

2024 Community Health Needs Assessment



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Letter From The CEO

To our valued community members:

Harrison Memorial Hospital (“HMH”) exists to meet the healthcare needs of the communities we serve. The HMH Board of Directors and the leadership of HMH continually assesses the quality of our services and the appropriate array of services we offer to respond to what our community needs. We are always looking for new and innovative ways to deliver state-of-the art care at the highest level.

Our Community Health Needs Assessment (“CHNA”) is essential to guiding HMH in fulfilling our mission. Through the feedback we receive in our 2024 CHNA survey, and through focus groups and direct communication throughout the year, we are able to identify services, specialties, and technologies that will keep our community healthy. Our goal is to keep our patients choosing HMH as their provider of choice over the course of their lifetime. We use the CHNA data to provide a roadmap for reinvesting in the latest medical technology and in enhancing our facility, wherever needed.

In 2023, HMH was honored as one of only five hospitals in the Commonwealth of Kentucky to earn a five-star rating by the Centers for Medicaid and Medicare Services. This is just one of the accolades, accreditations, and certifications HMH has earned. Honors such as this are not possible without utilizing Community Health Needs Assessments, reviewing the data, and then implementing improvements designed to create a more positive health outcome for our patients, as well as their families. Your role in providing this feedback is immeasurable. Without you, the community, we could not gather the valuable information needed to make these improvements. As a result of your feedback, HMH becomes a better regional medical center and, most importantly, you receive the highest quality care.

We believe healthcare in our community should be a trusted partnership. We appreciate your trust and support. And we continue to ask you to hold us accountable for the great healthcare you want and deserve.

Sincerely,
Stephen K. Toadvine, M.D.
Chief Executive Officer
Harrison Memorial Hospital

MISSION

HMH exists to serve our surrounding communities by providing compassionate, high quality health care services. We offer our services without regard to race, religion, gender, national origin, social status, or economic circumstances. In fulfilling our mission, we strive for excellence:

- In the quality care we deliver;
- In the safety and security, we offer patients during their care;
- In the recruitment, retention and development of dedicated physicians and personnel; and
- In facilitating, coordinating, and providing access to general and specialized health services through our own resources and in collaboration with the resources of others.

VISION

To be the Healthcare System of choice for the people we serve.

VALUES

- Integrity, honesty, fairness, and ethical behavior in all we do.
- The continual pursuit of excellence and innovation.
- The contribution of each employee in achieving our mission.
- The right of each patient to choose the type and extent of care.
- Caring and sensitivity in all patient interactions.
- Responsible resource management.
- Teamwork, cooperation, and flexibility.
- Respect for different views, opinions, values, and beliefs.

Executive Summary

On behalf of HMH a CHNA was performed in 2024 to pinpoint the current health necessities of the surrounding community. The CHNA focused on both fulfilled and unfulfilled health requirements in Harrison County, which has a population of 19,103. The CHNA aimed to not only identify key health concerns but also to foster collaboration among healthcare providers. The initiative aligns with the federal mandates outlined in the Patient Protection and Affordable Care Act ("PPACA") of 2010.

To better understand the community's health landscape, the hospital collected data through both primary methods, such as personal interviews and surveys, and secondary sources to identify any gaps between the local community's health needs and the services available. This approach allowed for a balanced analysis and to establish benchmarks for the hospital's service offerings.

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

This Community Health Needs Assessment identified four vital areas of focus, which will guide HMH's strategic planning and community health initiatives. These are outlined below:

- Premature death rate
- Drug, Alcohol, and Tobacco use and abuse
- Access to care
- Health and wellbeing of older adults

Note: The "KEY FINDINGS" section of this report will elaborate on these priorities.

Organizational Background

Harrison Memorial Hospital

HMH is a regional medical center located in Cynthiana, Kentucky. For more than 100 years, HMH has been a healthcare leader for our community. Our mission is to provide high-quality health and medical services to the people of surrounding communities. Evidence of this mission is proven through our recent completion of a new facility, investments in advanced technology, and strong and lasting partnerships with area specialists.

HMH is governed by a volunteer Board of Directors, licensed by the state of Kentucky to operate 61 beds, and certified by both Medicare and Medicaid. Additionally, HMH is a member in good standing with the agencies below, meeting or exceeding their standards for quality:

- The Joint Commission
- American Hospital Association
- Kentucky Hospital Association
- Kentucky Rural Health Association
- College of American Pathologists
- American College of Radiology
- American College of Surgeons
- American College of Cardiology

History

HMH, founded on the idea of community-focused healthcare, began its journey in 1906. Started by Dr. J.M. Rees and supported by recognized physicians, the hospital's emergence marked the beginning of a centralized healthcare facility in the region.

Over the years, HMH evolved significantly, keeping up with the ever-changing healthcare landscape. In the early years, the hospital saw many expansions, notably in 1920 when it moved to East Pike Street, acquiring the name HMH in tribute to those who served in the World War. The following timeline of the hospital was marked by constant growth and innovation. This included the addition of new wings, services, and technological advancements. The growth ensured that HMH remained at the forefront of care in the community.

Throughout the journey, there were significant milestones including the construction of a new facility on Millersburg Pike in 1966, the establishment of a nursing scholarship program in 1967, and a series of expansions throughout the 1970s and 1980s to accommodate growing healthcare needs in the community. The 1990s and 2000s saw further advancements, with expansions in radiology, the introduction of a wellness center, and the transition to offering more specialized services.

In recent years, HMH has continued to adapt alongside the healthcare industry. The hospital's response to the COVID-19 pandemic, its participation in national health networks, and the ongoing expansion of its medical staff reflect its dedication to serving the community's health needs. As HMH navigates through the 21st century, it upholds a legacy of community service, continually adapting to the environment and ensuring the well-being of the residents of its service area.

Services

Anesthesiology	Neurology
Behavioral Health	Nutrition Counseling
Cardiology, both Diagnostic & Interventional, including a Full-service Cardiac Catheterization lab	Obstetrics
Chemotherapy/Infusion Therapy	Oncology (Cancer) Services
Coagulation Clinic	Ophthalmology
Dental Surgery	Orthopedic Surgery
Emergency Services	Outpatient Services at Carlisle, offering Physical Therapy
Employee Drug Screening/DOT Physicals	Pain Management
Foot and Ankle Surgery	Pathology
Full-service Laboratory	Pediatrics
Gastroenterology	Primary Care (Cynthiana, Carlisle and Falmouth)
General Surgery	Pulmonology Services
Gynecology	Radiology Services, including CT, Mammography, Bone Density, Ultrasound, MRI and Nuclear Medicine
Head and Neck/Ear, Nose and Throat/Otolaryngology	Rehabilitation Services, including Physical Therapy, Occupational Therapy, Speech-Language Pathology, Lymphedema and Lipedema Clinic, Wound Care Clinic, and Massage Therapy
HMHmyhealth!, Online Patient Portal	Respiratory Services
HMH Urgent Treatment Center	Sleep Disorders Clinic
Inpatient Pharmacy Services	
KidTown Child Development Center	

Service Area & Community of the Hospital

- Harrison County
- Nicholas County
- Pendleton County
- Robertson County
- Bracken County
- Bourbon County
- Grant County
- Scott County

HMH conducted the CHNA during 2024 on behalf of the approximately 19,103 (2020 US Census) residents of Harrison County and the patients served by the hospital from neighboring communities. Additionally, the hospital provides services to members of the bordering counties of Nicholas, Pendleton, Robertson, Bracken, Bourbon, Grant, and Scott.

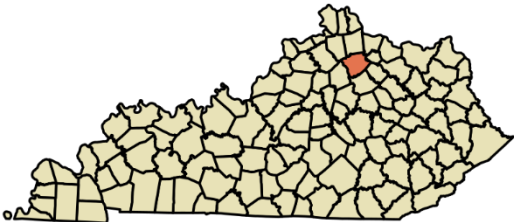
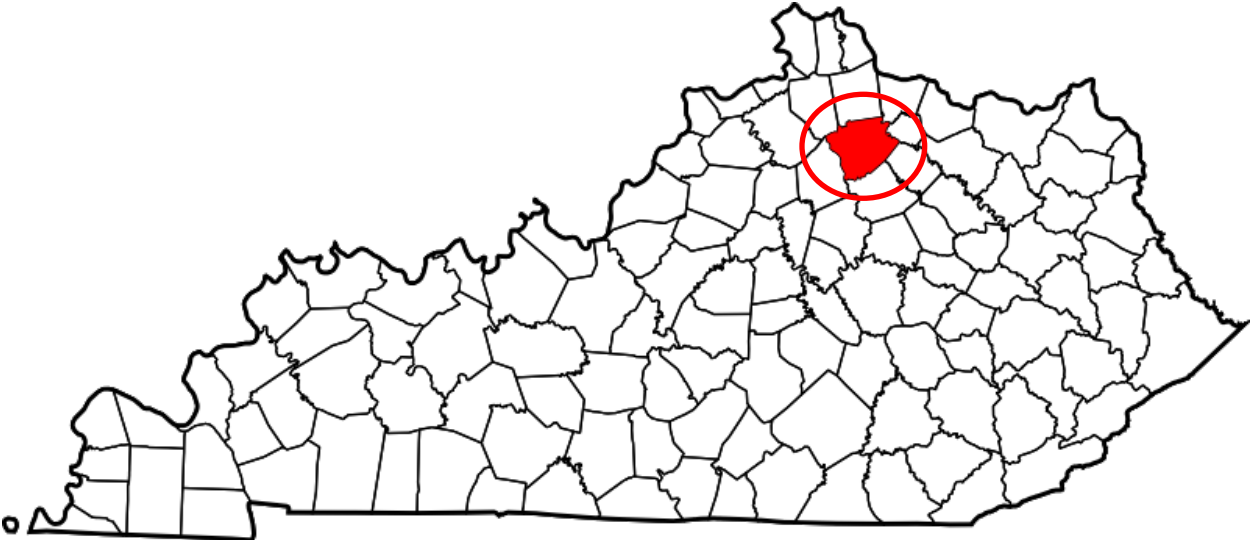
HMH's primary service area includes Harrison County, which covers roughly 306.5 square miles, with the local economy and surrounding areas focused on manufacturing, healthcare, education, social assistance, agriculture, and retail activities.

2022 Census data also reports that the median age in Harrison County is 42.6, while the median age for Kentucky is 39.4 years. The number of persons per household in Harrison County is 2.53 compared to the U.S. average number of persons per household which is 2.57. Race in Harrison County is as follows: 93.5% White (Non-Hispanic), 2.43% Multicultural (Non-Hispanic), 1.54% Black or African American (Non-Hispanic), 1.13% White (Hispanic), and 1% Multicultural (Hispanic). People 65 years and older represent 18.9% of the population and people under the age of 18 years represent 22.6% of the population of the county.

There is 1 primary care physician per 1,900 people in Harrison County. The Kentucky average is 1 primary care physician per 1,600 people. The overall health ranking for Harrison County is 42 out of 120 counties, with the general state ranking being 41st out of 50 states.

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

Service Area Maps



Conducting the Assessment

Overview

HMH engaged Blue to assist the hospital in conducting a CHNA and analyze the data for the CHNA requirements outlined in section 9007 of the PPACA of 2010. Blue is a Certified Public Accounting firm that provides tax consulting and compliance to the healthcare industry, among other services. HMH provided all the financial support for the assessment process.

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

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

Community Health Needs Assessment Goals

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

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

Other goals of the assessment were:

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

Evaluation of 2021 Community Health Needs Assessment

The list below provides some of the identified needs from HMH’s 2021 CHNA. The results of HMH’s activities are listed below.

2021 CHNA Focus Areas

Focus Area	Plan	Action
<p>Manage Diabetes better within the community</p>	<p>In 2020, HMH added a clinical diabetes educator to the staff. The CDE sees new patients with diabetes and provides education on managing the disease. In 2021, HMH was awarded funds to participate in the University of Kentucky Diabetes Collaboration. The Collaboration provides opportunities for several specialties to work together to assist diabetic patients with education and management. Also, HMH will investigate the availability of an endocrinologist for a clinic at HMH. In addition, HMH will work with the Harrison County Diabetes Coalition and the Cynthiana Lion’s Club to provide an event offering diabetes screenings and education. Once COVID-19 pandemic is more stable, HMH will host an annual health fair that provides blood tests for glucose and diabetes risk assessments for participants.</p>	<p>In past three years, HMH has worked with the Bluegrass Lions Project to perform diabetes screenings for the public in various settings. Six different screenings were offered from 2021 to 2024. More than 10 individuals were identified as diabetic without prior knowledge and more than 20 identified as pre-diabetic without prior knowledge. All individuals are followed up with a primary care physician. In addition, HMH held a Harrison County Community Health Fair where 150 participants had blood glucose taken, a diabetes screening featuring an A1C and diabetes nutrition education. In addition, in the last two years, HMH has worked with its largest employers to promote diabetes education on nutrition. Each November, HMH launches a social media education campaign for Diabetes Awareness Month.</p>

Focus Area	Plan	Action
<p>Mental Health and Wellness</p>	<p>In November 2018, HMM hired a full-time behavioral health nurse practitioner. In October 2020, HMM added a licensed counselor to the behavioral health clinic. HMM will monitor the clinic's volumes and potential needs. In addition, UK Adolescent Medicine has a clinic at HMM twice a month.</p>	<p>In 2023, HMM moved the behavioral health clinic to a larger, more efficient, and confidential office area. In August 2023, HMM hired a full-time behavioral health nurse practitioner and licensed counselor for the HMM Primary Care Clinic in Falmouth. The new service is now offered to more patients in the Pendleton County area. Also, HMM has attempted to recruit an additional full-time counselor for the HMM Primary Care Main clinic. Each April and October, HMM promotes a social media campaign aimed to address mental health and services offered at HMM.</p>

Focus Area	Plan	Action
<p>High Blood Pressure, Heart Disease, and COPD</p>	<p>HMH will continue to promote a tobacco-free lifestyle and provide screening opportunities for high blood pressure and heart disease at events, once COVID-19 pandemic is more stable. The screenings also provide participants with education from HMH staff members. In addition, HMH will continue to provide stroke risk screenings for community members at several different events. These screenings designed by the UK Stroke Affiliation help to educate individuals about high blood pressure and the effects of stroke. HMH supports community education and resources to increase awareness of heart related diseases. HMH will continue to host the Go Red Campaign each February. This campaign dedicates the entire month to heart disease awareness. With the campaign, HMH provides education through seminars, articles, and social media posts. HMH currently has two full-time cardiologists and three advanced practitioners for the cardiology clinic. The clinic provides care, as well as education, for our patients. Regarding Lung Cancer/Chronic Obstructive Pulmonary Disease (COPD), HMH will continue to encourage a tobacco-free lifestyle and provide screening opportunities at events. The screenings include pulse oximetry and pulmonary function testing, as well as education on lung disorders. In addition, HMH will provide pulmonary services, which includes a full-time pulmonology clinic and a pulmonary rehabilitation program. HMH also works in conjunction with Wedco District Health Department to provide smoking cessation classes to the area. HMH provides education through social media sites as well.</p>	<p>In 2022 and 2023, HMH provided cardiac and stroke screenings through several events. HMH partnered with large industry employers to provide screenings for cardiac, which involved blood-pressure checks and education. Also, HMH hosted a community health fair in 2023. The health fair featured stroke screenings, cardiac risk assessments and education. The event had 150 people attend. In addition, HMH recruited a full-time diagnostic cardiologist who specializes in advanced cardiac imaging. With recruitment of the new cardiologist, HMH updated its CT scanner for CCTAs and upgraded its MRI to perform cardiac testing. HMH resumed its Go Red for Heart Disease Campaign and expanded to additional counties outside of Harrison. The campaign is now regional with heart disease awareness campaign featuring seminars, promotion days, education articles, radio shows and social media posts. Regarding Lung Cancer/Chronic Obstructive Pulmonary Disease (COPD), HMH focused on the promotion of a tobacco-free lifestyle. In addition, a full-time pulmonologist provided education on lung disease at local health fairs and radio programs.</p>

Focus Area	Plan	Action
Substance abuse	Behavioral Health Care Beds are based on State Health Plan Review Criteria and must satisfy the Kentucky Annual Hospital Utilization and Services Report. Establishing a new unit cannot be approved unless the Area exceeds targeted occupancy rates. New beds have been opened in the HMH service area; therefore, need cannot be demonstrated at this time. An additional barrier would also be recruiting a board-eligible or board-certified psychiatrist for admission and treatment of the patients. HMH has long established transfer relationships with several inpatient options, but accepting a transfer remains at the discretion of the receiving facility.	HMH has partnered with several organizations to assist with patients with substance abuse issues. HMH utilizes Bourbon Behavioral Health for inpatient and outpatient needs for substance abuse. In addition, HMH has partnered with Spero Health, a national leader in drug and alcohol treatment. The company works directly with HMH on outpatient services needed for the population. Also, HMH held a First Responders Symposium on substance abuse and mental health issues. The symposium had speakers from various backgrounds address issues of substance abuse, treatment programs and mental health. HMH also videoed the symposium to utilize for additional staff.

