Synopsis

Kentucky

45

Health Outcome State Ranking

America's Health Ranking – Summary 2022:

Highlights:

DRUG DEATHS

▲**104%**

from 23.2 to 47.3 deaths per 100,000 population between 2013 and 2020.

UNINSURED

▼**60%**

from 14.3% to 5.7% of the population between 2013 and 2021.

FIREARM DEATHS

▲**33%**

from 15.3 to 20.3 deaths per 100,000 population between 2019 and 2020.

Strengths:

- Low prevalence of excessive drinking
- High prevalence of having a dedicated health care provider
- High prevalence of fruit and vegetable consumption

Challenges:

- High premature death rate
- High percentage of household food insecurity
- High prevalence of cigarette smoking

Source: America's Health Ranking

Kentucky Health Ranking Highligts:

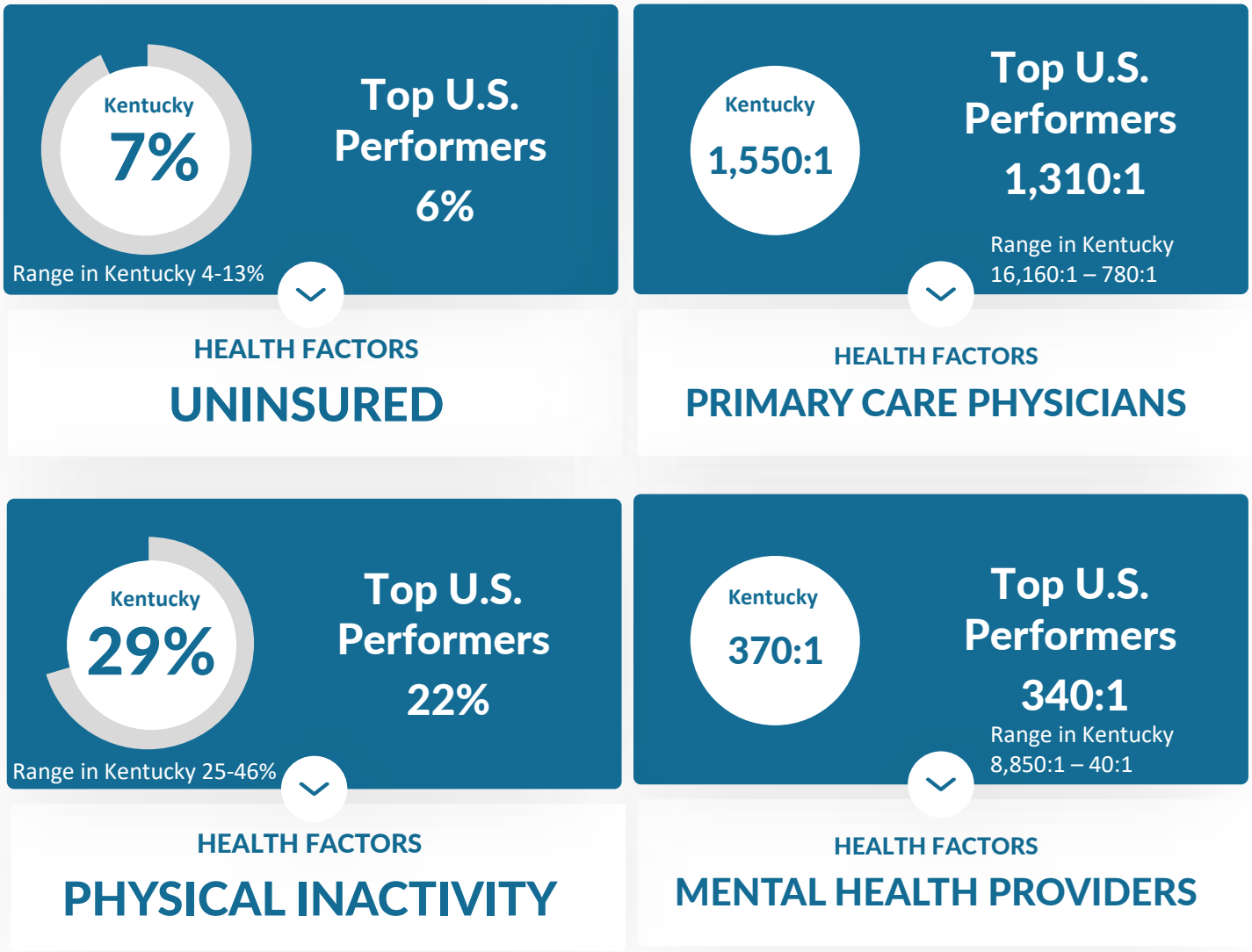
Measures		Rating	State Rank	State Value	U.S. Value
SOCIAL & ECONOMIC FACTORS*		++	39	-0.294	
Community and Family Safety	Occupational Fatalities (deaths per 100,000 workers)	++	38	5.9	3.9
	Public Health Funding (dollars per person)	++	31	$110	$116
	Violent Crime (offenses per 100,000 population)	++++	11	259	399
Economic Resources	Economic Hardship Index (index from 1-100)	++	40	77	—
	Food Insecurity (% of households)	+	42	12.3%	10.4%
	Income Inequality (80/20 ratio)	++	39	5.04	4.96
Education	Fourth Grade Reading Proficiency (% of public school students)	+++	29	31.1%	32.1%
	High School Graduation (% of students)	+++++	4	90.6%	85.8%
	High School Graduation Racial Disparity (percentage point difference)**	+++++	8	8.9	15.1
Social Support and Engagement	Adverse Childhood Experiences (% ages 0-17)	+	46	19.5%	14.0%
	High-speed Internet (% of households)	+	44	90.0%	92.4%
	Residential Segregation — Black/White (index from 0-100)	++++	20	63	—
	Volunteerism (% ages 16+)	+	46	27.4%	33.4%
	Voter Participation (% of U.S. citizens ages 18+)	+++	21	61.2%	60.1%
PHYSICAL ENVIRONMENT*		++++	15	0.176	
Air and Water Quality	Air Pollution (micrograms of fine particles per cubic meter)	++	37	8.3	7.8
	Drinking Water Violations (% of community water systems)	+++++	1	0.0%	0.8%
	Risk-screening Environmental Indicator Score (unitless score)	++	31	4,278,582	—
	Water Fluoridation (% of population served)	+++++	1	99.8%	73.0%
Housing and Transit	Drive Alone to Work (% of workers ages 16+)	+	41	76.4%	67.8%
	Housing With Lead Risk (% of housing stock)	+++	23	14.6%	16.9%
	Severe Housing Problems (% of occupied housing units)	++++	13	13.2%	17.0%
CLINICAL CARE*		++	31	-0.193	
Access to Care	Avoided Care Due to Cost (% ages 18+)	+++	25	8.8%	8.8%
	Providers (per 100,000 population)				
	Dental Care	+++	30	55.1	60.6
	Mental Health	+++	28	285.3	305.0
	Primary Care	++++	16	297.3	265.3
	Uninsured (% of population)	++++	13	5.7%	8.6%
Preventive Clinical Services	Colorectal Cancer Screening (% ages 50-75)	++++	20	75.4%	74.3%
	Dental Visit (% ages 18+)	+	49	57.2%	66.7%
	Immunizations				
	Childhood Immunizations (% by age 24 months)	+++	22	72.6%	70.5%
	Flu Vaccination (% ages 18+)	+	42	40.7%	46.5%
	HPV Vaccination (% ages 13-17)	++	37	57.0%	61.7%
Quality of Care	Dedicated Health Care Provider (% ages 18+)	++++	13	86.3%	84.1%
	Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries)	+	47	3,689	2,770
BEHAVIORS*		+	46	-1.003	
Nutrition and Physical Activity	Exercise (% ages 18+)	+	49	15.3%	23.0%
	Fruit and Vegetable Consumption (% ages 18+)	++++	11	8.9%	7.4%
	Physical Inactivity (% ages 18+)	+	45	30.5%	23.7%
Sexual Health	Chlamydia (new cases per 100,000 population)	++++	16	419.7	481.3
	High-risk HIV Behaviors (% ages 18+)	+++	30	5.7%	5.6%
	Teen Births (births per 1,000 females ages 15-19)	+	45	23.8	15.4
Sleep Health	Insufficient Sleep (% ages 18+)	+	48	38.6%	32.3%
Smoking and Tobacco Use	E-cigarette Use (% ages 18+)#	+	48	9.3%	6.7%
	Smoking (% ages 18+)	+	45	19.6%	14.4%
HEALTH OUTCOMES*		+	45	-0.759	
Behavioral Health	Drug Deaths (deaths per 100,000 population)#	+	49	47.3	27.9
	Excessive Drinking (% ages 18+)	+++++	5	13.9%	17.3%
	Frequent Mental Distress (% ages 18+)	+	45	17.9%	14.7%
	Non-medical Drug Use (% ages 18+)	+	41	17.8%	15.5%
Mortality	Premature Death (years lost before age 75 per 100,000 population)	+	46	11,942	8,659
	Premature Death Racial Disparity (ratio)**	+++++	6	1.2	1.6
Physical Health	Frequent Physical Distress (% ages 18+)	+	48	15.3%	10.9%
	Low Birthweight (% of live births)	++	31	8.5%	8.2%
	Low Birthweight Racial Disparity (ratio)**	++++	11	1.8	2.0
	Multiple Chronic Conditions (% ages 18+)	+	48	15.6%	9.6%
	Obesity (% ages 18+)	+	48	40.3%	33.9%
OVERALL*		+	43	-0.490	

* Value is a sum of weighted, ranking measure z-scores (the number of standard deviations a state value was above or below the U.S. value). Higher summation scores are better. Scores are not calculated for the District of Columbia.
** Disparity measures compare the group with the highest or lowest rate and the white rate.
# Non-ranking measure.
— Data not available, missing or suppressed.
For measure descriptions, source details and methodologies, visit AmericasHealthRankings.org.

Rating	Rank
+++++	1-10
++++	11-20
+++	21-30
++	31-40
+	41-50

Source: [America's Health Ranking]

2022 Kentucky Highlights



Source: State Health Rankings

COUNTY HEALTH CARE TRENDS SYNOPSIS

According to County Health Rankings, the citizens of the service area are predominantly white (96.7%) and made up of 50.8% female. The average age of the Russell County population is 43.4. 81.9% of Russell County holds a High School diploma, while less than 17% have some college. The median household income of $41,851 is lower than the state level of $52,238.

Kentucky had reported an unemployment rate of 3.9%, and Russell County is higher at a 5.4 %. The percentage of children living in poverty in Russell County is 27% higher than the state at 16.3%. The average size per household is 2.5 persons, which are the same as the state of Kentucky.

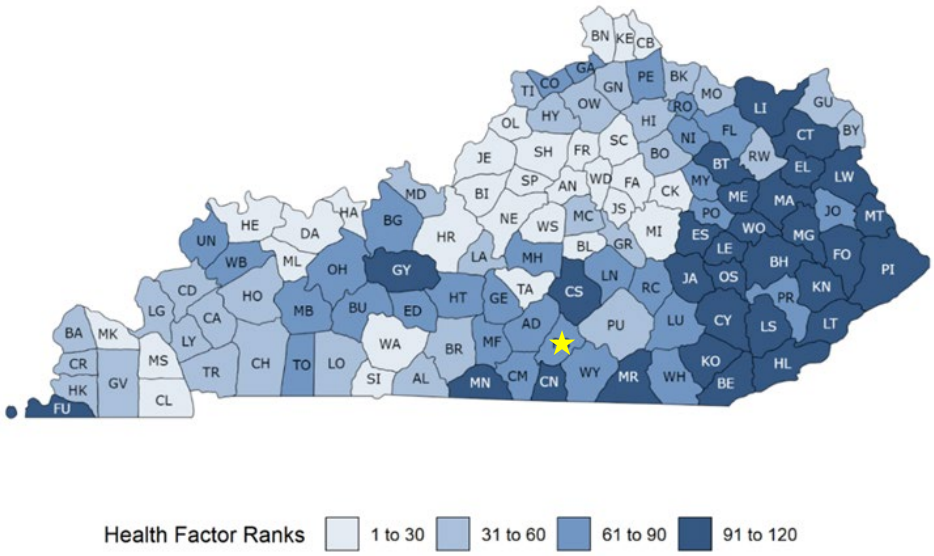
Approximately 8.5% of the population in Russell County does not have health insurance, which is slightly higher than Kentucky. The number of people in relation to the number of dentists in Russell County is 2,987 to one dentist, compared to Kentucky of 1,491 to one. The number of people regarding the number of mental health providers in Russell County is 689 to one compared to 390 to one in Kentucky. The ratio of primary care physicians is 2,970 to one in Russell County, which is worse than the state, which is 1,540 to one.

