

Community Health Needs Assessment 2016



 **Good Samaritan**

BKD^{LLP}
CPAs & Advisors

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Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment (CHNA) every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

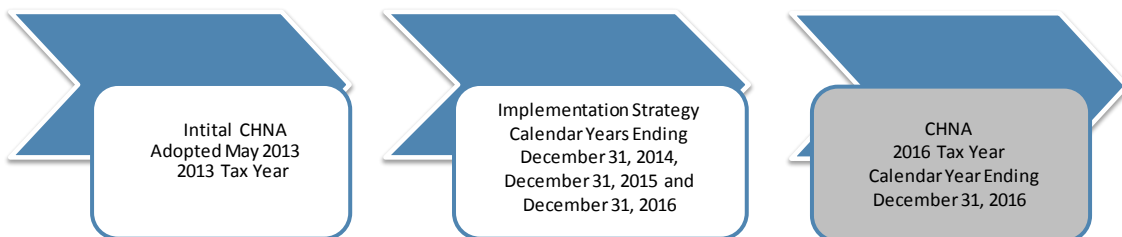
The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a *process* and a *document*, is intended to document Good Samaritan Hospital's (Good Samaritan or Hospital) compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ An evaluation of the implementation strategy for fiscal years ending December 30, 2014, through December 30, 2016, which was adopted by the Hospital board of directors in 2013.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- ✓ Obtaining community input through:
 - Interviews with key stakeholders who represent a) persons with specialized knowledge in public health, b) populations of need or c) broad interests of the community.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2016. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Hospital and to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to assist in conducting a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. CHNA was conducted from January 2016 to June 2016.

Based on current literature and other guidance from the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2013 CHNA was completed to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through key informant interviews of 20 stakeholders. Results and findings are described in the key stakeholder section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes, and 5) how important the issue is to the community. An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Hospital has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of Hospital

For more than 100 years, Good Samaritan has been a health care leader in southwestern Indiana and southeastern Illinois. Located in historic Vincennes, Good Samaritan is a 232-bed community health-care facility with over 1,900 employees and a commitment to delivering exceptional patient care.

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

The Hospital also has a state-of-the-art Same Day Surgery Center, with surgical suites designed with input from the Hospital's physicians. The Cancer Pavilion is a 25,000-square-foot comprehensive oncology care center, featuring one of the most advanced methods for delivering radiation therapy, a linear accelerator with IMRT. The Pavilion also has 12 fully-equipped infusion suites and other amenities for patients and families.

**Mission**

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

Vision

To be the regional center of excellence in health and wellness.

P.R.I.D.E. Values

Patient • Respect • Integrity • Dignity • Excellence

Evaluation of Prior Implementation Strategy

The implementation strategy for calendar years ending December 31, 2014 – December 31, 2016, focused on three strategies to address identified health needs. Action plans for each of the strategies are summarized below. Based on the Hospital's evaluation for the calendar year ending December 31, 2016, the Hospital has either met their goals or is still in the process of meeting their goals for each strategy listed.

Priority 1: Access to Care

Goal: Increase access to affordable health care services.

- Good Samaritan has increased the number of weekly operating hours by 24 hours in their Convenient Care Clinic.
- The Hospital has increased the number of free clinics available to community and has utilized services such as ClaimAid and PACE in order to ensure that patients have adequate insurance coverage.
- Good Samaritan has successfully recruited six primary care physicians and five family nurse practitioners since 2013.
- Good Samaritan's Patient Centered Medical Home is utilized for follow-up visits for patients with no primary care provider.

Priority 2: Physical Inactivity

Goal: Develop and implement programs to motivate residents of all ages to become more physically active.

- The Hospital developed an exercise program for the community that was provided two times per week for six weeks in order to increase physical activity by adults and seniors.
- Revitalized the "Fit Kids" program that is used in schools throughout the CHNA community.
- Good Samaritan has partnered with the City of Vincennes and applied for an "Active Living" grant. The funds from this grant will be utilized to promote physical activity for the residents of Knox County.

Priority 3: Obesity

Goal: Develop and implement programs that educate and motivate residents to change their nutritional behavior and reduce their risk for major health issues.

- Good Samaritan has focused their efforts on expanding the cafeteria menu in the Hospital to offer healthy options that are between 500 – 600 calories. Additionally, the Hospital's deep fryer was removed from operation.
- The Hospital's Outpatient Oncology department has made efforts to distribute educational materials to the community regarding the relationship between obesity and cancer.
- The Physicians Services Clinical Coordinator has worked with each provider office to expand the implementation of the electronic medical record system. The system automatically calculates the

patient's Body Mass Index (BMI) which the clinician utilizes as part of the overall patient assessment.

Summary of Findings – 2015 Tax Year CHNA

Health needs were identified based on information gathered and analyzed through the 2016 CHNA conducted by the Hospital. These identified community health needs are discussed in greater detail later in this report and the prioritized listing is available at *Exhibit 26*.

Based on the prioritization process, the following significant needs were identified:

- Lack of Primary Care Providers
- Adult Obesity
- Lack of Employment Opportunities Paying More than Minimum Wage
- Lack of Health Knowledge
- Drug Abuse
- Adult Smoking
- Uninsured
- Diabetes
- Physical Inactivity
- Poverty/Children in Poverty
- Lack of Mental Health Providers
- Lack of Dentists
- Lack of Social Services
- Cancer
- Children in Single-Parent Households

These needs have been prioritized based on information gathered through the CHNA and the prioritization process is discussed in greater detail later in this report.

Community Served by the Hospital

The Hospital is located in the city of Vincennes, Indiana, in Knox County. Vincennes is located on the Illinois border and is approximately one and a half hours away from Bloomington, Indiana and two hours away from Indianapolis, Indiana. Vincennes is accessible by Highway 41.

The service area outside of Knox County is comprised of Crawford, Lawrence, Richland, Wabash, Daviess, Gibson, Greene, Pike and Sullivan Counties. These counties are rural in nature and Vincennes is the biggest city in the region. Hospitals available in the surrounding counties are primarily critical access hospitals.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the CHNA considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges and outpatient visits from January 1, 2015, through December 31, 2015, management has identified the Indiana counties of Knox, Daviess, Gibson, Greene, Pike and Sullivan and the Illinois counties of Crawford, Lawrence, Richland, Wabash as the defined CHNA community. These counties represent nearly 96% of the inpatient discharges as reflected in *Exhibit 1* below. The CHNA will utilize data and input from these counties to analyze health needs for the community.

Exhibit 1
Good Samaritan Hospital
Summary of Inpatient Discharges and Outpatient Visits
1/1/2015 – 12/31/2015

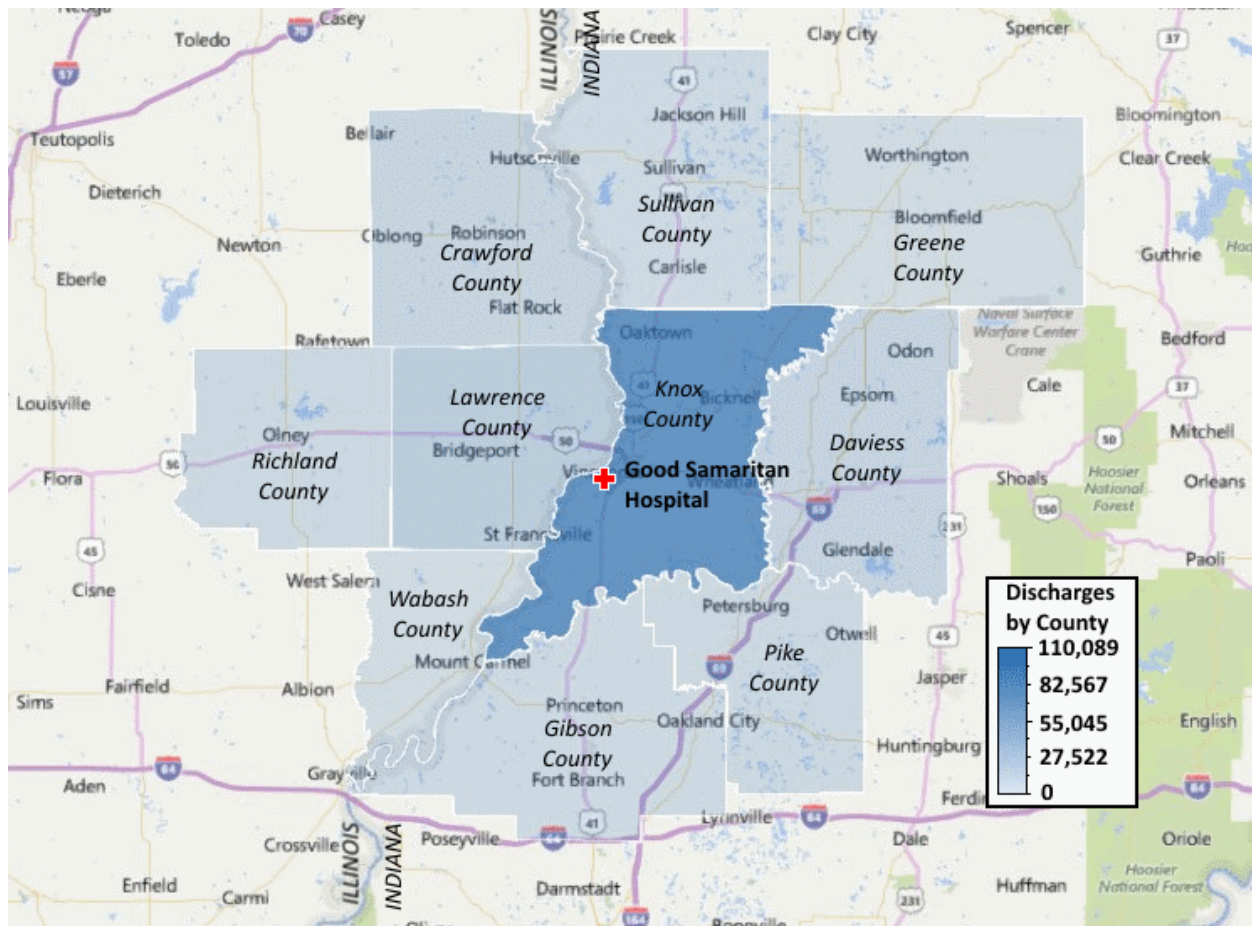
County	Inpatient	
	Discharges and Outpatient Visits	Percent
Knox County, IN		
Total Knox	110,089	61.2%
Total Service Area Outside Knox County		
Crawford County, IL	11,395	6.3%
Lawrence County, IL	21,598	12.0%
Richland County, IL	4,523	2.5%
Wabash County, IL	1,173	0.7%
Daviess County, IN	12,589	7.0%
Gibson County, IN	3,553	2.0%
Greene County, IN	1,292	0.7%
Pike County, IN	4,116	2.3%
Sullivan County, IN	2,244	1.2%
Total Service Area Outside Knox County	62,483	34.7%
Total Other Discharges	7,335	4.1%
Total	179,907	100.0%

Source: Good Samaritan Hospital

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Hospital's community by showing the community zip codes shaded by number of inpatient discharges. The map below displays the Hospital's geographic relationship to the community, as well as significant roads and highways.



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between the male and female population, age distribution, race/ethnicity and the Hispanic population. The CHNA Community has a higher percentage of older residents, age 65+, as well as a lower percentage of younger adults as compared to state and national percentages.

Exhibit 2
Demographic Snapshot
Good Samaritan Hospital

DEMOGRAPHIC CHARACTERISTICS

	Knox County, IN	Crawford County, IL	Lawrence County, IL	Richland County, IL	Wabash County, IL	Daviess County, IN	Gibson County, IN	Greene County, IN	Pike County, IN	Sullivan County, IN	Total Service Area Outside Knox County	Total Community
Total Population	38,181	19,626	16,726	16,144	11,730	32,156	33,586	32,978	12,733	21,227	196,906	235,087
Total Population	Illinois	Indiana	United States									
	12,868,747	6,542,411	314,107,083									
	Knox County, IN	Crawford County, IL	Lawrence County, IL	Richland County, IL	Wabash County, IL	Daviess County, IN	Gibson County, IN	Greene County, IN	Pike County, IN	Sullivan County, IN		
Total Male Population	19,281	10,212	9,987	7,989	5,754	16,010	16,786	16,393	6,391	11,588		
Total Female Population	18,900	9,414	6,739	8,155	5,976	16,146	16,800	16,585	6,342	9,639		

POPULATION DISTRIBUTION

Age Distribution													
Age Group	Knox County, IN	Percent of Total Knox	Crawford County, IL	Lawrence County, IL	Richland County, IL	Wabash County, IL	Daviess County, IN	Gibson County, IN	Greene County, IN	Pike County, IN	Sullivan County, IN	Percent of Total Outside Knox	Percent of Total Community
0 - 4	2,223	5.82%	1,017	857	966	673	2,706	2,077	1,842	725	1,150	6.10%	6.06%
5 - 17	5,978	15.66%	2,950	2,325	2,657	1,827	6,597	5,899	5,820	2,086	3,235	16.96%	16.75%
18 - 24	4,998	13.09%	1,754	1,212	1,273	989	2,939	2,793	2,510	927	1,846	8.25%	9.04%
25 - 34	4,398	11.52%	2,315	2,793	1,778	1,318	3,774	3,898	3,582	1,343	2,791	11.98%	11.91%
35 - 44	4,133	10.82%	2,438	2,183	1,821	1,263	3,577	4,182	4,071	1,545	2,849	12.15%	11.94%
45 - 54	5,364	14.05%	3,005	2,581	2,340	1,767	4,188	4,936	4,975	1,967	3,254	14.73%	14.62%
55 - 64	4,909	12.86%	2,681	2,028	2,144	1,724	3,795	4,512	4,556	1,856	2,810	13.26%	13.19%
65+	6,178	16.18%	3,466	2,747	3,165	2,169	4,580	5,289	5,622	2,284	3,292	16.56%	16.50%
Total	38,181	100.00%	19,626	16,726	16,144	11,730	32,156	33,586	32,978	12,733	21,227	100.00%	100.00%

POPULATION DISTRIBUTION

Age Distribution						
Age Group	Illinois	Percent of Total IL	Indiana	Percent of Total IN	United States	Percent of Total US
0 - 4	810,671	6.30%	424,056	6.48%	19,973,712	6.36%
5 - 17	2,244,295	17.44%	1,167,966	17.85%	53,803,944	17.13%
18 - 24	1,253,226	9.74%	662,570	10.13%	31,273,296	9.96%
25 - 34	1,781,319	13.84%	835,979	12.78%	42,310,184	13.47%
35 - 44	1,699,140	13.20%	830,943	12.70%	40,723,040	12.96%
45 - 54	1,823,332	14.17%	918,682	14.04%	44,248,184	14.09%
55 - 64	1,560,481	12.13%	813,427	12.43%	38,596,760	12.29%
65+	1,696,283	13.18%	888,788	13.59%	43,177,963	13.75%
Total	12,868,747	100%	6,542,411	100.00%	314,107,083	100.00%

RACE/ETHNICITY

Race/Ethnicity Distribution												
Race/Ethnicity	Knox County, IN	Percent of Total	Crawford County, IL	Lawrence County, IL	Richland County, IL	Wabash County, IL	Daviess County, IN	Gibson County, IN	Greene County, IN	Pike County, IN	Sullivan County, IN	Percent of Total Community
White Non-Hispanic	35,666	93.41%	17,940	12,037	15,533	11,254	30,003	31,707	32,033	12,643	19,615	92.82%
Black Non-Hispanic	1,200	3.14%	612	3,460	69	31	377	583	95	23	1,124	3.24%
Hispanic	660	1.73%	394	894	221	163	1,413	493	374	9	346	2.19%
Asian and Pacific Island Non-Hisp.	240	0.63%	97	25	86	84	134	83	213	29	25	0.39%
All Others	415	1.09%	583	310	235	198	229	720	263	29	117	1.36%
Total	38,181	100.00%	19,626	16,726	16,144	11,730	32,156	33,586	32,978	12,733	21,227	100.00%

Source: Community Commons (ACS 2010-2014 data sets)

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race and illustrates different categories of race such as, white, black, Asian, other and multiple races. White non-Hispanics make up almost 93% of the community.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table helps to understand why transportation may or may not be one of the highest ranking needs within the community.

Exhibit 3	Percent Urban	Percent Rural
Knox County, IN	63.79%	36.21%
Total Service Area Outside Knox County	36.67%	63.33%
Crawford County, IL	39.83%	60.17%
Lawrence County, IL	41.98%	58.02%
Richland County, IL	56.53%	43.47%
Wabash County, IL	61.10%	38.90%
Daviess County, IN	39.72%	60.28%
Gibson County, IN	46.38%	53.62%
Greene County, IN	25.16%	74.84%
Pike County, IN	0.00%	100.00%
Sullivan County, IN	21.04%	78.96%
Illinois	88.49%	11.51%
Indiana	72.44%	27.56%
United States	80.89%	19.11%

Data Source: Community Commons. 2010

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, uninsured population poverty and educational attainment for the CHNA community. These standard measures will be used to compare the socioeconomic status of the community to the state of Illinois, the state of Indiana and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. All counties within the CHNA community have a per capita income that is below their respective state as well as the United States. Lawrence County, Illinois has the lowest per capital income and barely half of the national rate.

Exhibit 4	Total Population	Total Income (\$)	Per Capita Income (\$)
Knox County, IN	38,181	832,387,520	21,801
Total Service Area Outside Knox County	196,906	4,384,958,048	22,269
Crawford County, IL	19,626	502,674,912	25,612
Lawrence County, IL	16,726	237,648,192	14,208
Richland County, IL	16,144	387,384,608	23,995
Wabash County, IL	11,730	287,298,496	24,492
Daviess County, IN	32,156	692,398,592	21,532
Gibson County, IN	33,586	814,661,632	24,255
Greene County, IN	32,978	741,720,320	22,491
Pike County, IN	12,733	292,529,408	22,974
Sullivan County, IN	21,227	428,641,888	20,193
Illinois	12,868,747	386,312,175,616	30,019
Indiana	6,542,411	163,255,009,280	24,953
United States	314,107,072	8,969,237,037,056	28,554

Data Source: Community Commons. 2010-2014.

Unemployment Rate

Exhibit 5 presents the average annual unemployment rate from 2011 – 2015 for the CHNA community as well as for Illinois, Indiana and the United States. Since 2013, unemployment has steadily declined in all counties. On average, the unemployment rate for Knox County is lower than the United States and the state of Indiana from 2011 – 2015. The unemployment rate for the service area outside of Knox County is consistent with state and national percentages. However, rates vary by county.

Exhibit 5	2011	2012	2013	2014	2015
Knox County, IN	7.4	7.1	6.7	5.3	4.6
Total Service Area Outside Knox County	8.2	8.0	7.8	6.1	5.3
Crawford County, IL	7.4	7.8	8.6	6.6	5.8
Lawrence County, IL	10.5	9.9	9.9	7.6	6.5
Richland County, IL	8.3	8.1	8.6	6.8	6.1
Wabash County, IL	9.0	8.1	7.7	6.1	5.5
Daviess County, IN	6.1	6.0	5.7	4.5	3.9
Gibson County, IN	7.3	6.9	5.9	4.6	4.0
Greene County, IN	10.3	10.2	10.0	8.0	6.9
Pike County, IN	7.8	7.3	6.9	5.1	4.3
Sullivan County, IN	9.3	9.5	9.3	7.4	6.5
Illinois	9.7	9.0	9.1	7.1	5.9
Indiana	9.1	8.3	7.7	5.9	4.8
United States	9.0	8.1	7.4	6.2	5.3

Data Source: Community Commons. 2011-2015.

Poverty

Exhibit 6 presents the percentage of total population below 100% FPL (Federal Poverty Level). Poverty is a key driver to health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health status. All counties have poverty rates that are below the national rate, with the exception of Richland and Sullivan.

Exhibit 6	Total Population	Population in Poverty	Percent of Population in Poverty
Knox County, IN	35,364	5,252	14.85%
Total Service Area Outside Knox County	185,309	24,995	13.49%
Crawford County, IL	18,417	2,523	13.70%
Lawrence County, IL	11,142	1,450	13.01%
Richland County, IL	15,815	2,369	14.98%
Wabash County, IL	11,608	1,549	13.34%
Daviess County, IN	31,553	4,036	12.79%
Gibson County, IN	32,711	3,647	11.15%
Greene County, IN	32,565	4,479	13.75%
Pike County, IN	12,486	1,458	11.68%
Sullivan County, IN	19,012	3,484	18.33%
Illinois	12,566,139	1,810,470	14.41%
Indiana	6,342,824	983,826	15.51%
United States	306,226,400	47,755,608	15.59%

Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Note: This indicator is compared to the respective county's rate and the US.

Note: Total population for poverty status was determined at the household level.

Insurance Coverage

Exhibit 7 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage and the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). The uninsured population is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. *Exhibit 7* shows over 30,000 persons are uninsured in the CHNA community based on the most recent five-year estimates produced by the U.S. Census Bureau, 2010-2014 American Community Survey. However, the 2015 uninsured rates have continued to decline, primarily as a result of the *Affordable Care Act* per www.enrollamerica.com. *Exhibit 8* reports the current estimate per www.enrollamerica.com and compares the current estimate with the uninsured percentage reported in *Exhibit 7*. Based upon current estimates, declines in the uninsured population have occurred in each county with significant declines occurring in Daviess and Sullivan Counties.

The Medicaid indicator is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 7* shows that most of the counties in the CHNA Community have a higher percentage of population receiving Medicaid compared to the states of Illinois and Indiana as well as the United States.

Exhibit 7	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Knox County, IN	37,312	5,547	14.87%	5,898	18.57%
Total Service Area Outside Knox County	186,246	24,860	13.35%	30,850	19.12%
Crawford County, IL	18,455	1,903	10.31%	3,516	21.24%
Lawrence County, IL	11,169	1,025	9.18%	2,500	24.65%
Richland County, IL	15,943	1,596	10.01%	2,986	20.81%
Wabash County, IL	11,635	1,139	9.79%	1,829	17.43%
Daviess County, IN	31,704	6,520	20.57%	4,669	18.54%
Gibson County, IN	33,078	3,597	10.87%	3,985	13.52%
Greene County, IN	32,681	4,560	13.95%	5,768	20.51%
Pike County, IN	12,514	1,416	11.32%	2,085	18.79%
Sullivan County, IN	19,067	3,104	16.28%	3,512	22.00%
Illinois	12,690,056	1,563,887	12.32%	2,282,641	20.52%
Indiana	6,442,787	888,650	13.79%	993,256	17.88%
United States	309,082,272	43,878,144	14.20%	55,035,660	20.75%

Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract
 Note: This indicator is compared to the respective county's rate and the US.

Exhibit 8	Per Exhibit 7 ACS Survey 2010-14	Current Estimate per EnrollAmerica.com	Change
Knox County, IN	14.87%	11%	-3.87%
Total Service Area Outside Knox County			
Crawford County, IL	10.31%	8%	-2.31%
Lawrence County, IL	9.18%	8%	-1.18%
Richland County, IL	10.01%	9%	-1.01%
Wabash County, IL	9.79%	9%	-.79%
Daviess County, IN	20.57%	12%	-8.57%
Gibson County, IN	10.87%	9%	-1.87%
Greene County, IN	13.95%	10%	-3.95%
Pike County, IN	11.32%	9%	-2.32%
Sullivan County, IN	16.28%	10%	-6.28%

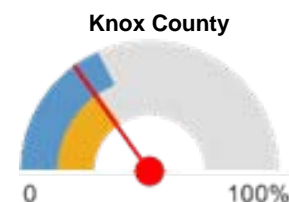
Data Source: enrollamerica.org. 2013, 2015.

Education

Exhibit 9 presents the population with an Associate's level degree or higher in each county versus the respective state the county is located in and the United States.

Exhibit 9	Total Population Age 25	Population Age 25 With Associate's Degree or Higher	Percent Population Age 25 With Associate's Degree or Higher
Knox County, IN	24,982	7,513	30.07%
Total Service Area Outside Knox County	135,254	35,184	26.01%
Crawford County, IL	13,905	4,378	31.49%
Lawrence County, IL	12,332	2,487	20.17%
Richland County, IL	11,248	3,899	34.66%
Wabash County, IL	8,241	2,792	33.88%
Daviess County, IN	19,914	4,471	22.45%
Gibson County, IN	22,817	6,242	27.36%
Greene County, IN	22,806	5,373	23.56%
Pike County, IN	8,995	1,813	20.16%
Sullivan County, IN	14,996	3,729	24.87%
Illinois	8,560,555	3,373,016	39.40%
Indiana	4,287,819	1,358,536	31.68%
United States	209,056,128	77,786,232	37.21%

Percent Population Age 25 With Associate's Degree or Higher



■ Knox County, IN (29.38%)
■ Indiana (31.05%)
■ United States (36.65%)

Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract
 Note: This indicator is compared to the respective county's rate and the US.

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 9*, the percent of residents within the CHNA community obtaining an Associate's degree or higher is below both of their respective state percentages as well as the national percentage for all counties included in the CHNA.

Physical Environment of the Community

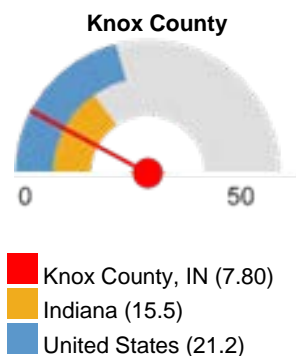
A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

Grocery Store Access

Exhibit 10 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 10	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Knox County, IN	38,440	3	7.80
Total Service Area Outside Knox County	197,466	39	19.80
Crawford County, IL	19,817	4	20.18
Lawrence County, IL	16,833	no data	no data
Richland County, IL	16,233	3	18.48
Wabash County, IL	11,947	3	25.11
Daviess County, IN	31,648	8	25.28
Gibson County, IN	33,503	7	20.89
Greene County, IN	33,165	8	24.12
Pike County, IN	12,845	3	23.36
Sullivan County, IN	21,475	3	13.97
Illinois	12,830,632	2,850	22.20
Indiana	6,483,802	1,004	15.50
United States	312,732,537	66,286	21.20

Grocery Stores, Rate (Per 100,000 Population)



Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013.

Source geography: County

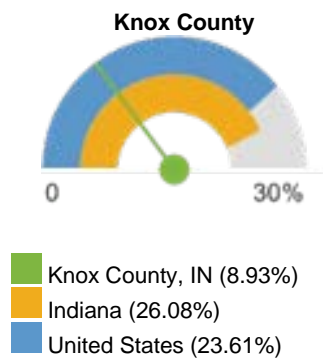
Note: This indicator is compared to the respective county's rate and the US.

Food Access/Food Deserts

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. The information in *Exhibit 11* below is relevant because it highlights populations and geographies facing food insecurity. As seen below, all counties within the community have favorable percentages when compared to Illinois, Indiana and the United States.

Exhibit 11	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Knox County, IN	38,440	3,432	8.93%
Total Service Area Outside Knox County	197,466	18,522	9.38%
Crawford County, IL	19,817	1,708	8.62%
Lawrence County, IL	16,833	3,314	19.69%
Richland County, IL	16,233	1,043	6.43%
Wabash County, IL	11,947	1,915	16.03%
Daviess County, IN	31,648	2,027	6.40%
Gibson County, IN	33,503	3,209	9.58%
Greene County, IN	33,165	3,319	10.01%
Pike County, IN	12,845	335	2.61%
Sullivan County, IN	21,475	1,652	7.69%
Illinois	12,830,632	2,623,048	20.44%
Indiana	6,483,802	1,690,760	26.08%
United States	308,745,538	72,905,540	23.61%

Percent Population With Low Food Access



Data Source: U.S. Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract
 Note: This indicator is compared to the respective county's rate and the US.

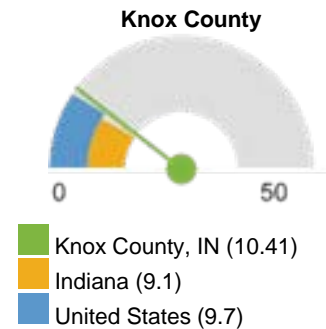
Recreation and Fitness Facility Access

This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 12* shows Crawford, Lawrence and Sullivan Counties do not have any fitness establishments available to the residents.

Exhibit 12	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Knox County, IN	38,440	4	10.41
Total Service Area Outside Knox County	197,466	12	6.1
Crawford County, IL	19,817	0	0.00
Lawrence County, IL	16,833	0	0.00
Richland County, IL	16,233	3	18.48
Wabash County, IL	11,947	2	16.74
Daviess County, IN	31,648	2	6.32
Gibson County, IN	33,503	3	8.95
Greene County, IN	33,165	1	3.02
Pike County, IN	12,845	1	7.79
Sullivan County, IN	21,475	0	0.00
Illinois	12,830,632	1,313	10.20
Indiana	6,483,802	592	9.10
United States	312,732,537	30,393	9.70

Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County
 Note: This indicator is compared to the respective county's rate and the US.

Recreation and Fitness Facilities, Rate (Per 100,000 Population)



The trend graphs below (*Exhibits 13.1 and Exhibit 13.2*) show the percent of adults who are physically inactive by year for the community and compared to Illinois, Indiana and the United States. Since 2004, Knox County has had a higher percentage of adults who are physically inactive compared to both the state of Indiana and the United States. The trend has been increasing over the years and the rates for the CHNA community are significantly higher than state and national rates.

Exhibit 13.1 – Knox County

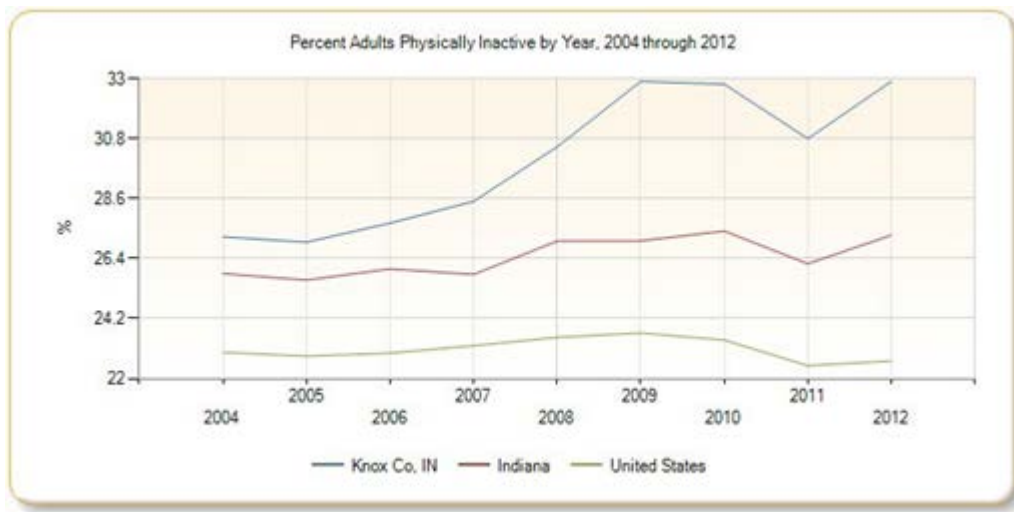
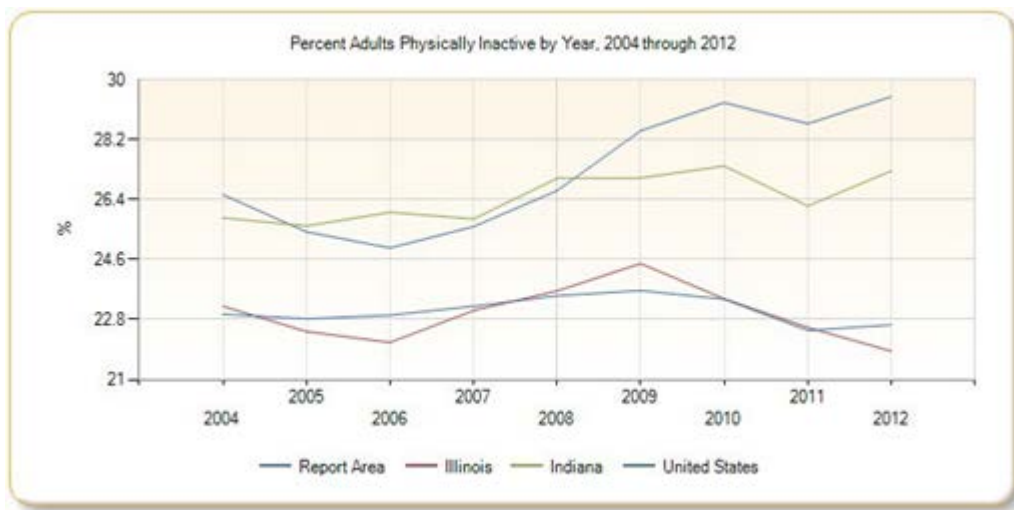


Exhibit 13.2 – Total Service Area Outside Knox County



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Exhibit 14 shows the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. Although the rate for Knox County is above state and national rates, on a combined basis, the rate is **46.02** primary physicians per 100,000-population which indicates a shortage of primary care physicians in the in the region.

Exhibit 14	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Population
Knox County, IN	38,122	36	94.4
Total Service Area Outside Knox County	196,523	72	36.6
Crawford County, IL	19,600	9	45.9
Lawrence County, IL	16,604	4	24.1
Richland County, IL	16,176	9	55.6
Wabash County, IL	11,727	4	34.1
Daviess County, IN	32,064	14	43.7
Gibson County, IN	33,458	12	35.9
Greene County, IN	32,940	9	27.3
Pike County, IN	12,766	2	15.7
Sullivan County, IN	21,188	9	42.5
Illinois	12,875,255	10,168	79.0
Indiana	6,537,334	4,306	65.9
United States	313,914,040	233,862	74.5

Data Source: U.S. Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

Note: This indicator is compared to the respective county's rate and the US.

Lack of a Consistent Source of Primary Care

Exhibit 15 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Exhibit 15	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Knox County, IN	23,503	4,049	17.23%
Total Service Area Outside Knox County	170,690	16,748	9.8%
Crawford County, IL	19,645	no data	no data
Lawrence County, IL	11,725	1,740	14.83%
Richland County, IL	31,100	1,955	6.29%
Wabash County, IL	no data	no data	no data
Daviess County, IN	19,303	4,010	20.77%
Gibson County, IN	28,766	1,092	3.80%
Greene County, IN	40,061	4,587	11.45%
Pike County, IN	no data	no data	no data
Sullivan County, IN	20,090	3,364	16.75%
Illinois	9,702,848	1,743,367	17.97%
Indiana	4,832,467	909,566	18.82%
United States	236,884,668	52,290,932	22.07%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-

12. Source geography: County

Note: This indicator is compared to the respective county's rate and the US.

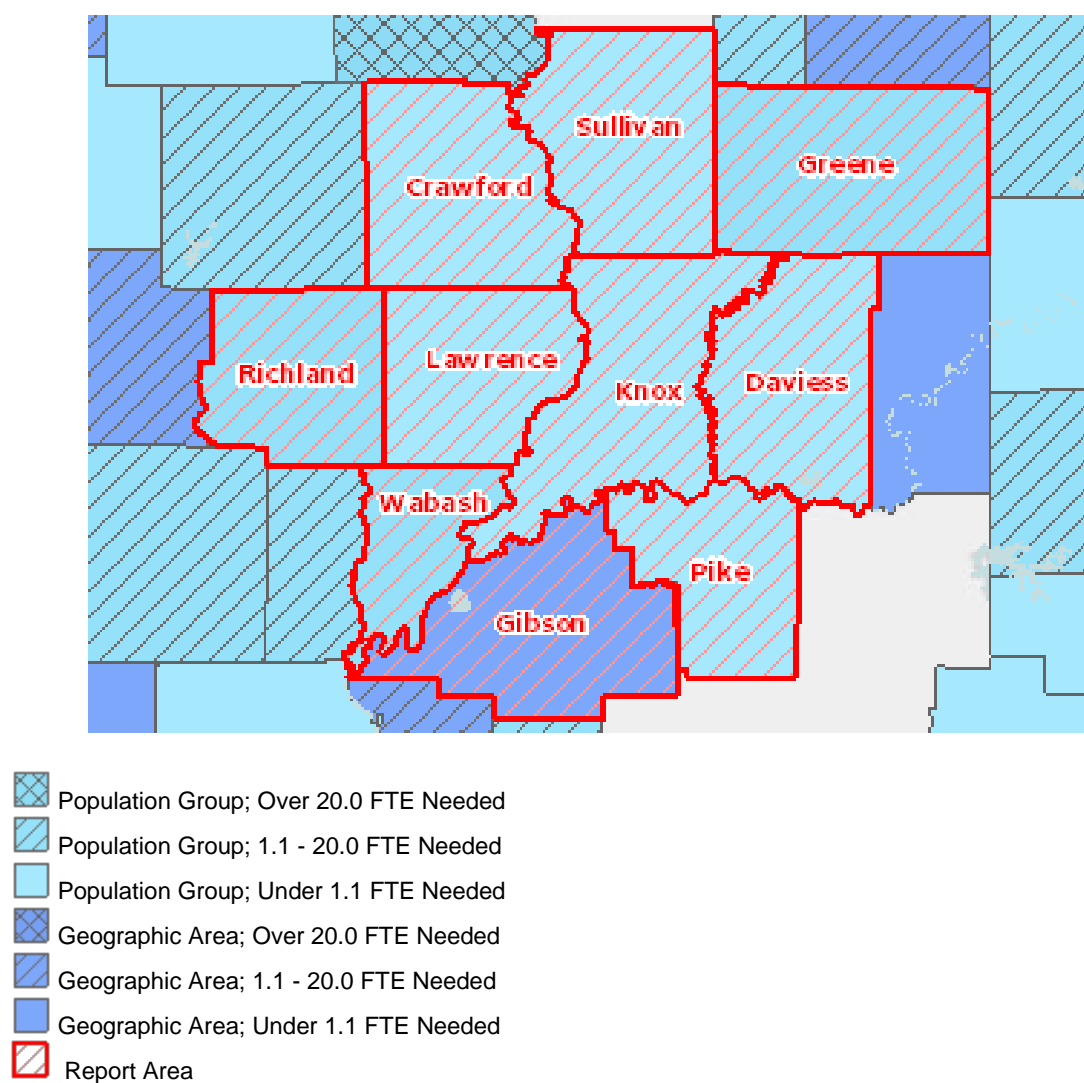
Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As *Exhibit 16* below shows, 100% of the residents in the whole CHNA community are living in a health professional shortage area.

Exhibit 16:

Health Professional Shortage Areas

Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database March 2015



Data Source: U.S. Department of Health Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015. Source geography: HASP

Preventable Hospital Events

Exhibit 17 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 17	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Knox County, IN	5,580	337	60.6
Total Service Area Outside Knox County	28,131	2,363	84.0
Crawford County, IL	3,315	226	68.3
Lawrence County, IL	2,453	272	111.0
Richland County, IL	2,867	275	96.2
Wabash County, IL	1,986	173	87.5
Daviess County, IN	3,758	308	82.2
Gibson County, IN	4,010	270	67.5
Greene County, IN	4,922	470	95.6
Pike County, IN	1,864	101	54.2
Sullivan County, IN	2,956	264	89.4
Illinois	1,420,984	92,604	65.2
Indiana	678,843	47,529	70.0
United States	58,209,898	3,448,111	59.2

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County
 Note: This indicator is compared to the respective county's rate and the US.

Health Status of the Community

This section of the assessment reviews the health status of Knox, Crawford, Lawrence, Richland, Wabash, Daviess, Gibson, Greene, Pike and Sullivan residents. As in the previous section, comparisons are provided with the state of Illinois, Indiana, and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle/ Behavior	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Mental illness Malnutrition
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

Exhibit 18 reflects the leading causes of death for the Community and compares the rates to the state of Illinois, Indiana and the United States.

Exhibit 18	Cancer	Heart Disease	Lung Disease	Stroke	Unintentional Injury
Knox County, IN	230.30	272.04	78.32	121.10	54.30
Total Service Area Outside Knox County					
Crawford County, IL	263.60	276.81	63.88	89.20	62.87
Lawrence County, IL	225.00	252.57	93.37	68.20	61.05
Richland County, IL	261.60	287.48	71.56	55.50	48.12
Wabash County, IL	282.00	290.48	92.89	52.40	81.06
Daviess County, IN	200.00	221.96	56.43	62.10	52.04
Gibson County, IN	211.40	240.11	65.10	50.20	53.76
Greene County, IN	260.40	294.95	77.68	62.50	64.94
Pike County, IN	238.00	250.56	65.77	67.30	53.24
Sullivan County, IN	252.00	321.39	66.53	47.80	71.21
Illinois	188.80	193.58	41.65	41.40	32.87
Indiana	202.80	207.92	60.89	46.90	41.40
United States	185.40	192.95	45.66	41.40	40.05

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-

13. Source geography: County

Note: This indicator is compared to the respective county's rate and the US.

The table above shows leading causes of death within each county as compared to Illinois, Indiana and the United States. The crude rate is shown per 100,000 residents. The rates in red represent the county and corresponding leading cause of death that is greater than the respective state and national rate. As the table indicates, almost all of the leading causes of death are greater than the Illinois, Indiana and national rate.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest". Counties are ranked relative to the health of other counties in the same state based on health outcomes and factors, clinical care, economic status and the physical environment.

Exhibit 19 summarizes the health status indicator rankings for each county in the community and compares the current year ranking to the prior CHNA ranking. As can be seen from the summarized tables on the next page, there are numerous areas of the community that have room for improvement when compared to the prior CHNA ranking in 2012. However, there are also significant improvements made within each county from the prior CHNA report. For example, Knox County has lowered their ranking in all indicators above except for social and economic and physical environment. Please refer to *Appendix D* for the full list of health factor findings.

Exhibit 19
Summary of Health Status Indicator Rankings by County

Knox County Indicators			Daviess County Indicators		
	2012	2015		2012	2015
Health Outcomes	78	53	Health Outcomes	58	45
Mortality	70	49	Mortality	45	55
Morbidity	82	63	Morbidity	70	40
Health Factors	76	64	Health Factors	45	43
Health Behaviors	86	62	Health Behaviors	57	52
Clinical Care	88	88	Clinical Care	82	83
Social and Economic Factors	35	41	Social and Economic Factors	22	16
Physical Environment	47	76	Physical Environment	70	11

Crawford County Indicators			Gibson County Indicators		
	2012	2015		2012	2015
Health Outcomes	85	85	Health Outcomes	41	41
Mortality	52	82	Mortality	28	45
Morbidity	101	82	Morbidity	51	34
Health Factors	51	63	Health Factors	20	16
Health Behaviors	73	64	Health Behaviors	29	26
Clinical Care	51	60	Clinical Care	17	16
Social and Economic Factors	36	50	Social and Economic Factors	19	11
Physical Environment	91	60	Physical Environment	84	92

Lawrence County Indicators			Greene County Indicators		
	2012	2015		2012	2015
Health Outcomes	89	59	Health Outcomes	70	67
Mortality	97	51	Mortality	84	78
Morbidity	31	65	Morbidity	45	42
Health Factors	87	92	Health Factors	53	78
Health Behaviors	55	82	Health Behaviors	56	48
Clinical Care	101	99	Clinical Care	80	82
Social and Economic Factors	75	91	Social and Economic Factors	42	73
Physical Environment	90	44	Physical Environment	68	91

Richland County Indicators			Pike County Indicators		
	2012	2015		2012	2015
Health Outcomes	51	61	Health Outcomes	64	78
Mortality	62	47	Mortality	40	85
Morbidity	27	70	Morbidity	85	69
Health Factors	60	55	Health Factors	21	39
Health Behaviors	67	56	Health Behaviors	14	59
Clinical Care	83	97	Clinical Care	53	57
Social and Economic Factors	44	30	Social and Economic Factors	20	14
Physical Environment	37	49	Physical Environment	78	81

Wabash County Indicators			Sullivan County Indicators		
	2012	2015		2012	2015
Health Outcomes	56	68	Health Outcomes	85	88
Mortality	69	80	Mortality	86	88
Morbidity	45	40	Morbidity	71	79
Health Factors	50	57	Health Factors	78	90
Health Behaviors	46	57	Health Behaviors	63	87
Clinical Care	67	58	Clinical Care	83	92
Social and Economic Factors	47	37	Social and Economic Factors	57	82
Physical Environment	57	95	Physical Environment	77	77

Data Source: countyhealthrankings.org - 2016 release. Out of 102 counties for Illinois and 92 counties for Indiana.

Community Health Status Indicators

The Community Health Status Indicators (CHSI) Project of the U.S. Department of Health and Human Services compares many health status and access indicators to both the median rates in the United States and to rates in “peer counties” across the United States. Counties are considered “peers” if they share common characteristics such as population size, poverty rate, average age, and population density.

Knox County has been compared to various “peer” counties within multiple states, including Wabash and Jefferson Counties in Indiana, Christian and Williamson Counties in Illinois and Franklin County in Tennessee. The surrounding counties have similarly been compared to peer counties. *Exhibit 20* provides a summary comparison of how the counties in the CHNA Community compare with peer counties on the full set of primary indicators. Peer county values for each indicator were ranked and then divided into quartiles. X’s indicate where the county ranked in the bottom quartile when compared to peer counties. Chronic kidney disease, diabetes deaths, preterm births, unemployment and poor air quality are indicators where 5 or more counties rank in the bottom quartile. Complete summaries for each county are included in the *Appendix E*.

Exhibit 20
Good Samaritan Hospital
Community Health Status Indicators

		Knox	Crawford	Lawrence	Richland	Wabash	Davies	Gibson	Greene	Pike	Sullivan
Primary Indicators where one or more counties in the CHNA Community ranked in the bottom quartile when compared to peer counties.											
Mortality	Alzheimer's disease deaths			X						X	X
	Cancer deaths					X					X
	Chronic kidney disease deaths	X	X			X	X	X			
	Chronic lower respiratory disease deaths	X		X		X					
	Coronary heart disease deaths							X		X	X
	Diabetes deaths	X		X			X	X		X	
	Female life expectancy	X		X		X	X	X			
	Male life expectancy	X		X	X	X	X	X			X
	Stroke deaths	X	X				X			X	
	Unintentional injury (including motor vehicle)	X				X	X				
Morbidity	Motor vehicle deaths						X			X	
	Adult diabetes		X							X	
	Adult obesity	X	X								
	Adult overall health status		X				X	X		X	
	Alzheimer's diseases/dementia						X				
	Cancer		X		X						
	Gonorrhea			X		X	X				
	HIV		X								
	Older adult depression						X	X			
	Preterm births		X	X		X		X		X	X
Health Care Access and Quality	Syphilis	X		X	X				X		
	Cost barrier to care	X					X	X			
	Older adult preventable hospitalizations			X		X	X	X			
	Primary care provider access					X	X			X	
Health Behaviors	Uninsured					X					
	Adult female routine pap tests	X					X		X		
	Adult physical inactivity	X	X								X
	Adult smoking	X					X	X			
Social Factors	Teen births					X	X	X			X
	Children in single-parent households			X							
	Inadequate social support						X	X			
	On time high school graduation		X	X		X					
	Poverty					X	X				X
	Unemployment		X		X	X			X		X
Physical	Violent crime				X	X					
	Access to parks					X	X			X	
	Annual average PM2.5 concentration	X	X	X	X	X	X	X	X	X	X
	Living near highways	X			X						

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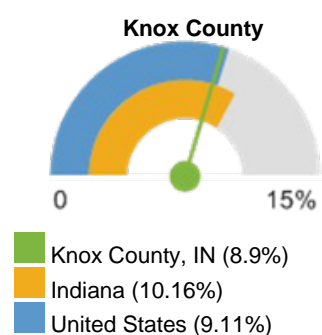
The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for each county and the community as a whole are compared to the county's respective state (Illinois or Indiana) and the United States.

Diabetes (Adult)

Exhibit 21 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 21	Total Population Age 20	Population With Diagnosed Diabetes	Population With Diagnosed Diabetes, Crude Rate	Population With Diagnosed Diabetes, Age-Adjusted Rate
Knox County, IN	28,216	2,878	10.2	8.90%
Total Service Area Outside Knox County	146,948	18,366	12.5	10.85%
Crawford County, IL	15,297	1,698	11.1	9.60%
Lawrence County, IL	13,067	1,555	11.9	11.00%
Richland County, IL	12,283	1,388	11.3	9.30%
Wabash County, IL	8,935	1,108	12.4	10.30%
Daviess County, IN	21,950	2,612	11.9	10.60%
Gibson County, IN	24,810	3,126	12.6	10.90%
Greene County, IN	24,681	3,554	14.4	12.30%
Pike County, IN	9,646	1,225	12.7	10.50%
Sullivan County, IN	16,279	2,100	12.9	11.70%
Illinois	9,429,505	873,757	9.27	8.67%
Indiana	4,765,358	526,251	11.04	10.16%
United States	234,058,710	23,059,940	9.85	9.11%

Percent of Adults With Diagnosed Diabetes (Age-Adjusted)



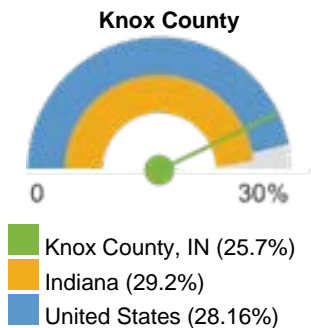
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County
 Note: This indicator is compared to the respective county's rate and the US.

High Blood Pressure (Adult)

Per Exhibit 22 below, 30,153 or 25.70% of adults aged 18 and older in Knox County have ever been told by a doctor that they have high blood pressure or hypertension. The Knox County percentage of high blood pressure among adults is less than the percentage of Indiana and the United States. Adults in Gibson, Pike and Sullivan counties have reported a higher occurrence of high blood pressure than the state of Indiana and the United States.

Exhibit 22	Total Population (Age 18)	Total Adults With High Blood Pressure	Percent Adults With High Blood Pressure
Knox County, IN	30,153	7,749	25.70%
Total Service Area Outside Knox County	150,986	28,492	28.54%
Crawford County, IL	15,691	no data	no data
Lawrence County, IL	13,559	no data	no data
Richland County, IL	12,580	no data	no data
Wabash County, IL	9,331	no data	no data
Daviess County, IN	22,363	4,584	20.50%
Gibson County, IN	25,364	8,218	32.40%
Greene County, IN	25,158	6,768	26.90%
Pike County, IN	10,006	3,672	36.70%
Sullivan County, IN	16,934	5,250	31.00%
Illinois	9,654,603	2,722,598	28.20%
Indiana	4,848,923	1,415,886	29.20%
United States	232,556,016	65,476,522	28.16%

Percent of Adults With High Blood Pressure



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.
 Additional data analysis by CARES. 2006-12. Source geography: County
 Note: This indicator is compared to the respective county's rate and the US.

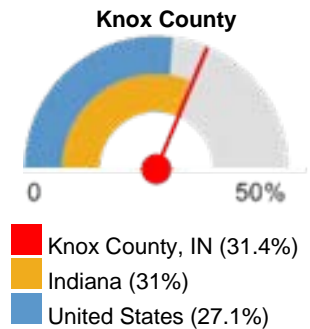
Obesity

Of adults aged 20 and older, 31.4% self-report that they have a BMI greater than 30.0 (obese) in the Knox County per *Exhibit 23*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. All counties within the community have a BMI percentage greater than their respective state and national rate.

Exhibit 23	Total Population Age 20	Adults With BMI > 30.0 (Obese)	Percent Adults With BMI > 30.0 (Obese)
Knox County, IN	28,107	8,910	31.4%
Total Service Area Outside Knox County	146,888	47,953	32.3%
Crawford County, IL	15,245	5,168	33.5%
Lawrence County, IL	13,063	4,180	31.8%
Richland County, IL	12,300	3,776	30.1%
Wabash County, IL	8,957	2,920	32.1%
Daviess County, IN	21,994	7,324	33.1%
Gibson County, IN	24,757	7,947	31.7%
Greene County, IN	24,596	7,969	32.0%
Pike County, IN	9,694	3,296	33.6%
Sullivan County, IN	16,282	5,373	32.7%
Illinois	9,449,802	2,592,853	27.0%
Indiana	4,759,859	1,492,605	31.0%
United States	231,417,834	63,336,403	27.1%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County
 Note: This indicator is compared to the respective county's rate and the US.

Percent Adults With BMI > 30.0 (Obese)

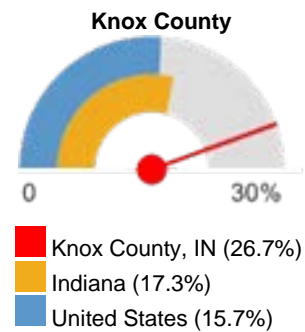


Poor Dental Health

This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. *Exhibit 24* shows Knox County has a greater percentage of adults with poor health than that of Indiana and the United States. Additionally, all surrounding counties that report data have percentages of adults with poor dental health that compare negatively to state and national rates.

Exhibit 24	Total Population (Age 18)	Total Adults With Poor Dental Health	Percent of Adults With Poor Dental Health
Knox County, IN	30,115	8,045	26.7%
Total Service Area Outside Knox County	150,258	24,077	16.0%
Crawford County, IL	15,294	no data	no data
Lawrence County, IL	13,561	no data	no data
Richland County, IL	12,566	4,117	32.8%
Wabash County, IL	9,416	no data	no data
Daviess County, IN	22,178	4,184	18.9%
Gibson County, IN	25,287	6,281	24.8%
Greene County, IN	25,094	5,418	21.6%
Pike County, IN	9,995	no data	no data
Sullivan County, IN	16,867	4,077	24.2%
Illinois	9,654,603	1,418,280	14.7%
Indiana	4,848,923	840,638	17.3%
United States	235,375,690	36,842,620	15.7%

Percent of Adults With Poor Dental Health



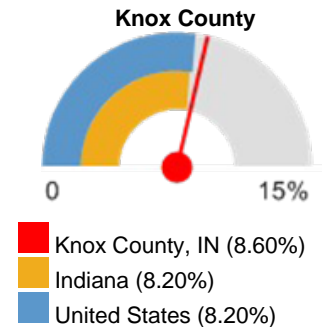
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County
 Note: This indicator is compared to the respective county's rate and the US.

Low Birth Weight

Exhibit 25 reports the percentage of total births that are low birth weight (under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Exhibit 25	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Knox County, IN	3,318	285	8.60%
Total Service Area Outside Knox County	16,744	1,307	7.81%
Crawford County, IL	1,337	127	9.50%
Lawrence County, IL	1,127	91	8.10%
Richland County, IL	1,302	108	8.30%
Wabash County, IL	1,036	87	8.40%
Daviess County, IN	3,633	247	6.80%
Gibson County, IN	2,926	217	7.40%
Greene County, IN	2,730	207	7.60%
Pike County, IN	1,057	103	9.70%
Sullivan County, IN	1,596	120	7.50%
Illinois	1,251,656	105,139	8.40%
Indiana	614,677	50,404	8.20%
United States	29,300,495	2,402,641	8.20%
HP 2020 Target			<= 7.80%

Percent of Low Birth Weight Births



Data Source: U.S. Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County
 Note: This indicator is compared to the respective county's rate and the US.

Community Input – Key Stakeholder Interviews

Interviewing key stakeholders (persons with knowledge of or expertise in public health, persons representing vulnerable populations or community members who represent the broad interest of the community) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Interviews were performed with 20 key stakeholders. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry.

All interviews were conducted by BKD personnel. Participants provided comments on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

Interview data was initially recorded in narrative form asking participants a series of fourteen questions. Please refer to *Appendix E* for a copy of the interview instrument. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community (see *Appendix F* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ Good Samaritan Hospital
- ✓ Social service agencies
- ✓ Local school systems and universities
- ✓ Public health agencies
- ✓ Other medical providers
- ✓ Local elected officials and governmental agencies
- ✓ Local businesses

Key Stakeholder Interview Results

The questions on the interview instrument are grouped into four major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in Knox County. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Seventy percent (14 out of 20) of the key stakeholders rated the health and quality of life in their county as "good", "average" or "fair". Three stakeholders rated the health and quality of life as "above average" or "very good" and three of the key stakeholders rated the health and quality of life as "less than average" or "poor". Stakeholders noted that many persons in the community are living in poverty which contributes greatly to their inability to access health services and to engage in healthy behaviors. Although the unemployment rate for the county is extremely low, many of the jobs in the community are low-paying. Over the recent decades, many of the companies that provided good-paying jobs have left the community. It was also noted that resources to assist those in need are very limited due to the rural nature of the community and the fact that residents must travel one and a half hours to get to cities that can provide certain services.

Stakeholders noted that unhealthy habits such as smoking, lack of healthy eating and physical inactivity contribute to poor health in the community. Due to the poor economic realities for many of the residents in the community, families are limited in what they do regarding healthy living. Most of the stakeholders noted the Hospital does a great job at reaching out to the community with educational opportunities and free or low-cost screenings, noting the annual men's health fair is very well attended and it is helping to detect issues early. They also noted they felt there were opportunities for residents of the community to engage in healthy behaviors and to access health education and screenings, but a large segment of the population does take action to improve individual health as a result of the culture.

The issue of drug abuse was mentioned in many of the stakeholder interviews. Stakeholders noted the prevalence of meth and prescription drug abuse. They cited the drug issue greatly impacts families and the ability for persons to become gainfully employed. Stakeholders noted that many children are being raised in chaotic households as a result of drugs and that many persons who are incarcerated have drug addictions. Positive comments were made regarding Life after Meth outreach program provided in the community.

When asked whether the health and quality of life had improved, declined or stayed the same, the majority (65%) of the stakeholders responded they felt the health and quality of life had improved over the last few years. Five of the 20 stakeholders expressed they thought the health and quality of life had stayed the same over the last three years. When asked why they thought the health and quality of life had improved, key stakeholders noted that hospital is more accessible and more engaged with the community. Certain key stakeholders had very positive opinions regarding the expansion of walking trails connecting local parks and downtown, addition of bike paths and downtown development efforts.

Many of the stakeholders cited the Hospital's increased focus on wellness and prevention as contributing to improved community health. Stakeholders acknowledged that the Hospital is expanding its outreach efforts at community events such as the farmers markets and the county fair. They also noted several of the programs offered in the local schools. The availability of free screenings is much appreciated by the stakeholders and they feel the Hospital is providing a great community service by providing them.

Stakeholders also noted the community surrounding Vincennes has availability to a broad range of quality medical services which are not available in a lot of rural areas. Additionally, stakeholders conveyed that the university, hospital, local schools and government are starting to work together to address health issues in the community and this is seen as a positive.

"Everyone is starting to work together to improve health and quality of life in Knox County.

"Free screenings through GSH are very well attended."

"Obesity is a huge problem."

"Some people have resigned themselves to unhealthy living."

"The number of people that participate in healthy activities is very low."

"The Hospital does an outstanding job with outreach."

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. BKD also asked the key stakeholders to provide their opinions as to why they thought these populations were underserved or in need. Each key stakeholder was asked to consider the specific populations they serve or those with which they usually work.

Virtually, all of the key stakeholders identified persons living with low-incomes or in poverty, particularly children, as most likely to be underserved due to lack of access to services. Lack of financial resources prevents persons with low-income from seeking medical care and receiving the resources they need. It also leads to people being uninsured and underinsured. A reason for the lack of financial resources noted by several key stakeholders is due to a lack of employment opportunities that pay above the minimum wage. It was also noted that many persons living in the community don't have basic life-skills, financial knowledge or fiscal responsibility to manage households and household budgets.

The working poor were also noted as a population whose access to care is not as good as others because they cannot afford quality health care. They typically enroll in plans with the lowest premiums so when they need to seek health care, it is very expensive or the plan does not cover needed services.

The poor elderly were also identified as a population that is faced with challenges accessing care due to limited transportation and fixed incomes. Poor elderly who do not have adequate support systems have a difficult time managing chronic diseases without additional support and they are often not equipped to take care of themselves when they are released from an inpatient stay at the hospital. Generations Agency on Aging and Disability provides information and services to older adults, individuals with disabilities of any age and their caregivers in Daviess, Dubois, Greene, Knox, Martin and Pike counties.

Drug addicts have unmet health care needs because often there are mental health issues which are not being addressed for persons dealing with drug addiction. Although there are mental health providers in the community, it was noted that the mental health providers are strained and there is a need for addiction counselors in the community.

The last group of underserved persons noted was undocumented workers who have moved to the community, particularly in Daviess County. The language barrier and lack of legal status for many of these undocumented workers limits the health care services they are able to access. Additional collaboration with employers of these workers was suggested as a way to increase health and wellness as well as access to services for this population.

Key stakeholders were next asked to provide opinions regarding actions that should be taken to respond to the identified needs above. Many of the stakeholders suggested that free screenings should be continued and their availability and frequency should be increased. Some of the stakeholders felt communications regarding free screenings and low-cost services may need to be intentionally directed to the underserved populations who need these services most and some stated they thought many persons in the community are still unaware of these services.

Many of the key stakeholders recommended that education is the best way to address most of the needs identified above. Increased education will lead to healthier lifestyles and will generally increase income potential. Stakeholders had positive things to say about the Hospital's focus on community health and wellness. They feel this should remain the focus and the Hospital should continue its efforts to engage with members of the community. Stakeholders recommended the Hospital should continue to increase partnerships and collaborations to help in the delivery of educational programs to reduce costs and expand outreach.

Almost all stakeholders agreed that access to primary care was the main issue the Hospital should address in order to respond to the needs above. If persons in the community can access a regular primary care physician, care can be delivered in the appropriate setting which will decrease the use of the Hospital emergency room for nonemergency cases. Additionally, education and preventive medicine and improved follow-up care can be provided by the primary care providers. Stakeholders agreed the Hospital must focus on physician recruitment and retention over the next three to five years.

“The only way out of poverty is education.”

“People have access but it's not a priority to receive the care needed.”

“The more educated the person is, the better they take care of themselves.”

3. Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. The majority of the key stakeholders indicated that poverty is the biggest barrier to improving health in the community. Stakeholders noted that many youth in the community do not receive enough guidance and training in their home environments and their health is often neglected. The schools work hard at addressing these needs, but there are not enough counselors and resources to meet the needs. Additionally, access to healthy foods is very difficult for children living in poverty.

The shortage of primary care physicians was also noted as a barrier to improving health. Stakeholders noted several physicians have retired and/or left the community over the last few years and it is a struggle to recruit new physicians to the community. Stakeholders noted it is difficult to find primary care physicians who are taking new patients within the community. The Hospital has responded by opening the clinic on Willow Street operated by Good Samaritan Physician Services. Almost all of the stakeholders commented that the opening of this clinic was a very positive step in addressing access issues.

Comments from key stakeholders indicate a very unhealthy culture in the community based on lack of health knowledge and/or apathy regarding personal health and wellness. Stakeholders often discussed the prevalence of obesity and poor eating habits in the community. They also indicated that people don't recognize the seriousness of their obesity or chronic diseases such as diabetes.

Transportation was noted as a barrier to health services in that transportation is not available in rural areas in the surrounding counties. Nor is it available in the evenings and weekends.

With the increase in high-deductible plans, the unknown regarding how much services may cost is seen as inhibiting persons from seeking care; even for persons who have insurance. When asked their opinion as to the primary reason people are not able to access health services, including physical, mental and dental health services, almost half of the stakeholders cited the inability to afford co-pays and/or deductibles as the reason. Other reasons noted were difficulty with getting an appointment, lack of health insurance and fear.

"The number of people who are pre-diabetic and don't care is concerning."

"We need to provide more guidance to youth who aren't getting it at home."

"People who are really obese do not see it as an issue."

"We need to get a hold of children at a young age."

4. Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The issues identified most frequently were:

- Lack of access to primary care
- Obesity
- Smoking
- Drugs

It was also noted that diabetes, cancer and heart disease are health conditions that impact the community.

The key stakeholders were also asked to provide suggestion on what should be done to address the most critical issues. Responses included:

- More education and awareness regarding resources and preventive programs; particularly in schools and youth programs. Stakeholder noted that collaborative efforts with civic organizations, schools and employers would be most effective.
- Continued outreach through health fairs and screenings. It was recommended that the Hospital might consider increasing the number of men and women's health fairs.

- Community wide efforts at being more active and continue focus on creating an exercise-friendly environment should be pursued. Since there is not mall or indoor walking space that is accessible, perhaps the Hospital could provide an indoor marked path for walking.
- Education programs that focus on healthy eating should be provided to the community.
- The Hospital should focus on increasing access to primary care to address all of these issues.

In closing, the key stakeholders were asked to recommend the most important issue the Hospital should address over the next three to five years. The number one suggestion made by stakeholders was that the Hospital should continue to work on recruiting and retaining physicians to the community. Stakeholders thought the new residency program was an important step in bringing physicians to the community.

Stakeholders also suggested increased efforts and focus on transition of care once patients leave the Hospital, noting the importance of follow-up care as well as addressing other concerns that exist in the home environments which inhibits people from getting better or managing chronic diseases such as inability to afford medications, lack of basic necessities and lack of needed assistance or support. Specifically, individuals who incorrectly utilize the Hospital emergency room should be provided additional resources and a care plan.

Lastly, stakeholders agreed the Hospital should continue its focus on education and engaging the community in healthy living and preventative care. Stakeholders recommended the Hospital continue to provide education and increase the frequency of health fairs. The Hospital should also promote all of the services and educational opportunities that are available at Good Samaritan, increase its efforts on engaging the community, increase communication in the community and establish itself as the pillar for community health and wellness. Increased health education, screenings and wellness programs were also suggested.

Key Findings

A summary of themes and key findings provided by the key informants follows:

- Many people are considered to be living within the lower socioeconomic bracket and do not have the education or awareness on making healthy lifestyle choices.
- Obesity, smoking and drug abuse are seen as the most critical health issues in the community due to the overall negative impact it has on one's health.
- Although most interviewees thought access to care has improved over the past three years, it continues to be an issue due to the shortage of primary care doctors in the community and the cost of health care including co-pays and deductibles associated with high-deductible health plans.
- The shortage of providers (primary care and mental health) is a critical health need and seen as the most important issue the Hospital needs to address.
- It is becoming increasingly important to address issues outside delivering medical care in order to impact community health. Issues such as lack of utilities in the home, unsafe housing, access to prescriptions, transportation are important issues that must be addressed in order to effectively address the health of the community.
- The community generally has an unhealthy culture due to lack of health knowledge and/or apathy regarding personal health and wellness

- Educations and free screenings are important to the community and offerings should be expanded.
- The Hospital should seek opportunities to collaborate with other community organizations to help deliver health education to the community and/or aid in communication regarding available educational resources.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (CNI) (see *Appendices*), the Hospital's community has a moderate-level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes that have the highest need in the community are 47512 (Bicknell), 47591 (Vincennes) and 47578 (Sandborn).

Certain key stakeholders were selected due to their positions working with low-income and uninsured populations. Several key stakeholders were selected due to their work with minority populations. Based on information obtained through key stakeholder interviews, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

Uninsured/Working Poor Population

- Access to care/lack of insurance
- High cost of healthcare prevents needs from being met
- Lack of employment opportunities

Poor Elderly

- Lack of support systems
- Lack of health knowledge/support regarding how to access services

Drug Addicts

- Lack of mental health services
- Lack of financial resources
- Lack of good employment opportunities

Undocumented workers

- Language barriers
- Access to health services

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by Good Samaritan. However, there may be a number of medical conditions that are not specifically addressed in this report due to various factors including but not limited to publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input related to these specific populations through Key Stakeholder Interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these inputs (see *Appendix A*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Hospital's CHNA community were compared to U.S. crude death rates. Causes of death in which the county rate compared unfavorably to the U.S. crude death rate resulted in a health need for the Hospital CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors was prepared for each county within the Hospital CHNA community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30% of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

Management's Prioritization Process

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
- 2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
- 3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
- 4) **How important the problem is to the community.** Needs identified through community interviews and/or focus groups were rated for this factor.
- 5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, primary causes for inpatient hospitalization, health outcomes and factors and primary data) identified the need.

Each need was ranked based on the five prioritization metrics. As a result, the following summary list of needs was identified:

Exhibit 26
Good Samaritan Hospital
Prioritization of Health Needs

	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	How Many Sources Identified the Need?	Total Score *
Lack of Primary Care Physicians/Providers	5	5	3	5	4	22
Adult Obesity	5	5	3	5	3	21
Unemployment/Lack of Employment Opportunities Paying more than Minimum Wage	3	4	5	5	4	21
Lack of Health Knowledge	5	4	5	5	2	21
Drug Abuse	4	5	4	5	2	20
Adult Smoking	4	5	2	5	3	19
Uninsured	3	4	5	4	3	19
Diabetes	5	5	2	3	4	19
Physical Inactivity	5	5	2	3	3	18
Poverty/Children in Poverty	4	4	4	3	3	18
Lack of Mental Health Providers	2	3	4	5	3	17
Lack of Dentists	5	4	3	2	3	17
Lack of Social Services (particularly for elderly)	3	3	5	3	2	16
Cancer	3	5	2	3	2	15
Children in Single-Parent Households	5	3	4	1	2	15
Heart Disease	2	5	2	3	2	14
Diabetic Screen Rate	5	4	2	2	1	14
Access to Exercise Opportunities	5	3	3	2	1	14
High Blood Pressure	5	4	2	2	1	14
Transportation in Rural Areas	3	3	4	2	2	14
Preventable Hospital Stays	1	4	3	3	2	13
Excessive Drinking	4	3	4	0	2	13
Lung Disease	2	5	2	2	1	12
Stroke	2	5	2	2	1	12
Alcohol Impaired Driving Deaths	4	3	3	0	1	11
Poor Air Quality	5	3	0	1	1	10
Preterm Births	1	4	2	0	2	9
Sexually Transmitted Infections	1	2	2	1	1	7
Teen Birth Rate	1	3	2	0	1	7
Violent Crime Rate	1	2	2	1	1	7
Chronic Kidney Disease		4	2	0	1	7
Unintentional Injury	2	2	0	0	1	5

*Highest potential score = 25

Based on the information gathered through this Community Health Needs Assessment and the prioritization process described above, the health needs below have been identified as the most significant health needs in the community. Opportunities for health improvement exist in each area. Hospital management will work to identify areas where the Hospital can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2017-2019.

- Lack of Primary Care Providers
- Adult Obesity
- Lack of Employment Opportunities Paying More than Minimum Wage
- Lack of Health Knowledge
- Drug Abuse
- Adult Smoking
- Uninsured
- Diabetes
- Physical Inactivity
- Poverty/Children in Poverty
- Lack of Mental Health Providers
- Lack of Dentists
- Lack of Social Services
- Cancer
- Children in Single-Parent Households

Resources Available to Address Significant Health Needs

Healthcare Resources

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals and Health Centers

The Hospital has 232 acute beds and is one of the short-term acute care hospitals located in the community. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

Exhibit 27 summarizes health services available to the residents of the ten counties in which the Community resides:

Exhibit 27
Good Samaritan Hospital
Summary of Area Hospitals and Health Centers

Facility	Address	County	Number of Beds
Lawrence County Memorial Hospital	2200 West State Street, Lawrenceville, IL 62439	Lawrence	25
Daviess Community Hospital	1314 East Walnut Street, Washington, IN 47501	Daviess	42
Wabash General Hospital District	1418 College Drive, Mount Carmel, IL 62863	Wabash	25
Gibson General Hospital	1808 Sherman Drive, Princeton, IN 47670	Gibson	25
Crawford Memorial Hospital	1000 North Allen Street, Robinson, IL 62454	Crawford	25
Richland Memorial Hospital	800 East Locust Street, Olney, IL 62450	Richland	47
Greene County General Hospital	Rural Route 1 Box 1000, Linton, IN 47447	Greene	25
Sullivan County Community Hospital	2200 N Section Street, Sullivan, IN 47882	Sullivan	25

Source: HospitalFinder.com

Other Health Care Facilities

Short-term acute care hospital services are not the only health services available to members of the Hospital's community. *Exhibit 28* provides a listing of community health centers and rural health clinics within the Hospital's community.

Exhibit 28
Good Samaritan Hospital
Summary of Area Hospitals and Health Centers

Facility	Facility Type	Address	County
SIHF Weber Medical Clinic	Federally Qualified Health Center	1200 N East Street, Olney, IL 62450	Richland
CMH Oblong Rural Health	Rural Health Clinic	1366 East 1050th Avenue, Oblong, IL 62449	Crawford
CMH Palestine Rural Health	Rural Health Clinic	209 East Grand Prairie, Palestine, IL 62451	Crawford
CMH Rural Health Clinic	Rural Health Clinic	1101 North Allen Street, Robinson, IL 62454	Crawford
Michael W Elliot, MD Rural Health Clinic	Rural Health Clinic	807 West Craft Street, Robinson, IL 62454	Crawford
Country Health Center	Rural Health Clinic	5066 N 900 E, Montgomery, IN 47558	Daviess
DCH Medical Clinic	Rural Health Clinic	1402 Grand Ave, Washington, IN 47501	Daviess
Grand Avenue Pediatrics	Rural Health Clinic	1402 Grand Ave, Washington, IN 47501	Daviess
Heartland OB/GYN	Rural Health Clinic	1401 Memorial Ave, Ste B, Washington, IN 47501	Daviess
Montgomery Medical Associates LLC	Rural Health Clinic	542 N 3rd Street, Montgomery, IN 47558	Daviess
North Davies Medical Center	Rural Health Clinic	202 N West Street, Odon, IN 47562	Daviess
Stroud Medical	Rural Health Clinic	1401 Memorial Ave, Ste C, Washington, IN 47501	Daviess
Greene County General Hospital LLC	Rural Health Clinic	1210 North 1000 West, Linton, IN 47441	Greene
Greene County Health - Worthington	Rural Health Clinic	102 E Main Street, Worthington, IN 47471	Greene
Premier Healthcare LLC	Rural Health Clinic	1043 N 1000 W, Linton, IN 47441	Greene
Lawrence County Health Department RH	Rural Health Clinic	RR3, Box 414, Lawrenceville, IL 62439	Lawrence
Lawrence County Memorial Hospital Primary Care Clinic	Rural Health Clinic	2111 Lexington Avenue, Lawrenceville, IL 62439	Lawrence
Deaconess Clinic Inc	Rural Health Clinic	106 W Pike Ave, Petersburg, IN 47567	Pike
Good Samaritan Hospital Physician Services Inc	Rural Health Clinic	611 East Main Street, Ste 110, Petersburg, IN 47567	Pike
Petersburg Family Medicine	Rural Health Clinic	1003 Illinois Street, Petersburg, IN 47567	Pike
Petersburg Medical Clinic	Rural Health Clinic	611 Main Street, Petersburg, IN 47567	Pike
Carlisle Medical Clinic	Rural Health Clinic	8685 Old HW 41 S, Carlisle, IN 47838	Sullivan
Family Practice Associates of Sullivan County	Rural Health Clinic	2229 Mary Sherman Drive, Sullivan, IN 47882	Sullivan
Lawrence P Jennings, MD, MSC	Rural Health Clinic	1430 College Drive, Suite A, Mount Carmel, IL 62863	Wabash
S B Jani MD, PC	Rural Health Clinic	1106 Oak Street, Mount Carmel, IL 62863	Wabash
Wabash General Convenient Care	Rural Health Clinic	1418 College Drive, Mount Carmel, IL 62863	Wabash
Wabash Primary Care Associates	Rural Health Clinic	1123 Chestnut Street, Mount Carmel, IL 62863	Wabash

Source: CMS.gov

Physicians

The Hospital regularly monitors physician supply and demand. Key stakeholders indicated the need for the following specialist:

- Cardiologist
- Dermatologist
- General Surgeon
- Neurologist
- Orthopedic Surgeon
- Psychiatrist

Health Departments

The Knox County Health Department not only includes a clinic but the Immunization and Vital Records unit.

A large array of services are provided by the Knox County Health Department including assessments and screenings, as well as education and wellness resources for children, personal, teen and in the workplace in order to help individuals take a proactive approach toward healthy living.

Some of these services include child and adult immunizations, well child exams, fluoride varnishing, family planning (birth control), prenatal care (limited service areas), Women, Infants & Children food program (WIC), medical nutrition therapy, diabetes screening and counseling, HIV and STD screenings and breast and cervical cancer screenings. They also offer nonclinical services such as disaster preparedness and environmental services.

The following counties within Good Samaritan's CHNA community also have a health department available to the residents:

- Crawford County, Illinois
- Lawrence County, Illinois
- Richland County, Illinois
- Wabash County, Illinois
- Daviess County, Indiana
- Gibson County, Indiana
- Greene County, Indiana
- Pike County, Indiana
- Sullivan County, Indiana

APPENDICES

APPENDIX A
ANALYSIS OF DATA

**Good Samaritan Hospital
Analysis of CHNA Data**

Analysis of Health Status-Leading Causes of Death

	(A)			(B)	
	U.S. Crude Death Rates	10% of U.S. Crude Death Rate	County Rate	County Rate Less U.S. Crude Rate	If (B)>(A), then "Health Need"
Knox County, IN:					
Cancer	185.4	18.5	230.3	44.9	Health Need
Heart Disease	193.0	19.3	272.0	79.1	Health Need
Lung Disease	45.7	4.6	78.3	32.7	Health Need
Stroke	41.4	4.1	121.1	79.7	Health Need
Unintentional Injury	40.1	4.0	54.3	14.3	Health Need
Crawford County, IL:					
Cancer	185.4	18.5	263.6	78.2	Health Need
Heart Disease	193.0	19.3	276.8	83.9	Health Need
Lung Disease	45.7	4.6	63.9	18.2	Health Need
Stroke	41.4	4.1	89.2	47.8	Health Need
Unintentional Injury	40.1	4.0	62.9	22.8	Health Need
Lawrence County, IL:					
Cancer	185.4	18.5	225.0	39.6	Health Need
Heart Disease	193.0	19.3	252.6	59.6	Health Need
Lung Disease	45.7	4.6	93.4	47.7	Health Need
Stroke	41.4	4.1	68.2	26.8	Health Need
Unintentional Injury	40.1	4.0	61.1	21.0	Health Need
Richland County, IL:					
Cancer	185.4	18.5	261.6	76.2	Health Need
Heart Disease	193.0	19.3	287.5	94.5	Health Need
Lung Disease	45.7	4.6	71.6	25.9	Health Need
Stroke	41.4	4.1	55.5	14.1	Health Need
Unintentional Injury	40.1	4.0	48.1	8.1	Health Need
Wabash County, IL:					
Cancer	185.4	18.5	282.0	96.6	Health Need
Heart Disease	193.0	19.3	290.5	97.5	Health Need
Lung Disease	45.7	4.6	92.9	47.2	Health Need
Stroke	41.4	4.1	52.4	11.0	Health Need
Unintentional Injury	40.1	4.0	81.1	41.0	Health Need

Analysis of Health Status-Leading Causes of Death

	(A)		(B)		
	U.S. Crude Death Rates	10% of U.S. Crude Death Rate	County Rate	County Rate Less U.S. Crude Rate	If (B)>(A), then "Health Need"
Daviess County, IN:					
Cancer	185.4	18.5	200.0	14.6	
Heart Disease	193.0	19.3	222.0	29.0	Health Need
Lung Disease	45.7	4.6	56.4	10.8	Health Need
Stroke	41.4	4.1	62.1	20.7	Health Need
Unintentional Injury	40.1	4.0	52.0	12.0	Health Need
Gibson County, IN:					
Cancer	185.4	18.5	211.4	26.0	Health Need
Heart Disease	193.0	19.3	240.1	47.2	Health Need
Lung Disease	45.7	4.6	65.1	19.4	Health Need
Stroke	41.4	4.1	50.2	8.8	Health Need
Unintentional Injury	40.1	4.0	53.8	13.7	Health Need
Greene County, IN:					
Cancer	185.4	18.5	260.4	75.0	Health Need
Heart Disease	193.0	19.3	295.0	102.0	Health Need
Lung Disease	45.7	4.6	77.7	32.0	Health Need
Stroke	41.4	4.1	62.5	21.1	Health Need
Unintentional Injury	40.1	4.0	64.9	24.9	Health Need
Pike County, IN:					
Cancer	185.4	18.5	238.0	52.6	Health Need
Heart Disease	193.0	19.3	250.6	57.6	Health Need
Lung Disease	45.7	4.6	65.8	20.1	Health Need
Stroke	41.4	4.1	67.3	25.9	Health Need
Unintentional Injury	40.1	4.0	53.2	13.2	Health Need
Sullivan County, IN:					
Cancer	185.4	18.5	252.0	66.6	Health Need
Heart Disease	193.0	19.3	321.4	128.4	Health Need
Lung Disease	45.7	4.6	66.5	20.9	Health Need
Stroke	41.4	4.1	47.8	6.4	Health Need
Unintentional Injury	40.1	4.0	71.2	31.2	Health Need

Analysis of Health Outcomes and Factors

	(A)		(B)		
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Knox County, IN:					
Adult Smoking	14.0%	4.2%	20.0%	6.0%	Health Need
Adult Obesity	25.0%	7.5%	32.0%	7.0%	
Food Environment Index	8.3	2	7.5	1	
Physical Inactivity	20.0%	6.0%	34.0%	14.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	70.0%	21.0%	
Excessive Drinking	12.0%	3.6%	17.0%	-5.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	24.0%	10%	Health Need
Sexually Transmitted Infections	134	40	386	252	Health Need
Teen Birth Rate	19	6	40	21	Health Need
Uninsured	11.0%	3.3%	17.0%	6.0%	Health Need
Primary Care Physicians	1,040	312	1,080	40	
Dentists	1,340	402	1,900	560	Health Need
Mental Health Providers	370	111	630	260	Health Need
Preventable Hospital Stays	38	11	72	34	Health Need
Diabetic Screen Rate	90.0%	27.0%	30.0%	60.0%	Health Need
Mammography Screening	71.0%	21.3%	56.0%	15.0%	
Violent Crime Rate	59	18	87	28	Health Need
Children in Poverty	13.0%	3.9%	24.0%	11.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	32.0%	11.0%	Health Need
Crawford County, IL:					
Adult Smoking	14.0%	4.2%	16.0%	2.0%	
Adult Obesity	25.0%	7.5%	34.0%	9.0%	Health Need
Food Environment Index	8.3	2	7.6	1	
Physical Inactivity	20.0%	6.0%	26.0%	6.0%	
Access to Exercise Opportunities	91.0%	27.3%	56.0%	35.0%	Health Need
Excessive Drinking	12.0%	3.6%	21.0%		
Alcohol-Impaired Driving Deaths	14.0%	4.2%	19.0%	5%	Health Need
Sexually Transmitted Infections	134	40	163	29	
Teen Birth Rate	19	6	37	18	Health Need
Uninsured	11.0%	3.3%	12.0%	1.0%	
Primary Care Physicians	1,040	312	2,170	1130	Health Need
Dentists	1,340	402	2,770	1430	Health Need
Mental Health Providers	370	111	480	110	
Preventable Hospital Stays	38	11	77	39	Health Need
Diabetic Screen Rate	90.0%	27.0%	80.0%	10.0%	
Mammography Screening	71.0%	21.3%	62.0%	9.0%	
Violent Crime Rate	59	18	230	171	Health Need
Children in Poverty	13.0%	3.9%	21.0%	8.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	26.0%	5.0%	
Lawrence County, IL:					
Adult Smoking	14.0%	4.2%	17.0%	3.0%	
Adult Obesity	25.0%	7.5%	32.0%	7.0%	
Food Environment Index	8.3	2	7.4	1	
Physical Inactivity	20.0%	6.0%	26.0%	6.0%	
Access to Exercise Opportunities	91.0%	27.3%	44.0%	47.0%	Health Need
Excessive Drinking	12.0%	3.6%	21.0%		
Alcohol-Impaired Driving Deaths	14.0%	4.2%	24.0%	10%	Health Need
Sexually Transmitted Infections	134	40	247	113	Health Need
Teen Birth Rate	19	6	43	24	Health Need
Uninsured	11.0%	3.3%	12.0%	1.0%	
Primary Care Physicians	1,040	312	4,140	3100	Health Need
Dentists	1,340	402	8,260	6920	Health Need
Mental Health Providers	370	111	530	160	Health Need
Preventable Hospital Stays	38	11	93	55	Health Need
Diabetic Screen Rate	90.0%	27.0%	64.0%	26.0%	
Mammography Screening	71.0%	21.3%	59.0%	12.0%	
Violent Crime Rate	59	18	154	95	Health Need
Children in Poverty	13.0%	3.9%	24.0%	11.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	35.0%	14.0%	Health Need

Analysis of Health Outcomes and Factors

	(A)		(B)		
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Richland County, IL:					
Adult Smoking	14.0%	4.2%	16.0%	2.0%	
Adult Obesity	25.0%	7.5%	31.0%	6.0%	
Food Environment Index	8.3	2	7.8	1	
Physical Inactivity	20.0%	6.0%	29.0%	9.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	65.0%	26.0%	
Excessive Drinking	12.0%	3.6%	20.0%		
Alcohol-Impaired Driving Deaths	14.0%	4.2%	25.0%	11%	Health Need
Sexually Transmitted Infections	134	40	322	188	Health Need
Teen Birth Rate	19	6	44	25	Health Need
Uninsured	11.0%	3.3%	12.0%	1.0%	
Primary Care Physicians	1,040	312	3,210	2170	Health Need
Dentists	1,340	402	4,020	2680	Health Need
Mental Health Providers	370	111	380	10	
Preventable Hospital Stays	38	11	121	83	Health Need
Diabetic Screen Rate	90.0%	27.0%	83.0%	7.0%	
Mammography Screening	71.0%	21.3%	56.0%	15.0%	
Violent Crime Rate	59	18	264	205	Health Need
Children in Poverty	13.0%	3.9%	22.0%	9.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	28.0%	7.0%	Health Need
Wabash County, IL:					
Adult Smoking	14.0%	4.2%	16.0%	2.0%	
Adult Obesity	25.0%	7.5%	33.0%	8.0%	Health Need
Food Environment Index	8.3	2	8.2	0	
Physical Inactivity	20.0%	6.0%	28.0%	8.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	62.0%	29.0%	Health Need
Excessive Drinking	12.0%	3.6%	20.0%		
Alcohol-Impaired Driving Deaths	14.0%	4.2%	25.0%	11%	Health Need
Sexually Transmitted Infections	134	40	256	122	Health Need
Teen Birth Rate	19	6	48	29	Health Need
Uninsured	11.0%	3.3%	12.0%	1.0%	
Primary Care Physicians	1,040	312	2,330		
Dentists	1,340	402	2,890	1550	Health Need
Mental Health Providers	370	111	350	-20	
Preventable Hospital Stays	38	11	72	34	Health Need
Diabetic Screen Rate	90.0%	27.0%	88.0%	2.0%	
Mammography Screening	71.0%	21.3%	53.0%	18.0%	
Violent Crime Rate	59	18	204	145	Health Need
Children in Poverty	13.0%	3.9%	21.0%	8.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	20.0%	-1.0%	
Daviess County, IN:					
Adult Smoking	14.0%	4.2%	21.0%	7.0%	Health Need
Adult Obesity	25.0%	7.5%	33.0%	8.0%	Health Need
Food Environment Index	8.3	2	8.3	0	
Physical Inactivity	20.0%	6.0%	32.0%	12.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	63.0%	28.0%	Health Need
Excessive Drinking	12.0%	3.6%	16.0%	4.0%	Health Need
Alcohol-Impaired Driving Deaths	14.0%	4.2%	9.0%	-5%	
Sexually Transmitted Infections	134	40	312	178	Health Need
Teen Birth Rate	19	6	43	24	Health Need
Uninsured	11.0%	3.3%	21.0%	10.0%	Health Need
Primary Care Physicians	1,040	312	2,030	990	Health Need
Dentists	1,340	402	3,640	2300	Health Need
Mental Health Providers	370	111	1,090	720	Health Need
Preventable Hospital Stays	38	11	70	32	Health Need
Diabetic Screen Rate	90.0%	27.0%	77.0%	13.0%	
Mammography Screening	71.0%	21.3%	60.0%	11.0%	
Violent Crime Rate	59	18	106	47	Health Need
Children in Poverty	13.0%	3.9%	22.0%	9.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	18.0%	-3.0%	

Analysis of Health Outcomes and Factors

	(A)		(B)		
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Gibson County, IN:					
Adult Smoking	14.0%	4.2%	19.0%	5.0%	Health Need
Adult Obesity	25.0%	7.5%	32.0%	7.0%	
Food Environment Index	8.3	2	7.9	0	
Physical Inactivity	20.0%	6.0%	35.0%	15.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	65.0%	26.0%	
Excessive Drinking	12.0%	3.6%	16.0%	4.0%	Health Need
Alcohol-Impaired Driving Deaths	14.0%	4.2%	9.0%	-5%	
Sexually Transmitted Infections	134	40	293	159	Health Need
Teen Birth Rate	19	6	37	18	Health Need
Uninsured	11.0%	3.3%	13.0%	2.0%	
Primary Care Physicians	1,040	312	2,800	1760	Health Need
Dentists	1,340	402	2,410	1070	Health Need
Mental Health Providers	370	111	3,380	3010	Health Need
Preventable Hospital Stays	38	11	64	26	Health Need
Diabetic Screen Rate	90.0%	27.0%	89.0%	1.0%	
Mammography Screening	71.0%	21.3%	66.0%	5.0%	
Violent Crime Rate	59	18	109	50	Health Need
Children in Poverty	13.0%	3.9%	17.0%	4.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	24.0%	3.0%	
Greene County, IN:					
Adult Smoking	14.0%	4.2%	20.0%	6.0%	Health Need
Adult Obesity	25.0%	7.5%	32.0%	7.0%	
Food Environment Index	8.3	2	7.6	1	
Physical Inactivity	20.0%	6.0%	30.0%	10.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	43.0%	48.0%	Health Need
Excessive Drinking	12.0%	3.6%	15.0%	-3.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	23.0%	9%	Health Need
Sexually Transmitted Infections	134	40	282	148	Health Need
Teen Birth Rate	19	6	43	24	Health Need
Uninsured	11.0%	3.3%	16.0%	5.0%	Health Need
Primary Care Physicians	1,040	312	3,640	2600	Health Need
Dentists	1,340	402	2,730	1390	Health Need
Mental Health Providers	370	111	1,720	1350	Health Need
Preventable Hospital Stays	38	11	90	52	Health Need
Diabetic Screen Rate	90.0%	27.0%	83.0%	7.0%	
Mammography Screening	71.0%	21.3%	56.0%	15.0%	
Violent Crime Rate	59	18	42	-17	
Children in Poverty	13.0%	3.9%	22.0%	9.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	26.0%	5.0%	
Pike County, IN:					
Adult Smoking	14.0%	4.2%	19.0%	5.0%	Health Need
Adult Obesity	25.0%	7.5%	34.0%	9.0%	Health Need
Food Environment Index	8.3	2	8.0	0	
Physical Inactivity	20.0%	6.0%	32.0%	12.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	13.0%	78.0%	Health Need
Excessive Drinking	12.0%	3.6%	16.0%	-4.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	42.0%	28%	Health Need
Sexually Transmitted Infections	134	40	188	54	Health Need
Teen Birth Rate	19	6	43	24	Health Need
Uninsured	11.0%	3.3%	15.0%	4.0%	Health Need
Primary Care Physicians	1,040	312	6,340	5300	Health Need
Dentists	1,340	402	12,620	11280	Health Need
Mental Health Providers	370	111	2,100	1730	Health Need
Preventable Hospital Stays	38	11	58	20	Health Need
Diabetic Screen Rate	90.0%	27.0%	79.0%	11.0%	
Mammography Screening	71.0%	21.3%	58.0%	13.0%	
Violent Crime Rate	59	18	258	199	Health Need
Children in Poverty	13.0%	3.9%	17.0%	4.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	27.0%	6.0%	

Analysis of Health Outcomes and Factors

	(A)		(B)		
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Sullivan County, IL:					
Adult Smoking	14.0%	4.2%	22.0%	8.0%	Health Need
Adult Obesity	25.0%	7.5%	33.0%	8.0%	Health Need
Food Environment Index	8.3	2	7.2	1	
Physical Inactivity	20.0%	6.0%	35.0%	15.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	30.0%	61.0%	Health Need
Excessive Drinking	12.0%	3.6%	16.0%	4.0%	Health Need
Alcohol-Impaired Driving Deaths	14.0%	4.2%	44.0%	30%	Health Need
Sexually Transmitted Infections	134	40	212	78	Health Need
Teen Birth Rate	19	6	52	33	Health Need
Uninsured	11.0%	3.3%	17.0%	6.0%	Health Need
Primary Care Physicians	1,040	312	2,360	1320	Health Need
Dentists	1,340	402	3,010	1670	Health Need
Mental Health Providers	370	111	3,510	3140	Health Need
Preventable Hospital Stays	38	11	95	57	Health Need
Diabetic Screen Rate	90.0%	27.0%	77.0%	13.0%	
Mammography Screening	71.0%	21.3%	43.0%	28.0%	Health Need
Violent Crime Rate	59	18	81	22	Health Need
Children in Poverty	13.0%	3.9%	22.0%	9.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	29.0%	8.0%	Health Need

Analysis of Primary Data
Needs Identified through Key Stakeholder Interviews

Poverty
 Lack of Employment Opportunities
 Lack of Social Services
 Smoking
 Unhealthy eating
 Physical inactivity
 Drug abuse
 Shortage of Primary Care physicians
 Lack of Health Knowledge
 Transportation in rural areas
 Cost of healthcare
 Diabetes
 Cancer
 Heart Disease
 Access to Care/Lack of Insurance
 Lack of Employment Opportunities
 Lack of Mental Health Services
 Lack of support for elderly

**Issues of Uninsured Persons, Low-Income Persons
and Minority/Vulnerable Populations**

Population	Issues
Uninsured/Working Poor Population	Access to care/Lack of Insurance High cost of health care prevents needs from being met Lack of employment opportunities
Poor Elderly	Lack of support systems Lack of health knowledge/support regarding how to access services
Addicts	Lack of mental health services Lack of financial resources Lack of good employment opportunities
Undocumented Workers	Language barriers Lack of financial resources

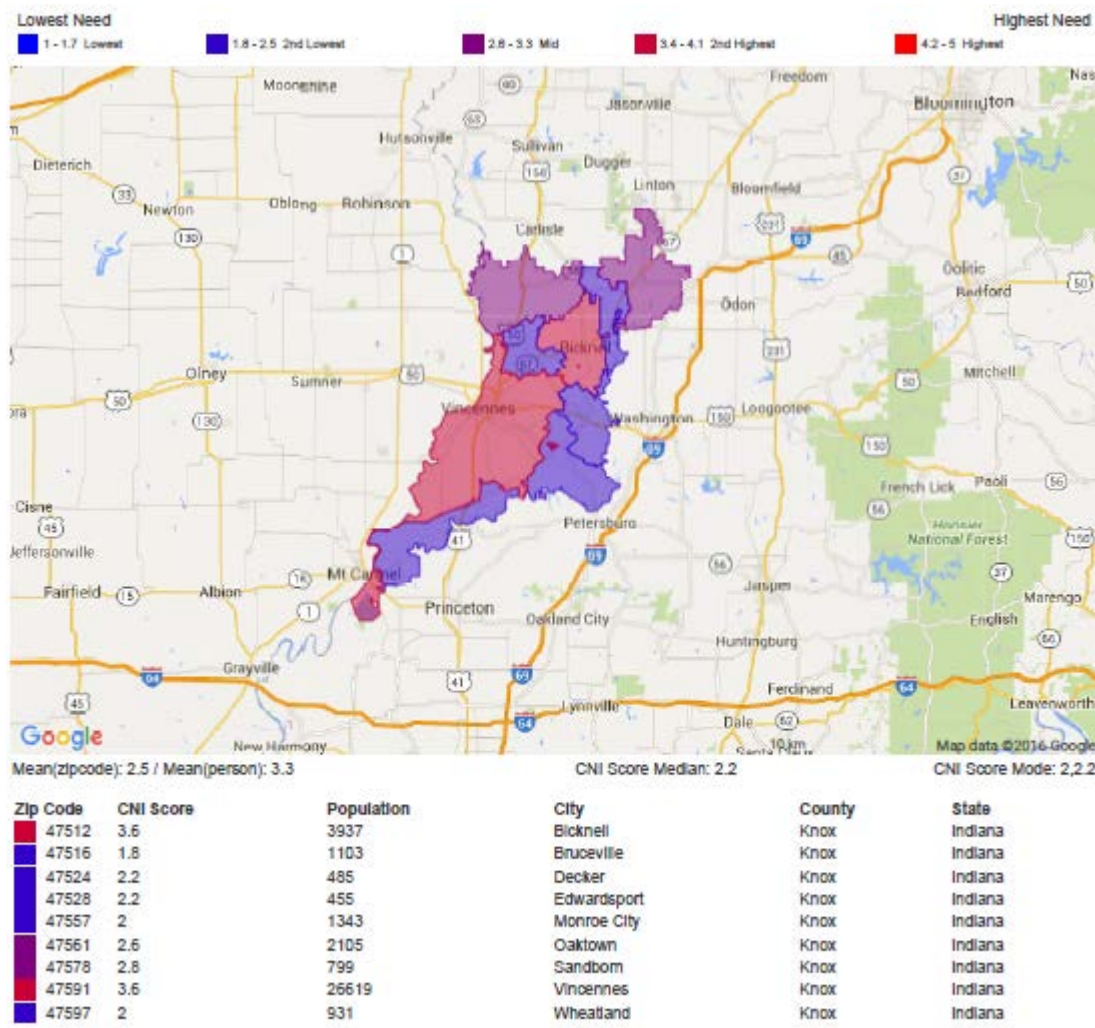
APPENDIX B

SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2015
Population Estimates	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Demographics -Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2015
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/	2010 - 2014
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2015
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2010 - 2014
Uninsured Status	Enroll America Changing Uninsured Rates by County https://www.enrollamerica.org	2013 - 2015
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/	2015 -2013
Education	Community Commons via American Community Survey http://www.communitycommons.org/	2010 - 2014
Physical Environment - Grocery Store Access	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2010
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease control and Prevention http://www.communitycommons.org/	2012
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2012
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2011 - 2012
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2015
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/	2012
Leading Causes of Death	Community Commons via CDC national Bital Statistics System http://www.communitycommons.org/	2009 - 2013
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ & Community Commons http://www.communitycommons.org/	2015 & 2006 - 2012
Health Care Resources	Community Commons & www.CMS.gov	

APPENDIX C
DIGNITY HEALTH COMMUNITY NEED INDEX
(CNI) REPORT

Knox County



APPENDIX D
COUNTY HEALTH RANKINGS

Crawford (CF)

	Crawford County	Error Margin	Top U.S. Performers^	Illinois	Rank (of 102)
Health Outcomes					85
Length of Life					52
Premature death	7,205	5,826-8,585	5,317	6,604	
Quality of Life					101
Poor or fair health	21%	13-32%	10%	15%	
Poor physical health days	4.8	2.6-7.1	2.6	3.4	
Poor mental health days	3.5	1.3-5.7	2.3	3.3	
Low birthweight	9.3%	7.8-10.8%	6.0%	8.4%	
Health Factors					51
Health Behaviors					73
Adult smoking	18%	11-29%	13%	19%	
Adult obesity	31%	24-38%	25%	27%	
Physical inactivity	32%	24-41%	21%	25%	
Excessive drinking			7%	20%	
Motor vehicle crash deaths	19	12-27	10	10	
Sexually transmitted infections	131		92	473	
Teen births	40	34-46	21	38	
Clinical Care					51
Uninsured	13%	11-14%	11%	16%	
Primary care physicians**	1,983:1		1,067:1	1,292:1	
Dentists**	2,833:1		1,482:1	1,592:1	
Preventable hospital stays	90	80-101	47	75	
Diabetic monitoring	82%	73-91%	90%	84%	
Mammography screening	69.4%	59.2-79.6%	73.0%	65.5%	
Social & Economic Factors					36
High school graduation**	87%		93%	82%	
Some college	61.0%	54.4-67.6%	69.5%	65.6%	
Unemployment	8.5%		5.0%	9.8%	
Children in poverty	22%	17-28%	14%	21%	
Inadequate social support			14%	21%	
Children in single-parent households	23%	18-29%	20%	31%	
Violent crime	132		66	486	
Physical Environment					91
Air pollution - particulate matter	13.3	13.2-13.5	8.8	12.3	
Drinking water violations	0%		0%	3%	
Access to recreational facilities	0		16	10	
Limited access to healthy foods**	5%		1%	4%	
Fast food restaurants	42%		27%	50%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2013

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Crawford (CF)

	Crawford County	Error Margin	Top U.S. Performers^	Illinois	Rank (of 102)
Health Outcomes					85
Length of Life					82
Premature death	8,600	6,900-10,300	5,200	6,300	
Quality of Life					82
Poor or fair health**	13%	13-14%	12%	17%	
Poor physical health days**	3.5	3.3-3.6	2.9	3.8	
Poor mental health days**	3.4	3.2-3.6	2.8	3.6	
Low birthweight	10%	8-11%	6%	8%	
Health Factors					63
Health Behaviors					64
Adult smoking**	16%	15-17%	14%	17%	
Adult obesity	34%	27-43%	25%	27%	
Food environment index	7.6		8.3	7.8	
Physical inactivity	26%	19-35%	20%	22%	
Access to exercise opportunities	56%		91%	89%	
Excessive drinking**	21%	20-22%	12%	21%	
Alcohol-impaired driving deaths	19%	7-34%	14%	36%	
Sexually transmitted infections	163.3		134.1	495.5	
Teen births	37	32-43	19	33	
Clinical Care					60
Uninsured	12%	10-13%	11%	15%	
Primary care physicians	2,170:1		1,040:1	1,240:1	
Dentists	2,770:1		1,340:1	1,410:1	
Mental health providers	480:1		370:1	560:1	
Preventable hospital stays	77	67-86	38	59	
Diabetic monitoring	80%	72-89%	90%	86%	
Mammography screening	62%	53-71%	71%	65%	
Social & Economic Factors					50
High school graduation	85%		93%	83%	
Some college	61%	55-67%	72%	67%	
Unemployment	6.6%		3.5%	7.1%	
Children in poverty	21%	15-27%	13%	20%	
Income inequality	4.4	3.9-4.9	3.7	4.9	
Children in single-parent households	26%	19-32%	21%	32%	
Social associations	17.9		22.1	9.9	
Violent crime	230		59	430	
Injury deaths	81	64-101	51	50	
Physical Environment					60
Air pollution - particulate matter	14.0		9.5	12.5	
Drinking water violations	No		No		
Severe housing problems	12%	10-14%	9%	19%	
Driving alone to work	83%	80-86%	71%	73%	
Long commute - driving alone	15%	12-17%	15%	40%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2016

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Daviess (DA)

	Daviess County	Error Margin	Top U.S. Performers^	Indiana	Rank (of 92)
Health Outcomes					58
Length of Life					45
Premature death	7,471	6,394-8,548	5,317	7,520	
Quality of Life					70
Poor or fair health	27%	19-36%	10%	16%	
Poor physical health days	4.4	2.4-6.3	2.6	3.6	
Poor mental health days	3.7	2.1-5.4	2.3	3.6	
Low birthweight	7.5%	6.6-8.3%	6.0%	8.3%	
Health Factors					45
Health Behaviors					57
Adult smoking	25%	18-33%	13%	24%	
Adult obesity	33%	27-39%	25%	31%	
Physical inactivity	27%	21-34%	21%	27%	
Excessive drinking	17%	11-25%	7%	16%	
Motor vehicle crash deaths	17	12-24	10	13	
Sexually transmitted infections	126		92	351	
Teen births	47	42-52	21	41	
Clinical Care					82
Uninsured	21%	19-24%	11%	17%	
Primary care physicians**	2,884:1		1,067:1	1,557:1	
Dentists**	3,965:1		1,482:1	2,105:1	
Preventable hospital stays	77	69-85	47	76	
Diabetic monitoring	80%	72-87%	90%	83%	
Mammography screening	55.6%	47.9-63.3%	73.0%	63.6%	
Social & Economic Factors					22
High school graduation**	88%		93%	86%	
Some college	43.1%	37.6-48.5%	69.5%	58.5%	
Unemployment	6.0%		5.0%	9.0%	
Children in poverty	23%	17-29%	14%	23%	
Inadequate social support	20%	13-29%	14%	20%	
Children in single-parent households	23%	17-28%	20%	32%	
Violent crime	117		66	327	
Physical Environment					70
Air pollution - particulate matter	13.4	13.2-13.5	8.8	13.0	
Drinking water violations	0%		0%	2%	
Access to recreational facilities	3		16	9	
Limited access to healthy foods**	1%		1%	6%	
Fast food restaurants	55%		27%	50%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2013

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Daviess (DA)

	Daviess County	Error Margin	Top U.S. Performers^	Indiana	Rank (of 92)
Health Outcomes					45
Length of Life					55
Premature death	8,100	7,000-9,200	5,200	7,600	
Quality of Life					40
Poor or fair health**	17%	16-18%	12%	19%	
Poor physical health days**	3.7	3.6-3.9	2.9	4.1	
Poor mental health days**	3.9	3.8-4.1	2.8	4.3	
Low birthweight	7%	6-8%	6%	8%	
Health Factors					43
Health Behaviors					52
Adult smoking**	21%	20-22%	14%	23%	
Adult obesity	33%	27-40%	25%	31%	
Food environment index	8.3		8.3	7.2	
Physical inactivity	32%	25-39%	20%	28%	
Access to exercise opportunities	63%		91%	75%	
Excessive drinking**	16%	15-16%	12%	16%	
Alcohol-impaired driving deaths	9%	3-19%	14%	25%	
Sexually transmitted infections	311.9		134.1	428.7	
Teen births	43	38-47	19	37	
Clinical Care					83
Uninsured	21%	19-23%	11%	16%	
Primary care physicians	2,030:1		1,040:1	1,490:1	
Dentists	3,640:1		1,340:1	1,930:1	
Mental health providers	1,090:1		370:1	710:1	
Preventable hospital stays	70	62-78	38	63	
Diabetic monitoring	77%	69-84%	90%	84%	
Mammography screening	60%	51-70%	71%	62%	
Social & Economic Factors					16
High school graduation	94%		93%	87%	
Some college	43%	38-48%	72%	61%	
Unemployment	4.5%		3.5%	6.0%	
Children in poverty	22%	15-28%	13%	21%	
Income inequality	3.7	3.3-4.1	3.7	4.4	
Children in single-parent households	18%	14-21%	21%	34%	
Social associations	16.7		22.1	12.6	
Violent crime	106		59	334	
Injury deaths	65	52-77	51	63	
Physical Environment					11
Air pollution - particulate matter	13.9		9.5	13.5	
Drinking water violations	No		No		
Severe housing problems	9%	7-12%	9%	14%	
Driving alone to work	75%	71-78%	71%	83%	
Long commute - driving alone	28%	25-32%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2016

Gibson (GI)

	Gibson County	Error Margin	Top U.S. Performers^	Indiana	Rank (of 92)
Health Outcomes					41
Length of Life					28
Premature death	6,942	5,961-7,923	5,317	7,520	
Quality of Life					51
Poor or fair health	17%	12-22%	10%	16%	
Poor physical health days	4.1	2.8-5.3	2.6	3.6	
Poor mental health days	3.9	2.6-5.2	2.3	3.6	
Low birthweight	7.9%	6.9-8.9%	6.0%	8.3%	
Health Factors					20
Health Behaviors					29
Adult smoking	26%	19-34%	13%	24%	
Adult obesity	28%	23-34%	25%	31%	
Physical inactivity	28%	22-33%	21%	27%	
Excessive drinking	12%	8-18%	7%	16%	
Motor vehicle crash deaths	18	13-25	10	13	
Sexually transmitted infections	290		92	351	
Teen births	39	34-43	21	41	
Clinical Care					17
Uninsured	14%	12-15%	11%	17%	
Primary care physicians**	2,397:1		1,067:1	1,557:1	
Dentists**	2,581:1		1,482:1	2,105:1	
Preventable hospital stays	70	62-78	47	76	
Diabetic monitoring	89%	80-97%	90%	83%	
Mammography screening	62.3%	52.8-71.8%	73.0%	63.6%	
Social & Economic Factors					19
High school graduation**	89%		93%	86%	
Some college	52.4%	46.9-57.8%	69.5%	58.5%	
Unemployment	8.0%		5.0%	9.0%	
Children in poverty	15%	11-19%	14%	23%	
Inadequate social support	21%	15-28%	14%	20%	
Children in single-parent households	24%	18-30%	20%	32%	
Violent crime	87		66	327	
Physical Environment					84
Air pollution - particulate matter	13.4	13.3-13.6	8.8	13.0	
Drinking water violations	17%		0%	2%	
Access to recreational facilities	6		16	9	
Limited access to healthy foods**	4%		1%	6%	
Fast food restaurants	55%		27%	50%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2013

Gibson (GI)

	Gibson County	Error Margin	Top U.S. Performers^	Indiana	Rank (of 92)
Health Outcomes					41
Length of Life					45
Premature death	7,700	6,600-8,800	5,200	7,600	
Quality of Life					34
Poor or fair health**	15%	14-15%	12%	19%	
Poor physical health days**	3.6	3.5-3.8	2.9	4.1	
Poor mental health days**	3.8	3.6-4.0	2.8	4.3	
Low birthweight	8%	7-9%	6%	8%	
Health Factors					16
Health Behaviors					26
Adult smoking**	19%	18-20%	14%	23%	
Adult obesity	32%	27-38%	25%	31%	
Food environment index	7.9		8.3	7.2	
Physical inactivity	35%	29-41%	20%	28%	
Access to exercise opportunities	65%		91%	75%	
Excessive drinking**	16%	16-17%	12%	16%	
Alcohol-impaired driving deaths	9%	3-18%	14%	25%	
Sexually transmitted infections	292.9		134.1	428.7	
Teen births	37	33-41	19	37	
Clinical Care					16
Uninsured	13%	11-14%	11%	16%	
Primary care physicians	2,800:1		1,040:1	1,490:1	
Dentists	2,410:1		1,340:1	1,930:1	
Mental health providers	3,380:1		370:1	710:1	
Preventable hospital stays	64	56-72	38	63	
Diabetic monitoring	89%	81-97%	90%	84%	
Mammography screening	66%	57-75%	71%	62%	
Social & Economic Factors					11
High school graduation	90%		93%	87%	
Some college	64%	59-70%	72%	61%	
Unemployment	4.6%		3.5%	6.0%	
Children in poverty	17%	13-21%	13%	21%	
Income inequality	3.9	3.5-4.3	3.7	4.4	
Children in single-parent households	24%	19-29%	21%	34%	
Social associations	19.0		22.1	12.6	
Violent crime	109		59	334	
Injury deaths	79	66-93	51	63	
Physical Environment					92
Air pollution - particulate matter	14.1		9.5	13.5	
Drinking water violations	Yes		No		
Severe housing problems	11%	9-13%	9%	14%	
Driving alone to work	87%	85-89%	71%	83%	
Long commute - driving alone	30%	27-34%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2016

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Greene (GE)

	Greene County	Error Margin	Top U.S. Performers^	Indiana	Rank (of 92)
Health Outcomes					70
Length of Life					84
Premature death	9,378	8,134-10,621	5,317	7,520	
Quality of Life					45
Poor or fair health	16%	12-22%	10%	16%	
Poor physical health days	3.8	2.6-4.9	2.6	3.6	
Poor mental health days	2.9	1.7-4.1	2.3	3.6	
Low birthweight	8.2%	7.2-9.2%	6.0%	8.3%	
Health Factors					53
Health Behaviors					56
Adult smoking	26%	19-35%	13%	24%	
Adult obesity	31%	26-37%	25%	31%	
Physical inactivity	29%	23-36%	21%	27%	
Excessive drinking	14%	8-22%	7%	16%	
Motor vehicle crash deaths	22	17-29	10	13	
Sexually transmitted infections	127		92	351	
Teen births	47	42-52	21	41	
Clinical Care					80
Uninsured	17%	15-18%	11%	17%	
Primary care physicians**	3,687:1		1,067:1	1,557:1	
Dentists**	3,017:1		1,482:1	2,105:1	
Preventable hospital stays	104	94-113	47	76	
Diabetic monitoring	83%	76-90%	90%	83%	
Mammography screening	53.6%	46.3-60.8%	73.0%	63.6%	
Social & Economic Factors					42
High school graduation**	87%		93%	86%	
Some college	50.2%	43.9-56.5%	69.5%	58.5%	
Unemployment	9.1%		5.0%	9.0%	
Children in poverty	21%	15-27%	14%	23%	
Inadequate social support	15%	10-21%	14%	20%	
Children in single-parent households	30%	23-36%	20%	32%	
Violent crime	43		66	327	
Physical Environment					68
Air pollution - particulate matter	13.4	13.2-13.5	8.8	13.0	
Drinking water violations	0%		0%	2%	
Access to recreational facilities	3		16	9	
Limited access to healthy foods**	3%		1%	6%	
Fast food restaurants	45%		27%	50%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2013

Greene (GE)

	Greene County	Error Margin	Top U.S. Performers^	Indiana	Rank (of 92)
Health Outcomes					67
Length of Life					78
Premature death	9,100	7,800-10,300	5,200	7,600	
Quality of Life					42
Poor or fair health**	16%	16-17%	12%	19%	
Poor physical health days**	3.7	3.5-3.9	2.9	4.1	
Poor mental health days**	3.9	3.8-4.1	2.8	4.3	
Low birthweight	8%	7-9%	6%	8%	
Health Factors					78
Health Behaviors					48
Adult smoking**	20%	19-21%	14%	23%	
Adult obesity	32%	27-38%	25%	31%	
Food environment index	7.6		8.3	7.2	
Physical inactivity	30%	24-36%	20%	28%	
Access to exercise opportunities	43%		91%	75%	
Excessive drinking**	15%	14-16%	12%	16%	
Alcohol-impaired driving deaths	23%	14-32%	14%	25%	
Sexually transmitted infections	282.3		134.1	428.7	
Teen births	43	39-48	19	37	
Clinical Care					82
Uninsured	16%	15-18%	11%	16%	
Primary care physicians	3,640:1		1,040:1	1,490:1	
Dentists	2,730:1		1,340:1	1,930:1	
Mental health providers	1,720:1		370:1	710:1	
Preventable hospital stays	90	82-99	38	63	
Diabetic monitoring	83%	76-90%	90%	84%	
Mammography screening	56%	49-63%	71%	62%	
Social & Economic Factors					73
High school graduation	90%		93%	87%	
Some college	55%	49-61%	72%	61%	
Unemployment	8.0%		3.5%	6.0%	
Children in poverty	22%	16-28%	13%	21%	
Income inequality	4.3	3.9-4.8	3.7	4.4	
Children in single-parent households	26%	22-31%	21%	34%	
Social associations	15.3		22.1	12.6	
Violent crime	42		59	334	
Injury deaths	87	73-102	51	63	
Physical Environment					91
Air pollution - particulate matter	13.8		9.5	13.5	
Drinking water violations	Yes		No		
Severe housing problems	11%	9-13%	9%	14%	
Driving alone to work	85%	83-88%	71%	83%	
Long commute - driving alone	44%	39-48%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2016

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Knox (KN)

	Knox County	Error Margin	Top U.S. Performers^	Indiana	Rank (of 92)
Health Outcomes					78
Length of Life					70
Premature death	8,769	7,675-9,863	5,317	7,520	
Quality of Life					82
Poor or fair health	21%	14-29%	10%	16%	
Poor physical health days	4.5	3.3-5.6	2.6	3.6	
Poor mental health days	4.9	3.1-6.7	2.3	3.6	
Low birthweight	8.2%	7.2-9.1%	6.0%	8.3%	
Health Factors					76
Health Behaviors					86
Adult smoking	31%	24-39%	13%	24%	
Adult obesity	32%	26-38%	25%	31%	
Physical inactivity	34%	28-41%	21%	27%	
Excessive drinking	15%	10-22%	7%	16%	
Motor vehicle crash deaths	17	12-22	10	13	
Sexually transmitted infections	421		92	351	
Teen births	42	38-46	21	41	
Clinical Care					88
Uninsured	17%	15-18%	11%	17%	
Primary care physicians**	1,164:1		1,067:1	1,557:1	
Dentists**	2,744:1		1,482:1	2,105:1	
Preventable hospital stays	80	72-87	47	76	
Diabetic monitoring	29%	25-33%	90%	83%	
Mammography screening	57.1%	50.3-64.0%	73.0%	63.6%	
Social & Economic Factors					35
High school graduation**	83%		93%	86%	
Some college	57.8%	52.1-63.5%	69.5%	58.5%	
Unemployment	6.7%		5.0%	9.0%	
Children in poverty	27%	21-33%	14%	23%	
Inadequate social support	19%	13-26%	14%	20%	
Children in single-parent households	29%	24-33%	20%	32%	
Violent crime	77		66	327	
Physical Environment					47
Air pollution - particulate matter	13.4	13.2-13.5	8.8	13.0	
Drinking water violations	0%		0%	2%	
Access to recreational facilities	10		16	9	
Limited access to healthy foods**	4%		1%	6%	
Fast food restaurants	47%		27%	50%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2013

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Knox (KN)

	Knox County	Error Margin	Top U.S. Performers^	Indiana	Rank (of 92)
Health Outcomes					53
Length of Life					49
Premature death	7,900	6,800-8,900	5,200	7,600	
Quality of Life					63
Poor or fair health**	16%	16-17%	12%	19%	
Poor physical health days**	3.9	3.7-4.1	2.9	4.1	
Poor mental health days**	4.0	3.8-4.2	2.8	4.3	
Low birthweight	8%	7-9%	6%	8%	
Health Factors					64
Health Behaviors					62
Adult smoking**	20%	19-21%	14%	23%	
Adult obesity	32%	26-38%	25%	31%	
Food environment index	7.5		8.3	7.2	
Physical inactivity	34%	28-40%	20%	28%	
Access to exercise opportunities	70%		91%	75%	
Excessive drinking**	17%	16-17%	12%	16%	
Alcohol-impaired driving deaths	24%	16-33%	14%	25%	
Sexually transmitted infections	385.6		134.1	428.7	
Teen births	40	36-43	19	37	
Clinical Care					88
Uninsured	17%	15-19%	11%	16%	
Primary care physicians	1,080:1		1,040:1	1,490:1	
Dentists	1,900:1		1,340:1	1,930:1	
Mental health providers	630:1		370:1	710:1	
Preventable hospital stays	72	64-79	38	63	
Diabetic monitoring	30%	27-34%	90%	84%	
Mammography screening	56%	49-63%	71%	62%	
Social & Economic Factors					41
High school graduation	93%		93%	87%	
Some college	58%	53-64%	72%	61%	
Unemployment	5.3%		3.5%	6.0%	
Children in poverty	24%	18-30%	13%	21%	
Income inequality	4.5	4.0-4.9	3.7	4.4	
Children in single-parent households	32%	26-38%	21%	34%	
Social associations	18.2		22.1	12.6	
Violent crime	87		59	334	
Injury deaths	75	62-87	51	63	
Physical Environment					76
Air pollution - particulate matter	14.0		9.5	13.5	
Drinking water violations	No		No		
Severe housing problems	13%	11-15%	9%	14%	
Driving alone to work	87%	85-89%	71%	83%	
Long commute - driving alone	21%	18-24%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2016

Lawrence (LW)

	Lawrence County	Error Margin	Top U.S. Performers^	Illinois	Rank (of 102)
Health Outcomes					89
Length of Life					97
Premature death	10,296	8,403-12,189	5,317	6,604	
Quality of Life					31
Poor or fair health			10%	15%	
Poor physical health days	2.7	1.3-4.1	2.6	3.4	
Poor mental health days	2.3	0.7-3.9	2.3	3.3	
Low birthweight	8.0%	6.4-9.6%	6.0%	8.4%	
Health Factors					87
Health Behaviors					55
Adult smoking			13%	19%	
Adult obesity	29%	23-37%	25%	27%	
Physical inactivity	30%	22-39%	21%	25%	
Excessive drinking			7%	20%	
Motor vehicle crash deaths	19	12-28	10	10	
Sexually transmitted infections	178		92	473	
Teen births	40	33-47	21	38	
Clinical Care					101
Uninsured	14%	13-16%	11%	16%	
Primary care physicians**	3,367:1		1,067:1	1,292:1	
Dentists**	8,417:1		1,482:1	1,592:1	
Preventable hospital stays	110	97-123	47	75	
Diabetic monitoring	64%	55-73%	90%	84%	
Mammography screening	61.7%	50.8-72.6%	73.0%	65.5%	
Social & Economic Factors					75
High school graduation**	80%		93%	82%	
Some college	43.8%		69.5%	65.6%	
Unemployment	8.8%		5.0%	9.8%	
Children in poverty	21%	15-28%	14%	21%	
Inadequate social support			14%	21%	
Children in single-parent households	35%	25-46%	20%	31%	
Violent crime	225		66	486	
Physical Environment					90
Air pollution - particulate matter	13.4	13.2-13.6	8.8	12.3	
Drinking water violations	5%		0%	3%	
Access to recreational facilities	0		16	10	
Limited access to healthy foods**	5%		1%	4%	
Fast food restaurants	35%		27%	50%	

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
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County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Lawrence (LW)

	Lawrence County	Error Margin	Top U.S. Performers^	Illinois	Rank (of 102)
Health Outcomes					59
Length of Life					51
Premature death	7,000	5,600-8,400	5,200	6,300	
Quality of Life					65
Poor or fair health**	15%	15-16%	12%	17%	
Poor physical health days**	3.7	3.5-3.9	2.9	3.8	
Poor mental health days**	3.5	3.4-3.7	2.8	3.6	
Low birthweight	8%	6-9%	6%	8%	
Health Factors					92
Health Behaviors					82
Adult smoking**	17%	16-18%	14%	17%	
Adult obesity	32%	25-41%	25%	27%	
Food environment index	7.4		8.3	7.8	
Physical inactivity	26%	19-34%	20%	22%	
Access to exercise opportunities	44%		91%	89%	
Excessive drinking**	21%	20-22%	12%	21%	
Alcohol-impaired driving deaths	24%	11-38%	14%	36%	
Sexually transmitted infections	246.9		134.1	495.5	
Teen births	43	36-51	19	33	
Clinical Care					99
Uninsured	12%	11-14%	11%	15%	
Primary care physicians	4,140:1		1,040:1	1,240:1	
Dentists	8,260:1		1,340:1	1,410:1	
Mental health providers	530:1		370:1	560:1	
Preventable hospital stays	93	82-105	38	59	
Diabetic monitoring	64%	55-73%	90%	86%	
Mammography screening	59%	49-70%	71%	65%	
Social & Economic Factors					91
High school graduation	76%		93%	83%	
Some college	43%		72%	67%	
Unemployment	7.6%		3.5%	7.1%	
Children in poverty	24%	18-30%	13%	20%	
Income inequality	3.7	3.1-4.4	3.7	4.9	
Children in single-parent households	35%	26-43%	21%	32%	
Social associations	19.3		22.1	9.9	
Violent crime	154		59	430	
Injury deaths	80	62-102	51	50	
Physical Environment					44
Air pollution - particulate matter	14.1		9.5	12.5	
Drinking water violations	No		No		
Severe housing problems	11%	8-15%	9%	19%	
Driving alone to work	82%		71%	73%	
Long commute - driving alone	16%	12-21%	15%	40%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

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2016

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Pike (PI)

	Pike County	Error Margin	Top U.S. Performers^	Indiana	Rank (of 92)
Health Outcomes					64
Length of Life					40
Premature death	7,361	5,743-8,979	5,317	7,520	
Quality of Life					85
Poor or fair health	21%	14-31%	10%	16%	
Poor physical health days	4.3	2.9-5.7	2.6	3.6	
Poor mental health days			2.3	3.6	
Low birthweight	9.4%	7.7-11.2%	6.0%	8.3%	
Health Factors					21
Health Behaviors					14
Adult smoking	17%	10-27%	13%	24%	
Adult obesity	31%	24-39%	25%	31%	
Physical inactivity	30%	22-37%	21%	27%	
Excessive drinking			7%	16%	
Motor vehicle crash deaths	25	16-38	10	13	
Sexually transmitted infections	93		92	351	
Teen births	44	36-51	21	41	
Clinical Care					53
Uninsured	15%	13-17%	11%	17%	
Primary care physicians**	6,424:1		1,067:1	1,557:1	
Dentists**	12,847:1		1,482:1	2,105:1	
Preventable hospital stays	66	54-78	47	76	
Diabetic monitoring	80%	69-92%	90%	83%	
Mammography screening	63.1%	50.0-76.2%	73.0%	63.6%	
Social & Economic Factors					20
High school graduation**	96%		93%	86%	
Some college	47.2%	39.5-55.0%	69.5%	58.5%	
Unemployment	7.8%		5.0%	9.0%	
Children in poverty	17%	13-22%	14%	23%	
Inadequate social support	19%	11-30%	14%	20%	
Children in single-parent households	33%	23-43%	20%	32%	
Violent crime			66	327	
Physical Environment					78
Air pollution - particulate matter	13.4	13.2-13.6	8.8	13.0	
Drinking water violations	0%		0%	2%	
Access to recreational facilities	0		16	9	
Limited access to healthy foods**	2%		1%	6%	
Fast food restaurants	55%		27%	50%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

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2013

Pike (PI)

	Pike County	Error Margin	Top U.S. Performers^	Indiana	Rank (of 92)
Health Outcomes					78
Length of Life					85
Premature death	9,500	7,400-11,600	5,200	7,600	
Quality of Life					69
Poor or fair health**	15%	15-16%	12%	19%	
Poor physical health days**	3.6	3.4-3.8	2.9	4.1	
Poor mental health days**	3.9	3.7-4.1	2.8	4.3	
Low birthweight	9%	8-11%	6%	8%	
Health Factors					39
Health Behaviors					59
Adult smoking**	19%	19-20%	14%	23%	
Adult obesity	34%	27-42%	25%	31%	
Food environment index	8.0		8.3	7.2	
Physical inactivity	32%	24-40%	20%	28%	
Access to exercise opportunities	13%		91%	75%	
Excessive drinking**	16%	15-17%	12%	16%	
Alcohol-impaired driving deaths	42%	26-56%	14%	25%	
Sexually transmitted infections	188.0		134.1	428.7	
Teen births	43	35-51	19	37	
Clinical Care					57
Uninsured	15%	13-16%	11%	16%	
Primary care physicians	6,340:1		1,040:1	1,490:1	
Dentists	12,620:1		1,340:1	1,930:1	
Mental health providers	2,100:1		370:1	710:1	
Preventable hospital stays	58	47-69	38	63	
Diabetic monitoring	79%	67-91%	90%	84%	
Mammography screening	58%	45-71%	71%	62%	
Social & Economic Factors					14
High school graduation	98%		93%	87%	
Some college	49%		72%	61%	
Unemployment	5.1%		3.5%	6.0%	
Children in poverty	17%	12-22%	13%	21%	
Income inequality	3.9	3.4-4.3	3.7	4.4	
Children in single-parent households	27%	19-35%	21%	34%	
Social associations	19.7		22.1	12.6	
Violent crime	258		59	334	
Injury deaths	72	53-96	51	63	
Physical Environment					81
Air pollution - particulate matter	14.0		9.5	13.5	
Drinking water violations	No		No		
Severe housing problems	13%	9-16%	9%	14%	
Driving alone to work	84%	82-87%	71%	83%	
Long commute - driving alone	42%	36-48%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
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Richland (RI)

	Richland County	Error Margin	Top U.S. Performers^	Illinois	Rank (of 102)
Health Outcomes					51
Length of Life					62
Premature death	7,517	6,035-9,000	5,317	6,604	
Quality of Life					27
Poor or fair health	7%	4-13%	10%	15%	
Poor physical health days	2.3	1.3-3.4	2.6	3.4	
Poor mental health days			2.3	3.3	
Low birthweight	8.4%	6.9-9.9%	6.0%	8.4%	
Health Factors					60
Health Behaviors					67
Adult smoking			13%	19%	
Adult obesity	30%	23-37%	25%	27%	
Physical inactivity	31%	23-39%	21%	25%	
Excessive drinking	13%	6-23%	7%	20%	
Motor vehicle crash deaths	25	16-36	10	10	
Sexually transmitted infections	117		92	473	
Teen births	40	34-47	21	38	
Clinical Care					83
Uninsured	13%	11-14%	11%	16%	
Primary care physicians**	1,248:1		1,067:1	1,292:1	
Dentists**	4,057:1		1,482:1	1,592:1	
Preventable hospital stays	107	94-119	47	75	
Diabetic monitoring	80%	71-90%	90%	84%	
Mammography screening	54.3%	44.0-64.5%	73.0%	65.5%	
Social & Economic Factors					44
High school graduation**	86%		93%	82%	
Some college	65.6%	57.7-73.5%	69.5%	65.6%	
Unemployment	9.5%		5.0%	9.8%	
Children in poverty	22%	17-28%	14%	21%	
Inadequate social support	18%	10-30%	14%	21%	
Children in single-parent households	21%	14-29%	20%	31%	
Violent crime	193		66	486	
Physical Environment					37
Air pollution - particulate matter	13.3	13.1-13.5	8.8	12.3	
Drinking water violations	0%		0%	3%	
Access to recreational facilities	25		16	10	
Limited access to healthy foods**	2%		1%	4%	
Fast food restaurants	54%		27%	50%	

^ 10th/90th percentile, i.e., only 10% are better.
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County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Richland (RI)

	Richland County	Error Margin	Top U.S. Performers^	Illinois	Rank (of 102)
Health Outcomes					61
Length of Life					47
Premature death	6,900	5,500-8,300	5,200	6,300	
Quality of Life					70
Poor or fair health**	14%	14-15%	12%	17%	
Poor physical health days**	3.6	3.5-3.8	2.9	3.8	
Poor mental health days**	3.6	3.5-3.8	2.8	3.6	
Low birthweight	8%	7-10%	6%	8%	
Health Factors					55
Health Behaviors					56
Adult smoking**	16%	16-17%	14%	17%	
Adult obesity	31%	24-39%	25%	27%	
Food environment index	7.8		8.3	7.8	
Physical inactivity	29%	22-38%	20%	22%	
Access to exercise opportunities	65%		91%	89%	
Excessive drinking**	20%	19-20%	12%	21%	
Alcohol-impaired driving deaths	25%	2-54%	14%	36%	
Sexually transmitted infections	321.5		134.1	495.5	
Teen births	44	37-51	19	33	
Clinical Care					97
Uninsured	12%	10-13%	11%	15%	
Primary care physicians	2,310:1		1,040:1	1,240:1	
Dentists	4,020:1		1,340:1	1,410:1	
Mental health providers	380:1		370:1	560:1	
Preventable hospital stays	121	109-134	38	59	
Diabetic monitoring	83%	73-92%	90%	86%	
Mammography screening	56%	45-66%	71%	65%	
Social & Economic Factors					30
High school graduation	92%		93%	83%	
Some college	66%	58-74%	72%	67%	
Unemployment	6.8%		3.5%	7.1%	
Children in poverty	22%	16-28%	13%	20%	
Income inequality	4.8	4.1-5.4	3.7	4.9	
Children in single-parent households	28%	20-37%	21%	32%	
Social associations	25.3		22.1	9.9	
Violent crime	264		59	430	
Injury deaths	64	48-84	51	50	
Physical Environment					49
Air pollution - particulate matter	13.9		9.5	12.5	
Drinking water violations	No		No		
Severe housing problems	11%	9-14%	9%	19%	
Driving alone to work	83%	80-87%	71%	73%	
Long commute - driving alone	17%	13-20%	15%	40%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2016

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Sullivan (SL)

	Sullivan County	Error Margin	Top U.S. Performers ^	Indiana	Rank (of 92)
Health Outcomes					85
Length of Life					86
Premature death	9,946	8,465-11,427	5,317	7,520	
Quality of Life					71
Poor or fair health	21%	14-31%	10%	16%	
Poor physical health days	4.6	2.6-6.6	2.6	3.6	
Poor mental health days	3.9	2.0-5.8	2.3	3.6	
Low birthweight	8.0%	6.7-9.4%	6.0%	8.3%	
Health Factors					78
Health Behaviors					63
Adult smoking	25%	17-36%	13%	24%	
Adult obesity	31%	25-39%	25%	31%	
Physical inactivity	33%	26-40%	21%	27%	
Excessive drinking	17%	10-28%	7%	16%	
Motor vehicle crash deaths	19	12-27	10	13	
Sexually transmitted infections	107		92	351	
Teen births	48	42-54	21	41	
Clinical Care					83
Uninsured	17%	15-19%	11%	17%	
Primary care physicians**	3,579:1		1,067:1	1,557:1	
Dentists**	4,295:1		1,482:1	2,105:1	
Preventable hospital stays	108	96-120	47	76	
Diabetic monitoring	81%	72-90%	90%	83%	
Mammography screening	56.9%	47.0-66.7%	73.0%	63.6%	
Social & Economic Factors					57
High school graduation**	85%		93%	86%	
Some college	48.7%	42.5-55.0%	69.5%	58.5%	
Unemployment	10.1%		5.0%	9.0%	
Children in poverty	23%	17-28%	14%	23%	
Inadequate social support	22%	13-33%	14%	20%	
Children in single-parent households	21%	13-28%	20%	32%	
Violent crime	73		66	327	
Physical Environment					77
Air pollution - particulate matter	13.3	13.2-13.5	8.8	13.0	
Drinking water violations	4%		0%	2%	
Access to recreational facilities	0		16	9	
Limited access to healthy foods**	2%		1%	6%	
Fast food restaurants	48%		27%	50%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2013

Sullivan (SL)

	Sullivan County	Error Margin	Top U.S. Performers^	Indiana	Rank (of 92)
Health Outcomes					88
Length of Life					88
Premature death	10,300	8,700-11,900	5,200	7,600	
Quality of Life					79
Poor or fair health**	18%	17-19%	12%	19%	
Poor physical health days**	4.1	3.9-4.2	2.9	4.1	
Poor mental health days**	4.1	3.9-4.3	2.8	4.3	
Low birthweight	8%	7-10%	6%	8%	
Health Factors					90
Health Behaviors					87
Adult smoking**	22%	21-23%	14%	23%	
Adult obesity	33%	27-40%	25%	31%	
Food environment index	7.2		8.3	7.2	
Physical inactivity	35%	28-42%	20%	28%	
Access to exercise opportunities	30%		91%	75%	
Excessive drinking**	16%	15-16%	12%	16%	
Alcohol-impaired driving deaths	44%	34-53%	14%	25%	
Sexually transmitted infections	212.4		134.1	428.7	
Teen births	52	45-59	19	37	
Clinical Care					92
Uninsured	17%	15-18%	11%	16%	
Primary care physicians	2,360:1		1,040:1	1,490:1	
Dentists	3,010:1		1,340:1	1,930:1	
Mental health providers	3,510:1		370:1	710:1	
Preventable hospital stays	95	84-107	38	63	
Diabetic monitoring	77%	69-86%	90%	84%	
Mammography screening	43%	35-51%	71%	62%	
Social & Economic Factors					82
High school graduation	85%		93%	87%	
Some college	52%	45-59%	72%	61%	
Unemployment	7.4%		3.5%	6.0%	
Children in poverty	22%	16-28%	13%	21%	
Income inequality	5.0	4.2-5.8	3.7	4.4	
Children in single-parent households	29%	21-36%	21%	34%	
Social associations	12.7		22.1	12.6	
Violent crime	81		59	334	
Injury deaths	96	77-114	51	63	
Physical Environment					77
Air pollution - particulate matter	13.9		9.5	13.5	
Drinking water violations	No		No		
Severe housing problems	12%	9-15%	9%	14%	
Driving alone to work	87%		71%	83%	
Long commute - driving alone	34%	29-39%	15%	30%	

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

Wabash (WA)

	Wabash County	Error Margin	Top U.S. Performers^	Illinois	Rank (of 102)
Health Outcomes					56
Length of Life					69
Premature death	7,684	5.834-9.534	5,317	6,604	
Quality of Life					45
Poor or fair health			10%	15%	
Poor physical health days			2.6	3.4	
Poor mental health days			2.3	3.3	
Low birthweight	7.4%	5.8-9.0%	6.0%	8.4%	
Health Factors					50
Health Behaviors					46
Adult smoking			13%	19%	
Adult obesity	29%	22-36%	25%	27%	
Physical inactivity	30%	22-40%	21%	25%	
Excessive drinking			7%	20%	
Motor vehicle crash deaths	18	10-29	10	10	
Sexually transmitted infections	167		92	473	
Teen births	39	32-46	21	38	
Clinical Care					67
Uninsured	14%	12-15%	11%	16%	
Primary care physicians**	1,989:1		1,067:1	1,292:1	
Dentists**	3,978:1		1,482:1	1,592:1	
Preventable hospital stays	91	78-104	47	75	
Diabetic monitoring	89%	76-100%	90%	84%	
Mammography screening	60.9%	47.9-73.9%	73.0%	65.5%	
Social & Economic Factors					47
High school graduation**	79%		93%	82%	
Some college	64.1%	54.0-74.3%	69.5%	65.6%	
Unemployment	9.2%		5.0%	9.8%	
Children in poverty	21%	15-26%	14%	21%	
Inadequate social support			14%	21%	
Children in single-parent households	20%	13-28%	20%	31%	
Violent crime	130		66	486	
Physical Environment					57
Air pollution - particulate matter	13.4	13.2-13.6	8.8	12.3	
Drinking water violations	0%		0%	3%	
Access to recreational facilities	17		16	10	
Limited access to healthy foods**	2%		1%	4%	
Fast food restaurants	47%		27%	50%	

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Wabash (WA)

	Wabash County	Error Margin	Top U.S. Performers^	Illinois	Rank (of 102)
Health Outcomes					68
Length of Life					80
Premature death	8,500	6,500-10,400	5,200	6,300	
Quality of Life					40
Poor or fair health**	13%	13-14%	12%	17%	
Poor physical health days**	3.5	3.3-3.7	2.9	3.8	
Poor mental health days**	3.5	3.4-3.7	2.8	3.6	
Low birthweight	7%	6-9%	6%	8%	
Health Factors					57
Health Behaviors					57
Adult smoking**	16%	15-17%	14%	17%	
Adult obesity	33%	25-41%	25%	27%	
Food environment index	8.2		8.3	7.8	
Physical inactivity	28%	20-37%	20%	22%	
Access to exercise opportunities	62%		91%	89%	
Excessive drinking**	20%	19-21%	12%	21%	
Alcohol-impaired driving deaths	25%	2-54%	14%	36%	
Sexually transmitted infections	255.8		134.1	495.5	
Teen births	48	39-56	19	33	
Clinical Care					58
Uninsured	12%	11-13%	11%	15%	
Primary care physicians	2,330:1		1,040:1	1,240:1	
Dentists	2,890:1		1,340:1	1,410:1	
Mental health providers	350:1		370:1	560:1	
Preventable hospital stays	72	61-84	38	59	
Diabetic monitoring	88%	77-99%	90%	86%	
Mammography screening	53%	41-64%	71%	65%	
Social & Economic Factors					37
High school graduation	83%		93%	83%	
Some college	64%	55-73%	72%	67%	
Unemployment	6.1%		3.5%	7.1%	
Children in poverty	21%	16-27%	13%	20%	
Income inequality	4.5	4.0-5.1	3.7	4.9	
Children in single-parent households	20%	14-27%	21%	32%	
Social associations	22.3		22.1	9.9	
Violent crime	204		59	430	
Injury deaths	96	73-125	51	50	
Physical Environment					95
Air pollution - particulate matter	14.2		9.5	12.5	
Drinking water violations	Yes		No		
Severe housing problems	9%	7-12%	9%	19%	
Driving alone to work	83%	80-86%	71%	73%	
Long commute - driving alone	27%	22-32%	15%	40%	

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2016

APPENDIX E
COMMUNITY HEALTH STATUS INDICATORS
COUNTY SUMMARIES



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Knox County, IN

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	<div>Better</div> <div></div> <div>(most favorable quartile)</div>	<div>Moderate</div> <div></div> <div>(middle two quartiles)</div>	<div>Worse</div> <div></div> <div>(least favorable quartile)</div>
Mortality	<u>Alzheimer's disease deaths</u>	<u>Cancer deaths</u> <u>Coronary heart disease deaths</u> <u>Motor vehicle deaths</u>	<u>Chronic kidney disease deaths</u> <u>Chronic lower respiratory disease (CLRD) deaths</u> <u>Diabetes deaths</u> <u>Female life expectancy</u> <u>Male life expectancy</u> <u>Stroke deaths</u> <u>Unintentional injury (including motor vehicle)</u>
Morbidity	<u>Older adult asthma</u>	<u>Adult diabetes</u> <u>Adult obesity</u> <u>Alzheimer's diseases/dementia</u> <u>Cancer</u> <u>Gonorrhea</u> <u>HIV</u> <u>Older adult depression</u> <u>Preterm births</u>	<u>Adult overall health status</u> <u>Syphilis</u>
Health Care Access and Quality	<u>Primary care provider access</u>	<u>Older adult preventable hospitalizations</u> <u>Uninsured</u>	<u>Cost barrier to care</u>
Health Behaviors		<u>Teen Births</u>	<u>Adult female routine pap tests</u> <u>Adult physical inactivity</u> <u>Adult smoking</u>
Social Factors	<u>Violent crime</u>	<u>Children in single-parent households</u> <u>High housing costs</u> <u>Inadequate social support</u> <u>On time high school graduation</u> <u>Poverty</u> <u>Unemployment</u>	
Physical Environment	<u>Limited access to healthy food</u>	<u>Access to parks</u> <u>Housing stress</u>	<u>Annual average PM2.5 concentration</u> <u>Living near highways</u>



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Crawford County, IL

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	<div>Better</div> <div></div> <div>(most favorable quartile)</div>	<div>Moderate</div> <div></div> <div>(middle two quartiles)</div>	<div>Worse</div> <div></div> <div>(least favorable quartile)</div>
Mortality	<div><u>Motor vehicle deaths</u></div> <div><u>Unintentional injury (including motor vehicle)</u></div>	<div><u>Alzheimer's disease deaths</u></div> <div><u>Cancer deaths</u></div> <div><u>Chronic lower respiratory disease (CLRD) deaths</u></div> <div><u>Coronary heart disease deaths</u></div> <div><u>Diabetes deaths</u></div> <div><u>Female life expectancy</u></div> <div><u>Male life expectancy</u></div>	<div><u>Chronic kidney disease deaths</u></div> <div><u>Stroke deaths</u></div>
Morbidity	<div><u>Older adult asthma</u></div> <div><u>Older adult depression</u></div> <div><u>Syphilis</u></div>	<div><u>Alzheimer's diseases/dementia</u></div> <div><u>Gonorrhea</u></div>	<div><u>Adult diabetes</u></div> <div><u>Adult obesity</u></div> <div><u>Adult overall health status</u></div> <div><u>Cancer</u></div> <div><u>HIV</u></div> <div><u>Preterm births</u></div>
Health Care Access and Quality	<div><u>Uninsured</u></div>	<div><u>Older adult preventable hospitalizations</u></div> <div><u>Primary care provider access</u></div>	
Health Behaviors		<div><u>Teen Births</u></div>	<div><u>Adult physical inactivity</u></div>
Social Factors	<div><u>Children in single-parent households</u></div> <div><u>High housing costs</u></div>	<div><u>Poverty</u></div> <div><u>Violent crime</u></div>	<div><u>On time high school graduation</u></div> <div><u>Unemployment</u></div>
Physical Environment	<div><u>Access to parks</u></div> <div><u>Housing stress</u></div> <div><u>Living near highways</u></div>	<div><u>Limited access to healthy food</u></div>	<div><u>Annual average PM2.5 concentration</u></div>

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Lawrence County, IL

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	<div>Better</div> <div></div> <div>(most favorable quartile)</div>	<div>Moderate</div> <div></div> <div>(middle two quartiles)</div>	<div>Worse</div> <div></div> <div>(least favorable quartile)</div>
Mortality	<u>Motor vehicle deaths</u>	<u>Cancer deaths</u> <u>Chronic kidney disease deaths</u> <u>Coronary heart disease deaths</u> <u>Stroke deaths</u> <u>Unintentional injury (including motor vehicle)</u>	<u>Alzheimer's disease deaths</u> <u>Chronic lower respiratory disease (CLRD) deaths</u> <u>Diabetes deaths</u> <u>Female life expectancy</u> <u>Male life expectancy</u>
Morbidity	<u>Adult diabetes</u> <u>Cancer</u> <u>Older adult asthma</u>	<u>Alzheimer's diseases/dementia</u> <u>HIV</u> <u>Older adult depression</u>	<u>Gonorrhea</u> <u>Preterm births</u> <u>Syphilis</u>
Health Care Access and Quality	<u>Uninsured</u>	<u>Primary care provider access</u>	<u>Older adult preventable hospitalizations</u>
Health Behaviors		<u>Teen Births</u>	
Social Factors		<u>High housing costs</u> <u>Poverty</u> <u>Unemployment</u> <u>Violent crime</u>	<u>Children in single-parent households</u> <u>On time high school graduation</u>
Physical Environment	<u>Access to parks</u>	<u>Housing stress</u> <u>Limited access to healthy food</u> <u>Living near highways</u>	<u>Annual average PM2.5 concentration</u>

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Richland County, IL

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	<div>Better</div> <div></div> <div>(most favorable quartile)</div>	<div>Moderate</div> <div></div> <div>(middle two quartiles)</div>	<div>Worse</div> <div></div> <div>(least favorable quartile)</div>
Mortality	<div><u>Chronic lower respiratory disease (CLRD) deaths</u></div> <div><u>Diabetes deaths</u></div> <div><u>Motor vehicle deaths</u></div> <div><u>Unintentional injury (including motor vehicle)</u></div>	<div><u>Cancer deaths</u></div> <div><u>Chronic kidney disease deaths</u></div> <div><u>Coronary heart disease deaths</u></div> <div><u>Female life expectancy</u></div> <div><u>Stroke deaths</u></div>	<div><u>Male life expectancy</u></div>
Morbidity	<div><u>Adult diabetes</u></div> <div><u>Adult overall health status</u></div> <div><u>Alzheimer's diseases/dementia</u></div> <div><u>HIV</u></div> <div><u>Older adult depression</u></div>	<div><u>Adult obesity</u></div> <div><u>Gonorrhea</u></div> <div><u>Older adult asthma</u></div> <div><u>Preterm births</u></div>	<div><u>Cancer</u></div> <div><u>Syphilis</u></div>
Health Care Access and Quality	<div><u>Primary care provider access</u></div> <div><u>Uninsured</u></div>	<div><u>Older adult preventable hospitalizations</u></div>	
Health Behaviors		<div><u>Adult physical inactivity</u></div> <div><u>Teen Births</u></div>	
Social Factors	<div><u>Inadequate social support</u></div> <div><u>Poverty</u></div>	<div><u>Children in single-parent households</u></div> <div><u>High housing costs</u></div> <div><u>On time high school graduation</u></div>	<div><u>Unemployment</u></div> <div><u>Violent crime</u></div>
Physical Environment	<div><u>Housing stress</u></div> <div><u>Limited access to healthy food</u></div>	<div><u>Access to parks</u></div>	<div><u>Annual average PM2.5 concentration</u></div> <div><u>Living near highways</u></div>



Wabash County, IL

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	<div>Better</div> <div></div> <div>(most favorable quartile)</div>	<div>Moderate</div> <div></div> <div>(middle two quartiles)</div>	<div>Worse</div> <div></div> <div>(least favorable quartile)</div>
Mortality		<div>Coronary heart disease deaths</div> <div>Stroke deaths</div>	<div>Cancer deaths</div> <div>Chronic kidney disease deaths</div> <div>Chronic lower respiratory disease (CLRD) deaths</div> <div>Female life expectancy</div> <div>Male life expectancy</div> <div>Unintentional injury (including motor vehicle)</div>
Morbidity	<div>Syphilis</div>	<div>Alzheimer's diseases/dementia</div> <div>Cancer</div> <div>Older adult asthma</div> <div>Older adult depression</div>	<div>Gonorrhea</div> <div>Preterm births</div>
Health Care Access and Quality		<div>Primary care provider access</div> <div>Uninsured</div>	<div>Older adult preventable hospitalizations</div>
Health Behaviors			<div>Teen Births</div>
Social Factors		<div>Children in single-parent households</div> <div>High housing costs</div>	<div>On time high school graduation</div> <div>Poverty</div> <div>Unemployment</div> <div>Violent crime</div>
Physical Environment	<div>Limited access to healthy food</div> <div>Living near highways</div>	<div>Housing stress</div>	<div>Access to parks</div> <div>Annual average PM2.5 concentration</div>



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Daviess County, IN

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	<div>Better</div> <div></div> <div>(most favorable quartile)</div>	<div>Moderate</div> <div></div> <div>(middle two quartiles)</div>	<div>Worse</div> <div></div> <div>(least favorable quartile)</div>
Mortality		<div>Alzheimer's disease deaths</div> <div>Cancer deaths</div> <div>Chronic lower respiratory disease (CLRD) deaths</div> <div>Coronary heart disease deaths</div>	<div>Chronic kidney disease deaths</div> <div>Diabetes deaths</div> <div>Female life expectancy</div> <div>Male life expectancy</div> <div>Motor vehicle deaths</div> <div>Stroke deaths</div> <div>Unintentional injury (including motor vehicle)</div>
Morbidity	<div>Adult obesity</div> <div>Cancer</div> <div>Syphilis</div>	<div>Adult diabetes</div> <div>HIV</div> <div>Older adult asthma</div>	<div>Adult overall health status</div> <div>Alzheimer's diseases/dementia</div> <div>Gonorrhea</div> <div>Older adult depression</div> <div>Preterm births</div>
Health Care Access and Quality			<div>Cost barrier to care</div> <div>Older adult preventable hospitalizations</div> <div>Primary care provider access</div> <div>Uninsured</div>
Health Behaviors		<div>Adult binge drinking</div> <div>Adult physical inactivity</div>	<div>Adult female routine pap tests</div> <div>Adult smoking</div> <div>Teen Births</div>
Social Factors	<div>Children in single-parent households</div> <div>High housing costs</div> <div>Unemployment</div>	<div>On time high school graduation</div> <div>Violent crime</div>	<div>Inadequate social support</div> <div>Poverty</div>
Physical Environment	<div>Housing stress</div> <div>Limited access to healthy food</div> <div>Living near highways</div>		<div>Access to parks</div> <div>Annual average PM2.5 concentration</div>

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Gibson County, IN



The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	<div>Better</div> <div></div> <div>(most favorable quartile)</div>	<div>Moderate</div> <div></div> <div>(middle two quartiles)</div>	<div>Worse</div> <div></div> <div>(least favorable quartile)</div>
Mortality		<div><u>Alzheimer's disease deaths</u></div> <div><u>Cancer deaths</u></div> <div><u>Chronic lower respiratory disease (CLRD) deaths</u></div> <div><u>Motor vehicle deaths</u></div> <div><u>Stroke deaths</u></div> <div><u>Unintentional injury (including motor vehicle)</u></div>	<div><u>Chronic kidney disease deaths</u></div> <div><u>Coronary heart disease deaths</u></div> <div><u>Diabetes deaths</u></div> <div><u>Female life expectancy</u></div> <div><u>Male life expectancy</u></div>
Morbidity	<div><u>Adult obesity</u></div> <div><u>Alzheimer's diseases/dementia</u></div> <div><u>HIV</u></div> <div><u>Syphilis</u></div>	<div><u>Adult diabetes</u></div> <div><u>Cancer</u></div> <div><u>Gonorrhea</u></div> <div><u>Older adult asthma</u></div>	<div><u>Adult overall health status</u></div> <div><u>Older adult depression</u></div> <div><u>Preterm births</u></div>
Health Care Access and Quality		<div><u>Primary care provider access</u></div> <div><u>Uninsured</u></div>	<div><u>Cost barrier to care</u></div> <div><u>Older adult preventable hospitalizations</u></div>
Health Behaviors	<div><u>Adult binge drinking</u></div>	<div><u>Adult female routine pap tests</u></div> <div><u>Adult physical inactivity</u></div>	<div><u>Adult smoking</u></div> <div><u>Teen Births</u></div>
Social Factors	<div><u>High housing costs</u></div>	<div><u>Children in single-parent households</u></div> <div><u>On time high school graduation</u></div> <div><u>Poverty</u></div> <div><u>Unemployment</u></div> <div><u>Violent crime</u></div>	<div><u>Inadequate social support</u></div>
Physical Environment	<div><u>Housing stress</u></div>	<div><u>Access to parks</u></div> <div><u>Limited access to healthy food</u></div> <div><u>Living near highways</u></div>	<div><u>Annual average PM2.5 concentration</u></div>

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Greene County, IN

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	<div>Better</div> <div></div> <div>(most favorable quartile)</div>	<div>Moderate</div> <div></div> <div>(middle two quartiles)</div>	<div>Worse</div> <div></div> <div>(least favorable quartile)</div>
Mortality	<u>Alzheimer's disease deaths</u>	<u>Cancer deaths</u> <u>Chronic kidney disease deaths</u> <u>Chronic lower respiratory disease (CLRD) deaths</u> <u>Coronary heart disease deaths</u> <u>Diabetes deaths</u> <u>Female life expectancy</u> <u>Male life expectancy</u> <u>Motor vehicle deaths</u> <u>Stroke deaths</u> <u>Unintentional injury (including motor vehicle)</u>	
Morbidity	<u>Adult obesity</u> <u>HIV</u> <u>Older adult asthma</u> <u>Older adult depression</u>	<u>Adult diabetes</u> <u>Adult overall health status</u> <u>Alzheimer's diseases/dementia</u> <u>Cancer</u> <u>Gonorrhea</u> <u>Preterm births</u>	<u>Syphilis</u>
Health Care Access and Quality		<u>Cost barrier to care</u> <u>Older adult preventable hospitalizations</u> <u>Primary care provider access</u> <u>Uninsured</u>	
Health Behaviors		<u>Adult physical inactivity</u> <u>Adult smoking</u> <u>Teen Births</u>	<u>Adult female routine pap tests</u>
Social Factors	<u>High housing costs</u> <u>Inadequate social support</u> <u>Violent crime</u>	<u>Children in single-parent households</u> <u>On time high school graduation</u> <u>Poverty</u>	<u>Unemployment</u>
Physical Environment	<u>Access to parks</u> <u>Living near highways</u>	<u>Housing stress</u> <u>Limited access to healthy food</u>	<u>Annual average PM2.5 concentration</u>



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Pike County, IN

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	<div>Better</div> <div></div> <div>(most favorable quartile)</div>	<div>Moderate</div> <div></div> <div>(middle two quartiles)</div>	<div>Worse</div> <div></div> <div>(least favorable quartile)</div>
Mortality		<div>Cancer deaths</div> <div>Chronic lower respiratory disease (CLRD) deaths</div> <div>Female life expectancy</div> <div>Male life expectancy</div> <div>Unintentional injury (including motor vehicle)</div>	<div>Alzheimer's disease deaths</div> <div>Coronary heart disease deaths</div> <div>Diabetes deaths</div> <div>Motor vehicle deaths</div> <div>Stroke deaths</div>
Morbidity	<div>Alzheimer's diseases/dementia</div> <div>Cancer</div> <div>Gonorrhea</div> <div>Older adult asthma</div> <div>Syphilis</div>	<div>Adult obesity</div> <div>Older adult depression</div>	<div>Adult diabetes</div> <div>Adult overall health status</div> <div>Preterm births</div>
Health Care Access and Quality		<div>Older adult preventable hospitalizations</div> <div>Uninsured</div>	<div>Primary care provider access</div>
Health Behaviors	<div>Adult physical inactivity</div> <div>Adult smoking</div>	<div>Teen Births</div>	
Social Factors	<div>Inadequate social support</div> <div>On time high school graduation</div> <div>Poverty</div>	<div>Children in single-parent households</div> <div>High housing costs</div> <div>Unemployment</div> <div>Violent crime</div>	
Physical Environment	<div>Limited access to healthy food</div> <div>Living near highways</div>	<div>Housing stress</div>	<div>Access to parks</div> <div>Annual average PM2.5 concentration</div>

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Sullivan County, IN

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	<div>Better</div> <div></div> <div>(most favorable quartile)</div>	<div>Moderate</div> <div></div> <div>(middle two quartiles)</div>	<div>Worse</div> <div></div> <div>(least favorable quartile)</div>
Mortality		<div>Chronic kidney disease deaths</div> <div>Chronic lower respiratory disease (CLRD) deaths</div> <div>Diabetes deaths</div> <div>Female life expectancy</div> <div>Motor vehicle deaths</div> <div>Stroke deaths</div> <div>Unintentional injury (including motor vehicle)</div>	<div>Alzheimer's disease deaths</div> <div>Cancer deaths</div> <div>Coronary heart disease deaths</div> <div>Male life expectancy</div>
Morbidity	<div>Adult obesity</div> <div>Syphilis</div>	<div>Adult diabetes</div> <div>Adult overall health status</div> <div>Alzheimer's diseases/dementia</div> <div>Cancer</div> <div>Gonorrhea</div> <div>HIV</div> <div>Older adult asthma</div> <div>Older adult depression</div>	<div>Preterm births</div>
Health Care Access and Quality		<div>Older adult preventable hospitalizations</div> <div>Primary care provider access</div> <div>Uninsured</div>	
Health Behaviors		<div>Adult smoking</div>	<div>Adult physical inactivity</div> <div>Teen Births</div>
Social Factors	<div>Children in single-parent households</div> <div>Violent crime</div>	<div>High housing costs</div> <div>On time high school graduation</div>	<div>Poverty</div> <div>Unemployment</div>
Physical Environment	<div>Access to parks</div> <div>Housing stress</div> <div>Limited access to healthy food</div>	<div>Living near highways</div>	<div>Annual average PM2.5 concentration</div>

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APPENDIX F
KEY STAKEHOLDER INTERVIEW PROTOCOL
& ACKNOWLEDGEMENTS

KEY STAKEHOLDER INTERVIEW

Community Health Needs Assessment for: Good Samaritan Hospital

Interviewer's Initials: _____

Date: _____ Start Time: _____ End Time: _____

Name: _____ Title: _____

Agency/Organization: _____

of years living in _____ County: _____ Current position: _____

E-mail address: _____

Introduction: Good morning/afternoon. My name is [interviewer's name]. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over – up to 50 minutes total - once we get into the interview.

Good Samaritan Hospital is gathering local data as part of developing a plan to improve health and quality of life in Knox County and the surrounding community. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

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

Questions:

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

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

3. Why do you think it has (based on answer from previous question: Improved/declined/stayed the same)?

4. What other factors have contributed to the health and quality of life [improving, declining or staying the same] (based on answer to question 2:

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

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

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

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

9. In your opinion, what is the reason why people are not able to access health services (medical, dental, mental health)? Please describe the challenges that keep individuals from seeking health care services?

- ☐ Lack of Health Insurance
- ☐ Inability to afford co-pays and/or deductibles
- ☐ Transportation
- ☐ Physicians refuse to take insurance or Medicaid
- ☐ People don't know how to find a doctor.
- ☐ Fear
- ☐ Too long to wait for an appointment
- ☐ Inconvenient hours/locations
- ☐ Other

10. Please provide your thoughts on how well the community participates and takes ownership in personal wellness and healthy living? Physical activity and exercise?

11. Please describe your familiarity and/or perceptions regarding educational programs provided by Good Samaritan Hospital? Also outreach efforts such as free screenings, clinics and health fairs?

12. Are there any specialists (physicians) which are needed in the community? If so, what specialties are needed?

13. What groups of people in the community do you believe have the most serious unmet health care needs? Describe the causes? What should be done to address the needs of these persons?

14. What is the most important issue that 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 Knox County. Before we conclude the interview,

Is there anything you would like to add?

As a reminder, summary results will be made available by the **Good Samaritan Hospital** and used to develop a community health improvement plan.

Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

Dwain Bateman, Executive Director, North Knox Social Ministries

Bev Brown, Director – Clinical Operations, GSH Samaritan Center

Cliff Cleveland, Pharmacist

Tony Cochran, Insurance Agent, German American Bank

Nancy Gress, Supervising Nurse, Vincennes Community School Corporation

Peter Haskins, Executive Director, Life After Meth Program

Dr. Gerry Hippensteel, GSH, Internal Medicine physician

Laura Holscher, Executive Director, Generations

Dr. Ralph Jaqmain, Medical Director, Knox County Health Department

Rob LaRoy, Executive Director, YMCA

Marc McNeese, Executive Director, Knox County Chamber of Commerce

Mike Morris, Sheriff, Knox County

Michelle Pitcher, Assistant Director, PACE

Jane Russell, Director, GSH Medical Home, Hospice, Palliative Care, Social Services

Helen Seirp, Executive, Old National Bank & GSH Foundation Board

Dr. Alan Stewart, Medical Director, GSH Inpatient Rehab

Dr. Scott Stine, Medical Director, Good Samaritan Physician Network & GSH Family Practice Physician

Kent Utt, Executive Director, Knox County Development Corporation

Jana Vieck, Dean – Health Occupations, Vincennes University

Joe Yochum, Mayor, City of Vincennes