Focus	Plan	Action
<p>Health and Wellness</p>	<ul style="list-style-type: none"> <p>Obesity: HMM will continue to support the CHP Wellness Committee’s objective of childhood obesity. When COVID-19 pandemic is more stable, the Committee will host two events each year to promote physical activity for children. In addition, HMM will focus two social media campaigns in March and November for healthier eating options. HMM will also educate the physician staff about the nutritional counseling services offered at HMM. Also, dietitians and fitness trainers will participate in the 21st Century Programs at each elementary school in Harrison and Nicholas County, to provide education to the students on proper nutrition and the importance of exercise.</p> <p>Lifestyle: HMM will continue to sponsor events in our community, which promote a healthy lifestyle. These promotions will include events, social media posts, advertisements, and other avenues. Once the COVID-19 pandemic is more stable, HMM plans to restart events like health fairs, health seminars and other promotional events. Currently, HMM is utilizing social media platforms to educate individuals on healthy lifestyles. In addition, HMM has dieticians and fitness trainers teach classes to local elementary school students.</p> 	<p>In 2022 and 2023, HMM sponsored several events to promote exercise for children. Those activities included the Longest Day of Play which promotes outdoor physical activities for children and the Honeybee Hustle, which is a one-mile fun run for families. In addition, HMM focused on two social media campaigns in March and November for healthier eating options. HMM also educated the physician staff about the nutritional counseling services offered at HMM. Also, a dietitian offered a seminar at two large industry companies and discussed several healthy eating options. In 2021, 2022 and 2023, the dietitians and fitness trainers participated in the 21st Century Programs at each elementary school in Harrison and Nicholas County, to provide education to the students on proper nutrition and the importance of exercise. At the 2023, Harrison County Community Health Fair, HMM offered nutrition education and performed body-fat analysis and BMIs with participants. HMM also has a Wellness Center that is very affordable to the public. Also, HMM offers water aerobics throughout the weekday for a small fee. The HMM Wellness Center also participates in Silver Sneakers and offers a group low impact exercise class twice a week.</p>

Focus Area	Plan	Action
<p>Poor Nutrition</p>	<ul style="list-style-type: none"> • HMM will focus two social media campaigns in March and November on healthier eating options. HMM will also educate the physician staff about the nutritional counseling services offered at HMM. HMM dietitians will participate in the 21st Century Programs at each elementary school in Harrison and Nicholas County, to provide education to the students on proper nutrition. HMM will also work with the local Farmer’s Market to promote fresh fruits and vegetables. In addition, HMM will continue to promote the nutrition counseling services. • HMM will promote the nutritional counseling services to teach individuals healthy food options. In addition, HMM will provide classes for adults and children to learn about healthy food options. HMM also holds food drives and requests healthy food donations for the local food pantry and continue to promote the local farmer’s market. 	<p>HMM focused two social media campaigns in March and November on healthier eating options. HMM dietitians participated in the 21st Century Programs at each elementary school in Harrison and Nicholas County, to provide education to the students on proper nutrition. HMM promoted the local Farmer’s Market at the Harrison County Community Health Fair and offered screenings at one of the night Farmer’s Market in Harrison County. In addition, HMM will continue to promote the nutrition counseling services via social media, newspaper articles and radio shows. HMM also works with local food pantries to help with food drives.</p>

Focus Area	Plan	Action
<p style="text-align: center;">Access (Patients visiting the Urgent Treatment Center vs. Primary Care Physician)</p>	<ul style="list-style-type: none"> • HMH will continue to promote the importance of primary care physicians in regard to your overall health. All the providers are invited to events in the community to promote services in the office. • HMH will review the current offices and see the availability of “day of” appointments. Several of the clinics are reviewing scheduling to maximize the appointment times. • HMH will continue to review each physician office regarding hours of operations and access to appointments. 	<p>In 2022, HMH opened a total of four Primary Care offices in Falmouth (1), Carlisle (2) and Cynthiana (2). The increase in primary care services assisted with the access issues and to help individuals establish relationships with providers. Each HMH Primary Care office: Pleasant Street, South, Main, Carlisle and Falmouth, offer same-day appointments. In addition, HMH Primary Care South offers walk-in appointments. HMH reviews each office monthly to see how to better maximize efficiency and access. With the addition of the new practices, HMH now has 11 employed primary care providers</p>

Focus Area	Plan	Action
Physician Needs	<ul style="list-style-type: none"> • HMH Administration will continue to recruit the need for two OB/GYNs & a Gastroenterologist, endocrinologist, Podiatrist. • Each year, HMH completes a Medical Staff Needs Assessment. This assessment shows the potential physician needs, based on population. In the upcoming years, HMH's goal is to recruit additional primary care physicians; two full-time OB/GYNs, a full-time gastroenterologist and a full-time oncologist. HMH will continue to work with the Medical Staff Development Committee and the HMH Medical Staff on recruitment. Also, additional recruitment agencies were hired to assist, as well as an additional physician recruiter. 	<p>In 2022, HMH recruited Dr. Jennifer Canan, an OB/GYN and in 2023 HMH recruited Dr. Ashley Blake, OB/GYN. In addition, HMH is now offering OB/GYN services in Falmouth twice a month. In regard to Digestive Health Services, HMH now has two Gastroenterologists and one Digestive Health Nurse Practitioner on staff. The Gastroenterologists perform procedures once a week and the Digestive Health Clinic is once a week. HMH is currently recruiting an Endocrinologist and determining the need in the service area. HMH also added an additional Foot and Ankle Nurse Practitioner.</p>

Focus Area	Plan	Action
Internet	<p>HMH provides free Wi-Fi for students and patients that is accessible from the parking lot. HMH will also support efforts by local and state officials for better internet access.</p>	<p>HMH provided free Wi-Fi for students and patients that is accessible from the parking lot. HMH also supports local and state officials for better internet access. HMH also continues to promote the patient portal through the clinics and at events.</p>

Focus Area	Plan	Action
Transportation	HMH will continue to work with local transportation groups to assist with patient needs.	HMH works with the federated busing system to assist with patient transportation. Also, HMH has worked with KY CancerLink for gas cards for cancer patients.

Focus Area	Plan	Action
Media	HMH will continue to provide health education through the local newspapers, social media, and local radio stations.	HMH provided health education through the local newspapers, social media sites, and local radio stations. HMH is a guest on WCYN radio morning show twice a month. Each day there are two to three social media posts on health education and services. HMH utilizes local newspapers in advertising and press releases.

Focus Area	Plan	Action
Cost of Care	Each year, HMH reviews the charges for care and compares those charges to other facilities. Also, HMH provides a price transparency listing through the website.	Each year, HMH reviewed the charges for care and compares those charges to other facilities. In 2023, HMH updated the price transparency listing on its website. In addition, HMH partnered with AblePay to assist with discounted payment options. Also, HMH has a financial counselor on staff to assist.

Process and Methodology

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

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

Primary Data Collection Methods

The primary data was collected, analyzed, and presented with the assistance of Blue. Two primary data collection methods were used: 1) surveys and 2) personal interviews.

Surveys

A survey was developed by Blue and HMM to solicit perceptions, insights, and general understanding from community members who represent the broad interests of the community, including those with special knowledge or expertise in public health. These individuals also represented the interests of the medically underserved, low-income, and minority populations of the community served. The survey "Community Input 2024" ([Attachment F](#)) was made available via an online tool and PDF for multiple service area members.

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

Personal Interviews

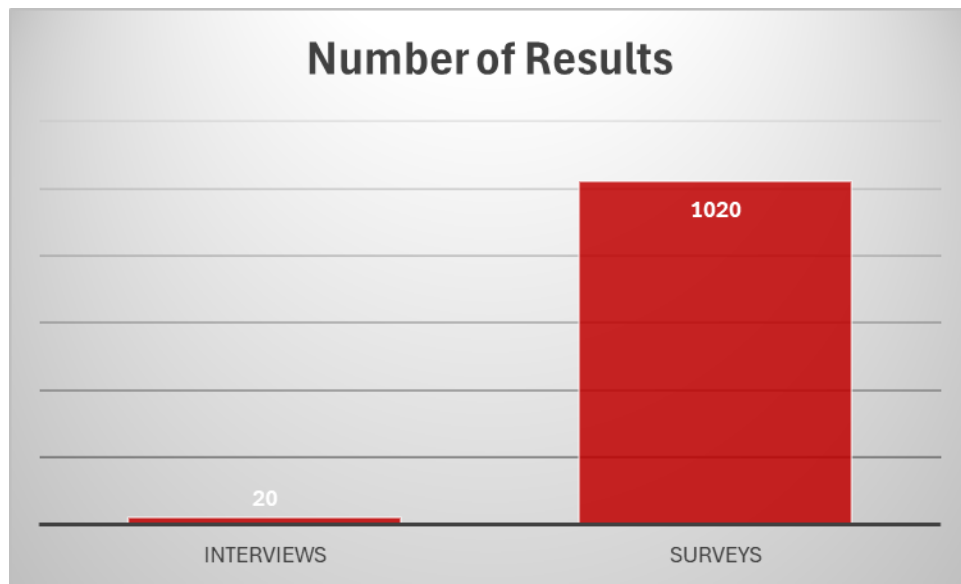
Personal interviews were conducted by HMM with a total of twenty (20) participants during March - April 2024, with each session lasting approximately 15 minutes. These sessions were conducted with community members served by HMM, including public service leaders, health experts, public officials, physicians, hospital employees, and other health professionals and providers, including those associated with HMM. The primary objective was to solicit perceptions regarding health needs and services offered in the community and any opportunities or barriers to satisfy the requirements.

Secondary Data Sources

Blue reviewed secondary statistical data sources, including Deloitte Global Survey of Health, to identify health factors with strategic implications. The health factors identified were supported with information from additional sources, including US Census Quick Facts, County Health Rankings, and the Kentucky Department of Health. In addition, hospital-specific data provided by HMM was reviewed (citations in [Attachment H](#))

Key Findings

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



Personal Interview Results

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

All participant's average Score: **2.6**

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

Declined/Improved/Same	Percent of Total
Declined	20%
Improved	50%
Same	30%

Reasons and other factors that have contributed:

Category
COVID, Aging Population, Disregard for Health
Stress due to the economy: Decline in me mental health and increased substance abuse
Increase in primary care. It has helped people get established for the first time
HMH opening new service lines. Community Involvement has risen
More activity, more participation in doing things
Drug abuse is the same, and there are no exercise facilities

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

Category
Stigma surrounding healthcare, Access to good primary care prevention, Appropriate subspecialist like Endo
Lack of collaboration between businesses and organizations
Transportation System/ Lack of Housing in the area/ People cannot afford healthcare
Health system is very expensive for the middle class
Economy / Lack of Discipline and education
Lack of places for exercise classes and nutritional counseling

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

Category
Obesity and Physical Inactivity
Addiction
Affording Medications / People ending up in the ED with worse conditions / Opioid Epidemic
Physical Inactivity, Cancer, Blood Clots
Obesity, Poor Diet, Cardiovascular Disease
Drug Abuse/ Smoking/ and Teen Pregnancy
Diabetes, CVD, Mental Health, COPD
Mental Health
Tobacco use / Diabetes Prevention Services

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

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

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

Yes/No	Percent of Total
Yes	16
No	4

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

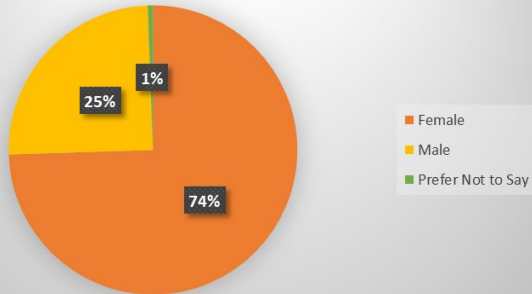
Category
No improvements in Obesity/Physical Activity/Drug Abuse/Tobacco Use
Improvements to obesity due to new weight loss drug discovery, also improvements to tobacco use due to more awareness
Drug / Tobacco usage is the highest in the state (per capita). Smoking has started to go down, however. "Nothing really effective"
Obesity and Physical Activity - same. Drug abuse- same. Tobacco- improved
Improvements seen towards drug abuse. Better collaboration between entities

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

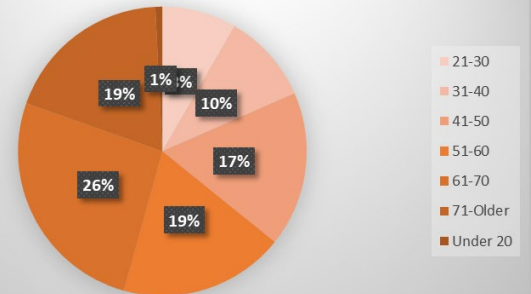
Category
Improvement of outpatient coverage to include pediatric coverage, Expanded coverage of endocrinology, In need of inpatient rooms including hospice and swing beds
Collaboration / Preventative services / Education
Security at HMH for employees and patients (BIG CONCERN)
Continue collaboration and creating partnerships offering more services
Mental/ Behavioral Health
Space to grow ("We need more rooms") also more space in OB canceling inductions
Healthcare literacy
Expanding on services in rural health clinics
Mental Health

Surveys

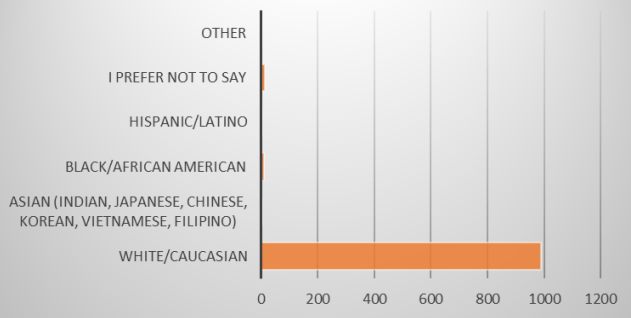
What is your sex?



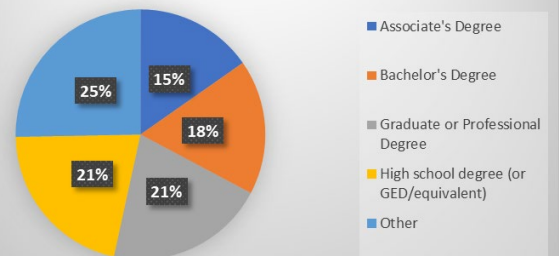
What age range do you fall under?



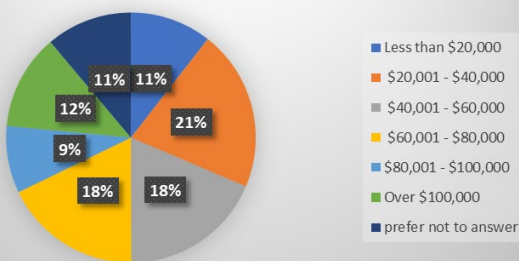
What is your race?



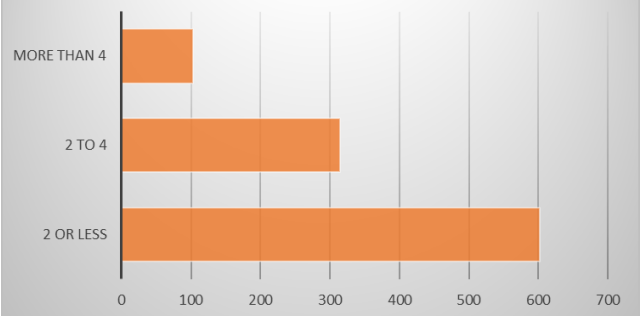
What is your highest level of education?



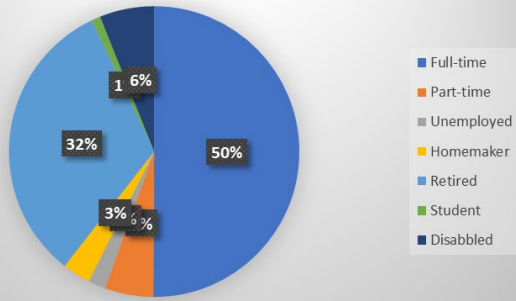
What was your total income last year, before taxes?



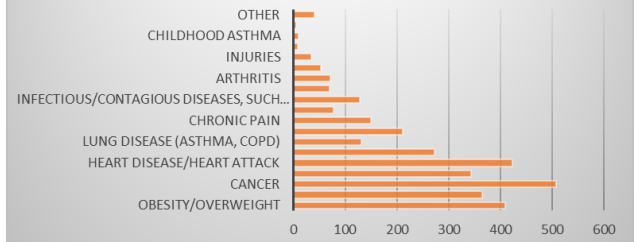
How many people live in your home?



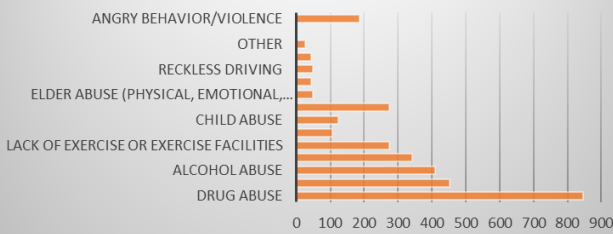
What is your job status?



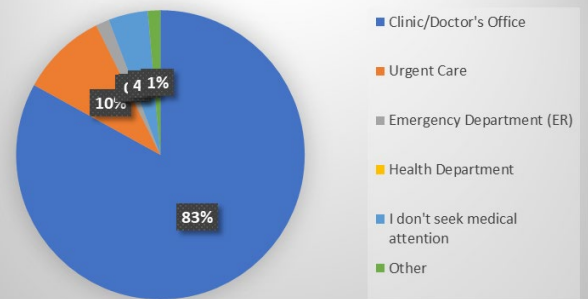
Please Identify the three most important health issues in our community.



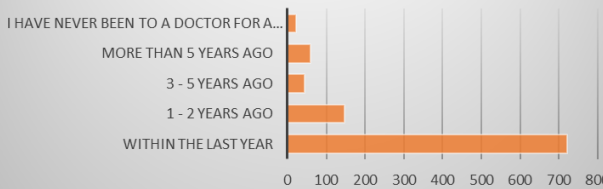
Please identify the three most important unhealthy behaviors in our community.



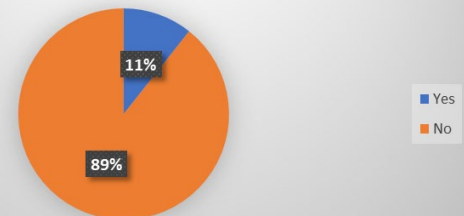
When you get sick where do you go?



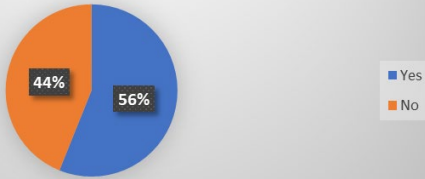
How long has it been since you have been to the doctor to get a checkup when you were well, not because you were already sick?



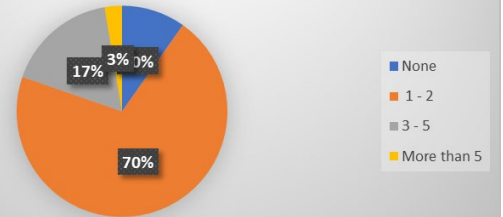
In the last year, was there a time when you needed medical care but were not able to get it?



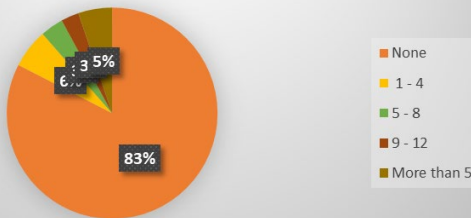
In the last year, was there a time you needed mental health counseling but were unable to get the help you needed?



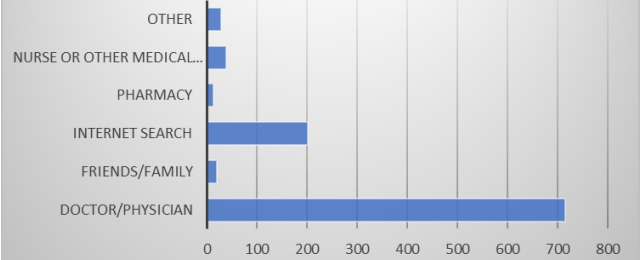
On a typical day, how many servings of fruits and/or vegetables do you have?