The percentage of adults who are considered obese (age 18 and older that reports a body mass index ("BMI") greater than or equal to 30 kg/m2) is at 34.7% in Russell County versus 34.6% in the state of Kentucky. The rate of teen births in Russell County is 14% (which is the second most percent of births to a teenager of all the counties).

The number of preventable hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees in the county, 4,079 versus 5,028 for Kentucky. Life expectancy in Russell County is 74.1 years which is lower than the state at 75.6.

Source: State Census Data

2023 Kentucky Health Factors Map by County



For other health factors map go to Attachment D

Health Status Synopsis

County	Lowest (0-25%)	Lower Middle (25-50%)	Higher Middle (50-75%)	Highest (75-100%)
Russell		● ●		
Casey	●	●		
Pulaski		●	●	
Wayne		● ●		
Clinton	●	●		
Cumberland		●	●	

Health Outcome
Health Factors

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	8	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

Health Outcome

Health Factors

3

Source: County Health Rankings

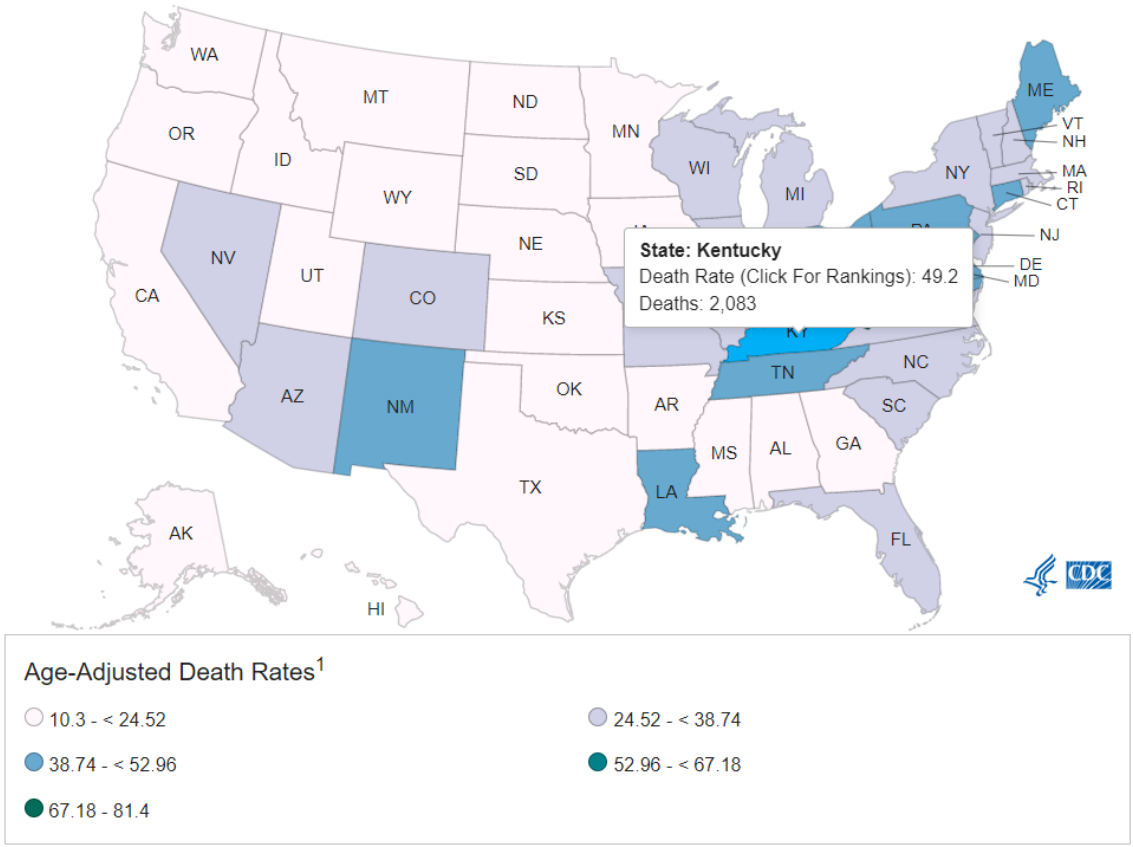
The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four measures: health behaviors, clinical care, social, economic, and physical environment factors. Oldham and Boone Counties are #1 and #2, while Breathitt and Wolfe Counties are #119 and #120 in Health Outcomes and Harlan and Magoffin are the same in Health Factors. Russell Counties Hospital's service area counties are identified with a rectangle and rank 86th and 79th respectively.

Health Outcomes & Factors

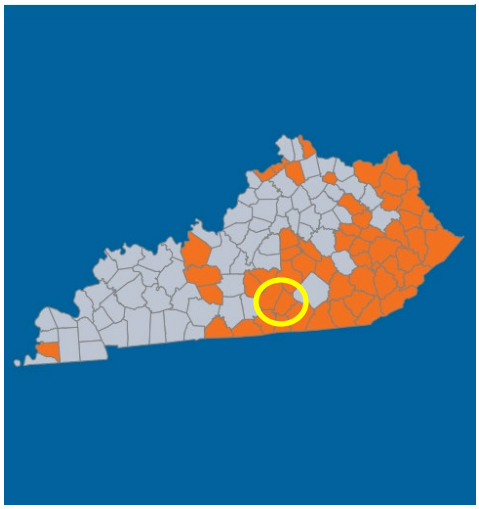
	Kentucky	Russell	Adair	Casey	Clinton	Cumberland	Pulaski	Wayne
Health Outcomes								
Length of Life								
Premature death	10,000	12,400	10,400	11,000	10,100	8,600	11,200	10,300
Quality of Life								
Poor or fair health	20%	22%	21%	28%	26%	23%	22%	24%
Poor physical health days	4.3	4.7	4.8	5.6	5.3	4.9	4.9	5.1
Poor mental health days	5.5	6	6.2	6.3	6.1	6	5.9	6.1
Low birthweight	9%	9%	9%	8%	9%	9%	9%	9%
	Kentucky	Russell	Adair	Casey	Clinton	Cumberland	Pulaski	Wayne
Health Factors								
Health Behaviors								
Adult smoking	22%	26%	25%	31%	30%	27%	25%	28%
Adult obesity	37%	40%	40%	40%	40%	40%	41%	40%
Food environment index	6.5	7.2	7.4	6.7	7.5	7.7	6.6	6.6
Physical inactivity	29%	33%	33%	39%	38%	34%	35%	36%
Access to exercise opportunities	70%	76%	44%	n/a	52%	7%	50%	31%
Excessive drinking	17%	17%	17%	16%	16%	17%	16%	16%
Alcohol-impaired driving deaths	25%	32%	25%	64%	8%	27%	24%	22%
Sexually transmitted infections	419.7	262.2	187.5	136.1	176.2	90.7	367.8	255.7
Teen births	29	47	21	44	45	40	39	49
Clinical Care								
Uninsured	7%	9%	8%	9%	10%	8%	7%	8%
Primary care physicians	1,550:1	3000:01:00	3260:01:00	16070:1	2020:01:00	2170:01:00	1280:01:00	1840:01:00
Dentists	1,510:1	3630:01:00	9470:01:00	5290:01:00	4630:01:00	1180:01:00	1390:01:00	3260:01:00
Mental health providers	370:01:00	650:01:00	390:01:00	930:01:00	490:01:00	450:01:00	250:01:00	780:01:00
Preventable hospital stays	3,727	2,900	3,493	7,154	4,281	5,543	3,529	3,076
Mammography screening	36%	33%	31%	25%	27%	26%	33%	25%
Flu vaccinations	48%	33%	32%	34%	31%	17%	37%	30%
Health Factors								
	Kentucky	Russell	Adair	Casey	Clinton	Cumberland	Pulaski	Wayne
Social & Economic Factors								
High school completion	88%	82%	85%	74%	78%	80%	83%	77%
Some college	63%	55%	51%	38%	48%	40%	60%	41%
Unemployment	4.70%	5.40%	5.00%	4.10%	4.40%	3.50%	4.90%	5.10%
Children in poverty	21%	31%	35%	32%	34%	31%	25%	34%
Income inequality	5	5.6	5	5.7	4.3	7.3	5.9	4.6
Children in single-parent households	26%	32%	11%	20%	24%	26%	29%	30%
Social associations	10.4	8.9	4.1	6.2	4.9	4.6	9.2	7.4
Injury deaths	101	109	92	119	114	99	100	105
Physical Environment								
Air pollution - particulate matter	8.2	7.8	7.9	8	7.3	7.4	7	7.5
Drinking water violations		No	No	No	Yes	No	No	No
Severe housing problems	13%	14%	12%	9%	11%	11%	15%	12%
Driving alone to work	80%	86%	81%	77%	86%	80%	87%	80%
Long commute - driving alone	30%	25%	28%	43%	23%	25%	20%	32%

Kentucky Opioid & Health Indicator Trends

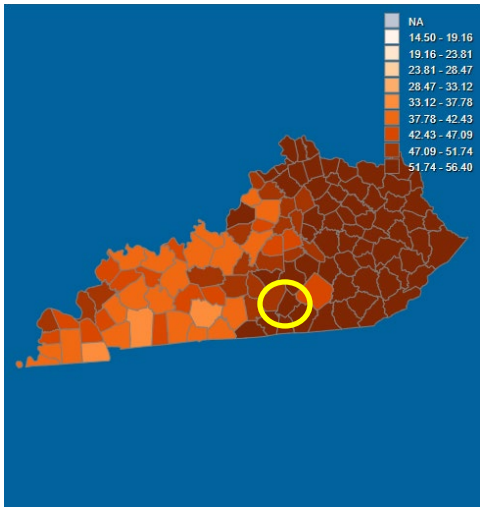
Kentucky has some of the highest age-adjusted drug overdose rates and deaths by state. Below is a map from the CDC that represents data from 2020.



Vulnerable County Rank



Age-adjusted Drug Poisoning Deaths per 1000,000



Source: Opioid & Health Indicators

Conclusion

Overall Observation

Priority: Alcohol and Substance Abuse

Drug and alcohol abuse is prevalent in Kentucky and Russell County. The qualitative and quantitative show that alcohol and substance abuse is a high priority in the community, as seen in the following data.

According to the CDC, Kentucky drug-related deaths continue to rise. The last reported data showed a 51.4 percent change over a year. Nationally, there were only 3 other states that had percent increases that were higher (lower is better). The Kentucky Office of drug control policy says that addiction remains one of the most critical public health and safety issues. The use of Fentanyl and the indirect effects of Covid-19 are believed to contribute to the concerning trend of increasing overdose deaths. According to Kentucky Injury Prevention and Research Center data, fentanyl-involved overdoses accounted for the majority of deaths and increased by 85% in 2020 compared to 2019. Most overdose deaths occur in people between the ages 35 and 44.

In Russell County, Drug overdose deaths is 33. This is lower than the state average of 36 but still high compared to the national average of 23. Alcohol-impaired driving deaths continue to trend worse in Russell County at 32, higher than the state average of 25 and the national average of 27. When surveying the county residents, when asked what the 3 most important unhealthy behaviors were, 83% said drug abuse, which far exceeded any other response (number 2 on the list was 39%). Russell County is listed among the top 220 most vulnerable counties in the U.S. for opioid use.

In the qualitative data, concerns around drugs and alcohol addiction were the largest theme. Below are quotes from participants interviewed and/or surveyed.

"Our community needs more programs to get people off drugs and keep them off drugs."

"[There is a] lack of Drug rehabilitation facilities long term."

"Abuses….and the domino effect on patient, family and county"

Priority: Obesity / Inactivity / Unhealthy Food

Obesity and its contributing factors (including physical inactivity and nutrition) and associated chronic diseases such as diabetes are significant concerns in the community. Russell County has the following findings regarding obesity and inactivity and their correlating measures.