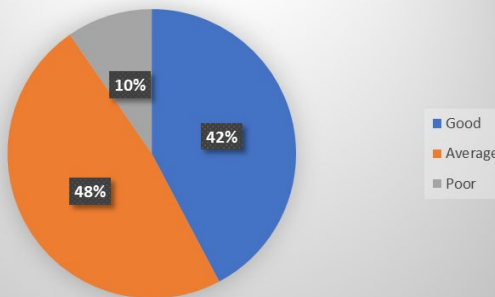
On a typical day, how often do you smoke or chew tobacco products (either actual or electronic/vapor)?



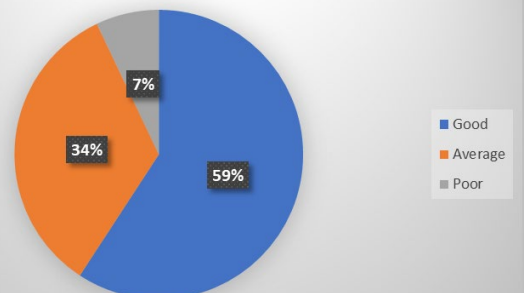
Where do you get most of your medical information?



Overall, my physical health is:



Overall, my mental health is:



National Healthcare Trends

Global Healthcare Trends Synopsis

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

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

CMS 2022 Health Expenditures

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

Projected National Health Expenditures 2023-2032

- Over 2023-32 average NHE growth (5.6%) is projected to outpace that of average GDP growth (4.3%), resulting in an increase in the health spending share of GDP from 17.3 percent in 2022 to 19.7 percent in 2032.
- NHE spending is expected to have grown 7.5% in 2023, faster than GDP growth of 6.1%.
- Reflects broad increases in the use of care associated with the insured share of the population of 93.1% - an unprecedented high.
- Largely related to a record-high level of Medicaid enrollment (91.2M) in 2023, as well as gains in direct-purchase enrollment (8.3M) over 2023-25.
- Health price growth remains modest, though faster than pre-pandemic.
- By 2032 the insured share falls to 90.7%.
- Consistent with the President's Budget, Medicaid enrollment is projected to decline to 81.0M in 2024 and slightly further to 79.4M by 2025 following the expiration of the continuous enrollment requirement.
- Direct-purchase enrollment is expected to decline by 7.3M in 2026 (-19.2%) due to expiration of the IRA's temporary extension of enhanced subsidies and associated temporary Special Enrollment Period (SEP).
- Over 2027-32, personal health care price inflation and growth in the use of health care services and goods contribute to projected health spending that grows at a faster rate than the rest of the economy.
- Inflation Reduction Act (IRA) Impacts on NHE:
 - Initially, upward pressure on Medicare "retail" prescription drug spending is expected as a result of the IRA's Part D benefit restructuring (\$2,000 cap on out-of-pocket spending on Part D; rebates shift from program to point of sale when drug negotiations begin).
 - Conversely, downward pressure on Medicare spending is expected associated with (manufacturer discounts for the low-income population (starting in 2025) and IRA provisions that are associated with drug price negotiations and the linking of price increases to the Consumer Price Index (CPI).
 - Beginning in 2028, spending growth rates for Medicare outpatient hospital and physician and clinical services are expected to be lower than they otherwise would have been, mainly because the IRA's drug negotiation provision will begin to apply to Medicare Part B drugs.
 - The NHE projections show lower out-of-pocket spending associated with the IRA due to more generous Medicare Part D benefits reflecting the elimination of the 5% coinsurance for catastrophic coverage in 2024, the implementation of a \$2,000 cap on out-of-pocket spending on Part D drugs in 2025, and the applicability of drug price negotiations beginning in 2026.

National Health Expenditure [2023-2032 Annual Report](#)

As a nation, there has been a strong awareness on the impact our lifestyles have on our health. The following data obtained from America's Health Rankings 2023 Edition represents the improvements and challenges in healthcare factors for 2020.



Americashealthrankings.org [2023 Annual Report](#)

2023 National Findings

This year's *Annual Report* finds several **concerning trends in chronic conditions** and **premature death** across the nation.

- **Eight chronic conditions** — arthritis, depression, diabetes, asthma, cancer, cardiovascular diseases (CVDs), chronic obstructive pulmonary disease (COPD) and chronic kidney disease (CKD) — reached their **highest level** since *America's Health Rankings* began tracking them.
 - For **all eight chronic conditions**, there were **striking disparities** by nearly every measured demographic group.
- In 2022, 29.3 million adults, representing 11.2% of the population, reported having **three or more chronic conditions**.
- The number of **primary care providers decreased** 13% between 2022 and 2023 — a nationwide decline of over 107,000 providers.
- America's Health Rankings highlight **broad racial/ethnic disparities** in the management of certain chronic conditions.
 - Hispanic adults were **2.1 times** and Black adults were **1.8 times more likely**, respectively, to have **uncontrolled A1c** compared to multiracial adults.
 - In 2013-2016, **asthma-related emergency room visits** were **2.5 times higher** among Black compared with white adults with asthma.
 - White adults with hypertension were **1.5 times more likely** to have their **blood pressure "controlled"** compared to Black adults with hypertension.
- The **premature death rate increased** 9% between 2020 and 2021, marking the highest value recorded by *America's Health Rankings*.
 - Drug deaths increased 15%, while firearm death and homicide increased 7% and 33%, respectively.
- **Mental health providers continued to increase** 7% between 2022 and 2023.

2023 America's Health Ranking's National Findings Summary

Summary

Highlights

Homicide

33%▲

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

Occupational Fatalities

11%▼

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

Premature Death

9%▲

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

Asthma

8%▲

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

Diabetes

8%▲

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

Renewable Energy

8%▲

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

Chronic Condition Prevalence and Disparities in 2022

Depression

21.7%

of adults had depression, affecting nearly 54.2 million adults.

Disparities by state

2.3x

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

Disparities by sexual orientation

2.4x

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

Diabetes

11.5%

of adults had diabetes, impacting nearly 31.9 million adults.

Disparities by state

2.1x

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

Asthma

10.4%

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

Disparities by disability status

3.2x

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

Disparities by sexual orientation

1.6x

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

Cancer

8.3%

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

Disparities by race/ethnicity

3.9x

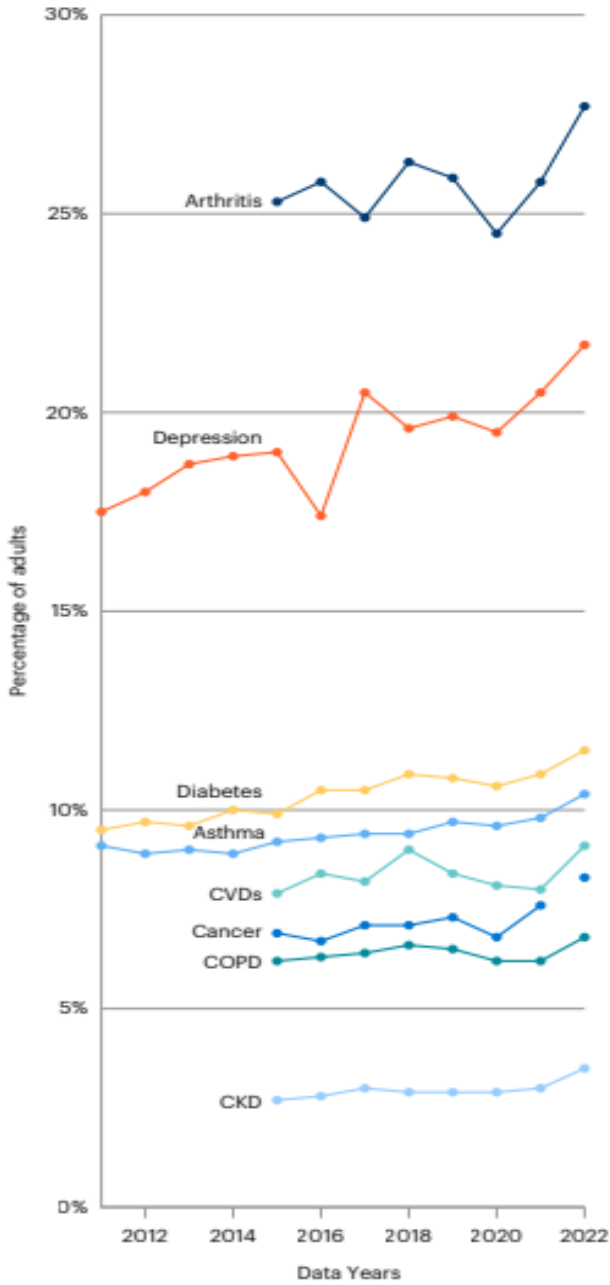
higher among white (10.8%) than Asian (2.8%) adults.

Disparities by veteran status

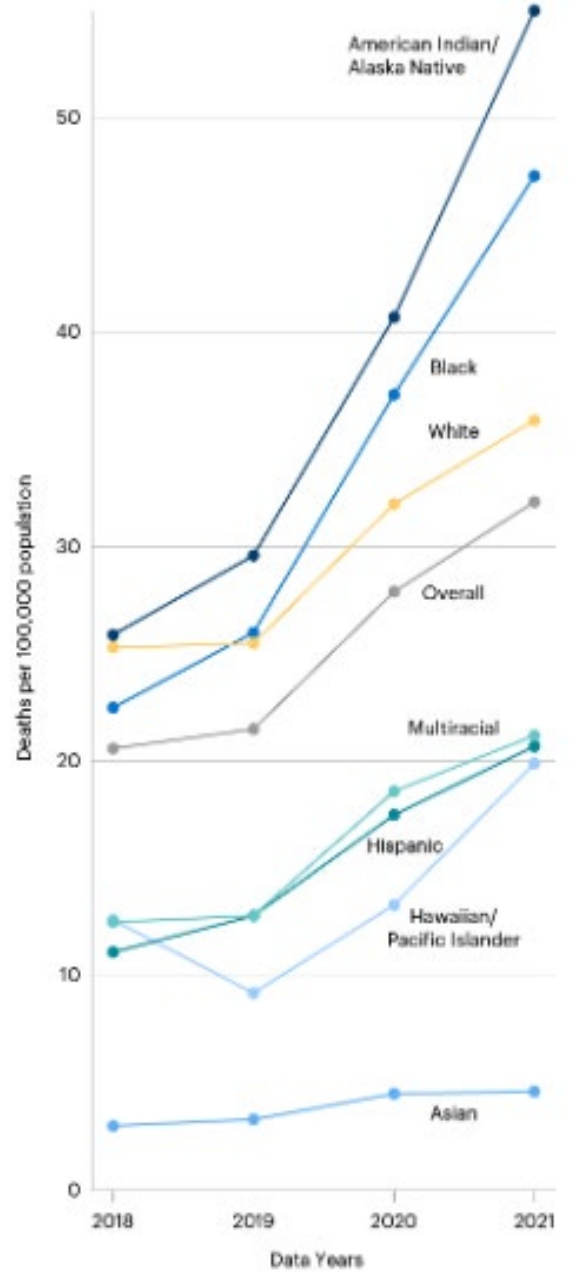
1.8x

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

Prevalence of Chronic Conditions Continues to Increase

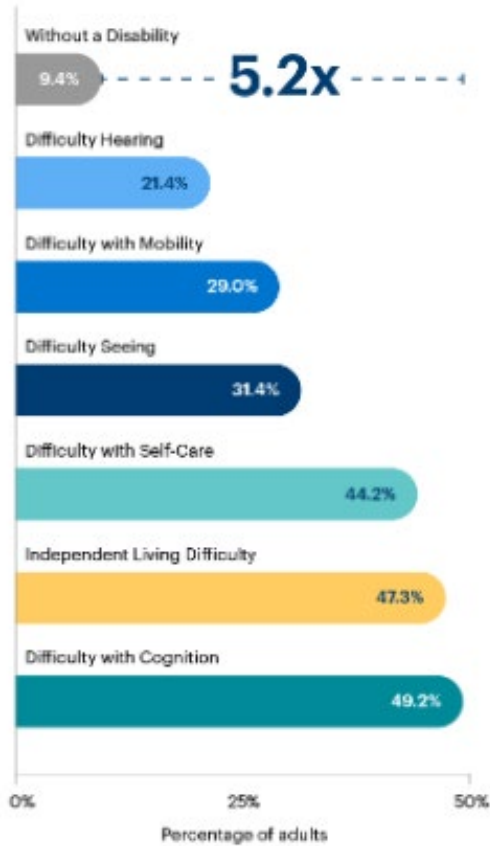


Increases in Drug Deaths by Race/Ethnicity

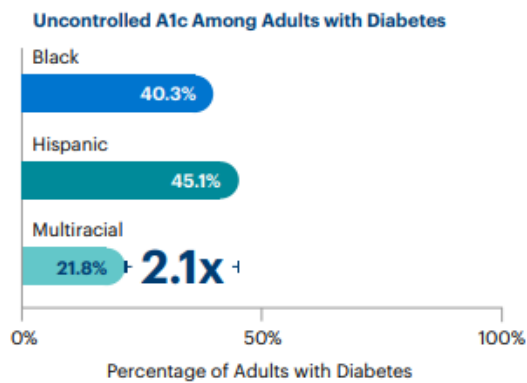
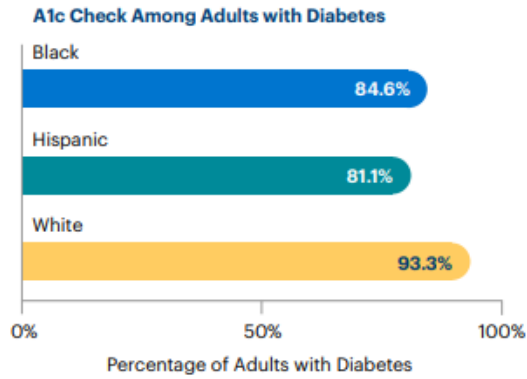


Disparities in Frequent Mental Distress by Disability

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

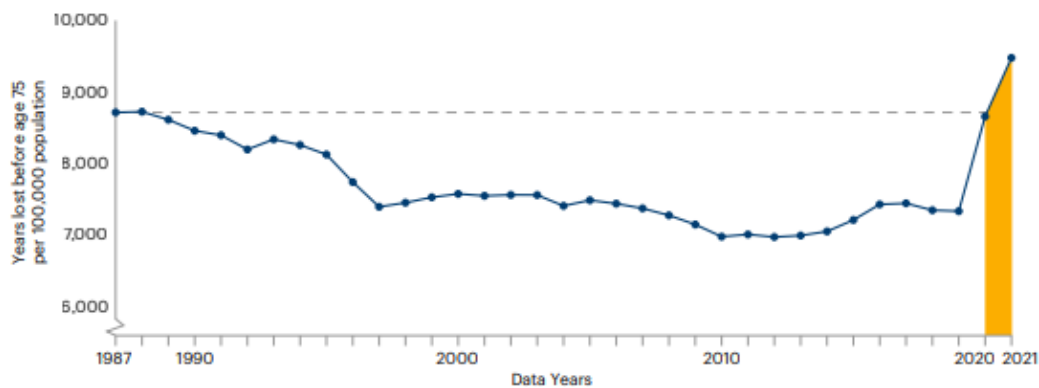


Racial and Ethnic Disparities in Diabetes Management Between 2017 and March 2020



Source: CDC, National Health and Nutrition Examination Survey 2017 – March 2020.

Premature Death Increased 9%▲



Americashealthrankings.org [2023 Annual Report](#)

State Trends

State Healthcare Trends Synopsis

Kentucky



41

Health Outcome State Ranking

America's Health Ranking – Kentucky Summary 2023 Annual Report

Kentucky Health Ranking Highlights:

Strengths

Low prevalence of excessive drinking
High prevalence of colorectal cancer screening
High supply of primary care providers

Challenges

High prevalence of multiple chronic conditions
High occupational fatality rate
High prevalence of insufficient sleep

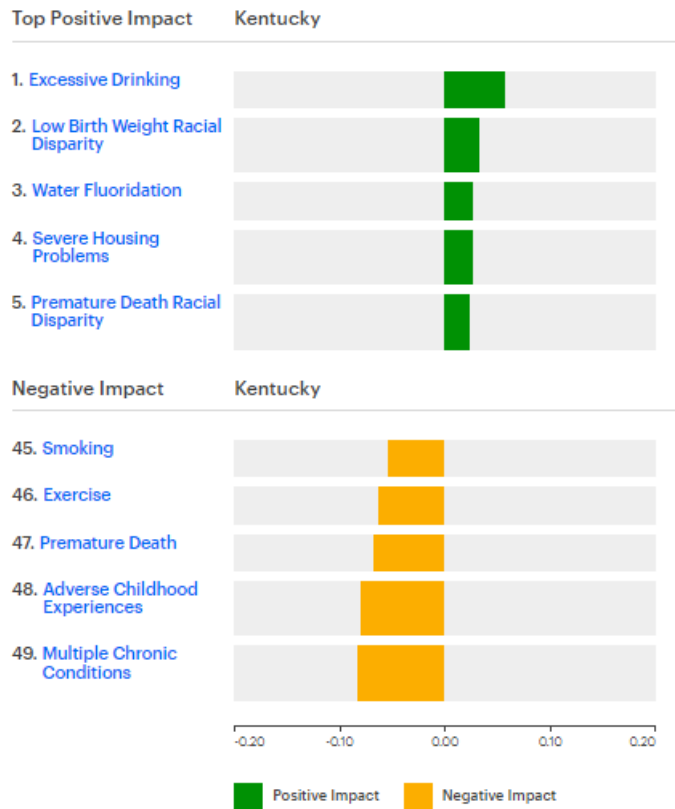
Highlights

 **58%**
Homicide

 **40%**
Diabetes

 **20%**
Physical inactivity

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

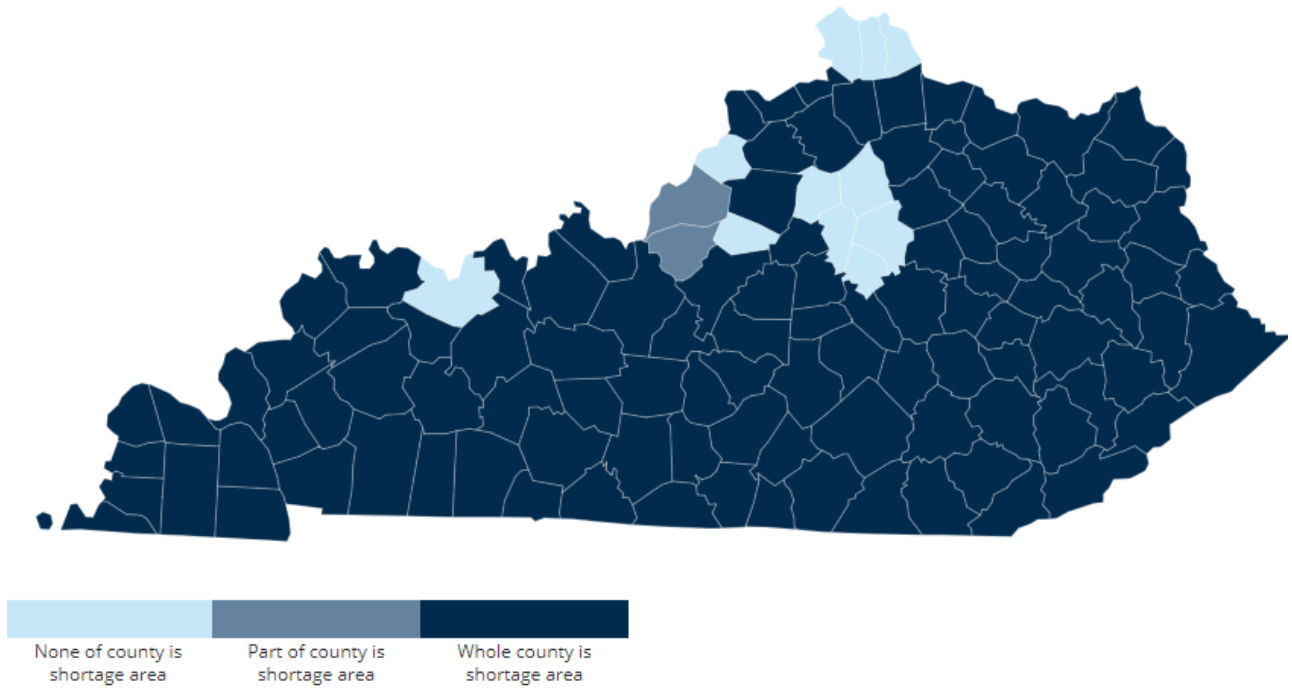


Measure	2023 Value	2023 Rank	
Social and Economic Factors *	-0.624	43	+
Physical Environment *	0.493	15	+
Clinical Care *	-0.043	26	+
Behaviors *	-0.662	41	+
Health Outcomes *	-0.514	44	+
Overall *	-0.406	41	
Demographics - Annual *	•	•	+

* Value indicates a score. Higher scores are healthier and lower scores are less healthy.
 † Not included in the overall score
 • Data Unavailable

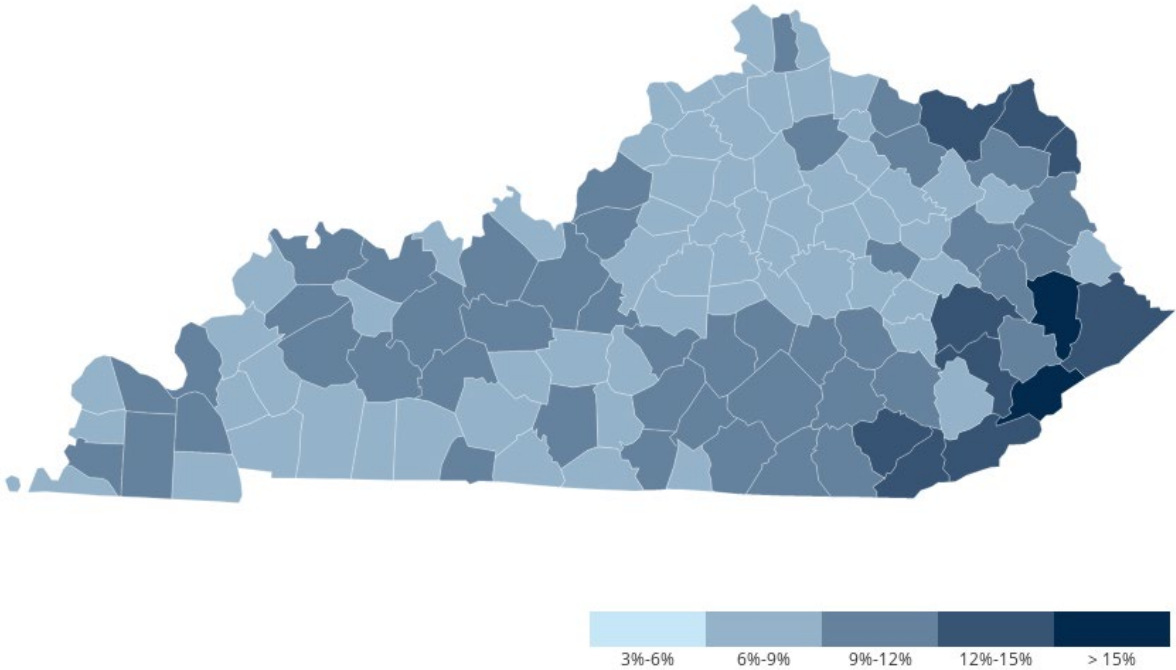
Source: [America's Health Ranking](#)

Health Professional Shortage Areas: Primary Care, by County, April 2024 - Kentucky

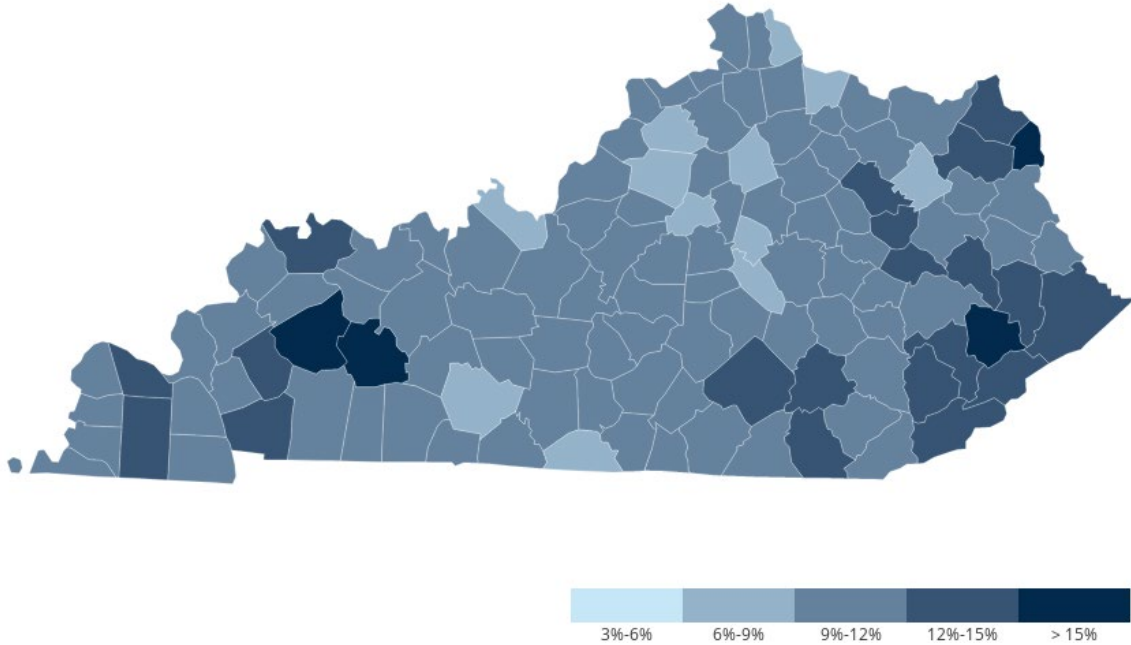


Source: Data from [data.HRSA.gov, April 2024](https://data.hrsa.gov) and map from [Rural Health Information Hub](#)

Diabetes Prevalence in Kentucky in 2010

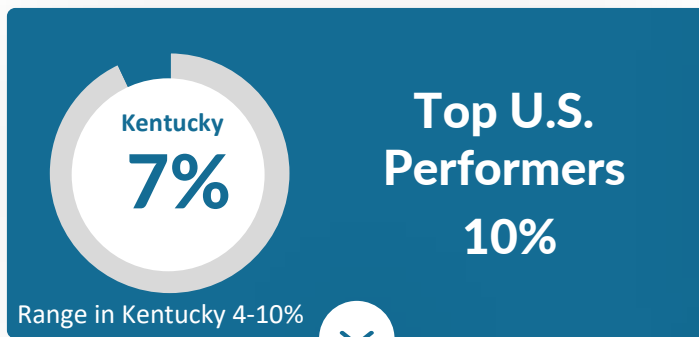


Diabetes Prevalence in Kentucky in 2020

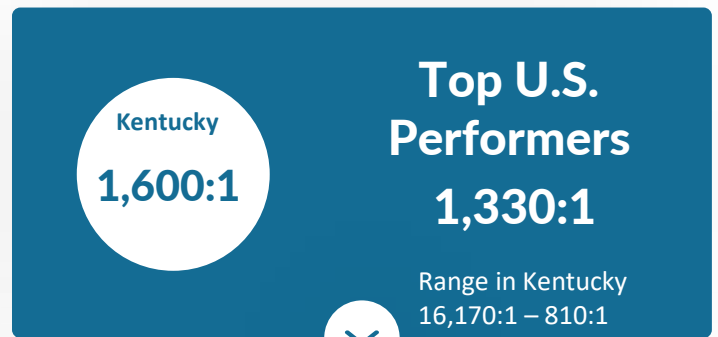


Source: [Rural Health Information Hub](#)

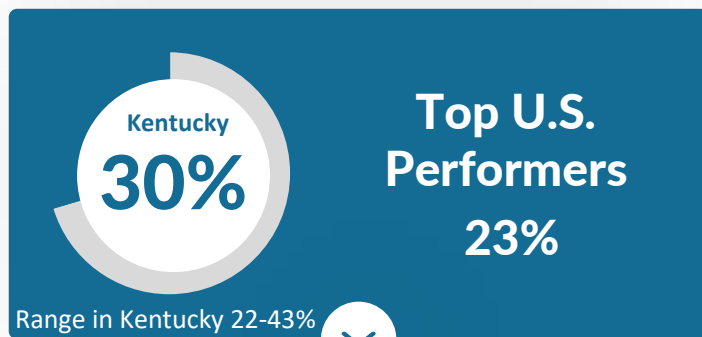
2023 Kentucky Highlights



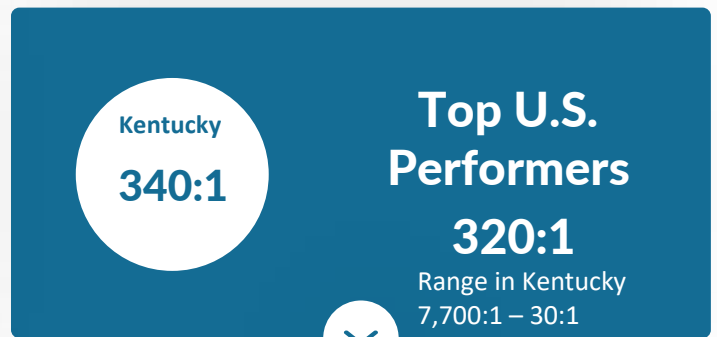
HEALTH FACTORS
UNINSURED



HEALTH FACTORS
PRIMARY CARE PHYSICIANS



HEALTH FACTORS
PHYSICAL INACTIVITY



HEALTH FACTORS
MENTAL HEALTH PROVIDERS

Source: [County Health Rankings](#)

COUNTY HEALTH CARE TRENDS SYNOPSIS

According to County Health Rankings, the citizens of the service area are predominantly white (93.2%) and made up of 50.5% female. 85% of Harrison County holds a High School diploma, while 55% have some college. The median household income of \$58,840 is lower than the state level of \$60,183.

Kentucky had reported an unemployment rate of 4.7%, and Harrison County is slightly lower at a 3.9% unemployment rate. The percentage of children living in poverty in Harrison County is 1% lower than Kentucky which stands at 21%.

Approximately 4.9% of the population in Harrison County does not have health insurance. The number of people in relation to the number of dentists in Harrison County is 2,710 to one dentist, compared to Kentucky of 1,510 to one. The number of people compared to the number of mental health providers in Harrison County is 1,580 to one which is significantly worse than Kentucky's average which is 370 to one. The ratio of primary care physicians is 1,900 to one in Harrison County, which is higher than for the state of Kentucky at 1,600 to one physician.

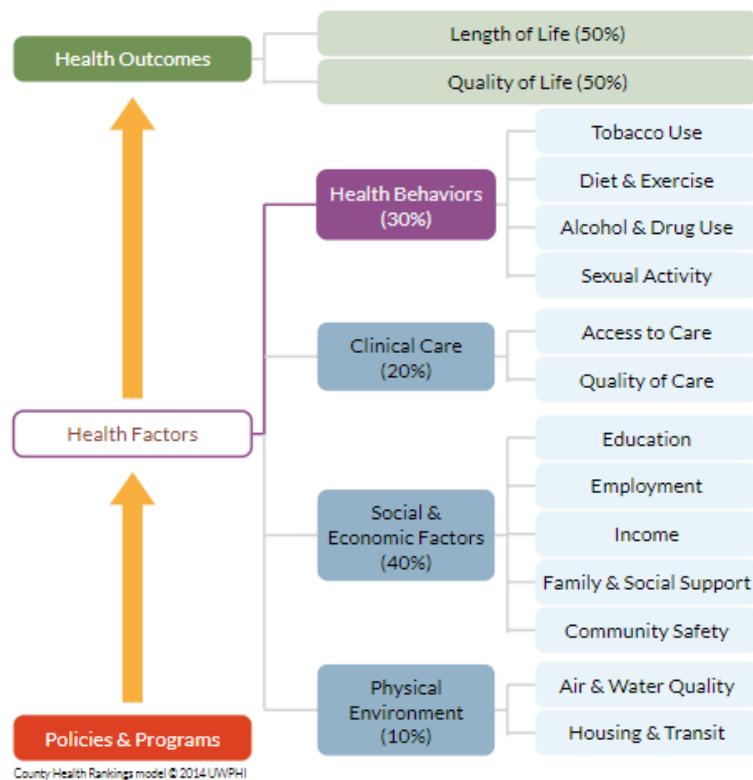
The percentage of adults who are obese is at 38% in Harrison County versus 37% for the state of Kentucky. The number of teen births in Harrison County is higher at 34 births per 1,000 females (age 15-19) than in Kentucky which is 29 births per 1,000 females (age 15-19). Access to physical exercise equipment, facilities, and other opportunities for physical exercise in Harrison County is at 35% versus 70% for the state of Kentucky. The percentage of physically inactive residents is 31% vs. 29% in Kentucky. The rate of alcohol-impaired driving-related deaths is 18% compared to the state at 25%.

The number of preventable hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees in the county is 3,499 versus 3,727 for the state of Kentucky. The premature death rate, which is the years of potential life lost before age 75 per 100,000 population (age-adjusted), is 10,500 which is slightly higher than the state average of 10,000.

2024 County Health Outcomes & Factors Ranking

What are County Health Rankings?

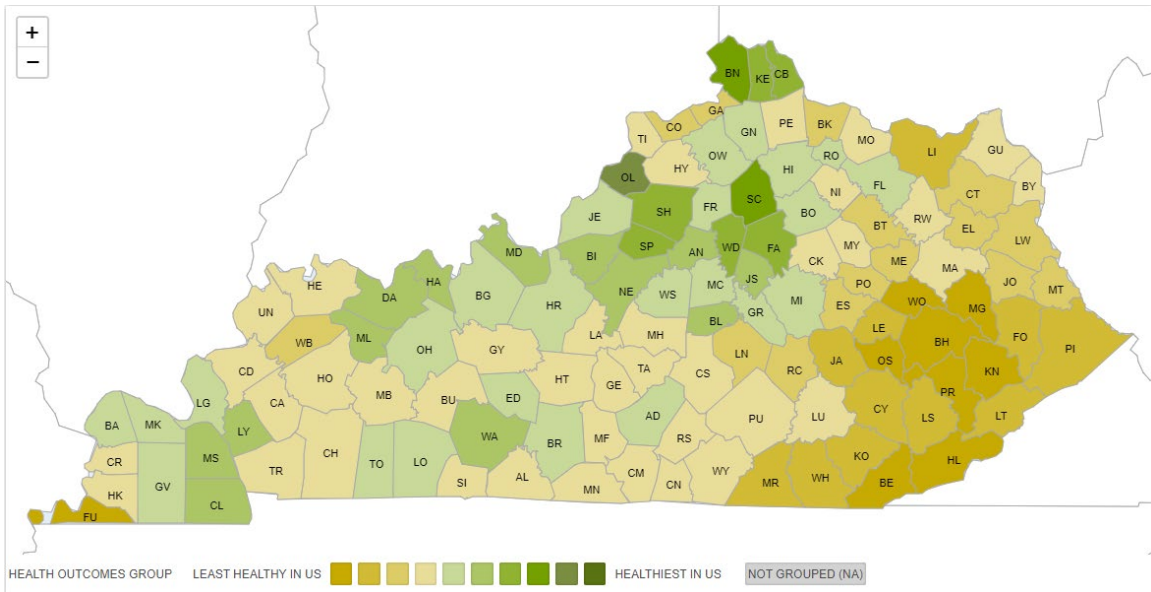
The County Health Rankings help us understand what influences how long and how well we live. They provide measures of the current overall health (health outcomes) of each county in all 50 states and the District of Columbia. Rankings data include a variety of measures, such as high school graduation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



Health Status Synopsis

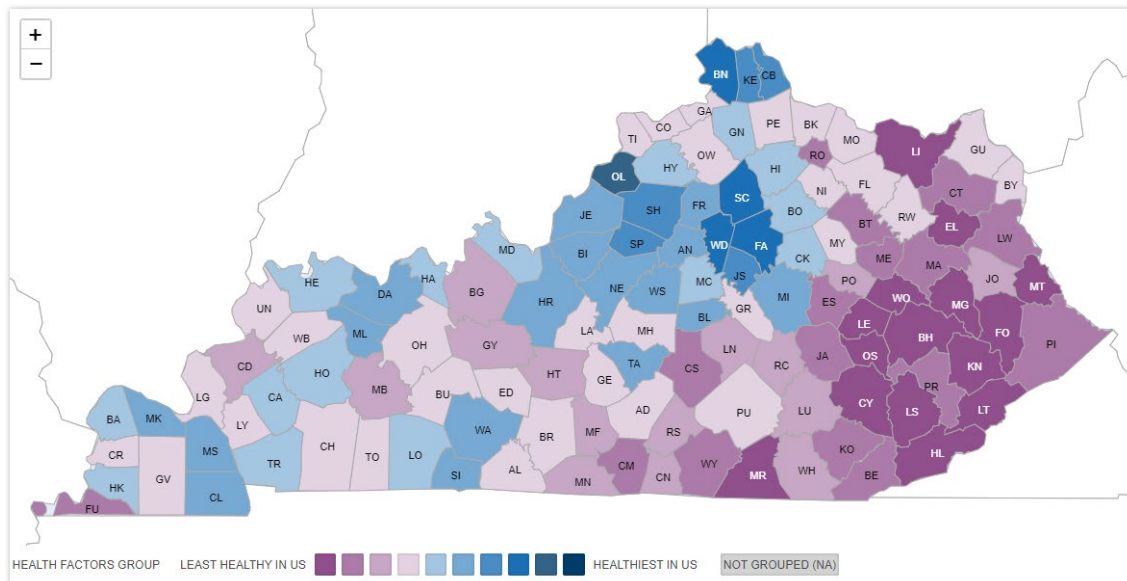


2024 Kentucky Health Outcomes Map by County



***Health Outcomes** tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.

2024 Kentucky Health Factors Map by County



***Health Factors** represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.

Health Outcomes & Factors

	Kentucky	Harrison	Nicholas	Pendleton	Robertson	Bracken	Bourbon	Grant	Scott
Health Outcomes									
Length of Life									
Premature death	11,100	11,800	11,100	13,100	-	14,300	11,500	11,300	8,100
Quality of Life									
Poor or fair health	21%	21%	25%	22%	23%	23%	21%	21%	17%
Poor physical health days	4.5	4.7	5.2	4.9	5	4.9	4.6	4.5	3.9
Poor mental health days	5.5	5.9	6.2	5.7	6	5.9	5.7	5.5	5
Low birthweight	9%	8%	9%	9%	9%	8%	9%	9%	7%
	Kentucky	Harrison	Nicholas	Pendleton	Robertson	Bracken	Bourbon	Grant	Scott
Health Factors									
Health Behaviors									
Adult smoking	20%	23%	26%	24%	25%	24%	22%	22%	17%
Adult obesity	41%	42%	42%	38%	42%	39%	37%	43%	40%
Food environment index	6.8	7.7	7.7	8	4.9	8.1	7.1	8.3	8.2
Physical inactivity	30%	29%	34%	30%	31%	32%	30%	31%	25%
Access to exercise opportunities	70%	57%	8%	29%	2%	0%	52%	63%	70%
Excessive drinking	15%	14%	14%	15%	14%	15%	14%	16%	17%
Alcohol-impaired driving deaths	26%	17%	17%	29%	-	44%	32%	25%	19%
Sexually transmitted infections	410.3	200.5	324.2	82.2	354.5	248.8	355.9	95.1	295.3
Teen births	26	33	36	36	28	25	27	34	18
Clinical Care									
Uninsured	7%	6%	8%	7%	7%	7%	8%	7%	5%
Primary care physicians	1,600:1	1,900:1	7,710:1	3,650:1	-	8,840:1	1,560:1	2,520:1	1,710:1
Dentists	1,500:1	2,730:1	7,810:1	7,340:1	2,230:0	2,820:1	1,340:1	3,190:1	2,360:1
Mental health providers	340:1	1,590:1	2,600:1	1,830:1	-	8,450:1	630:1	1,250:1	880:1
Preventable hospital stays	3,457	2,048	1,635	4,927	4,141	4,489	3,545	2,473	2,210
Mammography screening	42%	35%	35%	41%	24%	45%	44%	34%	43%
Flu vaccinations	44%	49%	48%	47%	41%	37%	49%	44%	45%
Health Factors									
	Kentucky	Harrison	Nicholas	Pendleton	Robertson	Bracken	Bourbon	Grant	Scott
Social & Economic Factors									
High school completion	88%	87%	82%	86%	84%	88%	85%	89%	94%
Some college	63%	52%	43%	50%	45%	54%	58%	52%	70%
Unemployment	3.90%	3.30%	4.10%	3.50%	5.00%	4.30%	3.50%	3.70%	3.00%
Children in poverty	21%	19%	26%	18%	27%	21%	23%	17%	10%
Income inequality	4.9	5.2	4.2	6.8	5.4	4.7	5.3	4.9	3.5
Children in single-parent households	25%	14%	12%	21%	15%	23%	29%	32%	20%
Social associations	10.2	9	10.4	9.6	0	11.8	9.4	7.1	7.4
Injury deaths	106	126	121	141	149	152	110	123	85
Physical Environment									
Air pollution - particulate matter	8.2	8.4	8.1	8.5	8	8.3	8.5	8.6	8.7
Drinking water violations		No	No	No	No	No	No	No	No
Severe housing problems	13%	13%	12%	19%	22%	12%	13%	12%	9%
Driving alone to work	79%	83%	79%	81%	88%	78%	78%	83%	81%
Long commute - driving alone	31%	44%	66%	64%	58%	54%	33%	51%	28%
Additional Measures									
Life Expectancy	74	73.1	73.0	72.1	71.3	71.5	74.1	73.2	76.1
Premature Age-Adjusted Mortality	540	580	590	560	750	630	560	560	430
Frequent Mental Distress	18%	19%	21%	19%	20%	20%	19%	19%	17%
Diabetes Prevalence	12%	11%	12%	11%	11%	11%	11%	10%	9%
Food Insecurity	13%	13%	15%	14%	14%	13%	12%	11%	9%
Limited Access to Healthy Foods	6%	5%	0%	0%	29%	0%	12%	2%	7%
Drug Overdose Deaths	43	60	59	62	-	64	63	69	37
Insufficient Sleep	39%	37%	39%	40%	40%	38%	38%	38%	36%

Conclusion

Overall Observation

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

When assessing Kentucky's premature death rate in comparison to national statistics, Kentucky's rate was 39% higher than the national average, increasing 11% from 2023 to 2024. A detailed assessment of key drivers for premature death rate was completed for the following counties: Harrison, Nicholas, Pendleton, Robertson, Bracken, Bourbon, Grant, and Scott. Harrison County, where HMH is located, exhibited a 48% increase above the national average and 6% above the state level. From 2023 to 2024, Bracken County demonstrated the highest rate amongst the eight counties, registering 79% above the national average and 29% above the state level. Harrison County's premature death rate increased 12%, and Bracken had a 20% increase from 2023 to 2024.

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

Obesity Rate: Nationally, the rate stands at 34%, while Kentucky is at a rate of 41%, increasing from 2023's rate of 37%. Most of the eight counties have increased from 2023 to 2024, with Grant at the highest rate of 43%, Scott County had the highest year-over-year change from a rate of 34% in 2023 to 40% in 2024. Bourbon County had the best year-over-year change, improving from 40% in 2023 to 37% in 2024.

Physical Inactivity: The national average is 23%, with Kentucky reporting an average of 30%, which is a 30% higher rate than the national average (lower is better). Harrison County's inactivity rate improved from 31% in 2023 to 29% in 2024, while Nicholas County recorded the highest rate of the eight counties at 34%, which is a 48% increase above the national average and 13% higher than the state average.

Poor or fair health: Nationally, the average is 14%, while the state average is 21%, indicating a 50% increase above the national average. Harrison County observed a slight rise from 20% to 21% from

2023 to 2024, marking a 50% increase above the national average. Nicholas County has the highest rate at 25% which is 79% above the national average and 19% above the state average.

Poor Physical Health Days: Nationally, the rate is 3.3, Kentucky is 4.5 and Harrison County is 4.7. The highest county is Nicholas County at 5.2 followed by Pendleton County at 4.9.

Adult Smoking: The national average is 15%, while Kentucky reports a rate of 20%. Harrison County experienced a slight decrease from 24% in 2023 to 23% in 2024, although remaining above national and state levels. Nicholas County recorded the highest rate at 26%, with other counties ranging from 17% to 25%.

Diabetes Prevalence: Nationally, the average is 10%, while Kentucky reports a rate of 12%. Harrison County stayed the same from 2023 to 2024 at 11%. Among the eight counties, rates ranged from 9% to 12%.

Food Insecurity: Food insecurity can lead to poor nutrition, which can drive the obesity rate and increase in chronic diseases. Nationally, food insecurity is at a 10% average and the statewide average is 13%. At a county level, Harrison is the same as the state level at 13%. Nicholas County is the highest at 15% and Scott County is the lowest at 9%.

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

Other factors that were noted as leading to premature death were **drug-related deaths**. Drug overdose deaths nationally are 27 deaths per 100,000 people. Kentucky had a rate of 43, which is 59% higher than the national average. Harrison County increased 54% from 2023 to 2024, going from 39 to 60 which is 40% increase from the state average and 122% increase from the national level. All eight counties, with the exception of Robertson County, increased from 2023 to 2024. The most notable in Bracken County, going from 0 to 64 in 2024. Grant County is the highest of the eight at 69 deaths per 100,000 people a year.

In the community survey, 26% identified drug abuse as the number one contributor to unhealthy behaviors with alcohol abuse being the third highest at 13%. Addiction was noted by 25% of the interviewees as the most critical issues, which was the highest category noted for this question.

“Accessible treatment for alcohol abuse, depression without being stigmatized”

“Drug abuse is getting worse”

Access to care impacts the well-being of individuals in a community because they are less likely to get care they need to treat chronic conditions. Access to care involves many different factors. Some of the factors noted as barriers to care by the community surveys are as follows: The ability to afford to pay such as co-pay or deductible is too high (25% of responses), not having health insurance (14% of

responses), and no transportation (12% of responses) were the top three reasons noted by the community for why they didn't receive hospital care.

Commenters from the survey voiced concerns about cost of care impacting them as a middle-class family. Increasing cost of deductibles, was noted as a reason that was preventing them from seeking care or shopping around to find more affordable prices. Transportation was also noted by the community in both the survey and in interviews as a barrier to care, often noted as a lack of public transportation. Commenters also noted that cost of medication was too high and several comments about the complications with insurance and denials was impacting them getting the appropriate care.

Other areas noted in the survey were lack of access to a broad range of specialists. The most noted need by the community survey comments were mental health professionals, dental and eye doctors. There are also several comments related to lack of access to primary care providers after working hours and weekend hours. The community comments noted that lack of hours and availability would cause them to go to the emergency room when a primary care provider or an urgent care provider could have seen them had they had access to them. It was also noted that they may not go in at all due to high cost of an emergency room visit.

Primary care ratios of providers to people living in the county have also been on the decline. The national average 1,330 people to 1 primary care provider, and Kentucky is 1,600 to 1 provider. Harrison County is 1,900 to 1, which is an improvement from 2023 which was 2,100 to 1. Bracken County has the highest ratio with 8,840 to 1 provider which is a significant increase from the previous year when it was 4,140 to 1. This is followed by Nicholas County, which is at 7,810 to 1, an increase from 2023 which was 7,710 to 1. Robertson County does not have a ratio, pointing to no providers to serve the population. The qualitative data supports the need for more primary care providers with concerns from the community survey stating the lack of new providers coming into the area or providers aging out.

In a [study](#) conducted by the University of Kentucky, a third of the physicians in Kentucky have been practicing for 31+ years, with rural providers having a higher percentage of those providers over more Urban areas in the state. According to the report, as of 2022, there were 7 counties in Kentucky that did not have any physicians and two of the counties were noted as Nicholas and Robertson County. Primary care in Kentucky is almost entirely in Urban areas, noted as of 2022 to have three-fourths of the primary care population in Urban areas according to the report.

Comments related to cost of care or access issues from the community survey are noted below:

"Can't afford to keep taking off. Miss enough work for sick kids, can't afford to miss for me as well"

"The cost associated even though I am insured"

"Co-pay/ my portion costs. Cost of insurance. Length of time it takes to see a doctor when not an emergency, sometimes an appointment is a month out"

"Money. Cost. Too expensive. To the point when I get sick, I still avoid until I basically can't breathe, or I feel like I'm dying before I got into the Dr. Last year my husband had kidney stones and he avoided the Dr so long that he passed them at home. We didn't want the expensive emergency bill. One emergency bill would push us into poverty, or it would go to debtors. We can't even afford another \$25/mo. bill"

"I think this county needs a 24h urgent treatment center not one that closes at night. The E.R. should only use emergencies like heart attacks, severe burns, broken bones car accidents, stitches. E.R. should never be used for things that could wait until the next day. Like rashes, earaches, stomachache. You may consider someone for dental care after dentist are not on offices. Most of the dentists in Cynthiana can't get you in for days or even weeks."

"After hours clinics that stays open past 7 pm and Saturday/Sunday clinics"

"Healthcare is not available for everyone. Our income is currently above average but if we paid the current asking price for healthcare for my wife we would be broke"

"Out of pocket cost of labs at the hospital are too high"

"People who fall into the middle-class category can't afford their medical bills. I make too much to get help and not enough to buy groceries. So, my medical bills are last... food comes first"

"Love our Dr, but it's hard to get in right away when we are sick and need a flu or strep test. And same with well visits, we have to book 3 months out"

"Getting referred appointment take months when you need attention immediately. I was over 6 weeks seeing the podiatrist when I was in extreme pain in my feet"

"It was 3-4 months for getting my surgery"

"Hard to establish relationships with doctors, they seem to leave to go to larger cities"

Obesity is quickly rising year-over-year in Kentucky. As a result of the increase in obesity, unintended consequences will impact the community's overall health. Factors that may drive obesity is physical activity, preventative care, access to health foods, exercise opportunities, and chronic health conditions. For the over 1,000 community members taking part in the survey, 55% of them stated they did not participate in deliberate exercise in the previous week and 70% of them at only 1-2 servings of vegetables in a day. Diabetes education and resources were noted as the top concern in the comments

related to chronic diseases. Lack of exercise facilities was also noted in regard to resources needed in the community. Healthy food choices were also noted by the community members, with one resident stating they would like more information about healthy food to eat to keep them from becoming sick.

The community surveys and interviews were concerned with the **health and well-being of senior adults** in the county. Social isolation, closing of long-term care facilities, access to get to appointments, housing, activities to engage them, and help doing daily activities of living. Americas Health Ranking senior report for 2023, has Kentucky ranked 48 (lower is better) out of 50 states. The report looks to provides a portrait of the health and well-being of older adults across the United States and is broken down by state and the U.S. as a whole.

Kentucky's state ranking was driven by 41 measures that rolled into the following five categories:

- Social & Economic Factors State Ranking 48 out of 50 (lower is better)
- Physical Environment State Ranking 17 out of 50
- Clinical Care State Ranking 47 out of 50
- Behaviors State Ranking 46 out of 50
- Health Outcomes State Ranking 49 out of 50

Senior **Health Outcomes** had the highest ranking (lower is better, therefore the higher the score, the worse the ranking), of the 5 categories above, ranking 49 out of 50 overall. Health outcomes has three subcategories including behavioral health, mortality, and physical health. Measures included in the category driving the 49th ranking in this category are Teeth Extraction (Ranking 50), Frequent physical and mental distress (48), Cognitive difficulty (49), obesity (45), multiple chronic conditions (44), early death (46), drug-related deaths (36), and falls (41).

Senior **Social and Economic Factors** was the second highest category, ranking 48 out of 50 with three subcategories including community and family safety net, economic resources, and social support and engagement. The measures driving the ranking of 48 in this category are the following: Food insecurity (48), social isolation (46), volunteerism (46), SNAP reach (43), motor vehicle deaths (46), high-speed internet (44) and poverty (44).

Senior **Clinical Care** was the third highest category, ranking 47 out of 50 with three subcategories including access to care, preventive clinical services, and quality of care. The main measures that are driving the ranking are preventable hospital stays (48), avoided care due to cost (45), pneumonia vaccination (942), hospice care (43), nursing home quality (38) and geriatric providers (38).

Noted in the Senior report is a 77% increase in drug deaths for seniors ages 65+ between 2016-2018 and 2019-2021. Food insecurity increased 39% in the state for seniors 60+ between 2017-18 and 2019-20. Noted challenges are high prevalence of mental distress, social isolation, and physical inactivity.

The focus areas:

- Premature death rate
 - Obesity & Chronic conditions contributing to premature death
 - Food Insecurity
- Drug, Alcohol, and Tobacco use and abuse
- Access to care
 - Specialty Care
 - Primary Care
 - Mental Health
 - Cost of Care
 - Transportation
- Health and wellbeing of older adults

Contact

This assessment summary is published on the website of HMH

(<https://www.harrisonmemhosp.com/about-hmh/community-health-needs-assessment>).

Additionally, a copy may be obtained by contacting the Hospital's Administration office at (859)-234-2300.

Attachment A: Community Resources Identified

Community Resources:

1. **Abuse Hotline:** 877-597-2331
2. **Abuse Hotline:** 800-752-6200
3. **Adoption Hotline:** 800-432-9346
4. **Adult & Child Health (Dept. for public health):** 800-462-6122
5. **KY HIV- AIDS Program:** 800-420-7431
6. **Alcohol/Drug Hotline:** 800-729-6686
7. **Alcoholics Anonymous:** 800-467-8091
8. **Bluegrass First Steps:** 800-454-2764
9. **Cancer Information Service:** 800-422-6237
10. **Cabinet for Health & Family Services Ombudsman:** 800-372-2973
11. **Cabinet for Health & Family Services Secretary's Office:** 800-564-7042
12. **Child/Adult Abuse:** 800-752-6200
13. **Child Support Info/Enforcement Hotline:** 800-248-1163
14. **Child Support Voice Response System:** 800-443-1576
15. **Community Based Services:** 800-635-2570
16. **Community Mental Health Centers:** 800-928-8000
17. **Consumer Product Safety Commission:** 800-638-2772
18. **Department for Housing:** 800-669-9777
19. **Food and Drug Administration:** 800-FDA-4010
20. **Food Stamp Case Changes Reporting:** 800-248-5861
21. **Foster Care Information:** 800-232-5437
22. **General Crisis:** 800-592-3980
23. **Home Health Agency Hotline:** 800-635-6290
24. **Ken PAC Information (Kentucky Patient Access and Care System):** 800-635-2570
25. **Long Term Care Ombudsman:** 800-372-2991
26. **Adult and Child Health Info Line:** 800-462-6122
27. **Medicaid Managed Care Ombudsman:** 877-807-4027
28. **Medicaid Member Services:** 800-635-2570
29. **Mental Health Counseling:** 800-928-8000
30. **National Lead Info Center Clearinghouse:** 800-424-LEAD
31. **Poison Emergency and Info:** 800-222-1222
32. **Pregnancy Crisis Centers:** 800-432-9337
33. **Rape Crisis Hotline:** 800-422-1060
34. **SIDS "Black to Sleep" Campaign:** 800-505-CRIB
35. **Special Needs Adoption:** 800-423-9346
36. **Spouse Abuse Hotline:** 800-544-2022
37. **State Health Insurance Assistance Program:** 877-293-7447

38. **Suicide Prevention:** 800-928-8000
39. **Welfare and Medicaid Fraud:** 800-372-2970
40. **Women, Infant, & Children (WIC) Program:** 800-462-6122
41. **Women's Cancer Screening:** 800-462-6122
42. **Lexington-Fayette-Urban County Domestic Violence Prevention Board:** 859-258-3803
43. **Kentucky Domestic Violence Association:** 502-209-5382
44. **National Sexual Assault hotline:** 800-656-4673
45. **Prevent Child Abuse Kentucky:** 800-432-9251
46. **Kentucky Attorney General's Office:** 800-372-2551
47. **National Domestic Violence Hotline:** 800-779-SAFE
48. **Battered Women Justice Project:** 800-903-0111
49. **National Network to End Domestic Violence:** 202-543-5566
50. **Resource Center on Child Protection and Custody:** 800-527-3232

*Complete List of Resources Click [Here](#):

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

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

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

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

Explanations & Definitions

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

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

TERM	EXPLANATIONS & DEFINITIONS
Driving Alone to Work	Percent of workforce that drives to work alone
Long Commute - Driving Alone	Percent of the workforce whose commute exceeds 30 minutes.
Additional Measures	Additional parameters identified in each category. These parameters are included as a valuable source of data to help gain a better understanding of the community. These measures are not used to determine the ranking of each category unless no other data is available.
Population	Number of individuals who reside in a county.
% Below 18 Years of Age	Percentage of the population who are younger than 18 years of age.
% 65 and Older	Percentage of the population who are 65 or older.
% Non-Hispanic African American	Percentage of the population who are not Hispanic African American.
% American Indian & Alaskan Native	Percentage of the population who are of American Indian and Alaskan Native descent.
% Asian	Percentage of the population who are of Asian descent.
% Native Hawaiian/Other Pacific Islander	Percentage of the population who are of Native Hawaiian or other Pacific Island descent.
% Hispanic	Percent of the population who are Hispanic.
% Non-Hispanic White	Percent of the population who are white and not of Hispanic descent.
% Not Proficient in English	Percent of the population, age 5 or older, who report as not speaking English "well".
% Females	The percent of the population that are female.
% Rural	Percentage of the population living in a rural area.
Diabetes	Percentage of adults aged 20 or older who have been diagnosed with having diabetes.
HIV Prevalence	Number of people per 100,000 population diagnosed with HIV.
Premature Age-Adjusted Mortality	Number of deaths under 75 years old per 100,000 population (age- adjusted).
Infant Mortality	Number of babies who died within 1 year of birth per 1,000 live births.
Child Mortality	Number of children (under age 18) who died per 100,000.
Food Insecurity	Percent of population who lack adequate access to food.
Limited Access to Healthy Foods	Percent of population who are low income and do not live close to a grocery store.
Motor Vehicle Crash Deaths	Number of deaths caused by motor vehicle crashes per 100,000 population.
Uninsured Children	Percent of the population under the age of 18 without health insurance.
Healthcare Costs	The amount of price-adjusted Medicare reimbursements per enrollee.
Could Not See Doctor Due to Cost	Percent of the population who were unable to see a doctor because of cost.
Other Primary Care Providers	Ratio of population per primary care providers other than physicians.
Median Household Income	The income at which half the households earn more, and half earn less.
Children Eligible for Free Lunch	Percentage of children enrolled in public schools that are eligible for free lunch.
Homicides	Number of deaths caused by assault per 100,000 population.
Source:	
	www.countyhealthrankings.org

Attachment C: Demographic Data & Health Outcomes

	U.S. Top Performers	Kentucky	Harrison	Trend	Nicholas	Trend	Pendleton	Trend	Robertson	Trend	Bracken	Trend	Bourbon	Trend	Grant	Trend	Scott	Trend
Health Outcomes																		
Length of Life																		
Premature death	8,000	11,100	11,800		11,100		13,100		-		14,300		11,500		11,300		8,100	
Quality of Life																		
Poor or fair health	14%	21%	21%		25%		22%		23%		23%		21%		21%		17%	
Poor physical health days	3.3	4.5	4.7		5.2		4.9		5		4.9		4.6		4.5		3.9	
Poor mental health days	4.8	5.5	5.9		6.2		5.7		6		5.9		5.7		5.5		5	
Low birthweight	8%	9%	8%		9%		9%		9%		8%		9%		9%		7%	
	U.S. Top Performers	Kentucky	Harrison	Trend	Nicholas	Trend	Pendleton	Trend	Robertson	Trend	Bracken	Trend	Bourbon	Trend	Grant	Trend	Scott	Trend
Health Factors																		
Health Behaviors																		
Adult smoking	15%	20%	23%		26%		24%		25%		24%		22%		22%		17%	
Adult obesity	34%	41%	42%		42%		38%		42%		39%		37%		43%		40%	
Food environment index	7.7	6.8	7.7		7.7		8		4.9		8.1		7.1		8.3		8.2	
Physical inactivity	23%	30%	29%		34%		30%		31%		32%		30%		31%		25%	
Access to exercise opportunities	84%	70%	57%		8%		29%		2%		0%		52%		63%		70%	
Excessive drinking	18%	15%	14%		14%		15%		14%		15%		14%		16%		17%	
Alcohol-impaired driving deaths	26%	26%	17%		17%		29%		-		44%		32%		25%		19%	
Sexually transmitted infections	495.5	410.3	200.5		324.2		82.2		354.5		248.8		355.9		95.1		295.3	
Teen births	17	26	33		36		36		28		25		27		34		18	
Clinical Care																		
Uninsured	10%	7%	6%		8%		7%		7%		7%		8%		7%		5%	
Primary care physicians	1,330:1	1,600:1	1,900:1		7,710:1		3,650:1		-		8,840:1		1,560:1		2,520:1		1,710:1	
Dentists	1,360:1	1,500:1	2,730:1		7,810:1		7,340:1		2,230:0		2,820:1		1,340:1		3,190:1		2,360:1	
Mental health providers	320:1	340:1	1,590:1		2,600:1		1,830:1		-		8,450:1		630:1		1,250:1		880:1	
Preventable hospital stays	2,681	3,457	2,048		1,635		4,927		4,141		4,489		3,545		2,473		2,210	
Mammography screening	43%	42%	35%		35%		41%		24%		45%		44%		34%		43%	
Flu vaccinations	46%	44%	49%		48%		47%		41%		37%		49%		44%		45%	
Health Factors																		
	U.S. Top Performers	Kentucky	Harrison	Trend	Nicholas	Trend	Pendleton	Trend	Robertson	Trend	Bracken	Trend	Bourbon	Trend	Grant	Trend	Scott	Trend
Social & Economic Factors																		
High school completion	89%	88%	87%		82%		86%		84%		88%		85%		89%		94%	
Some college	68%	63%	52%		43%		50%		45%		54%		58%		52%		70%	
Unemployment	3.7%	3.9%	3.3%		4.1%		3.5%		5.0%		4.3%		3.5%		3.7%		3.0%	
Children in poverty	16%	21%	19%		26%		18%		27%		21%		23%		17%		10%	
Income inequality	4.9	4.9	5.2		4.2		6.8		5.4		4.7		5.3		4.9		3.5	
Children in single-parent household	25%	25%	14%		12%		21%		15%		23%		29%		32%		20%	
Social associations	9.1	10.2	9		10.4		9.6		0		11.8		9.4		7.1		7.4	
Injury deaths	80	106	126		121		141		149		152		110		123		85	
Physical Environment																		
Air pollution - particulate matter	7.4	8.2	8.4		8.1		8.5		8		8.3		8.5		8.6		8.7	
Drinking water violations	-		No		No		No		No		No		No		No		No	
Severe housing problems	17%	13%	13%		12%		19%		22%		12%		13%		12%		9%	
Driving alone to work	72%	79%	83%		79%		81%		88%		78%		78%		83%		81%	
Long commute - driving alone	36%	31%	44%		66%		64%		58%		54%		33%		51%		28%	
Additional Measures																		
Life Expectancy	77.6	74.0	73.1		73.0		72.1		71.3		71.5		74.1		73.2		76.1	
Premature Age-Adjusted Mortality	390	540	580		590		560		750		630		560		560		430	
Frequent Mental Distress	15%	18%	19%		21%		19%		20%		20%		19%		19%		17%	
Diabetes Prevalence	10%	12%	11%		12%		11%		11%		11%		11%		10%		9%	
Food Insecurity	10%	13%	13%		15%		14%		14%		13%		12%		11%		9%	
Limited Access to Healthy Foods	6%	6%	5%		0%		0%		29%		0%		12%		2%		7%	
Drug Overdose Deaths	27	43	60		59		62		-		64		63		69		37	
Insufficient Sleep	33%	39%	37%		39%		40%		40%		38%		38%		38%		36%	

Source: www.countyhealthrankings.org

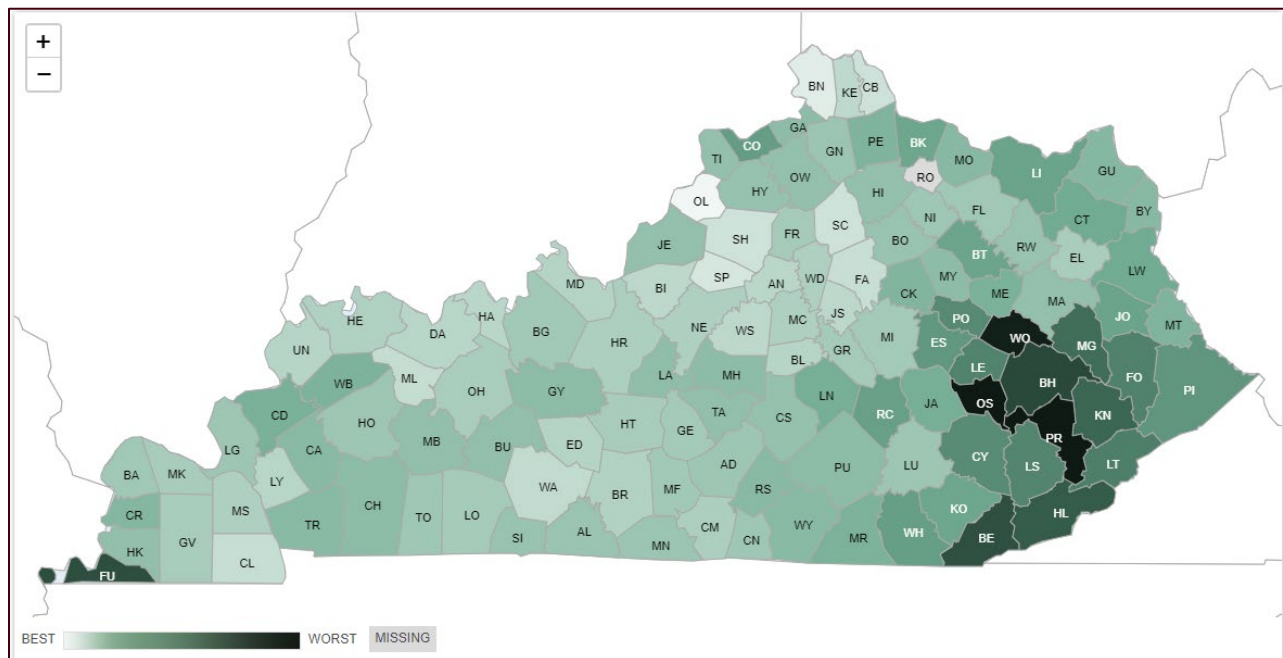
County Demographic Information

County Demographics	Harrison	Nicholas	Pendleton	Robertson	Bracken	Bourbon	Grant	Scott	Kentucky
Population	19,103	7,805	14,676	2,229	8,452	20,093	25,502	59,099	4,512,310
% below 18 years of age	22.60%	24.30%	22.80%	21.10%	23.40%	22.50%	26.40%	24.10%	22.30%
% 65 and older	18.60%	16.30%	17.70%	22.90%	18.10%	20.50%	14.50%	13.20%	17.60%
% Non-Hispanic Black	1.90%	0.80%	1.00%	1.10%	0.90%	5.30%	1.10%	5.60%	8.40%
% American Indian & Alaska Native	0.30%	0.20%	0.40%	0.60%	0.40%	0.50%	0.30%	0.40%	0.30%
% Asian	0.30%	0.30%	0.30%	0.10%	0.20%	0.50%	0.50%	1.40%	1.80%
% Native Hawaiian/Other Pacific Islander	0.10%	0.00%	0.10%	0.00%	0.10%	0.10%	0.20%	0.10%	0.10%
% Hispanic	2.60%	2.40%	1.60%	2.10%	2.00%	7.50%	3.30%	4.90%	4.30%
% Non-Hispanic White	93.20%	95.70%	95.30%	94.80%	95.10%	84.50%	93.50%	85.90%	83.20%
% not proficient in English	0%	0%	0%	0%	0%	1%	0%	1%	1%
% Females	50.50%	49.60%	48.40%	49.40%	49.40%	50.40%	49.40%	50.40%	50.30%
% Rural	65.80%	100.00%	100.00%	100.00%	100.00%	44.40%	100.00%	32.30%	41.30%

Attachment D: KY Outcomes

Health Outcomes – Premature Death

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



Attachment D: Harrison County Health Statistics

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

Patient to Primary Care Physician Ratio:

2,098 to 1

Primary care physicians in Harrison County, KY see an average of 2,100 patients per year. This represents a 0.575% decrease from the previous year.

Patient to Dentist Ratio:

3,153 to 1

Dentists in Harrison County, KY see an average of 3,153 patients per year. This represents a 0.159% increase from the previous year (3,148 patients).

Patient to Mental Health Provider Ratio

1,577 to 1

Mental health providers in Harrison County, KY see an average of 1,577 patients per year. This represents a 33.2% decrease from the previous year (2,361 patients).

Healthcare Coverage:

4.86%	45.3%	22.3%	16%
Uninsured	Employer	Medicaid	Medicare

Source: <https://datausa.io/profile/geo/harrison-county-ky>

Attachment E: Physician Needs Assessment Analysis: Harrison County

PHYSICIAN TO POPULATION DEMAND MODEL									
ESTIMATES ARE PER 100,000									
Estimated Population								19,103	
Primary Care	CURRENT NUMBER OF PHYSICIANS WITHIN PRIMARY SERVICE AREA	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	GMENAC (1980)	HICKS & GLENN (1991)	COOPER (2002)	SOLUCIEN T (2003)	James Lifton (2007)	AVERAGE	CALCULATED FTES BASED UPON HOSPITAL PRIMARY SERVICE AREA: POPULATION OF
Family Practice - (A)	5.90	0.06	25.20	33.70	31.00	22.50	40.50	30.58	5.84
Internal Medicine - (B)	3.50	(1.81)	28.80	17.60	30.80	19.00	42.70	27.78	5.31
Pediatrics	1.50	(1.02)	15.00	12.90	7.00	13.90	17.20	13.20	2.52
Sub-Total Primary Care	10.90	(2.77)							13.67
Medical Specialties									
Allergy/Immunology	0.00	(0.23)	0.80	1.00	1.40	1.72	N/A	1.23	0.23
Cardiology	2.00	0.94	3.20	3.80	7.80	4.22	8.80	5.56	1.06
Dermatology	0.20	(0.38)	2.90	2.10	4.00	3.13	N/A	3.03	0.58
Endocrinology	0.00	(0.22)	0.80	0.70	2.00	N/A	N/A	1.17	0.22
Gastroenterology	0.40	(0.19)	2.70	1.70	4.40	3.50	N/A	3.08	0.59
Hematology/Oncology	1.00	0.79	N/A	N/A	N/A	1.08	N/A	1.08	0.21
Infectious Disease	0.00	(0.20)	0.90	0.60	1.70	N/A	N/A	1.07	0.20
Nephrology	0.00	(0.25)	1.10	0.90	2.50	0.73	N/A	1.31	0.25
Neurology	1.00	0.40	3.40	2.20	5.10	1.79	N/A	3.12	0.60
Psychiatry	0.00	(2.64)	23.20	10.00	16.00	5.73	14.10	13.81	2.64
Pulmonology	1.00	0.60	1.50	1.50	4.00	1.30	N/A	2.08	0.40
Rheumatology	0.00	(0.20)	0.70	0.70	1.50	1.33	N/A	1.06	0.20
Physical Medicine & Rehab	0.00	(0.28)	N/A	N/A	N/A	1.44	N/A	1.44	0.28
Other Medical Specialties	0.00	0.00							0.00
Sub-Total Medical Specialties	5.60	(1.85)							7.45
Surgical Specialties									
General Surgery	2.00	(0.15)	9.70	13.60	11.4	6.01	15.5	11.24	2.15
Cardio/Thoracic Surgery	0.00	(0.21)	N/A	0.70	1.50	N/A	N/A	1.10	0.21
Neurosurgery	0.00	(0.28)	N/A	1.30	1.60	N/A	N/A	1.45	0.28
OB/GYN	3.00	0.74	9.90	11.10	14.00	10.17	14.10	11.85	2.26
Ophthalmology	0.00	(1.04)	4.80	4.80	5.5	4.71	7.5	5.46	1.04
Orthopedic Surgery	1.40	0.04	6.20	5.40	8.4	6.12	9.4	7.10	1.36
Otolaryngology	0.80	0.21	3.30	2.40	3.2	2.84	3.7	3.09	0.59
Plastic Surgery	0.00	(0.42)	N/A	N/A	N/A	2.22	N/A	2.22	0.42
Urology	0.40	(0.24)	3.20	2.90	3.6	2.86	4.3	3.37	0.64
Other Surgical Specialties	0.00	0.00							0.00
Sub-Total Surgical Specialties	7.60	(1.36)							8.96
Totals	24.10	-5.98							30.08

Physician Needs Assessment Analysis:

A quantitative physician needs assessment analysis was completed for HMM's primary service area, Harrison County with a population of 19,103. The physician needs assessment analysis uses a nationally recognized quantitative methodology to determine the need for physicians by physician specialty for a given geographic population area being assessed.

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

- Psychiatry- (2.64)
- Internal Medicine- (1.81)
- Ophthalmology- (1.04)
- Pediatrics- (1.02)

Attachment F: Community Input Survey Tool

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

Dear valued member of the community:

HMH is completing their CHNA for 2024. The goal of this project is to gather local data and feedback as part of developing a plan to improve health and quality of life within the service area and surrounding community.

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

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

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

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

- r. Arthritis
 - s. Other
9. Please identify the three most important unhealthy behaviors in our community.
- a. Angry behavior/violence
 - b. Alcohol abuse
 - c. Child abuse
 - d. Domestic violence
 - e. Drug abuse
 - f. Prescription drug abuse
 - g. Elder abuse (physical, emotional, financial, sexual)
 - h. Lack of exercise or Exercise Facilities
 - i. Not able to get a routine checkup
 - j. Poor eating habits
 - k. Reckless driving
 - l. Risky sexual behavior
 - m. Smoking
 - n. Lack of Public parks
 - o. Other
10. Please identify the three most important factors that impact your well-being in our community.
- a. Angry behavior/violence
 - b. Alcohol abuse
 - c. Child abuse
 - d. Domestic violence
 - e. Drug abuse
 - f. Prescription drug abuse
 - g. Elder abuse (physical, emotional, financial, sexual)
 - h. Lack of exercise
 - i. Access to Healthcare (Able to get routine checkup)
 - j. Poor eating habits
 - k. Reckless driving
 - l. Risky sexual behavior
 - m. Smoking
 - n. Mental Health Services
 - o. Food Insecurity
 - p. Transportation
 - q. Housing
 - r. Crime
 - s. Other
11. When you get sick where do you go?
- a. Clinic/Doctor's Office
 - b. Urgent Care
 - c. Emergency Department (ER)
 - d. Health Department

- e. I don't seek medical attention
 - f. Other
12. How long has it been since you have been to the doctor to get a checkup when you were well, not because you were already sick?
- a. Within the last year
 - b. 1 - 2 years ago
 - c. 3 - 5 years ago
 - d. More than 5 years ago
 - e. I have never been to a doctor for a checkup
13. In the last year, was there a time when you needed medical care but were not able to get it?
- a. Yes
 - b. No
14. Why weren't you able to get medical care?
- a. I didn't have health insurance
 - b. I couldn't afford to pay my co-pay or deductible
 - c. I didn't have any way to get to the doctor
 - d. The doctor or clinic did not take my insurance or Medicaid
 - e. I didn't know how to find a doctor
 - f. Fear
 - g. Too long to wait for appointment
 - h. Doctor was not taking new patients
 - i. Concerns about being exposed to Covid
 - j. I do not trust healthcare providers
 - k. My job did not allow me to take time off work during the hours the medical provider was open
 - l. Other
15. In the last year, was there a time you needed mental health counseling but were unable to get the help you needed?
- a. Yes
 - b. No
16. Why weren't you able to get mental health counseling?
- a. I didn't have health insurance
 - b. I couldn't afford to pay my co-pay or deductible
 - c. I didn't have any way to get to the counselor
 - d. The counselor did not take my insurance or Medicaid
 - e. I didn't know how to find a counselor
 - f. Too long to wait for appointment
 - g. Fear
 - h. Embarrassment
 - i. Other
17. In the last week, did you participate in deliberate exercise, (such as, jogging, walking, golf, weightlifting, fitness classes) that lasted for at least 30 minutes or more?
- a. Yes
 - b. No

18. On a typical day, how many servings of fruits and/or vegetables do you have?
 - a. None
 - b. 1 - 2
 - c. 3 - 5
 - d. More than 5
19. On a typical day, how often do you smoke or chew tobacco products (either actual or electronic/vapor)?
 - a. None
 - b. 1 - 4
 - c. 5 - 8
 - d. 9 - 12
 - e. More than 12
20. On a typical day, how often do you drink alcohol?
 - a. None
 - b. 1 Drink
 - c. 2 Drinks
 - d. 3 Drinks
 - e. 4 or More Drinks
21. Do you use or consume illegal substances?
 - a. Yes
 - b. No
22. Where do you get most of your medical information?
 - a. Doctor/physician
 - b. Friends/family
 - c. Internet search
 - d. Pharmacy
 - e. Nurse or other medical professional in the community i.e., church, social groups, etc.
 - f. Other
23. Do you have a family doctor?
 - a. Yes
 - b. No
24. Overall, my physical health is:
 - a. Good
 - b. Average
 - c. Poor
25. Overall, my mental health is:
 - a. Good
 - b. Average
 - c. Poor
26. What other concerns do you have that we have not asked?
27. What additional healthcare services are needed in our county?
28. Are there any other factors that keeps you from getting the healthcare you need?

Attachment G: Health Trends

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

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

Key Takeaways

- Health care providers are partnering with tech companies to develop AI tools that can better predict clinical outcomes, enhance radiological imaging, and optimize sleep monitoring.
- AI has the potential to transform health care by optimizing both administrative functions and care delivery. It will have financial and non-financial benefits, such as improved care quality, enhanced patient experience, and greater clinician satisfaction. Private providers may gain the greatest benefits from optimization in care, claims, and provider relationship management.
- Predictive AI could forecast patient volumes and help hospitals adjust staffing and resources by predicting future resource needs, analyzing detailed data, and identifying high-impact patterns and trends.
- AI is rapidly becoming a competitive necessity in the health care sector. Yet many organizations are still understanding what AI can mean for them. Deloitte created the AI Dossier to give leaders in different industries summaries of key issues and opportunities, and how AI can help achieve them.

How AI is Transforming Health Care

Enhancing patient engagement	Automating claims management	Efficient and accurate diagnoses	Personalized health care	Optimizing hospital staffing and resources
<p>Many patients struggle to book appointments, access medical records, determine which services are available to them, and get answers to simple logistical questions. AI can improve interactions between patients and providers by:</p> <ul style="list-style-type: none"> • Simplifying complex medical information: Natural language processing can make medical data more understandable to patients, increasing health literacy. • Streamlining communication among health care workers: AI and machine learning can filter and share relevant information efficiently. • Accelerating database searches: AI-enabled databases improve information retrieval and reliability. • Enhancing chatbots: Chatbots can assist with patient questions, appointment scheduling, and referrals. • Personalizing patient engagement: AI-driven prescriptive analytics can suggest personalized actions for patients, increasing focus on care delivery. 	<p>Traditional claims management is costly, slow, and error-prone, often relying on manual data input. AI can assist by:</p> <ul style="list-style-type: none"> • Automating claims data extraction and input: Robotic process automation tools extract data without manual intervention. • Providing real-time updates and monitoring: AI systems offer real-time status updates and claims monitoring. • Automating follow-ups and denials: Repetitive tasks related to claims can be handled instantly by AI tools. • Analyzing claims: AI-enabled data analysis provides real-time insights on filed claims. 	<p>Diagnosis often depends on complex factors, including patient history and genetics. AI can improve them by:</p> <ul style="list-style-type: none"> • Analyzing extensive medical data: AI can uncover complex patterns and characteristics that might be overlooked by humans. • Offering recommendations: AI technologies such as deep neural networks and machine learning can enhance the analysis of patient data. 	<p>Precision medicine considers an individual's genetics, environment, and lifestyle to provide tailored treatments. AI can deliver more personalized diagnoses, prevention, and treatment by:</p> <ul style="list-style-type: none"> • Connecting various datasets: Machine learning algorithms link treatment outcomes to diverse health datasets. • Analyzing and collecting vast data: AI and machine learning enable more effective data collection and analysis. • Developing personalized treatments and care: AI analytics allow health care providers to deliver personalized care. 	<p>Demand for health care rises and falls in response to a complex range of factors, making it difficult for hospitals to optimally allocate their supply of critical resources such as medical equipment and staff. Predictive AI can forecast patient volumes and help hospitals adjust staffing and resources accordingly by:</p> <ul style="list-style-type: none"> • Predicting future resource needs: Data mining, modeling, and AI provide insights for resource allocation. • Analyzing detailed data: AI and machine learning offer a comprehensive understanding of health status. • Identifying high-impact patterns and trends: AI-Driven analysis reveals hidden trends and potential risks.

*Source Click [Here](#)

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

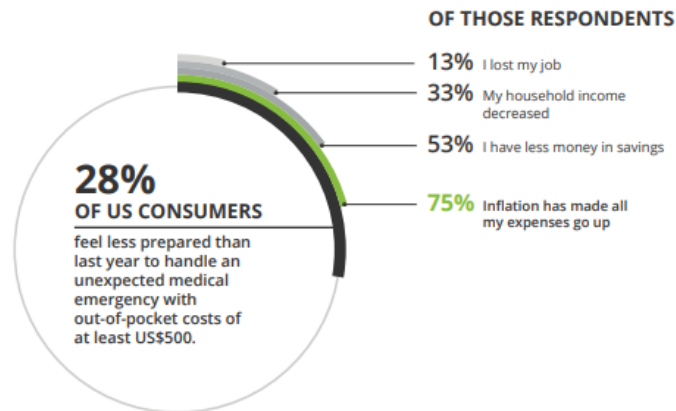
Key Takeaways

- While workforce expenses are a major driver of rising health costs, other factors also contribute. The cost of maintaining care facilities is one factor.
- Health care organizations globally are beginning to implement innovative technologies such as virtual wards and AI-enabled diagnostic tools to reduce costs of age-related care. Providers also are investing in technology to accelerate diagnoses and reduce treatment costs for chronic diseases.
- Medical tourism has become increasingly popular among businesses and insurance providers as a means of bringing down health care costs. This is particularly true of patients in the US.
- The current cost environment requires new strategies to transform the organization. Traditional cost-cutting may no longer be enough. Instead, health care organizations should transform themselves by building new capabilities, relationships, and competencies.

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

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

(Respondents selected all that applied)



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

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



Note: All values are in US dollars.

Sources: Deloitte analysis.

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

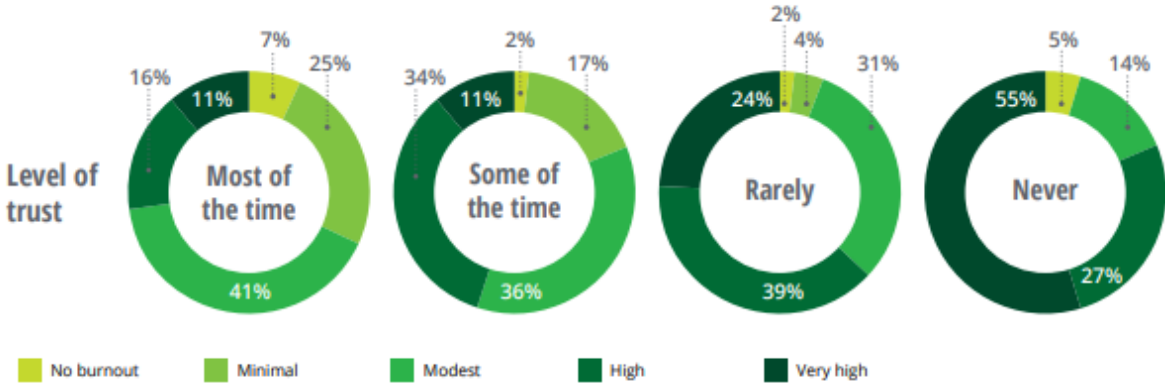
Key Takeaways

- Clinician burnout is one of the key causes of the health care sector’s labor shortages.
- To retain and attract the clinical workforce, health care leaders have a responsibility to rebuild their trust and restore meaning, value, and purpose in their industry. Listening to frontline workers, recognizing their clinical autonomy, elevating their voice to leadership, and building an inclusive culture are some ways organizations try to achieve this.
- In addition to building trust and paying clinicians more, technology could ease some of the biggest contributors to burnout, such as administrative tasks. AI has the potential to take over documentation burdens, handle pre-op workflows, and assist with insurance claims.
- Providers looking to help improve their recruitment and retention may need to consider transforming their care models and redesigning jobs.

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

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

The burnout I experience today is ...



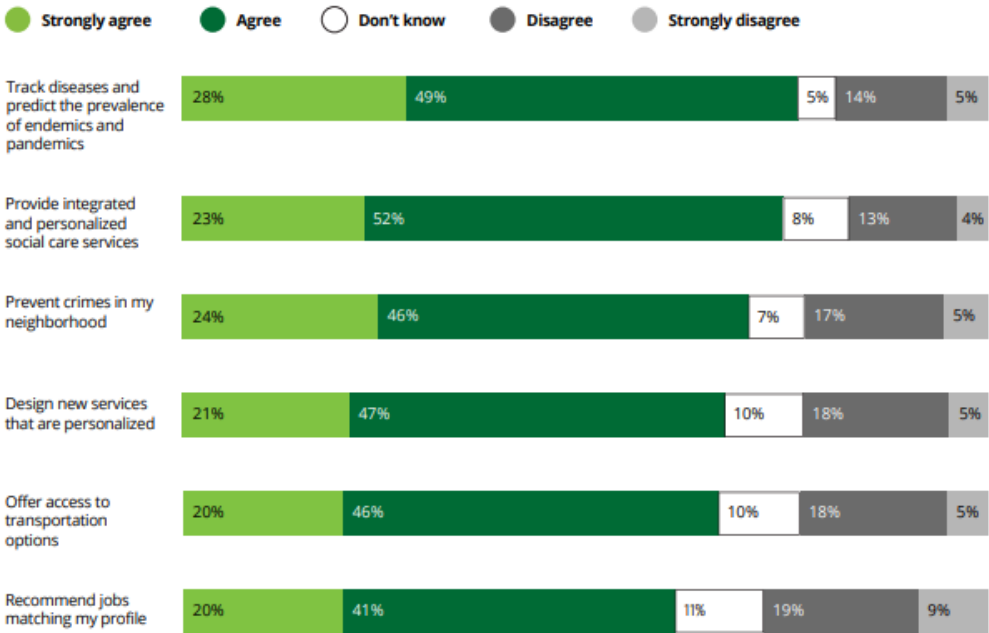
Note: N = 486 (clinicians currently in clinical practice).
Source: Deloitte 2022 Survey of US Frontline Clinicians.

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

Key Takeaways

- Several countries are embarking on partnerships to build a more resilient roster of social care talent—and to increase the attractiveness of these careers.
- Another focus for governments is ensuring that investments in the social determinants of health are equitably distributed across underserved populations.
- Delivering social care services to underserved populations is a perennial challenge that was exacerbated during the pandemic. Technology can help. Numerous examples show how technology can support inclusiveness while serving a broad range of populations.
- Providers that strive to prioritize social care as part of their commitment to deliver on whole health should establish sustainable frameworks for workforce recruitment and training.

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



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

Source: 2023 Deloitte Digital Citizen Survey.

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

Key Takeaways

- There are severe heat crises in regions unaccustomed to dangerously high temperatures. One of the ways hospitals are addressing acute energy insecurity and that affects the delivery of care is by building resilience into their operations.
- Sustainability regulations vary from region to region. In the absence of a comprehensive supplier engagement program, standardization, or clear mandates, breaking down the barriers between purchasing and clinical care can be challenging.
- Measuring environmental impact and being able to compare and learn from peers on how to minimize impact is another way the health care sector can build more sustainable systems.
- A commitment to information sharing can also influence health outcomes for populations disproportionately affected by social determinants of health.

Figure 1: The physical environment is a threat multiplier for overall human health¹³

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



Source: Deloitte analysis.

American Hospital Association (AHA) Environmental Scan (2024)

The 2024 American Hospital Association Environmental Scan provides insight and information about market forces that have a high probability of affecting the healthcare field. It was designed to help hospitals and health system leaders better understand the healthcare landscape and the critical issues and emerging trends their organizations will likely face in the future.

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

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

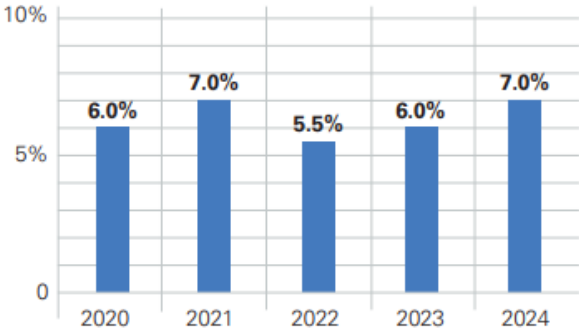
The challenging environment affects hospitals of all types and in all locations. However, rural hospitals and health systems face unique and long-standing pressures. These include low reimbursement rates, staffing shortages, low patient volume, a higher proportion of sicker patients, and regulatory barriers.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

Hospital and Health System Landscape: Financial Stability

Medical Cost Trends

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

Projected % increase in the cost to treat patients



2024 projection

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

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

Financial Challenge: In 2022, a significant financial challenge was faced by over 50% of hospitals as they operated at a loss. However, the first quarter of 2023 witnessed a surge in bond defaults among hospitals, marking the highest number in over ten years.

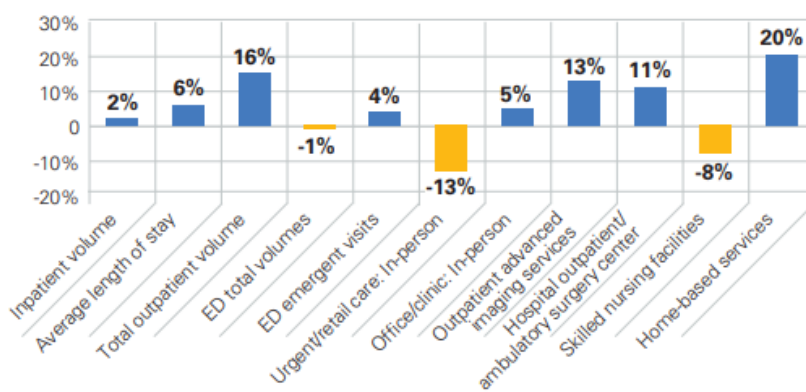
AHA members report challenges with commercial health insurer practices

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

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

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

2033 Forecast: Care in alternative settings on the rise



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

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

Increased cost for individuals with comorbid physical and behavioral conditions

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

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

OPIOID-USE DISORDERS

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

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

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

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

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

- 2021: **82,310**^{*}
- 2022: **83,894**^{*}
- **1.9%** increase

^{*} Predicted number of deaths for the 12-month period

[†] Bailey, Victoria. "Caring for Opioid Use Disorder Patients Costs Hospitals \$95B Per Year," RevCycle Intelligence, Jan. 25, 2023

[‡] "Provisional Drug Overdose Death Counts," Centers for Disease Control and Prevention (CDC) National Center for Health Statistics, <https://www.cdc.gov/nchs/nvss/vsr/drug-overdose-data.htm>, accessed Oct. 24, 2023

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

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

25 Closures and Conversions in 2023	166 Closures and Conversions since 2010
<ul style="list-style-type: none"> • 16 Rural Emergency Hospital conversions 	<ul style="list-style-type: none"> • 16 Rural Emergency Hospital conversions
<ul style="list-style-type: none"> • 2 conversions to other services 	<ul style="list-style-type: none"> • 69 conversions to other services
<ul style="list-style-type: none"> • 7 complete closures 	<ul style="list-style-type: none"> • 81 complete closures
More than 3 times as many hospitals closed in 2022 compared with 2021	

The Rural Emergency Hospital (REH)

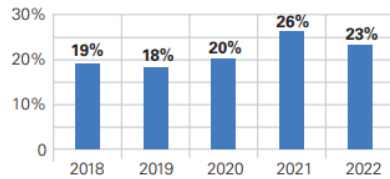
Launched in January 2023, Congress created the REH, a new type of Medicare provider, as a response to the loss of emergency services in rural areas due to hospital closures. The REH does not provide inpatient care but will provide 24-hour emergency services. An analysis shows:

- 389 rural hospitals are most likely to consider REH conversion.
- 77 hospitals are ideal candidates for REH conversion.

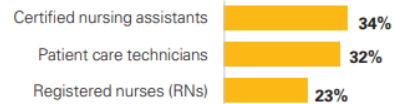
Hospital and Health System Landscape: Workforce

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

Hospital staff turnover rate

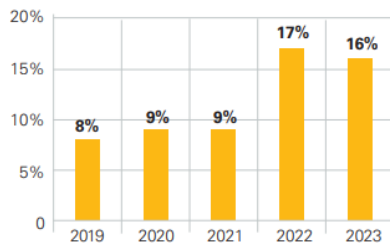


The top turnover rates for advanced practice and allied health professionals, 2022



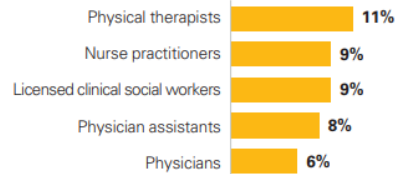
• Only pharmacists (0.6%) and physician assistants (2.8%) saw an increase in turnover from 2021.

Average RN vacancy rate



Providers leave the workforce, 2021-2022*

Percentage who left the workforce by provider type



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

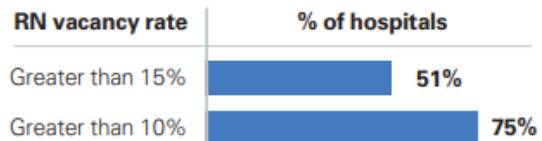
*2023 NSI National Health Care Retention & RN Staffing Report, NSI Nursing Solutions Inc., March 2023
**Addressing the healthcare staffing shortage, ©2023 Definitive Healthcare, LLC., All rights reserved, Oct. 16, 2023

Nursing shortage

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

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

Majority of hospitals experience high vacancy rates, 2023



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

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

Top factors influencing RNs to stay in current positions



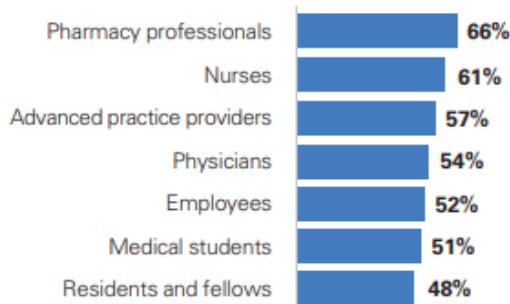
Top factors influencing RNs to leave jobs in the past 18 months



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

Burnout by occupation

Health care workers reporting burnout during the past month



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

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

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

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

Turnover costs

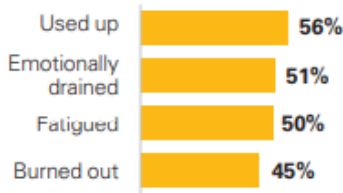
- Recruitment cost: **\$1.5M**
- Onboarding cost: **\$2.8M**
- Lost revenue multiplied by number of months to fill vacancy: **\$3.5M**

Total cost per year: \$20M+

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

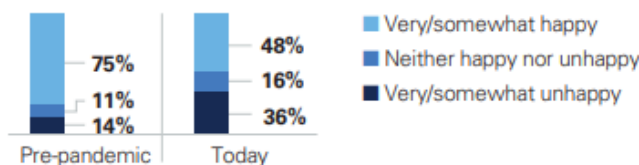
Nurses' emotional health

"A few times a week" or "every day", nurses reported feeling:



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

Physician happiness at work, pre-pandemic vs today*



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

*McKenna, Jon. "Medscape Physician Lifestyle & Happiness Report 2023: Contentment Amid Stress," Medscape, Jan. 20, 2023

†McKenna, Jon. "Doctors' Burden: Medscape Physician Suicide Report 2023," Medscape, March 3, 2023

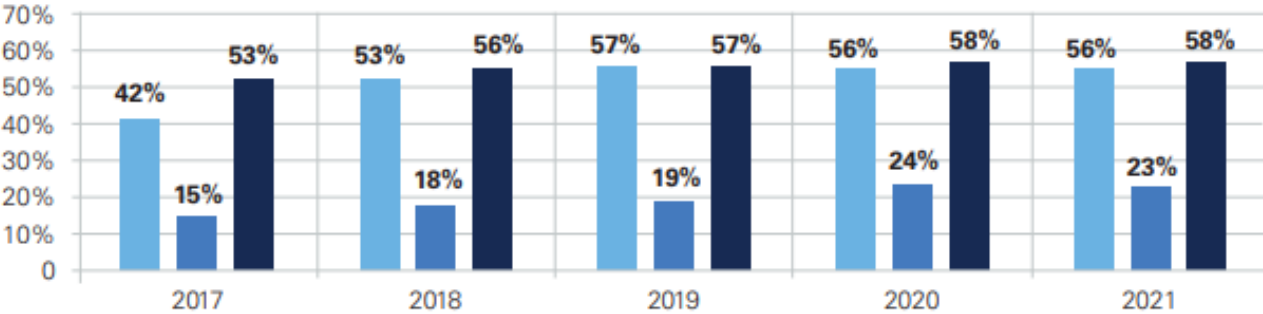
Hospital and Health System Landscape: Better Care and Greater Value

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

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

Value-based payment models have stabilized in recent years

- Community hospitals participating in an accountable care organization (ACO)
- Community hospitals with some percentage of net patient revenue paid on a shared-risk basis
- Community hospitals with contracts with commercial payers tied to quality/safety performance



AHA Annual Survey, 2018-2022
 Note: Community hospitals include all nonfederal, short-term general and specialty hospitals whose facilities and services are available to the public. ACOs are groups of clinicians, hospitals and other health care providers who come together voluntarily to give coordinated high-quality care a designated group of patients.

Societal Factors That Influence Health

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

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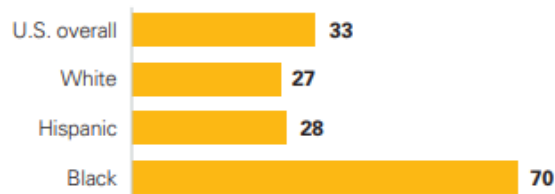
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Maternal mortality in the U.S.

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

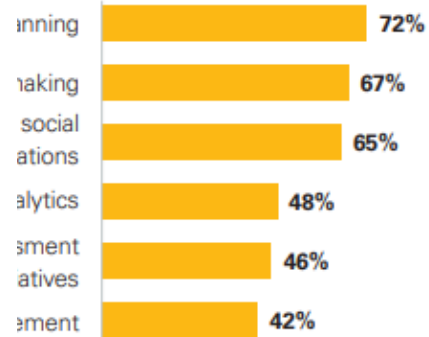
Maternal deaths per 100,000 live births



- In 2020, the overall maternal mortality rate of high-income countries was 12 per 100,000 live births.

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

Needs data



022," ONC Data Brief, no.67, Office of the National

Promising review of maternal health and telehealth

- Replacing or supplementing usual maternal care with telehealth led to similar or better maternal, obstetric and patient-reported outcomes compared with usual in-person care alone, particularly for mental health, general maternal care and prenatal diabetes.
- Studies of general maternal care models aimed at reducing the number of in-person visits during the pandemic typically found improved attendance and higher levels of patient satisfaction.

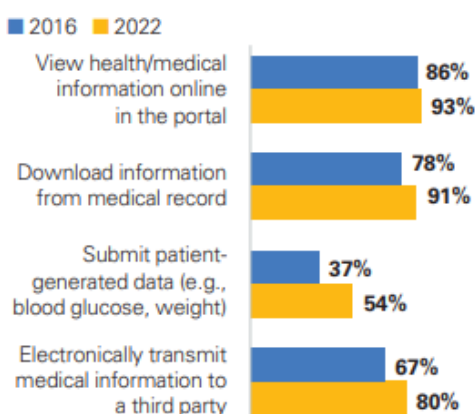
Parsons, Rachael and Althuis, Michelle. "Promising Evidence for Telehealth Strategies for the Delivery of Maternal Health Care," Patient-Centered Outcomes Research Institute, July 27, 2022

Hospital and Health System Landscape: Consumerism

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

Trends in electronic health record (EHR) patient engagement

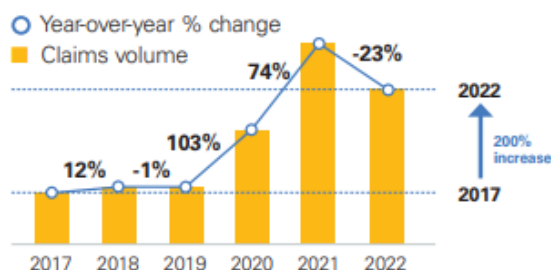
% of hospitals that provide their patients with the following technologies



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

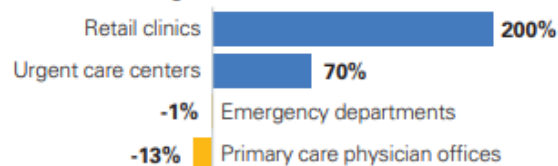
AHA Information Technology Surveys, 2017-2023

Retail clinic claims volume over time



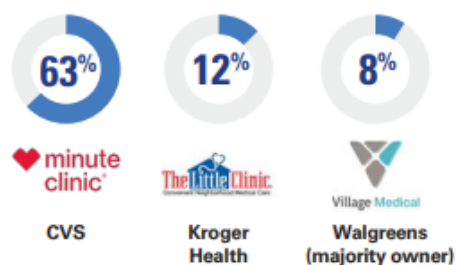
- Excluding COVID-19-related procedures, retail clinic claims volumes were up by 21% from 2021 to 2022.

Claims volume growth, 2017-2022

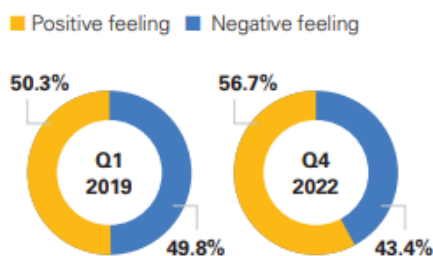


"Retailers in healthcare: A catalyst for provider evolution," © 2023 Definitive Healthcare LLC. All rights reserved, May 2023

Top 3 retail clinics' market share by number of locations



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

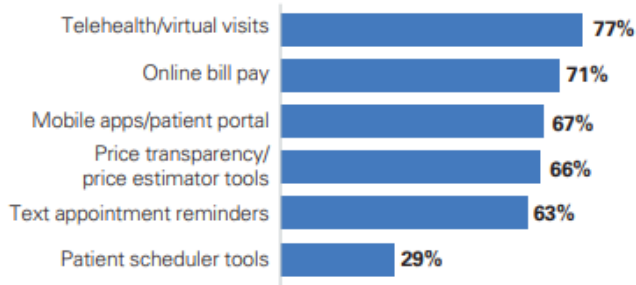


Makoul G. et al. "2023 Experience Perspective," NRC Health, <https://nrchealth.com/resources>, accessed Aug. 10, 2023

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

Rural health care organizations offer tools to improve the consumer experience

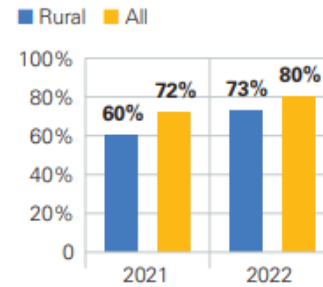
% of rural health care respondents who offer the following tools



*The state of rural healthcare: Research report and outlook for 2023; Wipfli LLP, <https://www.wipfli.com/-/media/wipfli/collateral/hc-2023-wipfli-state-of-rural-healthcare-report.pdf>, Feb. 2, 2023

Rural telehealth use increasing

Respondents who reported using telehealth at some point in their lives



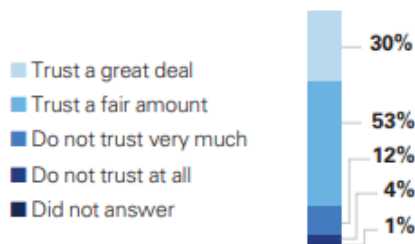
Knowles, Madelyn et al. "Consumer adoption of digital health in 2022: Moving at the speed of trust," Rock Health, Feb. 21, 2023

Hospital and Health System Landscape: Trends

Public Trust

Public perception of hospitals

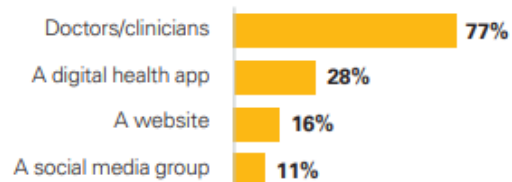
More than 8 of 10 voters say they trust their preferred hospital a great deal or a fair amount for information about critical health issues.



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

Trust in health information sources

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

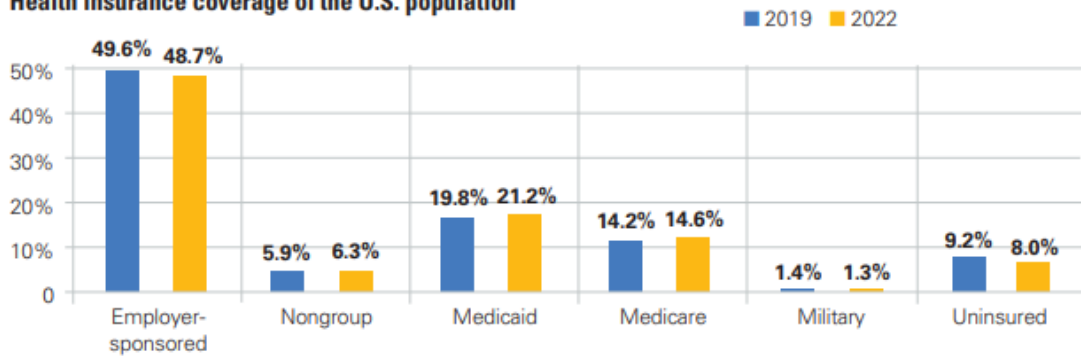


- 70% of respondents are willing to share their health data with their doctors/clinicians.

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

Coverage

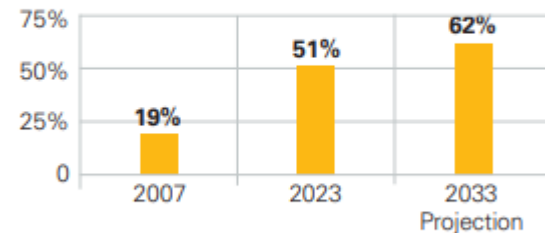
Health insurance coverage of the U.S. population*



- 5.8% of adults reported having Affordable Care Act Marketplace coverage in early 2023, compared with 4.4% in 2020.[†]
- In 2022, 63.6 million people were enrolled in Medicare. Enrollment is projected to climb to 76.4 million by 2031.[‡]
- The Medicare Hospital Insurance Trust Fund is projected to become insolvent in 2031.[§]
- Enrollment in Medicaid was projected to reach a high of 97.6 million in 2022, expected to fall between 2023 and 2026 because of Medicaid redeterminations and will reach 93.6 million enrollees in 2031.[‡]

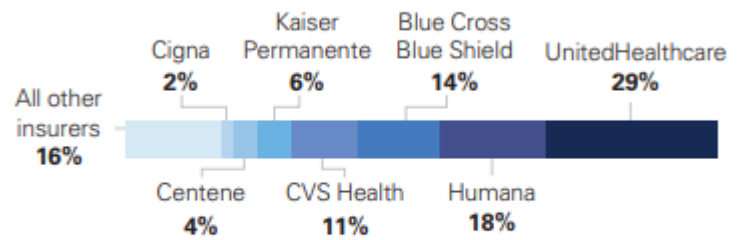
MEDICARE ADVANTAGE

% of eligible Medicare beneficiaries enrolled in Medicare Advantage*



- Between 2022 and 2023, Medicare Advantage experienced an 8% growth rate.

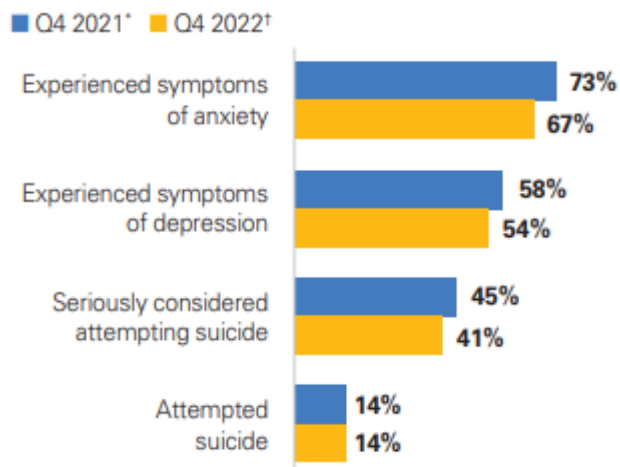
Medicare Advantage enrollment by firm or affiliate*



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

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

LGBTQ youth (ages 13-24)

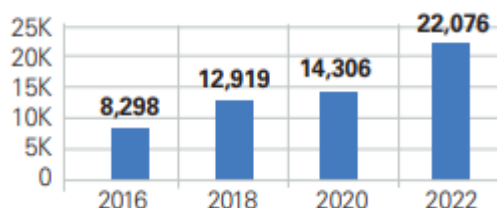


- Nearly 1 in 3 LGBTQ young people said their mental health was poor most of the time or always due to anti-LGBTQ policies and legislation.

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

- **Mental health cases** among children's hospital ED discharges were **20% higher** in 2022 than 2019.

Children's hospital suicide and self-injury ED cases by year



- Among all mental health cases, suicide (attempts and ideation) and self-injury have seen the greatest increase and have become the most common ED mental health conditions in children's hospitals.
- Since 2016, suicide and self-injury ED cases have nearly tripled.

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

Mental Health of Young People

Social media and mental health connection

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

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

Healthy People 2020

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

➤ **Goals for Healthy People 2020-2030**

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

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

Attachment H: Citations

American's Health Rankings 2024. Retrieved 2024, from America's Health Rankings website: www.americashealthrankings.org

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