According to the University of Kentucky in October 2022, Kentucky adults have the second highest obesity rate in the nation, and children 10 – 17 in the state have the top U.S. rating for that age group.
From 2020 to 2021, Kentucky's adult rate increased by 10 percent, and in Russell County, the rate has increased by 25 percent since 2019 and 14 percent since 2021. Contributing factors such as physical inactivity, access to exercise opportunities, and food insecurity all contribute to the steady increase in obesity

in the County. Physical inactivity remains higher than the state average at 33% compared to 29% for the state and 22% for the national average. Food insecurity is also high at 17% compared to the state average of 13% and 12% nationally.

Survey participants also ranked this high on their list of concerns. Obesity is number one in the top 3 most important health issues. Ranking number two for the most important unhealthy behaviors was poor eating habits, and ranking number one and two for the most important factors impacting well-being were poor eating habits and lack of exercise. When asked if participants participated in deliberate exercise, 58% said no, and 55% rated their health as average or poor.

Qualitative data from the community said the following:

"Children in the community not getting enough food."

"We need to treat health issues with nutrition and diet."

Priority: Access to Care

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

Russell County continues to worsen with primary care physician access with a ratio of 3,000:1 compared to the state at 1,550:1 and nationally, 1,310:1. Access to mental health providers is 650:1 compared to the state at 370:1 and 340:1 nationally. When survey participants were asked when they were sick and didn't access care, the top response was that they couldn't afford to pay co-pays or deductibles and too long to wait for an appointment. When asked about not getting a mental health appointment, the top response was "didn't know how to find a counselor," followed by "embarrassment" and "couldn't afford co-pay".

Qualitative data from the community said the following:

"Unable to make an appointment with MD in a timely manner related to illness."

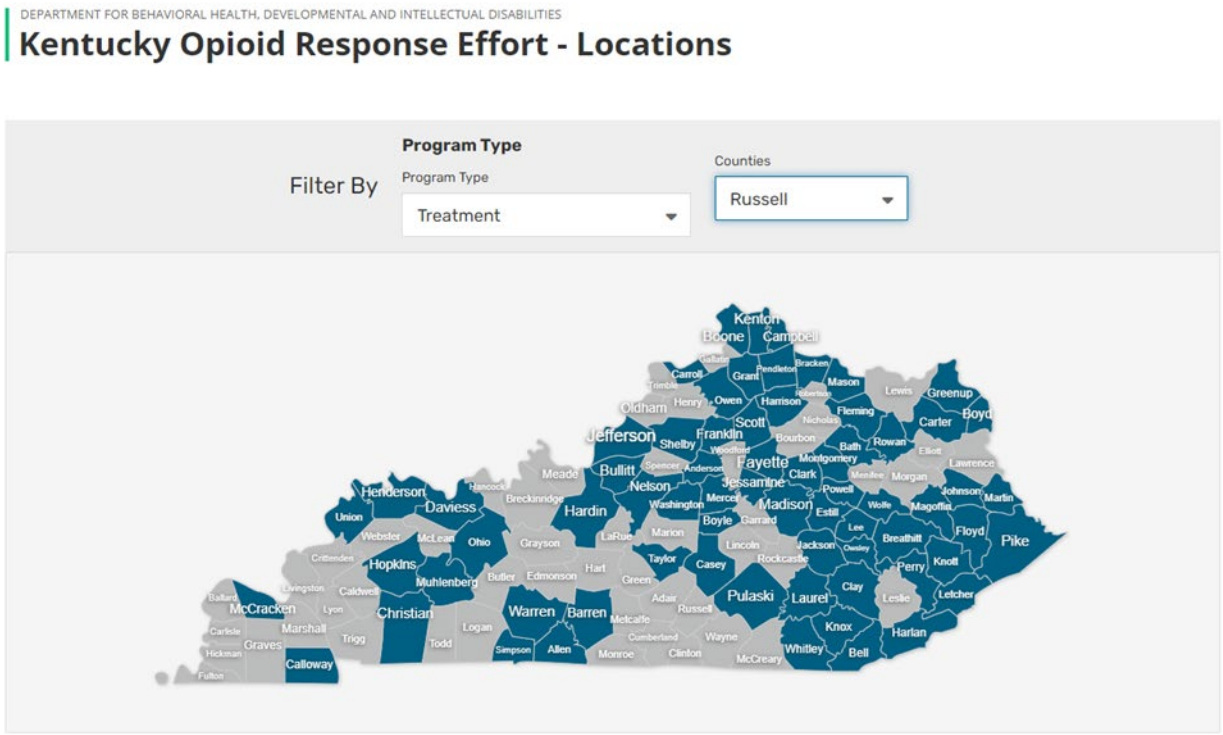
"There isn't any credible counseling available in this area."

"couldn't get an appointment."

Additional Information as you are developing your initiatives:

Although Kentucky received a grant to combat the opioid epidemic, there are no treatment facilities in Russell County through the Kentucky Opioid Response Efforts (KORE).

https://www.chfs.ky.gov/agencies/dbhdid/Pages/KORE-Map.aspx



Efforts for health systems could include education to reduce stigma on opioid addictions. This could start with healthcare workers.

https://www.shatterproof.org/
https://unshameky.org/pages/about-unshame-kentucky

https://opioidresponsenetwork.org/
The above is a free resource that will provide training or education. The submission form is on the link provided.

KORE launched a statewide initiative aimed at reducing stigmas associated with opioid use disorder.

For Obesity -

The Trust for America's Health report includes a detailed list of recommended policy actions to address the social and economic drivers that contribute to obesity. The actions can be implemented at the federal, state and local levels. They include:
Advance health equity by strategically dedicating federal resources to the efforts that reduce obesity-related disparities;

- Decrease food insecurity while improving the nutritional quality of available foods;
- Change the marketing and pricing strategies that lead to health disparities;
- Make physical activity and the built environment safer and more accessible for all;
- Work with the healthcare system to close disparities and gaps from clinic to community settings

Contact

This assessment summary is published on the website of Russell County Hospital (http://www.russellcohospital.org) Additionally, a copy may be obtained by contacting the Hospital's Administration office at 270-866-4141.

Attachment A: Community Resources Identified

Russell County Community Resources:

1. Adult Education- 270-858-6517
    a. Adult Education provides services such as adult education classes, GED preparation, family literacy instruction, English as a second language classes, workforce education and reading instruction for eligible Kentuckians.
2. ADANTA- 270-343-2551
    a. Adanta Group Behavioral Services provides individual and/or group family therapy, substance abuse counseling, marital counseling, and psychiatric evaluation.
3. Adoption Hotline- 800-432-9346
4. Adult and Child Abuse Helpline-800-597-2331
5. Alcohol/Drug Treatment Referral Hotline-800-662-4357
6. Alcoholics Anonymous- 800-467-8019
    a. Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.
7. Suicide Prevention Hotline-800-784-2433 or 800-273-8255
    a. Helping reduce suicide deaths and attempts across the Commonwealth through advocacy, education, training and evaluation.
8. SKYHope Recovery for Women 606-679-4782
    a. SKYHope is a peer-driven model of recovery. The focus is to help women change their behavior, skills, and attitudes related to their addictive lifestyles. SKYHope Recovery Program takes a long term, holistic approach to recovery that is comprised of four distinct modules of progression and ultimately connected to an array of SKYHope Recovery services.

*Complete List of Resources Click Here

Adair County Community Resources
*Complete List of Resources Click Here

Casey County Community Resources
*Complete List of Resources Click Here

Clinton County Community Resources
*Complete List of Resources Click Here

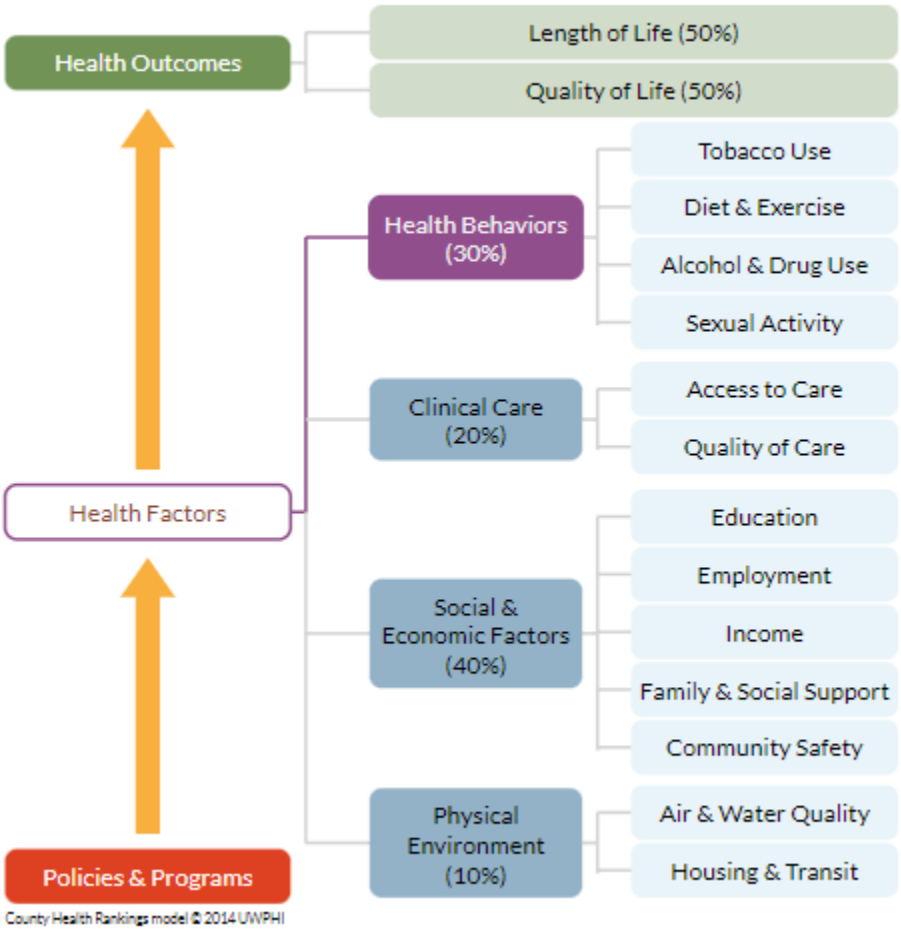
Cumberland County Community Resources
*Complete List of Resources Click Here

Pulaski County Community Resources
*Complete List of Resources Click Here

Wayne County Community Resources
*Complete List of Resources Click Here

Attachment B: 2023 County Health Rankings Model

The County Health Rankings Model illustrates a broad vision for health. The model shows that policies and programs at the local, state, and federal levels play an important role in shaping health factors that in turn, influence a community's health outcomes. Health factors represent things that, if modified, can improve length and quality of life. They are predictors of how healthy our communities can be in the future. The four health factor areas in the model include Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. Health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents through measures representing the length and quality of life typically experienced in the community.



Attachment B: 2022 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 - Mortality Files	2018-2020
Quality of Life	Poor or fair health[†]	10%	Behavioral Risk Factor Surveillance System	2019
	Poor physical health days[†]	10%	Behavioral Risk Factor Surveillance System	2019
	Poor mental health days[†]	10%	Behavioral Risk Factor Surveillance System	2019
	Low birthweight*	20%	National Center for Health Statistics - Natality files	2014-2020
HEALTH FACTORS				
HEALTH BEHAVIORS				
Tobacco Use	Adult smoking[†]	10%	Behavioral Risk Factor Surveillance System	2019
Diet and Exercise	Adult obesity[†]	5%	Behavioral Risk Factor Surveillance System	2019
	Food environment index	2%	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019
	Physical inactivity[†]	2%	Behavioral Risk Factor Surveillance System	2019
	Access to exercise opportunities	1%	Business Analyst, ESRI, YMCA & US Census Tigerline Files	2010 & 2021
Alcohol and Drug Use	Excessive drinking[†]	2.5%	Behavioral Risk Factor Surveillance System	2019
	Alcohol-impaired driving deaths	2.5%	Fatality Analysis Reporting System	2016-2020
Sexual Activity	Sexually transmitted infections	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
	Teen births*	2.5%	National Center for Health Statistics - Natality files	2014-2020
CLINICAL CARE				
Access to Care	Uninsured	5%	Small Area Health Insurance Estimates	2019
	Primary care physicians	3%	Area Health Resource File/American Medical Association	2019
	Dentists	1%	Area Health Resource File/National Provider Identification file	2020
	Mental health providers	1%	CMS, National Provider Identification	2021
Quality of Care	Preventable hospital stays*	5%	Mapping Medicare Disparities Tool	2019
	Mammography screening*	2.5%	Mapping Medicare Disparities Tool	2019
	Flu vaccinations*	2.5%	Mapping Medicare Disparities Tool	2019
SOCIAL & ECONOMIC FACTORS				
Education	High school completion	5%	American Community Survey, 5-year estimates	2016-2020
	Some college	5%	American Community Survey, 5-year estimates	2016-2020
Employment	Unemployment	10%	Bureau of Labor Statistics	2020
Income	Children in poverty*	7.5%	Small Area Income and Poverty Estimates	2020
	Income inequality	2.5%	American Community Survey, 5-year estimates	2016-2020
Family and Social Support	Children in single-parent households	2.5%	American Community Survey, 5-year estimates	2016-2020
	Social associations	2.5%	County Business Patterns	2019
Community Safety	Violent crime	2.5%	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths*	2.5%	National Center for Health Statistics - Mortality Files	2016-2020
PHYSICAL ENVIRONMENT				
Air and Water Quality	Air pollution - particulate matter	2.5%	Environmental Public Health Tracking Network	2018
	Drinking water violations[*]	2.5%	Safe Drinking Water Information System	2020
Housing and Transit	Severe housing problems	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2014-2018
	Driving alone to work*	2%	American Community Survey, 5-year estimates	2016-2020
	Long commute - driving alone	1%	American Community Survey, 5-year estimates	2016-2020

*Indicates subgroup data by race and ethnicity is available; [*]Not available in all states; [†]2018 data for New Jersey.

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.

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.

Attachment C: Demographic Data & Health Outcomes

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

	U.S. Top Performers	Kentucky	Russell	Trend	Adair (AD)	Trend AD	Casey	Trend	Clinton	Trend	Cumberland	Trend	Pulaski	Trend	Wayne	Trend
Health Outcomes																
Length of Life																
Premature death	7,300	10,000	12,400		10,400		11,000		10,100		8,600		11,200		10,300	
Quality of Life																
Poor or fair health	12%	20%	22%		21%		28%		26%		23%		22%		24%	
Poor physical health days	3	4.3	4.7		4.8		5.6		5.3		4.9		4.9		5.1	
Poor mental health days	4.4	5.5	6		6.2		6.3		6.1		6		5.9		6.1	
Low birthweight	8%	9%	9%		9%		8%		9%		9%		9%		9%	
	U.S. Top Performers	Kentucky	Russell	Trend	Adair (AD)	Trend AD	Casey	Trend	Clinton	Trend	Cumberland	Trend	Pulaski	Trend	Wayne	Trend
Health Factors																
Health Behaviors																
Adult smoking	16%	22%	26%		25%		31%		30%		27%		25%		28%	
Adult obesity	32%	37%	40%		40%		40%		40%		40%		41%		40%	
Food environment index	7	6.5	7.2		7.4		6.7		7.5		7.7		6.6		6.6	
Physical inactivity	22%	29%	33%		33%		39%		38%		34%		35%		36%	
Access to exercise opportunities	84%	70%	76%		44%		n/a		52%		7%		50%		31%	
Excessive drinking	19%	17%	17%		17%		16%		16%		17%		16%		16%	
Alcohol-impaired driving deaths	27%	25%	32%		25%		64%		8%		27%		24%		22%	
Sexually transmitted infections	481.3	419.7	262.2		187.5		136.1		176.2		90.7		367.8		255.7	
Teen births	19	29	47		21		44		45		40		39		49	
Clinical Care																
Uninsured	10%	7%	9%		8%		9%		10%		8%		7%		8%	
Primary care physicians	1310:01:00	1,550:1	125.0006944		3260:01:00		16070:1		2020:01:00		2170:01:00		1280:01:00		1840:01:00	
Dentists	1380:01:00	1,510:1	151.2506944		9470:01:00		5290:01:00		4630:01:00		1180:01:00		1390:01:00		3260:01:00	
Mental health providers	340:01:00	370:01:00	650:01:00		390:01:00		930:01:00		490:01:00		450:01:00		250:01:00		780:01:00	
Preventable hospital stays	2,809	3,727	2,900		3,493		7,154		4,281		5,543		3,529		3,076	
Mammography screening	37%	36%	33%		31%		25%		27%		26%		33%		25%	
Flu vaccinations	51%	48%	33%		32%		34%		31%		17%		37%		30%	
Health Factors																
	U.S. Top Performers	Kentucky	Russell	Trend	Adair (AD)	Trend AD	Casey	Trend	Clinton	Trend	Cumberland	Trend	Pulaski	Trend	Wayne	Trend
Social & Economic Factors																
High school completion	89%	88%	82%		85%		74%		78%		80%		83%		77%	
Some college	67%	63%	55%		51%		38%		48%		40%		60%		41%	
Unemployment	5.40%	4.70%	5.40%		5.00%		4.10%		4.40%		3.50%		4.90%		5.10%	
Children in poverty	17%	21%	31%		35%		32%		34%		31%		25%		34%	
Income inequality	4.9	5	5.6		5		5.7		4.3		7.3		5.9		4.6	
Children in single-parent household	25%	26%	32%		11%		20%		24%		26%		29%		30%	
Social associations	9.1	10.4	8.9		4.1		6.2		4.9		4.6		9.2		7.4	
Injury deaths	76	101	109		92		119		114		99		100		105	
Physical Environment																
Air pollution - particulate matter	7.4	8.2	7.8		7.9		8		7.3		7.4		7		7.5	
Drinking water violations			No		No		No		Yes		No		No		No	
Severe housing problems	17%	13%	14%		12%		9%		11%		11%		15%		12%	
Driving alone to work	73%	80%	86%		81%		77%		86%		80%		87%		80%	
Long commute - driving alone	37%	30%	25%		28%		43%		23%		25%		20%		32%	

County Demographic Data

Russell County Demographics	County	State
Population	18,156	4,512,310
% below 18 years of age	22.9%	22.5%
% 65 and older	20.6%	17.1%
% Non-Hispanic Black	0.9%	8.6%
% American Indian & Alaska Native	0.5%	0.3%
% Asian	0.6%	1.7%
% Native Hawaiian/Other Pacific Islander	n/a	0.1%
% Hispanic	3.9%	4.2%
% Non-Hispanic White	93.4%	83.5%
% not proficient in English	4%	6%
% Females	50.80%	50.5%

Clinton County Demographics	County	State
Population	15,866	4,512,310
% below 18 years of age	23.1%	22.5%
% 65 and older	20.5%	17.1%
% Non-Hispanic Black	1.2%	8.6%
% American Indian & Alaska Native	0.5%	0.3%
% Asian	0.5%	1.7%
% Native Hawaiian/Other Pacific Islander	0.40%	0.1%
% Hispanic	3.2%	4.2%
% Non-Hispanic White	93.9%	83.5%
% not proficient in English	5%	6%
% Females	51.1%	50.5%

Casey County Demographics	County	State
Population	9,265	4,512,310
% below 18 years of age	21.8%	22.5%
% 65 and older	19.8%	17.1%
% Non-Hispanic Black	9.0%	8.6%
% American Indian & Alaska Native	0.5%	0.3%
% Asian	0.5%	1.7%
% Native Hawaiian/Other Pacific Islander	0.40%	0.1%
% Hispanic	3.2%	4.2%
% Non-Hispanic White	93.9%	83.5%
% not proficient in English	3%	6%
% Females	51.1%	50.5%

Pulaski County Demographics	County	State
Population	65,423	4,512,310
% below 18 years of age	22.2%	22.5%
% 65 and older	19.4%	17.1%
% Non-Hispanic Black	1.3%	8.6%
% American Indian & Alaska Native	0.4%	0.3%
% Asian	0.9%	1.7%
% Native Hawaiian/Other Pacific Islander	n/a	0.1%
% Hispanic	2.7%	4.2%
% Non-Hispanic White	93.7%	83.5%
% not proficient in English	3%	6%
% Females	50.8%	50.5%

Adair County Demographics	County	State
Population	18,932	4,512,310
% below 18 years of age	19.4%	22.5%
% 65 and older	18.9%	17.1%
% Non-Hispanic Black	3.1%	8.6%
% American Indian & Alaska Native	0.4%	0.3%
% Asian	0.6%	1.7%
% Native Hawaiian/Other Pacific Islander	0.10%	0.1%
% Hispanic	2.7%	4.2%
% Non-Hispanic White	92.0%	83.5%
% not proficient in English	3%	6%
% Females	49.9%	50.5%

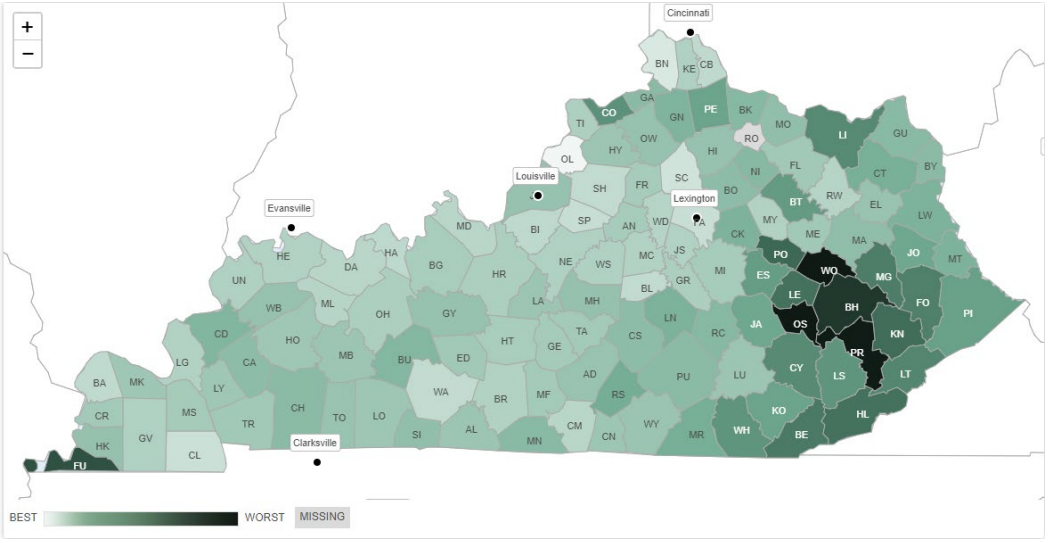
Cumberland County Demographics	County	State
Population	5,879	4,512,310
% below 18 years of age	21.7%	22.5%
% 65 and older	22.4%	17.1%
% Non-Hispanic Black	3.1%	8.6%
% American Indian & Alaska Native	0.2%	0.3%
% Asian	0.3%	1.7%
% Native Hawaiian/Other Pacific Islander	n/a	0.1%
% Hispanic	1.9%	4.2%
% Non-Hispanic White	92.7%	83.5%
% not proficient in English	6%	6%
% Females	50.3%	50.5%

Wayne County Demographics	County	State
Population	19,540	4,512,310
% below 18 years of age	20.4%	22.5%
% 65 and older	22.1%	17.1%
% Non-Hispanic Black	2.0%	8.6%
% American Indian & Alaska Native	0.4%	0.3%
% Asian	0.5%	1.7%
% Native Hawaiian/Other Pacific Islander	0.10%	0.1%
% Hispanic	3.7%	4.2%
% Non-Hispanic White	92.7%	83.5%
% not proficient in English	3%	6%
% Females	50.3%	50.5%

Attachment D: KY Outcomes

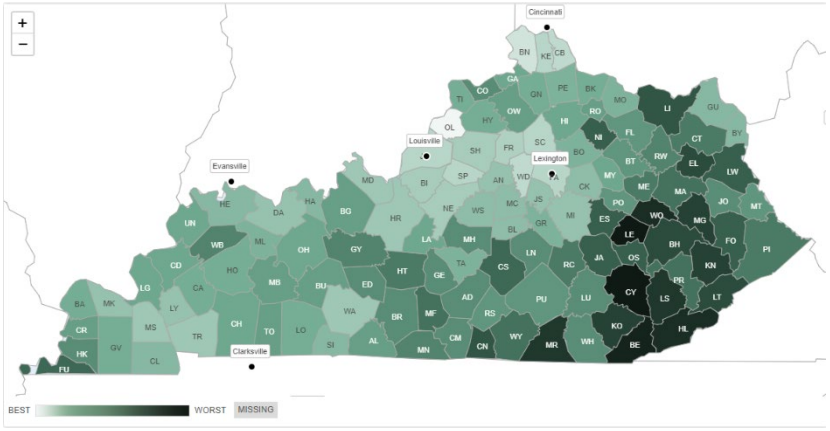
Health Outcomes – Premature Death

Years of potential life lost before age 75 per 100,000 population (age-adjusted). The 2022 County Health Rankings used data from 2018-2020 for this measure.



Health Outcomes – Poor Physical Health Days

Average number of physically unhealthy days reported in past 30 days (age-adjusted).
The 2021 County Health Rankings used data from 2019 for this measure.



Health Factors

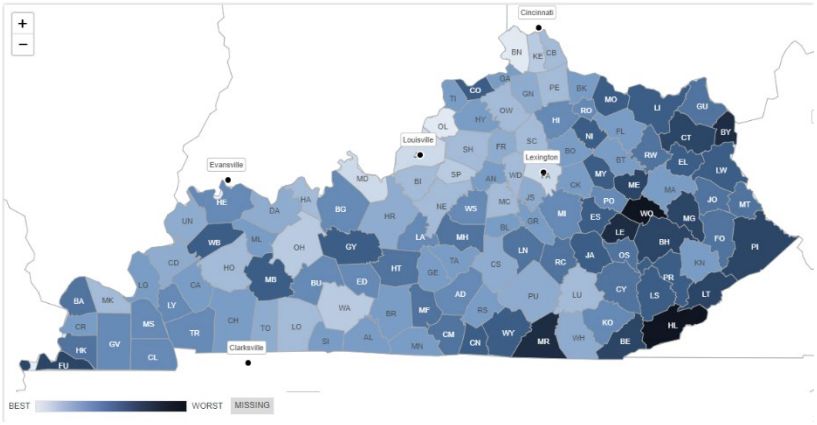
There are many things that influence how well and how long we live. Everything from our education to our environments impact our health. Health Factors represent those things we canmodify to improve the length and quality of life for residents. They are predictors of how healthy our communities can be 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 and housing and transit.

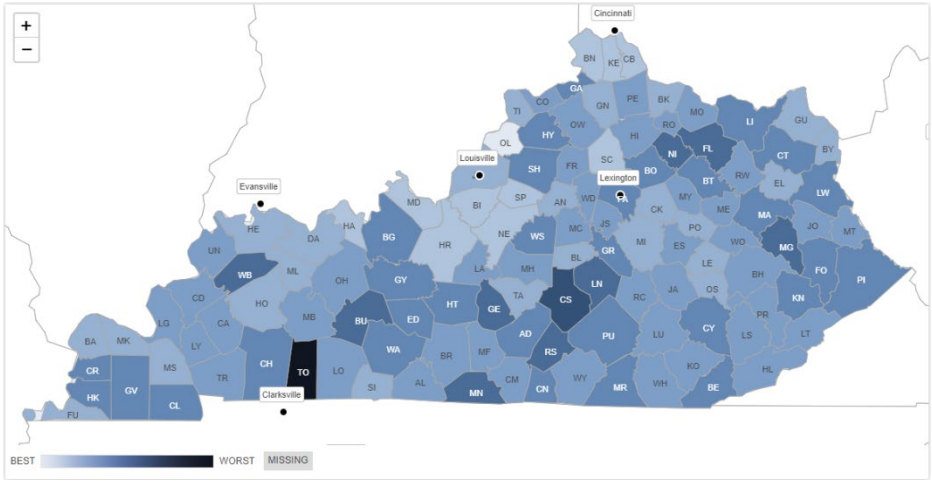
Health Factors – Adult Obesity

Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. The 2022 County Health Rankings used data from 2019 for this measure.



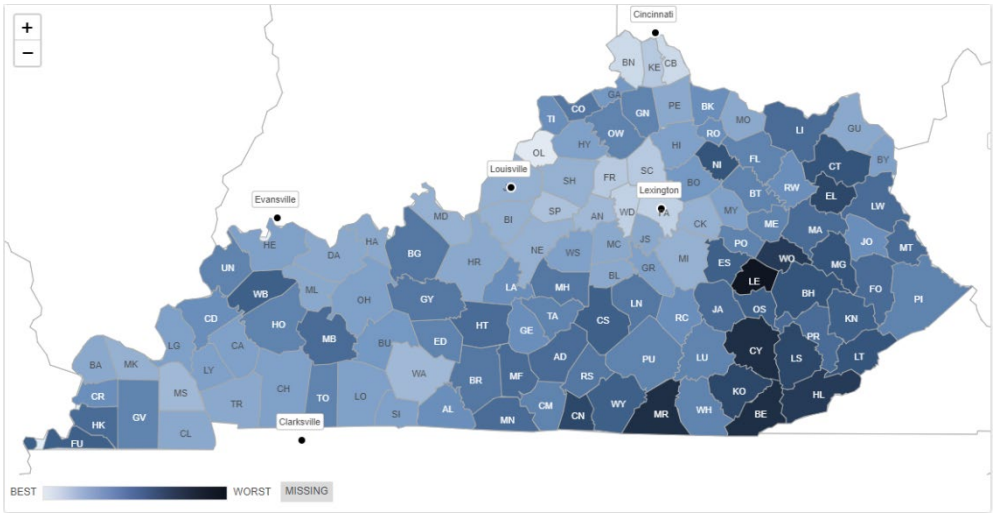
Health Factors – Uninsured

Percentage of population under age 65 without health insurance.
The 2022 County Health Rankings used data from 2019 for this measure.



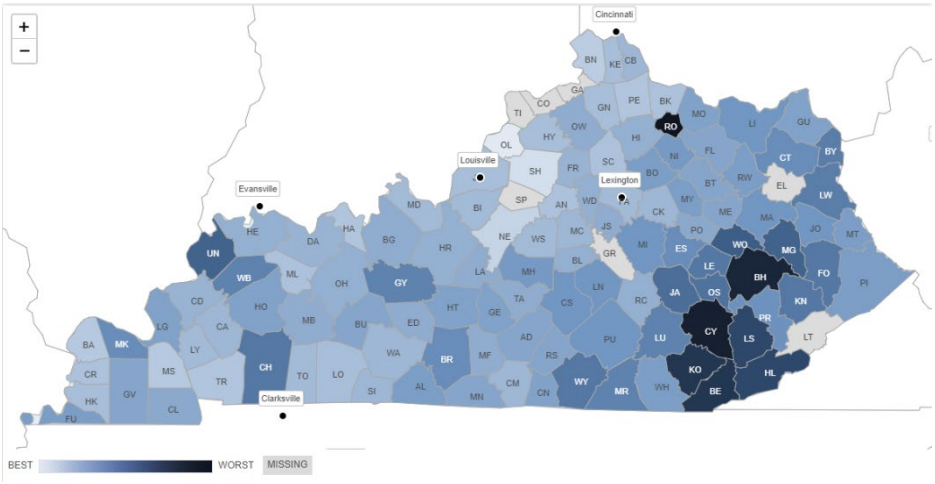
Health Factors – Physical Inactivity

Percentage of adults age 18 and over reporting no leisure-time physical activity. The 2022 County Health Rankings used data from 2019 for this measure.



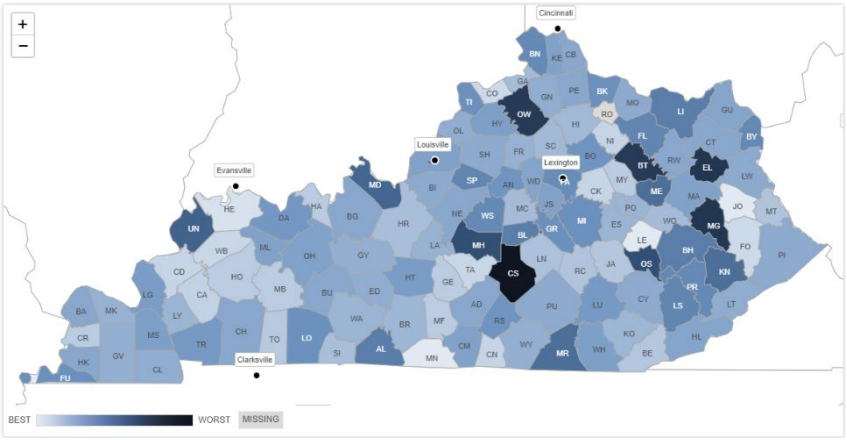
Health Factors – Food Environment Index

Index of factors contributing to a healthy food environment, from 0 (worst) to 10 (best). The 2022 County Health Rankings used 2019 for this measure.



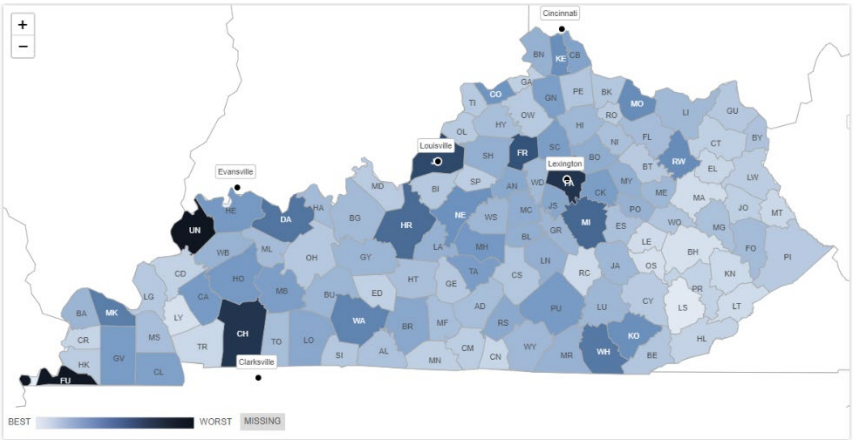
Health Factors – Alcohol-Impaired Driving Deaths

Percentage of driving deaths with alcohol involvement. The 2022 County Health Rankings used data from 2016-2020 for this measure.



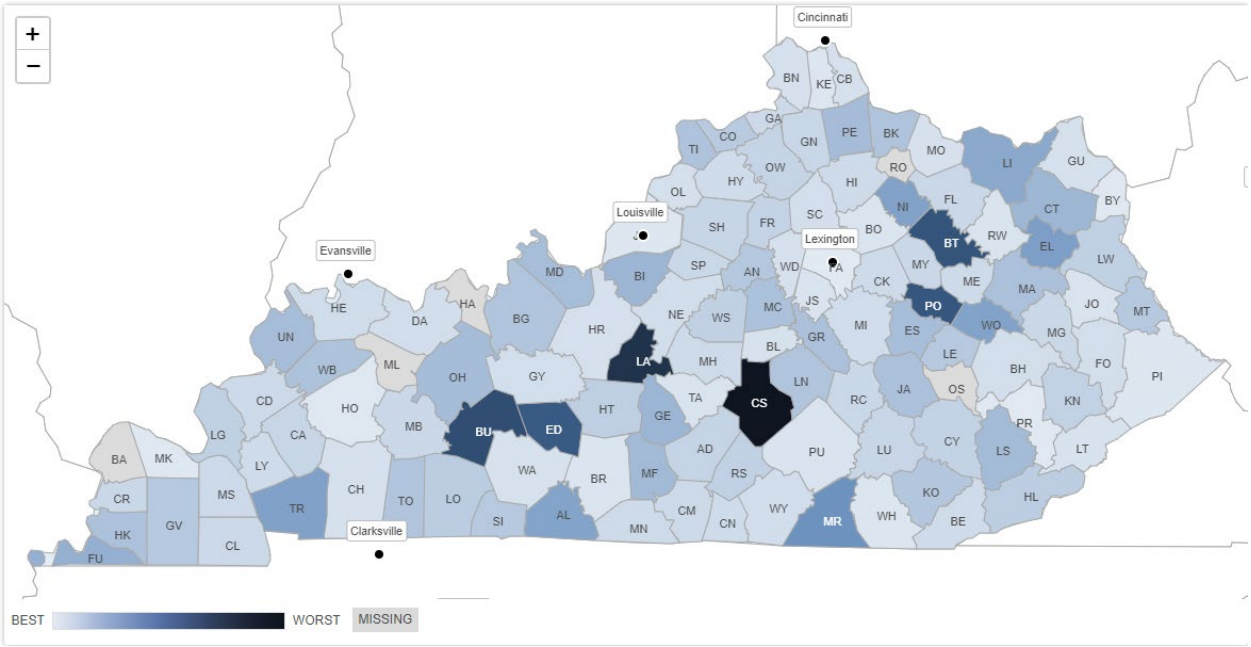
Health Factors – Sexually Transmitted Infections

Number of newly diagnosed chlamydia cases per 100,000 population.
The 2022 County Health Rankings used data from 2019 for this measure.



Health Factors – Primary Care Physicians

Ratio of population to primary care physicians. The 2021 County Health Rankings used data from 2018 for this measure.



Source: [America's Health Ranking]

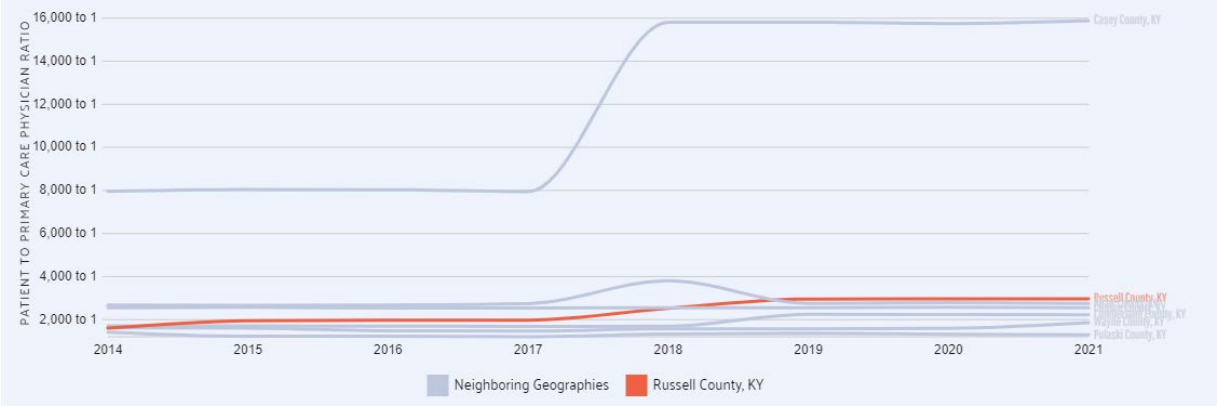
Russell County Health Statistics:

Patient to Primary Care Physician Ratio:

2,970 to 1

Primary care physicians in Russell County, KY see an average of 2,970 patients per year. This represents a 0.27% increase from the previous year (2,962 patients).

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

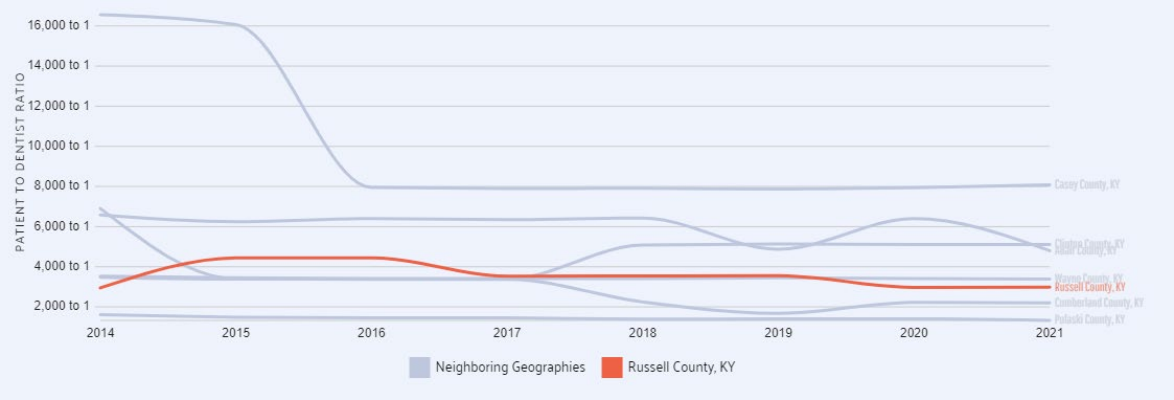


Patient to Dentist Ratio:

2,987 to 1

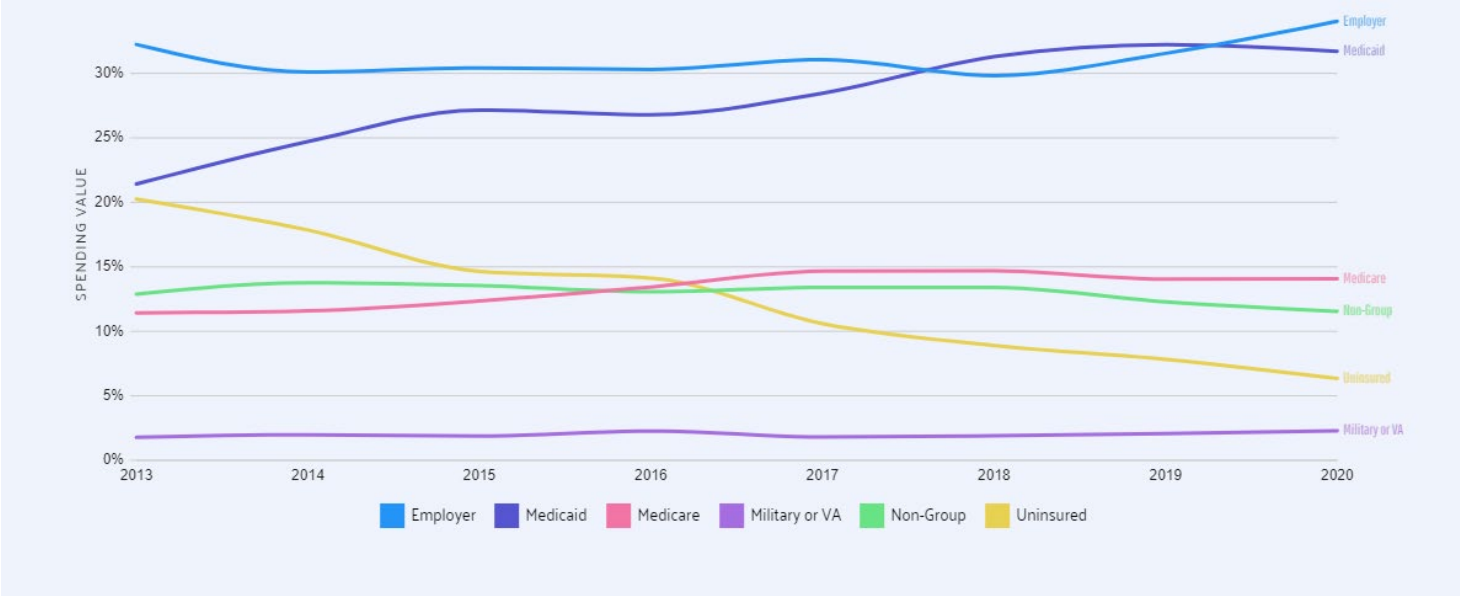
Dentists in Russell County, KY see an average of 2,987 patients per year. This represents a 0.572% increase from the previous year (2,970 patients).

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



Healthcare Coverage for Russell County:

6.34%	34%	31.7%	14.1%
Uninsured	Employer	Medicaid	Medicare



Attachment E: Physician Needs Assessment Analysis

Physician Needs Assessment Analysis: Primary Service Area Russell, Adair, Clinton, Casey, Cumberland, Pulaski and Wayne.

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 153,061
			GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT	AVERAGE	
Primary Care								
Family Practice	38.00	5.38	25.20	N/A	16.20	22.53	21.31	32.62
Internal Medicine	35.00	4.84	28.80	N/A	11.30	19.01	19.70	30.16
Pediatrics	8.00	(9.50)	12.80	N/A	7.60	13.90	11.43	17.50
Total Primary Care	81.00	0.72	66.80	N/A	35.10	55.44	52.45	80.28
Medical Specialties								
Allergy/Immunology	1.00	(0.95)	0.80	1.30	N/A	1.72	1.27	1.95
Cardiology	3.00	(1.90)	3.20	3.60	2.60	3.41	3.20	4.90
Dermatology	0.00	(3.36)	2.90	1.40	2.10	2.38	2.20	3.36
Endocrinology	1.00	(0.22)	0.80	N/A	N/A	0.80	0.80	1.22
Gastroenterology	3.00	(0.32)	2.70	1.30	N/A	2.50	2.17	3.32
Hematology/Oncology	3.00	(0.52)	3.70	1.20	N/A	1.99	2.30	3.52
Infectious Disease	1.00	(0.38)	0.90	N/A	N/A	0.90	0.90	1.38
Nephrology	3.00	1.45	1.10	N/A	N/A	0.92	1.01	1.55
Neurology	3.00	0.05	2.30	2.10	1.40	1.90	1.93	2.95
Psychiatry	4.00	(9.46)	15.90	7.20	3.90	8.18	8.80	13.46
Pulmonology	1.00	(1.19)	1.50	1.40	N/A	1.40	1.43	2.19
Rheumatology	2.00	1.03	0.70	0.40	N/A	0.81	0.64	0.97
Physical Medicine & Rehab	1.00	(1.07)	1.30	N/A	N/A	1.40	1.35	2.07
Other Medical Specialties	40.00	36.92	N/A	N/A	N/A	2.01	2.01	3.08
Surgical Specialties								
General Surgery	8.00	(3.29)	9.70	9.70	4.10	6.01	7.38	11.29
Cardio/Thoracic Surgery	0.00	(1.07)	N/A	0.70	N/A	N/A	0.70	1.07
Neurosurgery	2.00	0.62	1.10	0.70	N/A	N/A	0.90	1.38
OB/GYN	7.00	(6.96)	9.90	8.40	8.00	10.17	9.12	13.96
Ophthalmology	1.00	(5.20)	4.80	3.50	3.20	4.71	4.05	6.20
Orthopedic Surgery	2.00	(6.58)	6.20	5.90	4.20	6.12	5.61	8.58
Otolaryngology	2.00	(2.34)	3.30	2.40	N/A	2.8	2.83	4.34
Plastic Surgery	1.00	(1.57)	1.10	1.10	2.30	2.22	1.68	2.57
Urology	2.00	(2.04)	3.20	2.60	1.90	2.86	2.64	4.04
Other Surgical Specialties	7.00	3.63	N/A	N/A	N/A	2.20	2.20	3.37
Hospital-based								
Emergency	12.00	(0.04)	8.50	2.70	N/A	12.40	7.87	12.04
Anesthesiology	5.00	(6.71)	8.30	7.00	N/A	N/A	7.65	11.71
Radiology	6.00	(6.93)	8.90	8.00	N/A	N/A	8.45	12.93
Pathology	6.00	(1.42)	5.60	4.10	N/A	N/A	4.85	7.42
Pediatric Cardiology	0.00	(0.31)	N/A	N/A	N/A	0.20	0.20	0.31
Pediatric Neurology	0.00	(0.18)	N/A	N/A	N/A	0.12	0.12	0.18
Pediatric Psychiatry	0.00	(0.69)	N/A	N/A	N/A	0.45	0.45	0.69
Other Pediatric Subspecialties	0.00	(1.36)	0.89	N/A	N/A	N/A	0.89	1.36
TOTALS	**208.00**	-21.63						229.63

Physician Needs Assessment Analysis:

A quantitative physician needs assessment analysis was completed for Russell County Hospital's primary service area that consisted of Russell, Adair, Clinton, Casey, Cumberland, Pulaski and Wayne, with a total population of 153,061. The physician needs assessment analysis uses a nationally recognized quantitative methodology to determine the need for physicians by physician specialty for a given geographic population area being assessed.

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

- Pediatrics- **9.50**
- Psychiatry- **9.46**
- OB/GYN- **6.96**
- Orthopedic Surgery- **6.58**

Attachment F: Community Input Survey Tool

Interview Questions

KEY INFORMANT INTERVIEW
Community Health Needs Assessment for:

_____

Interviewer's Initials: _____

Date: _____ Start Time: End Time:

Name of Person Interviewed:
Title: :

Agency/Organization:

# of years living in : # of years in current position:

E-mail address:

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

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

Questions:

1. In general, how would you rate health and quality of life in Russell County?

    - 1 = Poor
    - 2 = Fair
    - 3 = Good
    - 4 = Very Good
    - 5 = Excellent

2. In your opinion, has health and quality of life in Russell County improved, stayed the same, or declined over the past few years?

    a. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?

    b. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?

3. Are there people or groups of people in Russell County whose health or quality of life may not be as good as others?

    a. Who are these persons or groups (whose health or quality of life is not as good as others)?

    b. Why do you think their health/quality of life is not as good as others?

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

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

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

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

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

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

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

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Russell County. Before we conclude the interview,
Is there anything you would like to add?

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

Thank you, again. It's been a pleasure talking with you!

Attachment G: Citations

American's Health Rankings 2022. Retrieved 2023, from America's Health Rankings website: www.americashealthrankings.org

American Hospital Association. 2022 Environmental Scan. Retrieved from American Hospital Association Website: www.aha.org

AmfAR Opioid & Health Indicators Database. Retrieved 2023 from https://opioid.amfar.org/KY#data-explorer

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Centers for Disease Control & Prevention. Retrieved 2023 from https://www.cdc.gov/drugoverdose/deaths/2022.html

Centers for Medicare & Medicaid Services. Retrieved 2023, from Historical: www.cms.gov/Research-Statistics-Data-and- Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistoric al.html

Data USA. Russell County & Kentucky State Health Information Data. Retrieved 2023, from Data USA Website https://datausa.io/profile/geo/russell-county-ky#health

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

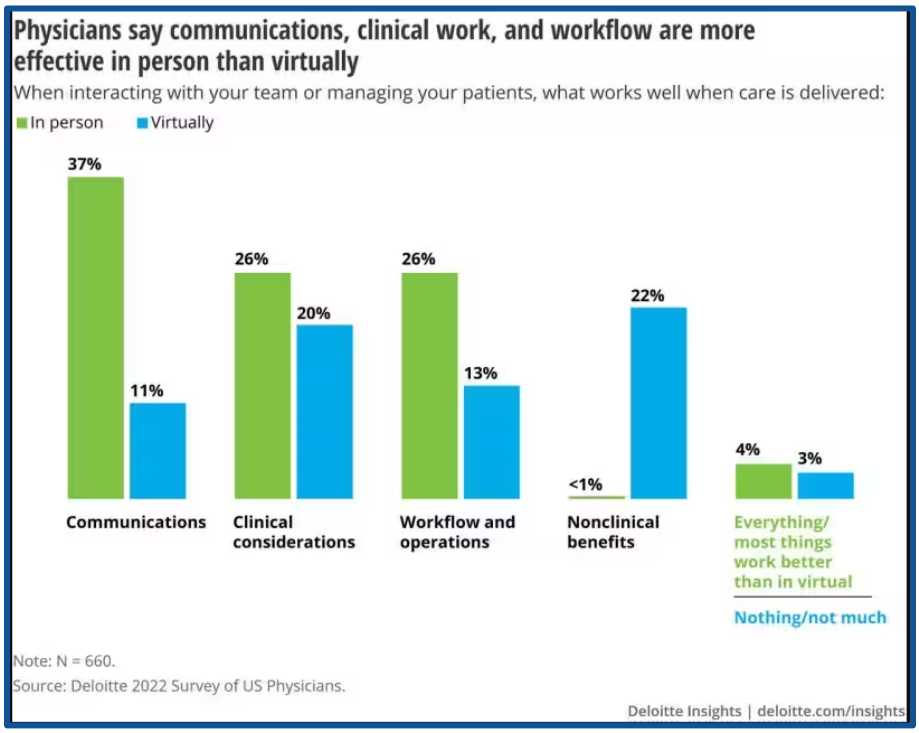
U.S. Census Bureau. State & County Quick facts. Retrieved 2023, from Quick facts Census Web Site: http://quickfacts.census.gov

Attachment H: National Health Trends

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

Deloitte Consumers & Health Care System 2022 Survey – Tapping Virtual Health's Full Potential

With respect to virtual health, the data we collected during the past five years reveals that consumers' appetite for virtual health and digital health tools has steadily increased, but there is significant variation in physician adoption. Our findings show that some physicians are unsure how to best use virtual health in a clinical setting while others are concerned about losing the human connection that is an integral part of in-person care.



American Hospital Association (AHA) Environmental Scan (2022)

The 2022 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:

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

The pandemic has resulted in historic challenges for hospitals and health systems and the communities they serve. Hospitals and health systems are navigating financial and operational pressures that include: the high costs associated with preparing for a surge of COVID-19 patients and resource-intensive treatment; added expenses due to supply chain and labor market disruptions; and loss of revenue due to the lower patient volumes for nonemergent care. Economic stability must be gained to ensure that hospitals and health systems can continue to provide vital care to communities across the nation.

Hospitals' Financial Challenges

UNPRECEDENTED FINANCIAL LOSSES TO U.S. HOSPITALS AND HEALTH SYSTEMS CONTINUE IN 2021 AFTER HISTORIC LOSSES IN 2020

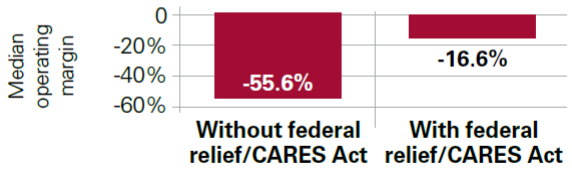
$54 BILLION

2021 net income loss estimate

"Financial Effects of COVID-19: Hospital Outlook for the Remainder of 2021," Kaufman, Hall & Associates LLC, Sept. 2021.

HOSPITALS' FINANCIAL HEALTH DETERIORATING

% Decrease in median operating margin in 2020 compared with 2019



"National Hospital Flash Report," Kaufman, Hall & Associates LLC, January 2021.

2021 Financial insights

These projections examine data from Q1 & Q2 2021 and do not factor in recent increases in COVID-19 cases from the Delta variant, which could drive margins even lower in the second half of the year.

- Higher costs of caring for sicker patients and fewer outpatient visits than pre-pandemic levels could lead median hospital margins to be 11% below pre-pandemic levels by year's end.
- The median length of stay is up 8% compared to 2019 for most hospitals, and up as high as 18% for some hospitals with 500 beds or more.
- More than a third of hospitals are expected to end 2021 with negative operating margins.
- If there were no relief funds from the federal government, losses in net income would be as high as $92 billion.

"Financial Effects of COVID-19: Hospital Outlook for the Remainder of 2021," Kaufman, Hall & Associates LLC, Sept. 2021.

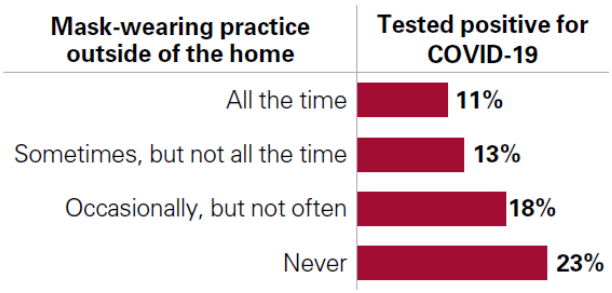
Co-Existing with COVID-19

As the health care field and society move toward a new normal, science and public health practices will continue to be the guiding force to ensure that people can live, work, and play safely. In addition to serving on the front lines of caring for COVID-19 patients, the people working in hospitals and health systems are trusted messengers and can share evidence-based information about the virus to their communities.

Six most common post-COVID conditions

1. Pain
2. Breathing difficulties
3. Hyperlipidemia
4. Malaise and fatigue
5. Hypertension
6. Anxiety

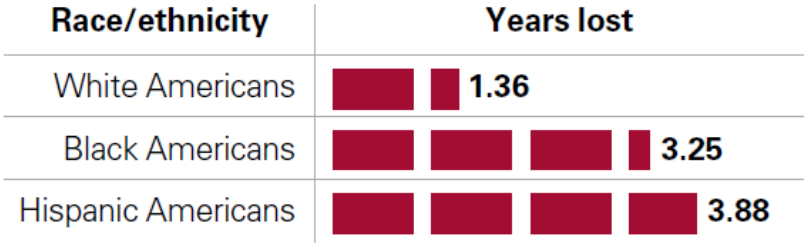
COVID-19 POSITIVITY RATE IS LOWEST AMONG THOSE WHO ALWAYS WORE A MASK*



- Masking in combination with vaccination is even more effective at preventing COVID-19 transmission.†

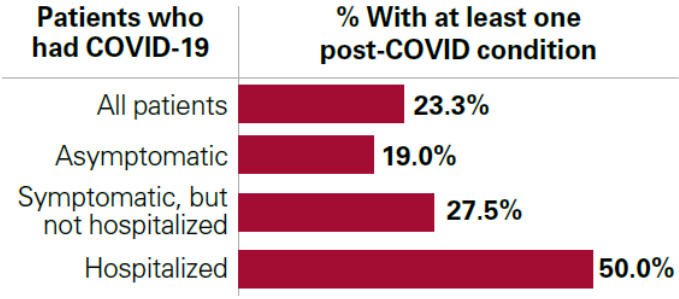
* Nather, David. "People who wore masks were less likely to get sick," Axios, June. 7, 2021 (Axios-Ipsos Coronavirus Index polling data from March 2020 to May 24, 2021).
† Lockerd Maragakis, Lisa, M.D. "Coronavirus Face Masks & Protection FAQs," Johns Hopkins

YEARS OF LIFE EXPECTANCY LOST



Szabo, Liz. "Black and Hispanic Americans Suffer Most in Biggest US Decline in Life Expectancy Since WWII," Kaiser Health News, June 24, 2021.

POST-COVID CONDITIONS



COST OF A HOSPITALIZATION (JAN. 2020 – APRIL 2021)

	Median charge amount	Median estimated allowed amount (negotiated in-network fee with providers)
COVID-19 hospitalization with complexities	$208,136	$70,098
General COVID-19 hospitalization	$54,262	$25,188
COVID-19 non-hospitalization	$2,289	$893

"National Average Charge for a Complex Hospital Stay for COVID-19 Is $317,810, FAIR Health Finds," FAIR Health, Sept. 21, 2021.

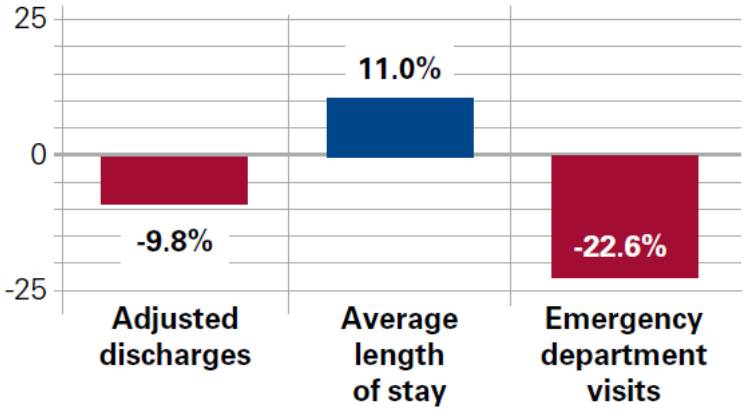
UNVACCINATED HOSPITALIZATION COSTS

$5.7 BILLION Estimated cost of COVID-19 hospitalizations among unvaccinated adults from June through August 2021.

Amin, Krutika and Cox, Cynthia. "Unvaccinated COVID-19 hospitalizations cost billions of dollars," Health Spending Brief, Peterson-Kaiser Family Foundation Health System Tracker, Sept. 14, 2021.

Hospital Volumes and Utilization

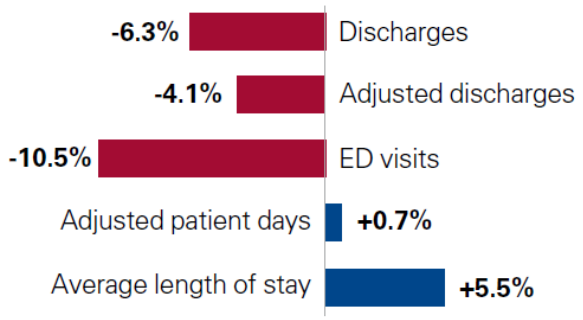
2020 NATIONAL VOLUMES (Compared with 2019)



"National Hospital Flash Report," Kaufman, Hall & Associates, LLC, January 2021.

2021 NATIONAL VOLUMES, YEAR TO DATE

Showing % changed when comparing 2021 with 2019 (Jan. 1 to Sept. 30).



"National Hospital Flash Report," Kaufman, Hall & Associates, LLC, Oct. 2021.

Looking Ahead to 2029

- Behavioral health virtual visits may increase by 50%.
- Growth in hospital-at-home helps to move patients out of skilled nursing facilities despite an aging population.
- Growth opportunities require organizations to invest in chronic disease-management services.
- COVID-19 creates an enduring demand for specialist care required to support chronic COVID-impacted conditions.

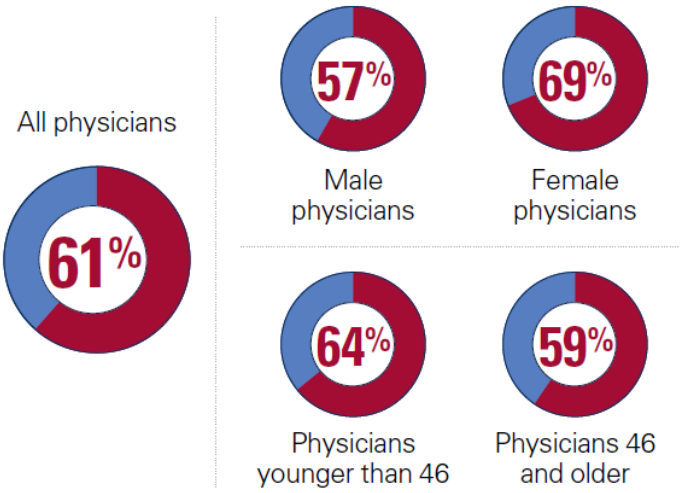
"2021 Impact of Change® Forecast Highlights: COVID-19 Recovery and Impact on Future Utilization," Sg2, a Vizient company, June 2, 2021.

Workforce

Hospitals and health systems need compassionate and skilled professionals to fulfill the core mission of caring for people. The pandemic has exacerbated the challenges already facing the healthcare workforce, including shortages and burnout. The AHA and its members are committed to supporting structural changes, resources for individuals and capacity- building measures to ensure a strong, resilient, and diverse workforce.

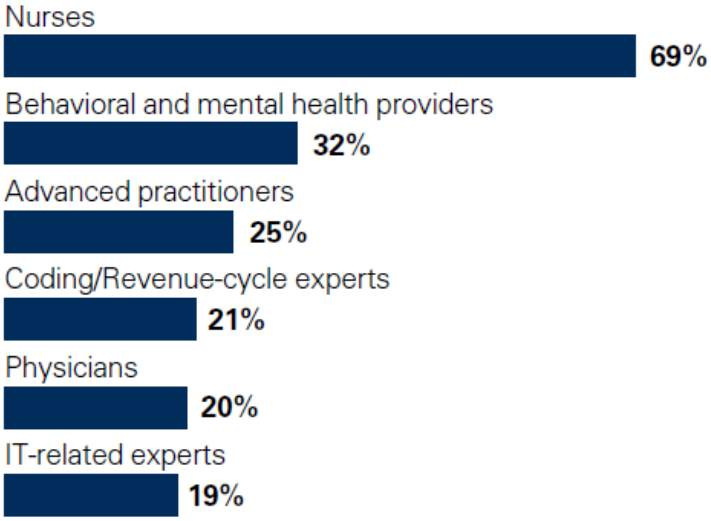
Physicians

FREQUENTLY EXPERIENCE FEELINGS OF BURNOUT



COVID-19 IMPACT ON STAFFING SHORTAGES

Health care executives were asked which current staffing shortages are worse than one year ago.*



Health care executives polled January – February 2021

- **90%** of nurse leaders expect a nursing shortage post-pandemic.†

* "2021 Provider Health IT & Corporate Services Trends," Guidehouse Center for Health Insights analysis of an executive survey conducted by Healthcare Financial Management Association, May 26, 2021, https://guidehouse.com/insights/healthcare/2021/2021-provider-health-it-corp-svcs-survey

† "AONL COVID-19 Longitudinal Study Report: Nurse Leaders' Top Challenges and Areas for Needed Support, July 2020 to August 2021," American Organization for Nursing Leadership and Joslin Marketing, August 26, 2021.

MENTAL HEALTH AMONG PUBLIC HEALTH WORKERS

53% Public health workers who report experiencing at least one mental health condition.

- Experiencing post-traumatic stress disorder (PTSD): **36.8%**
  - Respondents 29 or younger experienced the highest percentage of PTSD: **47.4%**
- Public health workers who reported being unable to take time off from work were more likely to report adverse mental health symptoms.

Survey conducted March 29 – April 16, 2021; respondents were asked to report symptoms in the preceding two weeks.

Bryant-Genevier, Jonathan et al. "Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, March-April 2021," CDC Morbidity and Mortality Weekly Report, July 2, 2021.

Behavioral Health

Hospitals and health systems provide essential behavioral health care services to millions of Americans. The pandemic will have a long-term effect on people's mental health and the behavioral health ecosystem. The health care field is stepping up to improve access to care, including the integration of physical and behavioral health services, community partnerships to expand the care continuum, suicide prevention and stigma reduction.

COVID-19 AND MENTAL HEALTH

40.9% of adults reported at least one behavioral condition related to the pandemic, including symptoms of anxiety, depression, trauma or stress-related disorder, or having started or increased substance use to cope with stress or emotions related to COVID-19.

Czeisler, Mark É. et al. "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24 – 30, 2020," CDC Morbidity and Mortality Weekly Report, 69(32), August, 14, 2020, doi: 10.15585/mmwr.mm6932a1.

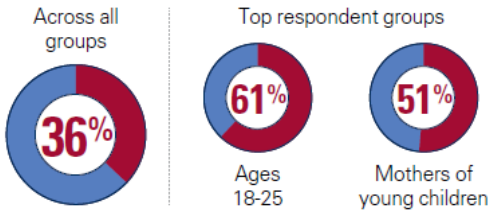
PANDEMIC IMPACT ON HEALTH & LIFESTYLE

	% Increase: All respondents	% Increase: Men	% Increase: Women
Anxiety	37%	32%	40%
Stress	35%	31%	38%
Weight gain	33%	31%	34%
Nicotine	21%	28%	17%
Alcohol	20%	28%	15%
Opioids	10%	15%	7%

"The 2021 Health Care Insights Study," CVS Health, July 8, 2021.

LONELINESS IN THE U.S. DURING THE PANDEMIC

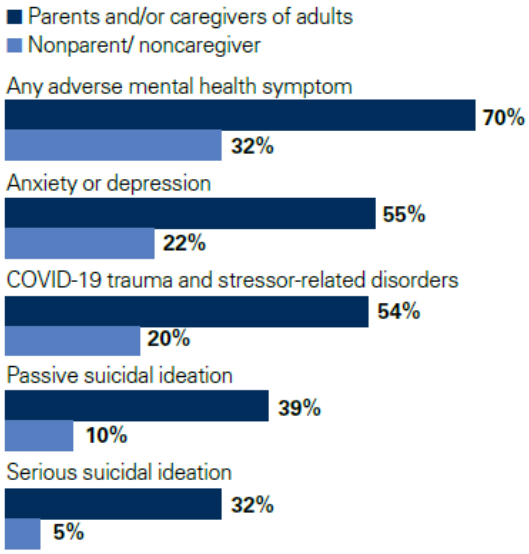
% of respondents reporting serious loneliness



- Loneliness is linked to early mortality, depression, anxiety, heart disease, substance abuse and domestic abuse.

Weissbourd, Richard et al. "Loneliness in America: How the Pandemic Has Deepened an Epidemic of Loneliness and What We Can Do About it," Making Caring Common Project of Harvard Graduate School of Education, February 2021.

CAREGIVERS' MENTAL HEALTH DURING THE PANDEMIC



Czeisler Mark É. et al. "Mental Health Among Parents of Children Aged <18 Years and Unpaid Caregivers of Adults During the COVID-19 Pandemic — United States, December 2020 and February-March 2021," CDC Morbidity and Mortality Weekly Report, June 18, 2021, 70(24);879–887.

MENTAL HEALTH PROFESSIONAL SHORTAGE

- There are more than 5,800 mental health professional shortage areas in the U.S.
- The shortages impact nearly 129 million Americans.

"Data.HRSA.gov: Shortage Areas," Health Resources & Services Administration, https://data.hrsa.gov/topics/health-workforce/shortage-areas, Sept 9, 2021.

Access & Affordability

CONSUMER USE OF TELEHEALTH

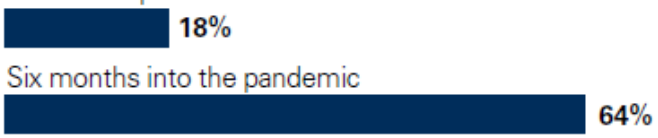
Surveyed U.S. adults who see a health care provider at least once a year (March 2021)

69% of U.S. patients report having seen a health care provider via telehealth since the pandemic began.

48% of U.S. patients would be likely to switch, or have switched, to a different provider if their current provider did not offer telehealth appointments.

March 2021 NextGen survey conducted by The Harris Poll among 1,733 U.S. patients 18+. "National Survey Shows Online Access and Telehealth are Keys to Patient Loyalty," May 20, 2021. For further information on the survey, contact tstegmaier@nextgen.com.

MEDICARE PROVIDERS OFFERING TELEHEALTH:



MEDICARE TELEHEALTH ACCESS

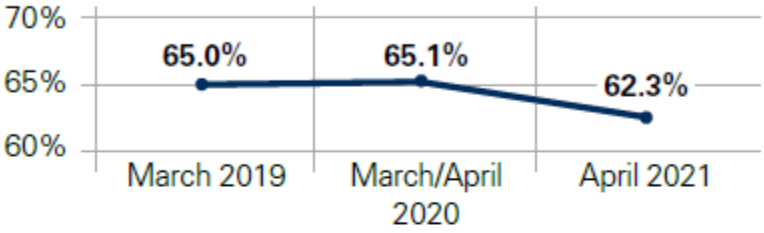
27% of beneficiaries participated in a telehealth visit

Method of communication

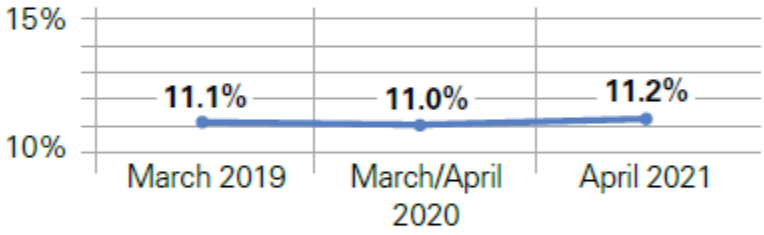
Wyatt, Korna et al. "Medicare and Telehealth: Coverage and Use During the COVID-19 Pandemic and Options for the Future," Kaiser Family Foundation, May 19, 2021.

HEALTH INSURANCE COVERAGE TRENDS AMONG U.S. ADULTS YOUNGER THAN 65

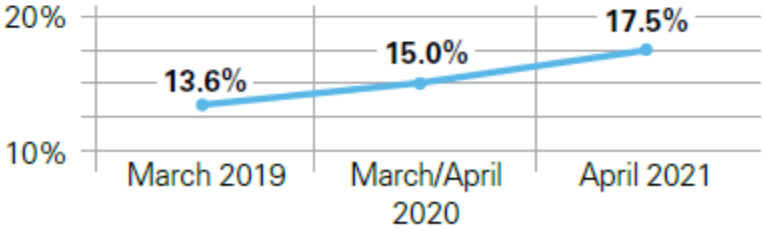
Employer-sponsored insurance coverage



Uninsured rate



Public coverage (Medicaid, ACA)



Karpman, Michael and Zuckerman, Stephen. "The Uninsurance Rate Held Steady during the Pandemic as Public Coverage Increased, "The Urban Institute," August 2021.

For Entire 2022 Environmental Scan Click Here

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: