UofL Hospital
James Graham Brown Cancer Center
2022 Community Health Needs Assessment

Table of Contents

Introduction

Health Needs Assessment

Letter From The CEO

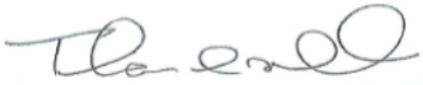
To Our Community Members:

Welcome to UofL Hospital, located in Louisville, Kentucky. Whether you are choosing a primary care physician, locating a specialist, or scheduling diagnostic tests, our health care team is here to meet your needs. Our family of physicians is an extraordinary group of doctors. They have chosen to work in our community to give patients the personal care they want and deserve. UofL Health is dedicated to meeting the community's needs and the people in which it serves.

Our goal with the Community Health Needs Assessment ("CHNA") is to understand the range of issues impacting the community's health needs. The assessment process will include understanding the local health care services provided and any gaps in meeting those needs. The assessment result will help us develop a report and subsequent action steps to close the gaps that the community has identified. Our goal is to strengthen relationships with other health care providers and local community organizations that play a role in shaping the health and wellness of our community. As we forge new partnerships and strengthen existing relationships and work together to improve the entire health of our community.

The Patient Protection and Affordable Care Act ("PPACA") requirements passed on March 23, 2010, require tax-exempt hospitals to create a hospital community health needs assessment every three years. The requirements include collecting demographic information and providing input from the community through surveys and data analysis and adopting an implementation strategy to address applicable needs detected during the assessment process. This portion of the PPACA will be enforced by the Internal Revenue Service based on regulations the agency has developed. To meet these requirements, in 2022, a CHNA was conducted by UofL Health for the region we serve. The implementation strategy developed to address the community's needs will be summarized in a separate report approved by UofL Health and its Governing Board.

We are pleased to present this CHNA which represents a comprehensive assessment of health care needs in our community. We look forward to working with you and others in the community to optimize community health and continue meeting UofL Health's mission of transforming the health of the communities we serve through compassionate, innovative, patient-centered care.



Tom Miller, CEO

UofL Health

Our Mission

As an academic health care system,

WE WILL TRANSFORM

the health of the communities we serve
THROUGH COMPASSIONATE, INNOVATIVE,
patient-centered care.

Vision

UofL Health will be Kentuckiana's health care provider of choice.

- Strive to provide a culture of exceptional care.
- Develop collaborative relationships with patients and families.
- Engage and nurture our physicians, nurses, allied health professionals and other team members.
- Develop partnerships that improve the health and well-being of our community.
- Collaborate with the University of Louisville Health Sciences Center to educate the next generation of health care professionals.

Values

- **Education & Research:** Further educate and help develop the skills of our staff by facilitating an academic, research-driven approach to patient care.
- **Patient-centered Care:** Demonstrate that our patients, their families, and the people of the communities we serve are at the heart of every decision we make.
- **Quality & Safety:** Achieve the highest standards of care and service by continually measuring and improving our outcomes.
- **Diversity & Inclusion:** Maintain an inclusive environment where we honor, respect and celebrate everyone for who they are, no matter their life experiences, perspectives or perceived differences.
- **Compassion:** Act with sensitivity and empathy in every encounter we have with our patients, their families and each other.
- **Stewardship:** Utilize resources, supplies and staff responsibly for the good of our patients, community and organization.

Executive Summary

On behalf of UofL Health, a community health needs assessment (CHNA) was conducted in 2022 primarily to identify the major health needs, both met and unmet, within the communities we serve. The community's geographic area is comprised primarily of Jefferson County (population 766,757), including the city of Louisville.

The primary objectives of the CHNA were to 1) identify major health needs within the community to improve the health of the area's residents and facilitate collaboration among local health care providers, and 2) satisfy the federal guidelines within the Patient Protection and Affordable Care Act (PPACA) of 2010.

Primary data sources included online surveys, for a total of 312 responses and interviews with approximately 75 community leaders. Secondary data sources included state, local and national data from a variety of sources including, but not limited to, U.S. Census, County Health Rankings, CDC, etc. All data sources were then reviewed and analyzed to identify key findings with strategic implications and for benchmarking. As a result, the overarching themes from all data sources were Obesity / Exercise / Unhealthy Food*, Drug and Alcohol Addiction*, Mental Health*, Access to Health Care, Violence, and Cancer. ++

Highlighted, subsequently, are important findings identified through the data collection, analysis, and assessment process. The following needs were identified as priorities based on the results presented.

Hospital	Priorities
UofL Health System	Health Equity and Disparities
UofL Hospital	Violence, Access to Care and Cancer

The assessment team from UofL Health met with senior leaders at each of the hospitals to identify priorities. Themes garnered from the primary and secondary data were summarized and leaders discussed where the hospitals could have the greatest impact, the hospitals' capacity for addressing the need, and magnitude or severity of the problem. Cancer was identified as a priority from UofL Hospital leadership team and added as a priority for the implementation plan.++

UofL Health engaged Blue & Co., LLC (Blue) to assist in conducting a **CHNA and analyzing the data for the CHNA requirements set forth in section 9007 of the Patient Protection and Affordable Care Act (PPACA) of 2010. Blue is a Certified Public Accounting firm that provides, among other services, tax consulting and compliance to the health care industry. UofL Health provided all the financial support for the assessment process.

**Although identified as a priority based on primary and secondary data, the hospital reviewed the CHNA findings and applied criteria to determine the most appropriate needs for UofL Hospital's region. Based on the criteria, this priority, this priority does not plan to be address in the 2022 CHNA priorities for UofL Hospital and Brown Cancer Center. Criteria for prioritization based on the impact the hospital could have on the need, the resources available and the extent of the community support for the hospital to address the issue and potential for partnership to address the issue.*

++Cancer priority was not a top theme throughout the qualitative and quantitative data, however, was added as a priority based on the following criteria – Available resources, the large patient population that live in the community and are seen at the Brown Cancer Center and state secondary data that shows Kentucky having the highest mortality rates related to cancer out of all 50 states.

***Note: This report was designed and produced by Blue & Co., LLC.*

Organizational Background

UofL Health

UofL Health – The consolidated health system is a fully integrated academic health system comprised of six hospitals including academic, rehabilitation, quaternary, psychiatric, and community facilities and four outpatient centers. The system has 1,765 licensed beds including 1,174 acute, 135 rehabilitation, and 456 psychiatric beds. In addition, the system is supported by the University of Louisville Physicians, Inc., one of the largest multi-specialty practices in the Kentuckiana region with over 800 employed practitioners with nearly 250 service locations. The system is recognized nationally for its various service lines. University Medical Center, Inc. ("UMC") operates UofL Hospital, which is one of two verified Level 1 Adult Trauma Centers in the Commonwealth.

Tom Miller serves as Chief Executive Officer of UofL Health, and a board of directors governs the Hospital and ensures the medical services are available to the residents in the community. UofL Health's vision, to be Kentuckiana's health care provider of choice, is supported by its mission as an academic health care system to transform the health of the communities it serves through compassionate, innovative, patient-centered care.

UofL Health – UofL Hospital, an academic teaching and research hospital, is at the heart of the Louisville Metro area in downtown Louisville. UofL Hospital offers a second-to-none cancer center, world-renowned trauma team and a uniquely streamlined, nationally accredited stroke center—the latest innovations in a history of world-class care. UofL Hospital is the only adult Level I Trauma Center in the region. The Trauma Center admits more than 3,000 patients each year, including 1,500 patients a year who live outside Jefferson County and its surrounding counties—making it a resource not only for Louisville residents but also for people throughout Kentuckiana. Included within the trauma care provided at UofL Hospital is the only dedicated Burn Center in Kentucky. Within UofL Hospital, UofL Health – Brown Cancer Center features multidisciplinary teams specializing in treating cancers of the blood and bone marrow, breast, head and neck, lungs, and skin, as well as the central nervous system (brain and spine), gastrointestinal, genitourinary, and reproductive systems.

UofL Health – Brown Cancer Center is an academic cancer center affiliated with the UofL School of Medicine. The cancer center's goal is to make cancer a disease of the past through cutting-edge care, innovative clinical trials and cancer prevention efforts. Brown Cancer Center is home to Kentucky's first and longest-accredited program by the National Accreditation Program for Breast Centers. We are a nationally recognized center for developing experimental cancer therapeutics and diagnostics and have the most significant cancer trials program in the region. We are a global leader in the clinical trial testing of new immunotherapies that activate your body's immune system to fight cancer and have become early adopters of these immunotherapies that reduce the cancer death rate in the U.S. The Center for Cancer Immunology and Immunotherapy has been established through experts at the Brown Cancer Center to understand further the role of cancer and the immune system to identify new therapeutic targets and develop innovative treatment strategies.

Services

Burn Center	**Pharmacy**	**Brown Cancer Center has a Multidisciplinary Teams that Specialize in Treating:**
Cancer/Oncology	**Psychiatric Care**	Blood and Bone Marrow Cancers
Center for Women & Infants (with High-Risk Obstetrics)	**Radiology**	Breast Cancer
Digestive Services	**Rehabilitation Services**	Head and Neck Cancer
24/7 Emergency Care	**Robotic Surgery**	Lung Cancer
Heart (Cardiopulmonary) Services	**SAFE Services**	Melanoma & Other Skin Cancer
Hep C Center	**Sleep**	Brain and Spine Cancers
Infusion Services	**Specialty Pharmacy**	Gastrointestinal Cancer
Lung Care	**Stroke Center**	Genitourinary Cancer
Multiple Sclerosis Clinic	**Surgery**	Gynecologic Cancers
Orthopedics	**Trauma Center (Level I)**	Sarcoma
Pain Management	**Trauma Program Support & Resources**	Benign Tumors and Conditions
Palliative Care	**Stop the Bleed**	

Service Area & Community

The CHNA was conducted by UofL Health during 2022 on behalf of the approximately 767,452 residents of Jefferson County which covers approximately 398 square miles. The Hospital also serves the patients from neighboring communities and provides services to members of the bordering counties of Bullitt (82,182), Hardin (111,309), Nelson (46,450), Oldham (66,999), and Shelby (49,611).

The median age in Jefferson County is 38.4 (38.1 in the United States). The number of persons per household in Jefferson County is 2.38 (2.53 in the U.S.). Race in Jefferson County is as follows: 65.8% Non-Hispanic White, 22.1% Black or African American, 0.2% Native American, 3.2% Asian, 0.1% Pacific Islander, and 2.4% from two or more races. 6.2% of the population were Hispanic or Latino of any race.

In Jefferson County there is 1 primary care doctor to 1,060 residents (1,060:1) which is less (lower is better) than the Kentucky average of 1,540:1. The overall health ranking for Jefferson County is 32 out of 120 with the overall state ranking at 47th out of 50 states.

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

Service Area Maps

Conducting the Assessment

Overview

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

The CHNA requirements were effective starting 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 part 1, 53, and 602.

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

Community Health Needs Assessment Goals

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

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

Other goals of the assessment were:

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

Evaluation of 2020-22 Community Health Needs Assessment

The list below provides some of the identified needs from UofL Hospital's 2020 to 2022 Community Health Needs Assessment (CHNA). An evaluation of the impact of actions taken since UofL Health finished conducting its last CHNA to address the significant health needs identified. Some of the results and activities are listed below.

Please note that feedback on the CHNA and implementation strategy was solicited online via the link on the Community Engagement website. To date, no feedback has been received.

2020-22 CHNA Focus Areas

Tobacco, Alcohol and Drug Abuse	
Initiatives	
Address alcohol and drug use using both secondary and tertiary prevention responses	Tobacco cessation program for employees
	Bedside Brief Interventions provided
	Participating in KY SOS-Statewide Opioid Stewardship, monitoring provider opiate prescribing practices
	Social workers provide treatment options to patients with substance use disorder and resource and referrals
	Brown Cancer Center- implementing low dose CT lung cancer screenings
	Controlled substance disposal site
Implement trauma-informed care practices to support mental health and decrease likelihood of post-discharge substance abuse	Trauma Social Workers and Community Health Workers available
	Providing therapeutic interventions to trauma patients to assist in processing and coping with a traumatic injury
	Trauma-informed care classes offered to staff. # of classes down due to COVID, but created new position that will focus on staff wellness and support

Community Safety	
Initiatives	
Promote community safety through policy and advocacy	KYTAC is ongoing and UofL Health Trauma staff attend
Provide education that promotes safety and decreases morbidity/mortality	Ongoing education internally and externally. This has expanded to be system-wide education
	Stop the Bleed classes provided in the community by Trauma Educator
	Future Healers Program
	Participation in KY State Fair booth
	CPR clinic at Cochrane Elementary
Route patients to services that can interrupt cycles of violence	Pivot to Peace Intervention Network - ongoing and expanded
	Partner in the Trauma Survivors Network
	Trauma Social Workers and Community Health Workers available
	Next Steps Program offered
	Laryngectomy, Stroke, Trauma Support Groups
	Injury Prevention Manager and Trauma Community Health Workers link patients to community resources- expanded
	Trauma Community Health Workers work with patients and families when de-escalation is needed in the ED. This is ongoing with additional training provided by OSHN.
	Standard process to screen patients presenting in the ED for the presence of domestic violence
	ULH initiated a Behavioral Response Team that is activated in response to nurse's concerns over escalating patients. This can be activated 24/7. Since fall 2019, have responded to over 150 escalations

COVID-19:

UofL Health has continued to provide high-quality, compassionate, patient-centered care throughout the COVID 19 pandemic. Our doctors, nurses, and frontline staff have been instrumental in caring for our community during this time. UofL Health jumped into action at the beginning of the pandemic and quickly established testing sites and vaccination clinics to increase accessibility. Kentucky's first drive-thru testing site was established at the downtown campus and expanded to four additional sites. A drive-up site was established at a local community health center, which grew out of a partnership between one of our hospitals and the center. Rapid testing has also been made available at the newly expanded urgent care centers. When vaccines were shipped, the first vaccines in Kentucky were administered at UofL Hospital. As the vaccine became more widely available, multiple vaccination clinics were established throughout the community with a mass vaccination site located at the local university's stadium, which vaccinated approximately 30,000 individuals during its operation. Vaccinations were also administered throughout the community due to partnerships with local churches and nonprofits. To ensure the safety of our patients, providers, and staff and provide continuity of care, UofL Health also promptly moved up its timeline for expanding telehealth services. This allowed increased access to 600 providers during a time of social distancing and decreased face-to-face interaction.

Process and Methodology

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

Blue & Co., LLC ("Blue") and UofL Health developed interview questions and an online survey to gather information from key stakeholders in the community. Blue then conducted the interviews with community leaders as well as input from members of UofL Health's medical staff. The community outreach data collection strategy was targeted at engaging a cross-section of residents from the community as outlined below. Once data had been collected and analyzed, meetings with UofL Health's leadership were held to discuss key findings as well as refine and prioritize the comprehensive list of community needs, services, and potential gaps.

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

Primary Data Collection Methods

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

Surveys

An online survey was developed by UofL Health and Blue and used as a method to solicit perceptions, insights, and general understanding from community members who represent the broad interests of the community, including those with special knowledge of or expertise in public health. These individuals also represented the interests of the medically underserved, low-income, and minority populations of the community served.

The survey comprised of twenty-eight questions in total. Key questions asked community leaders to identify the top three most significant health needs in the community; they were asked about their perception of the availability, health status, mental health barriers, impact of COVID-19, and barriers that exist. Additionally, the participants were given the opportunity to write in other concerns not addressed and how COVID-19 has impacted the way they receive care. The results of the survey can be found in the Key Findings section of the report.

Personal Interviews

Personal interviews were conducted by Blue with approximately seventy-five participants during April and May of 2022, with each session lasting approximately 15-45minutes. These sessions were conducted with community members served by UofL Health including, local non-profits, local school officials, faith-based institutions, elected officials, local state and county health officials and local law officials. The primary objective was to solicit perceptions regarding health needs and services offered in the community, along with any opportunities or barriers. The interview questions can be found in Attachment F of the report.

Secondary Data Sources

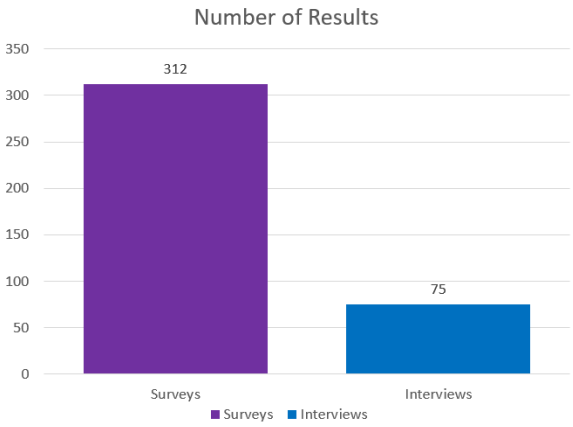
Blue reviewed secondary statistical data sources, including Deloitte 2020 Survey of Health Care Consumers in the United States, to identify health factors with strategic implications. The health factors identified were supported with information from additional sources, including U.S. Census Quick Facts, County Health Rankings, and the Kentucky Department of Health (citations in Attachment G).

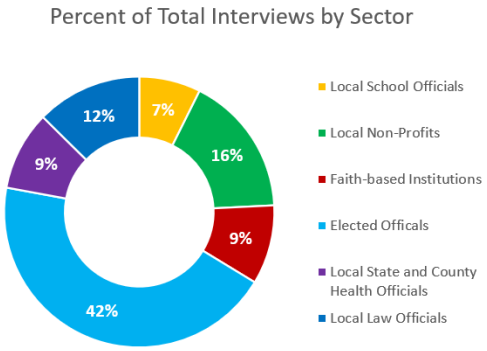
Key Findings

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

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

Using the Saturation method (often under the terms of 'data' or 'thematic' saturation), saturation typically starts to occur with approximately 30 interviews. In this process, due to the number of various roles in the community, this number was increased to approximately 75 interviews.





Note: Surveys were distributed widely though a variety of channels including UofL Health Website, UofL Health's social media, Metro Council Members, social media and E-News, Neighborhood Associations, Non-Profit Agencies and Businesses, interview participants and those contacted for interview requests.

Personal Interview Results

Responses to *"Rating the Health and Quality of Life in Louisville/Jefferson County (from -1-5 with 1 being poor and 5 being excellent"*

All participants average Score: 2.5

Responses to *"In your opinion, has health and quality of life in Louisville / Jefferson County improved, stayed the same, or declined over the past few years? Declined or Stayed The Same"*

Declined/Improved/Same	Percent of Total
Declined	69%
Improved	25%
Same	6%

Reasons and other factors that have contributed:

Category	Percent of Total
Access - Location West/South Side & Transportation	26%
Drug / Alcohol	12%
Social Isolation / Senior Citizen Isolation	12%
Racial Inequities	9%
Covid	9%
Poor Economy / Jobs / Housing	7%
Mental Health	7%
Education / School Age Education Issues	5%
Low Income / Working Class Challenges	4%
Obesity / Exercise / Unhealthy Food	3%
Cost of Care	3%
Violence	1%
Chronic Disease	1%

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

Category	Percent of Total
Low Income / Working Class Challenges	45%
Racial Inequities	27%
Social Isolation / Senior Citizen Isolation	14%
Drug / Alcohol	7%
Education / School Age Education Issues	5%
Violence	2%

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

Category	Percent of Total
Education / School Age Education Issues	36%
Access	32%
Low Income / Working Class Challenges	12%
Drug / Alcohol	8%
Cost of Care	4%
Social Isolation / Senior Citizen Isolation	4%
Obesity / Exercise / Unhealthy Food	4%

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

Category	Percent of Total
Obesity / Exercise / Unhealthy Food	22%
Mental Health	15%
Chronic Disease	15%
Drug / Alcohol	12%
Access	7%
Low Income / Working Class Challenges	7%
Family dynamics	5%
Violence	5%
Poor Economy / Jobs / Housing	5%
Racial Inequities	2%
Covid	2%
Social Isolation / Senior Citizen Isolation	2%

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

Yes/No/Other	Percent of Total
No	51%
Yes, marginally / in some areas	9%
Yes	28%
Yes for <50 yrs, No for Seniors	3%
Yes for Adults, No for Children	3%
Not Sure	6%

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

Yes/No	Percent of Total
No	41%
Yes	59%

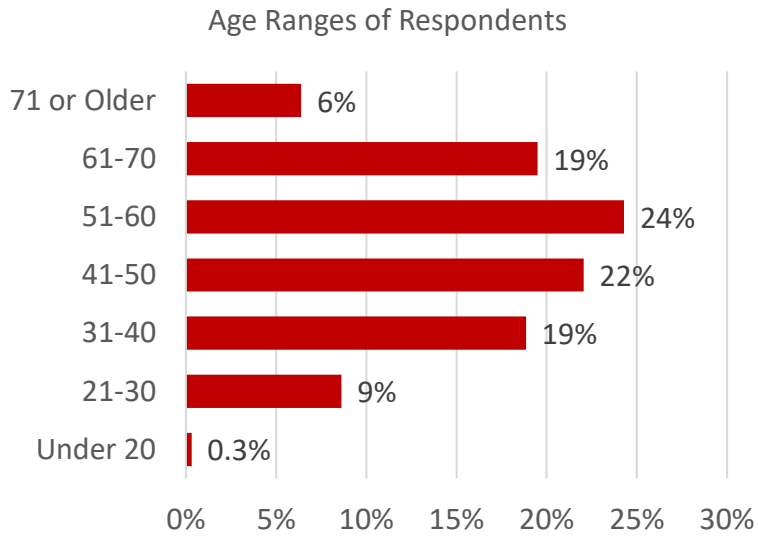
Responses to *"What insights and observations do you have in regard to health behaviors in the community surrounding obesity, physical inactivity, drug abuse, and tobacco use?"*

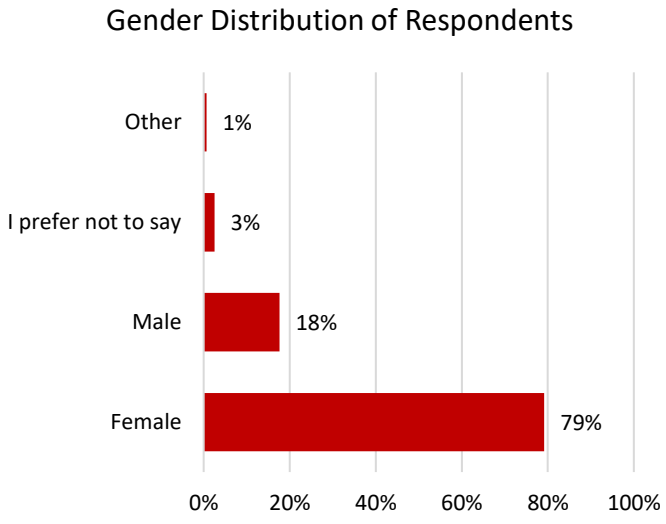
Category	Percent of Total
Obesity / Exercise / Unhealthy Food	50%
Access	25%
Drug / Alcohol	25%

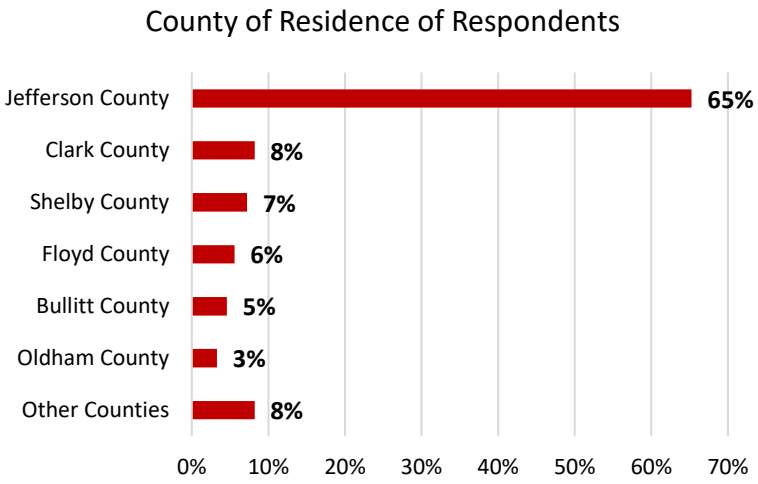
"What is the most important issue UofL Health should address in next 3-5 years?"

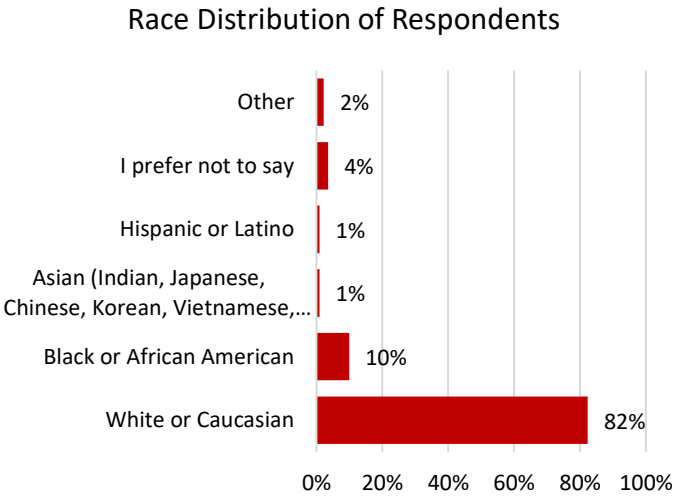
Category	Percent of Total
Mental Health	26%
Obesity / Exercise / Unhealthy Food	16%
Social Isolation / Senior Citizen Isolation	10%
Racial Inequities	10%
Drug / Alcohol	6%
Access	6%
Low Income / Working Class Challenges	6%
Education / School Age Education Issues	6%
Violence	3%
Chronic Disease	3%
Cost of Care	3%
Covid	3%

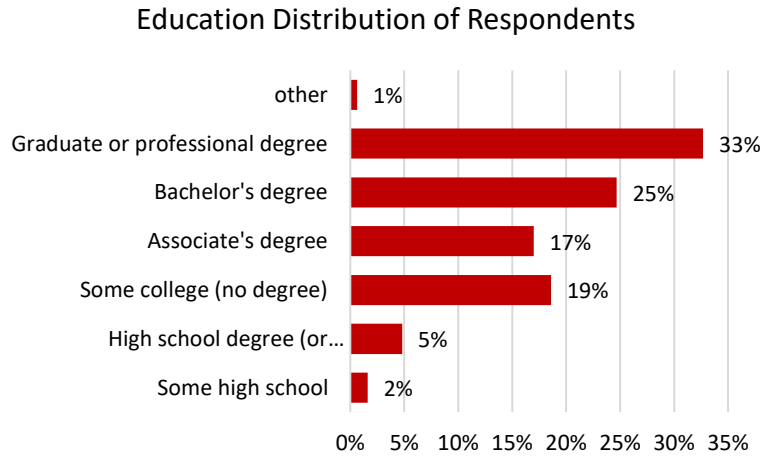
Community Survey Results

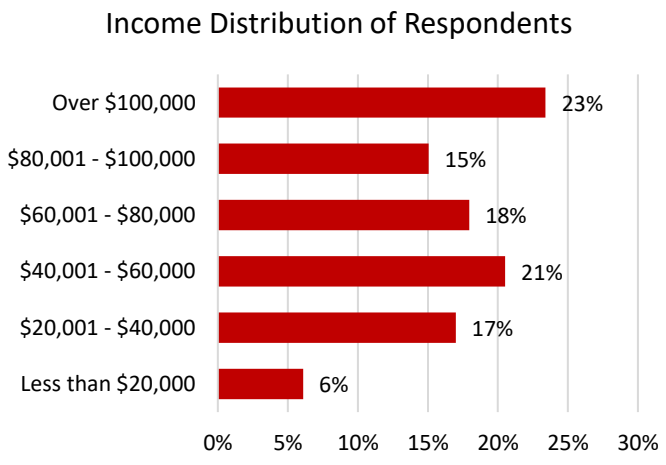




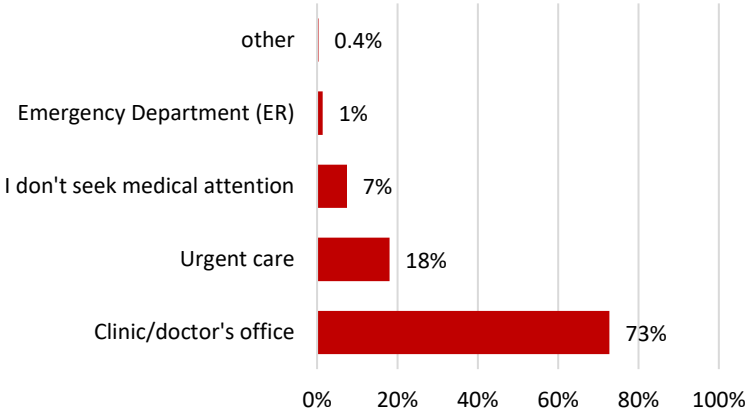




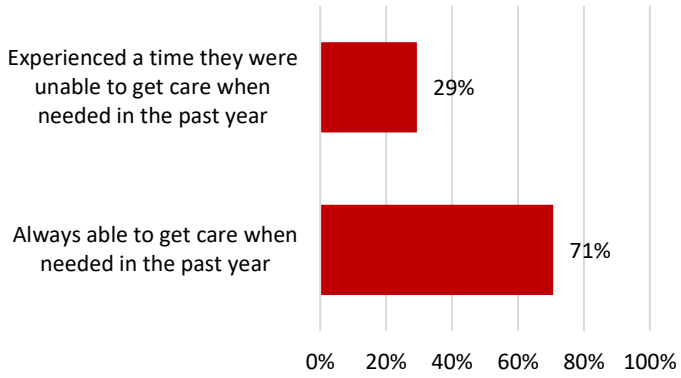




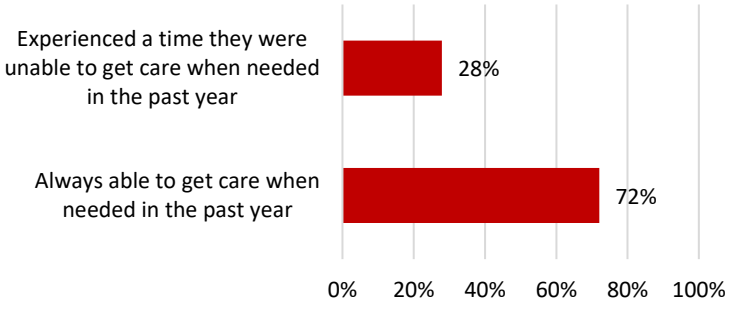
Where Respondents Seek Care when Sick



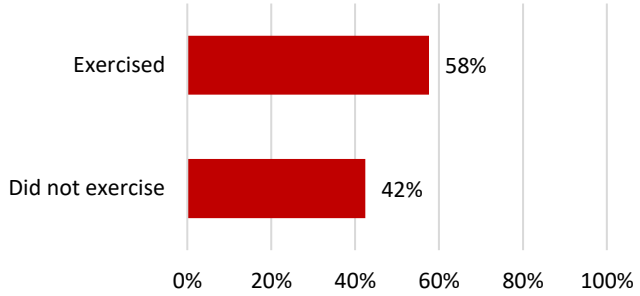
of Respondents who Could Not Get Medical Care when Needed



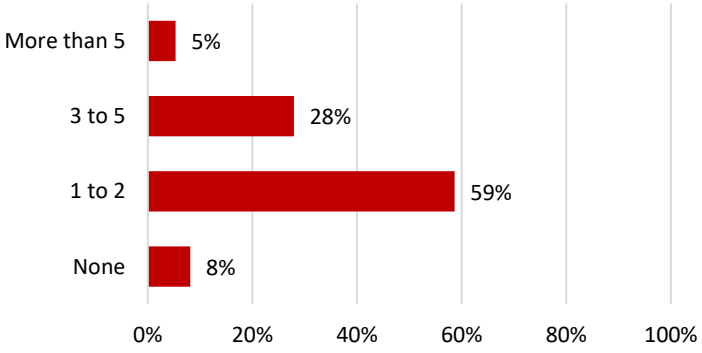
of Respondents who Could Not Get Mental Health Care when Needed



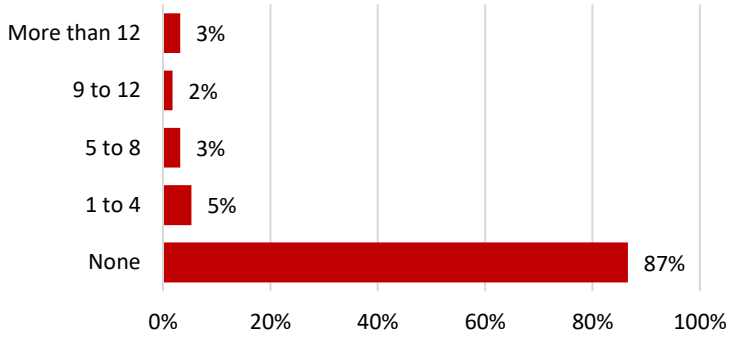
of Respondents who Exercised ≥30 min in the Past Week

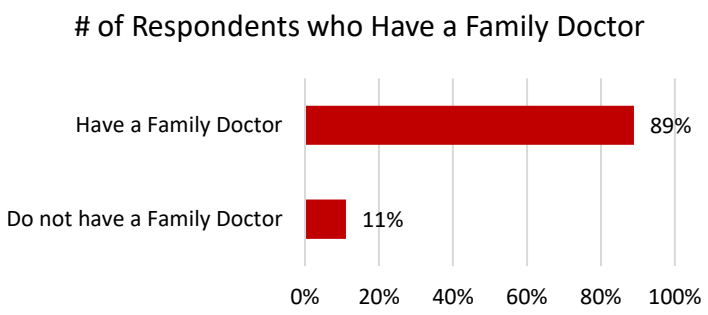


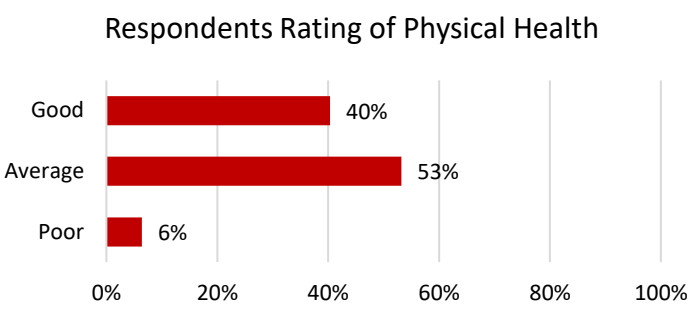
of Servings of Fruits and/or Vegetables Consumed by Respondents Daily

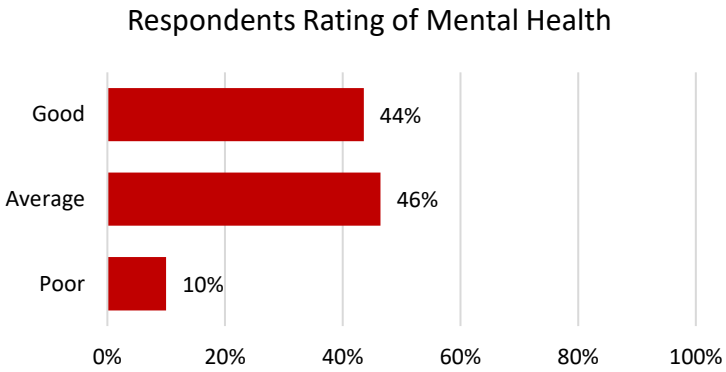


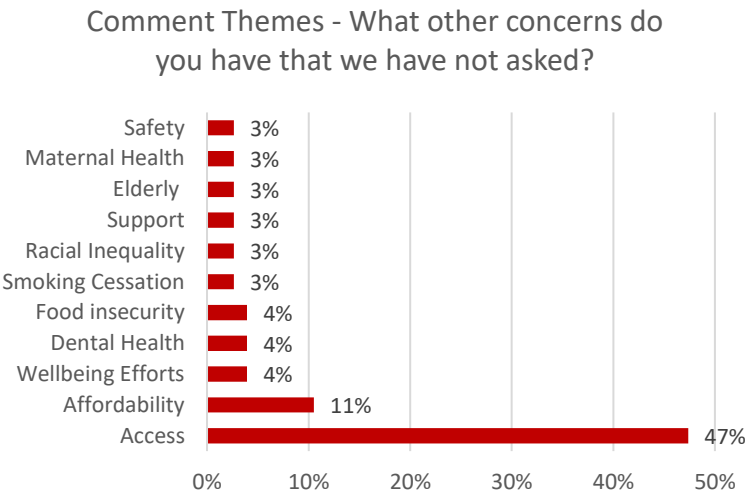
Frequency per Day of Tobacco Consumption by Respondents

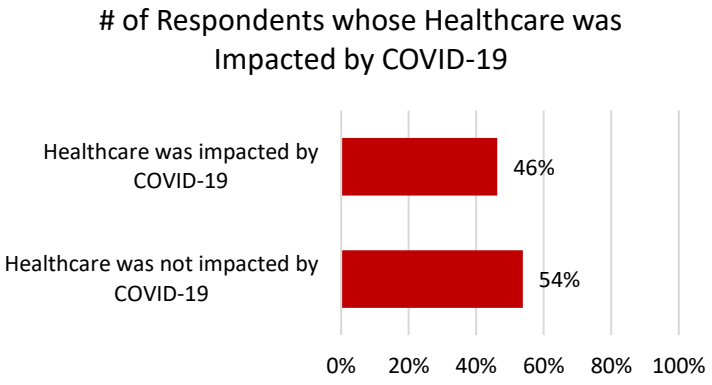


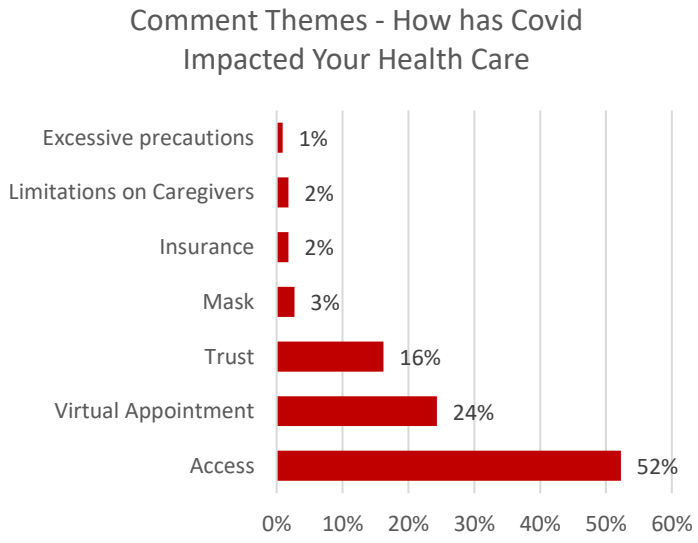

# of Respondents who Have a Family Doctor
Have a Family Doctor
89%
Do not have a Family Doctor
11%
0%
20%
40%
60%
80%
100%


Respondents Rating of Physical Health
Good
40%
Average
53%
Poor
6%
0%
20%
40%
60%
80%
100%


Respondents Rating of Mental Health
Good
44%
Average
46%
Poor
10%
0%
20%
40%
60%
80%
100%


Comment Themes - What other concerns do you have that we have not asked?
Safety
3%
Maternal Health
3%
Elderly
3%
Support
3%
Racial Inequality
3%
Smoking Cessation
3%
Food insecurity
4%
Dental Health
4%
Wellbeing Efforts
4%
Affordability
11%
Access
47%
0%
10%
20%
30%
40%
50%


# of Respondents whose Healthcare was Impacted by COVID-19
Healthcare was impacted by COVID-19
46%
Healthcare was not impacted by COVID-19
54%
0%
20%
40%
60%
80%
100%


Comment Themes - How has Covid Impacted Your Health Care
Excessive precautions
1%
Limitations on Caregivers
2%
Insurance
2%
Mask
3%
Trust
16%
Virtual Appointment
24%
Access
52%
0%
10%
20%
30%
40%
50%
60%

National Health Care Trends

National Health Care Trends Synopsis

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

CMS 2021-30 Health Expenditures

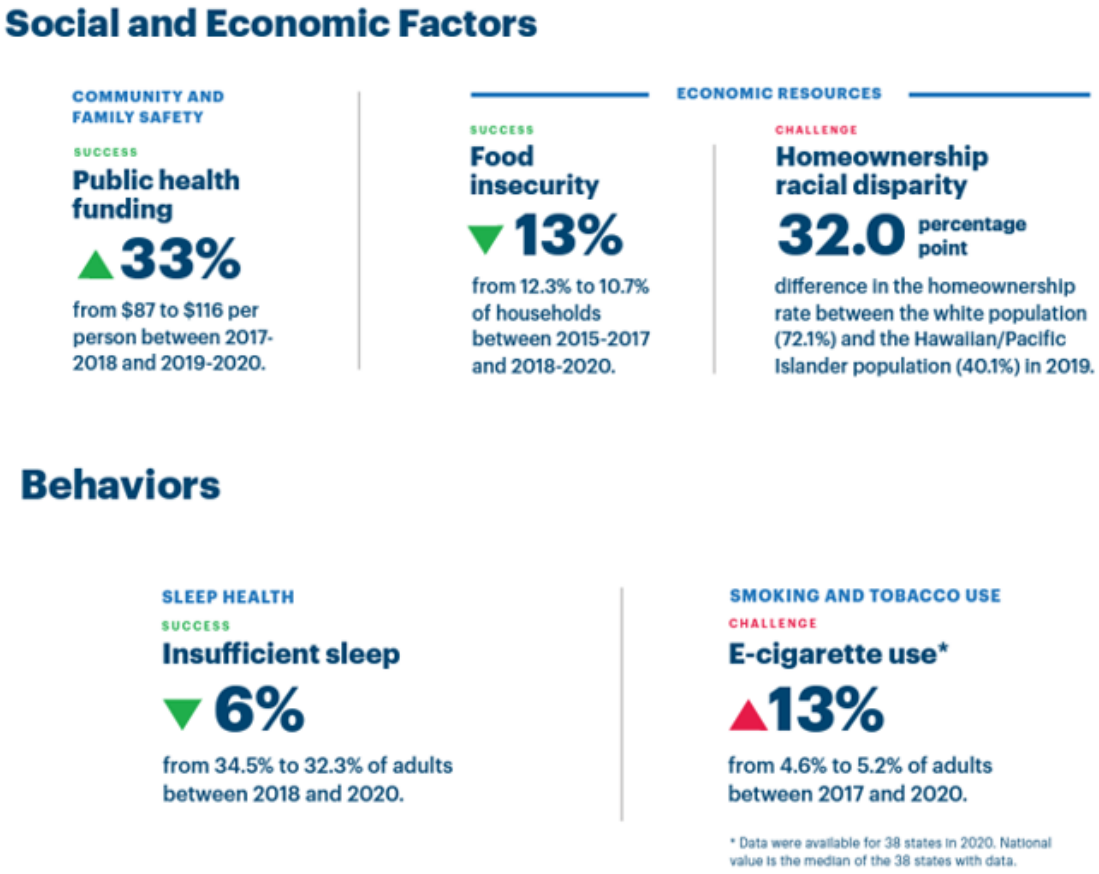
Major Findings for National Health Expenditure Projection: 2021-2030

- On average over 2021-30, National Health Expenditures (NHE) and Gross Domestic Product (GDP) are both projected to grow 5.1 percent per year; as a result, the projected NHE share of GDP in 2030 (19.6 percent) is similar to 2020 (19.7 percent).
- Near-term NHE patterns are significantly influenced by the COVID-19 pandemic. NHE growth in 2021 is projected to have slowed to 4.2 percent (down from 9.7 percent growth in 2020) as federal COVID-19 supplemental funding declined substantially.
- Following the declines observed in 2020, health care utilization is expected to rebound starting in 2021 and normalize through 2024. By 2024, the government (federal and state & local) share of health spending is expected to fall to 46 percent as COVID-19 supplemental funding is expected to wane, down from an all-time high of 51 percent in 2020.
- The percentage of the population with health insurance is expected to peak in 2022 at 91.1% (mainly due to Medicaid enrollment) before falling back towards pre-pandemic levels as the public health emergency is assumed to end. The 2030 rate is projected to be 90.5%.
- For 2025-2030, factors that typically drive changes in health spending and enrollment, such as economic, demographic, and health-specific factors, are again expected to primarily influence trends in the health sector.

Source Center for Medicare & Medicaid

2021 National Findings

The following data obtained from America's Health Rankings 2021 Edition represents the improvements and challenges in health care factors for 2021. Source: AmericanHealthRankings.org



Health Outcomes

BEHAVIORAL HEALTH

CHALLENGE

Drug deaths

▲ **4%**

from 20.6 to 21.5 deaths per 100,000 population between 2018 and 2019.

SUCCESS

Excessive drinking

▼ **5%**

from 18.6% to 17.6% of adults between 2019 and 2020.

SUCCESS

Frequent mental distress

▼ **4%**

from 13.8% to 13.2% of adults between 2019 and 2020.

SUCCESS

Suicide

▼ **2%**

from 14.8 to 14.5 deaths per 100,000 population between 2018 and 2019.

PHYSICAL HEALTH

SUCCESS

High health status

▲ **13%**

from 49.7% to 56.3% of adults between 2019 and 2020.

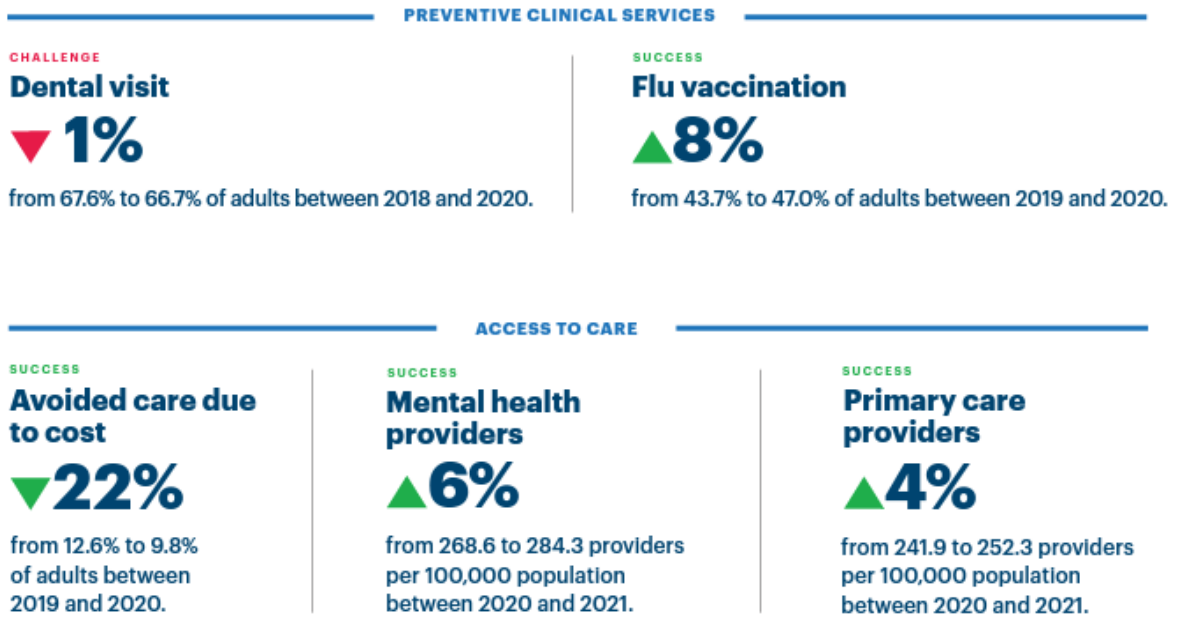
SUCCESS

Multiple chronic conditions

▼ **4%**

from 9.5% to 9.1% of adults between 2019 and 2020.

Clinical Care



Source: Americashealthrankings.org

State Health Care Trends Synopsis

Kentucky

47

Health Outcome State Ranking

America's Health Ranking – Summary 2021(most current dataset):

Highlights:

FREQUENT MENTAL DISTRESS

▲26%

from 13.8% to 17.4% of adults between 2015 and 2020

SMOKING

▼26%

from 29.0% to 21.4% of adults between 2011 and 2020

FLU VACCINATION

▲10%

from 42.1% to 46.5% of adults between 2019 and 2020

Strengths:

- Low racial disparity in premature death rates
- High rate of high school graduation
- High percentage of fluoridated water

Challenges:

- High prevalence of multiple chronic conditions
- High prevalence of insufficient sleep
- High prevalence of cigarette smoking

Source: America's Health Ranking

Kentucky Health Facts

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

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

Source: KentuckyHealthFacts.org

Kentucky Health Ranking Highlights:

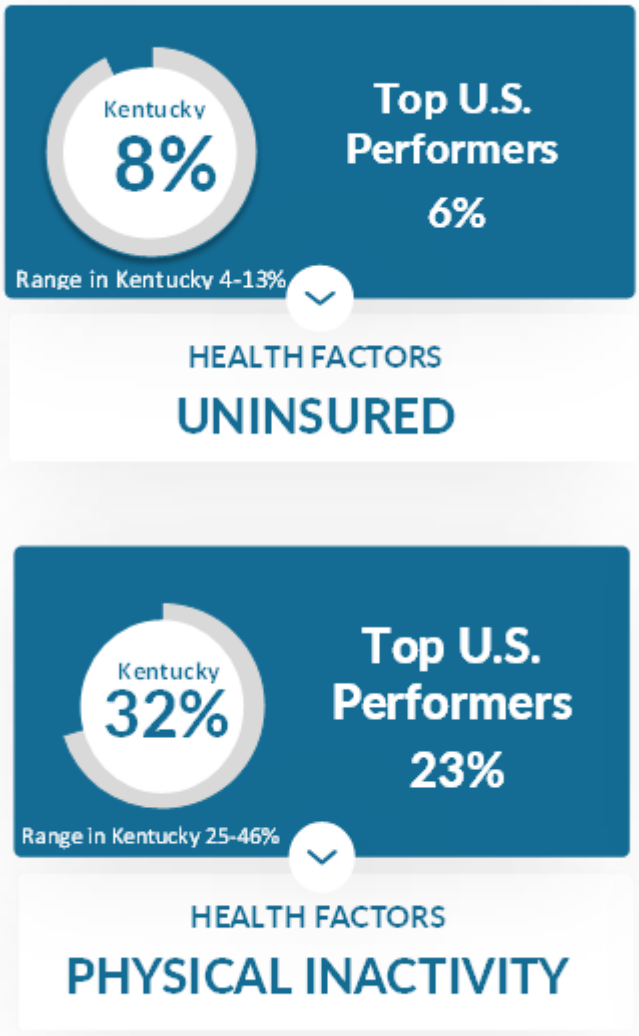
Measures		Rating	State Rank	State Value	U.S. Value
BEHAVIORS*		+	48	-1.339	—
Nutrition and Physical Activity	Exercise (% ages 18+)	+	50	15.3%	23.0%
	Fruit and Vegetable Consumption (% ages 18+)	+	50	4.7%	8.0%
	Physical Inactivity (% ages 18+)	+	50	30.6%	22.4%
Sexual Health	Chlamydia (new cases per 100,000 population)	++++	15	468.1	551.0
	High-risk HIV Behaviors (% ages 18+)	+++	30	5.7%	5.6%
	Teen Births (births per 1,000 females ages 15-19)	+	44	24.9	16.7
Sleep Health	Insufficient Sleep (% ages 18+)	+	48	38.6%	32.3%
Smoking and Tobacco Use	Smoking (% ages 18+)	+	49	21.4%	15.5%
HEALTH OUTCOMES*		+	47	-0.813	—
Behavioral Health	Excessive Drinking (% ages 18+)	++++	11	15.8%	17.6%
	Frequent Mental Distress (% ages 18+)	+	47	17.4%	13.2%
	Non-medical Drug Use (% ages 18+)	+	45	15.0%	12.0%
Mortality	Premature Death (years lost before age 75 per 100,000 population)	+	45	9,922	7,337
	Premature Death Racial Disparity (ratio)	+++++	3	1.1	1.5
Physical Health	Frequent Physical Distress (% ages 18+)	+	49	15.2%	9.9%
	Low Birthweight (% of live births)	++	32	8.7%	8.3%
	Low Birthweight Racial Disparity (ratio)	+++++	10	1.8	2.1
	Multiple Chronic Conditions (% ages 18+)	+	49	16.1%	9.1%
	Obesity (% ages 18+)	+	45	36.6%	31.9%

* Values derived from individual measure data. Higher values are considered healthier.
— Data not available, missing or suppressed.
For measure definitions, sources and data years, see the Appendix or visit www.AmericasHealthRankings.org.

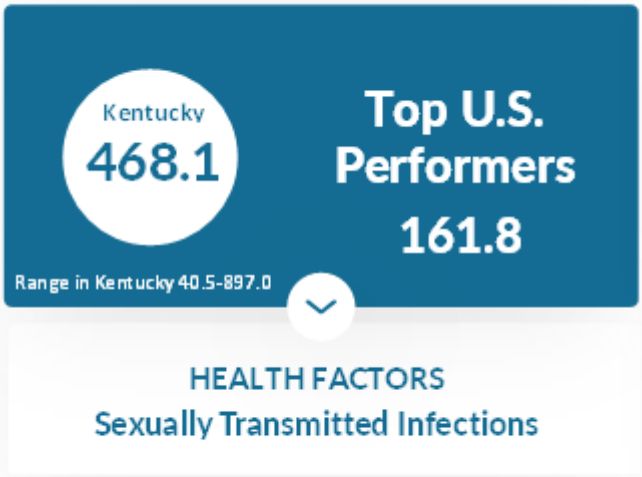
Rating	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

Source: America's Health Ranking

2022 Kentucky Highlights



Source: America's Health Ranking

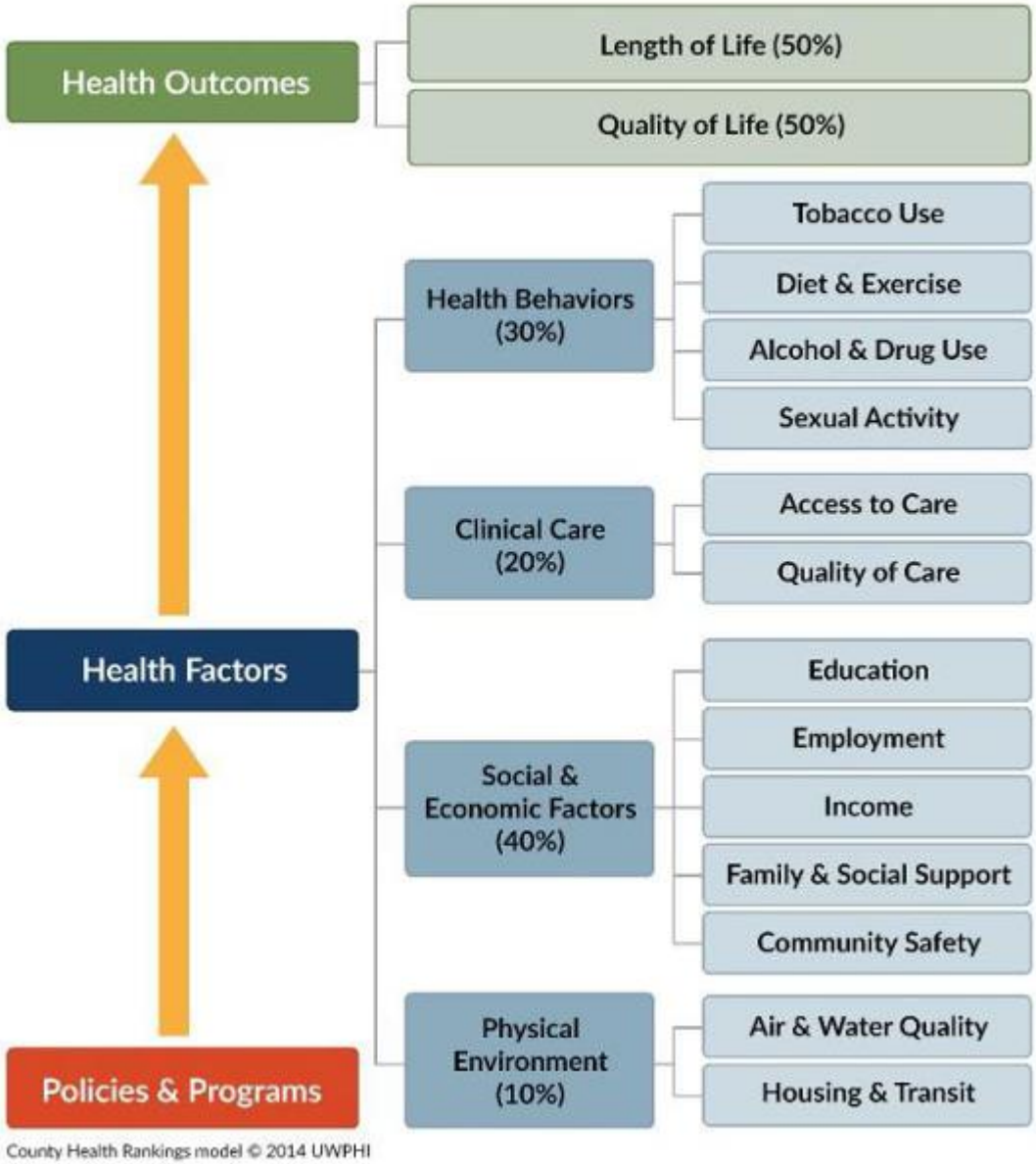


Source: America's Health Ranking

2022 County Health Outcomes & Factors Rankings

What are County Health Rankings?

The 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 county health rankings model:



2022 Kentucky Health Outcomes Map by County

Health outcomes measure length and quality of life to understand the health outcomes among counties in Kentucky.

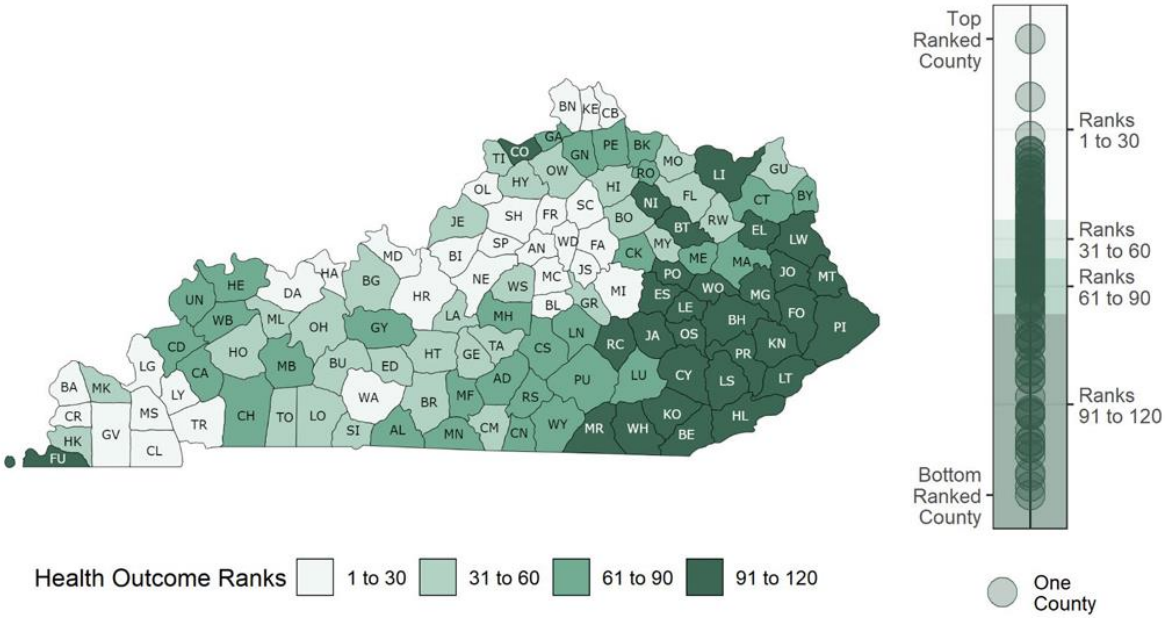
Length of Life

- Premature death *(years of potential life lost before age 75)*

Quality of Life

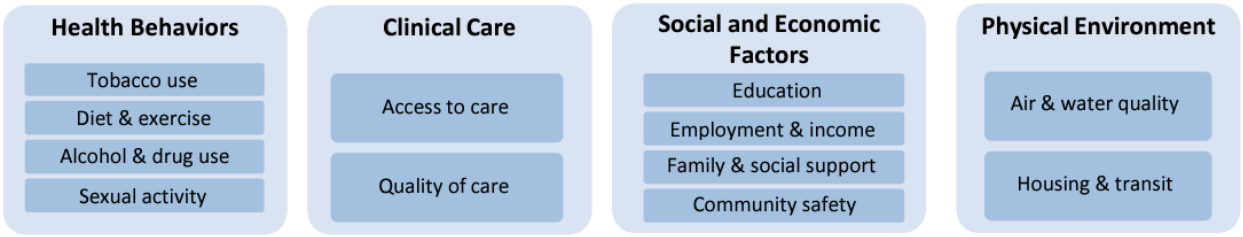
- Self-reported health status
- Percent of low birthweight newborns

The green map shows Kentucky's health outcome rankings by county. The map is divided into four quartiles with less color intensity indicating better health outcomes.

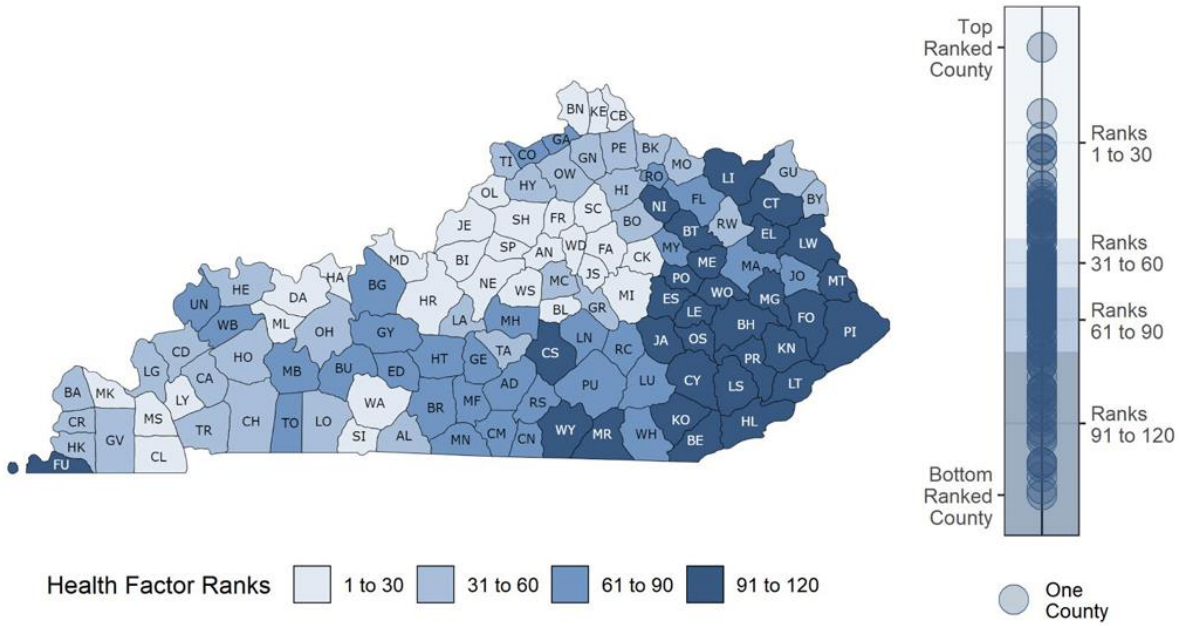


2022 Kentucky Health Factors Map by County

Health factors represent community conditions that we can change to improve health and opportunity, such as access to quality education, living wage jobs, quality clinical care, nutritious foods, green spaces, and secure and affordable housing. We measure four health factor areas.



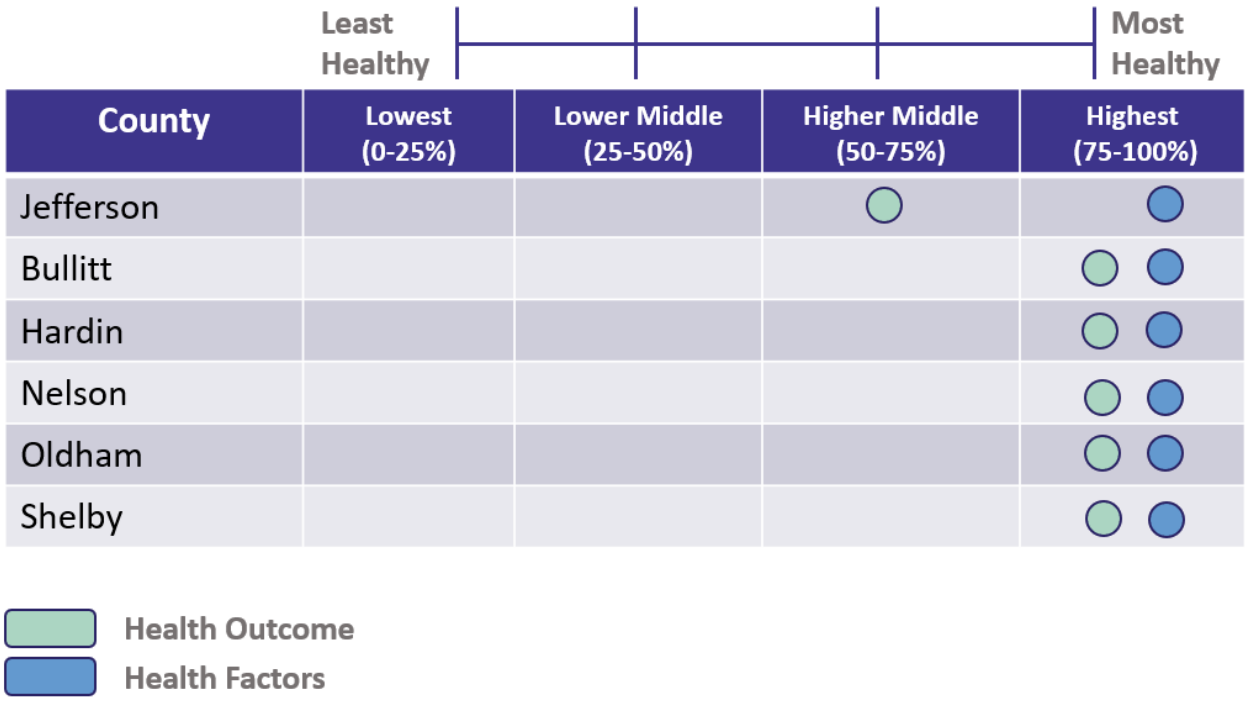
The blue map shows Kentucky's health factor rankings by county. The map is divided into four quartiles with less color intensity indicating better health factors.



Source: *County Health Rankings*

Health Status Synopsis

The following represents where each county falls compared to other counties in Kentucky.



Source: America's Health Ranking

2022 County Health Rankings for the 120 Ranked Counties in Kentucky

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

Source: [County Health Rankings]

Health Outcome
Health Factors

Jefferson County's Health Outcomes ranking is 32nd in the state of Kentucky, and the Health Factors ranking is 26th in the state out of 120 counties. Out of the 120 counties in Kentucky, all counties have been ranked from 1 to 120, with 1 representing the best and 120 representing the least healthy county. The UofL Health service area counties are identified with an arrow and their state rank.

Health Outcomes & Factors

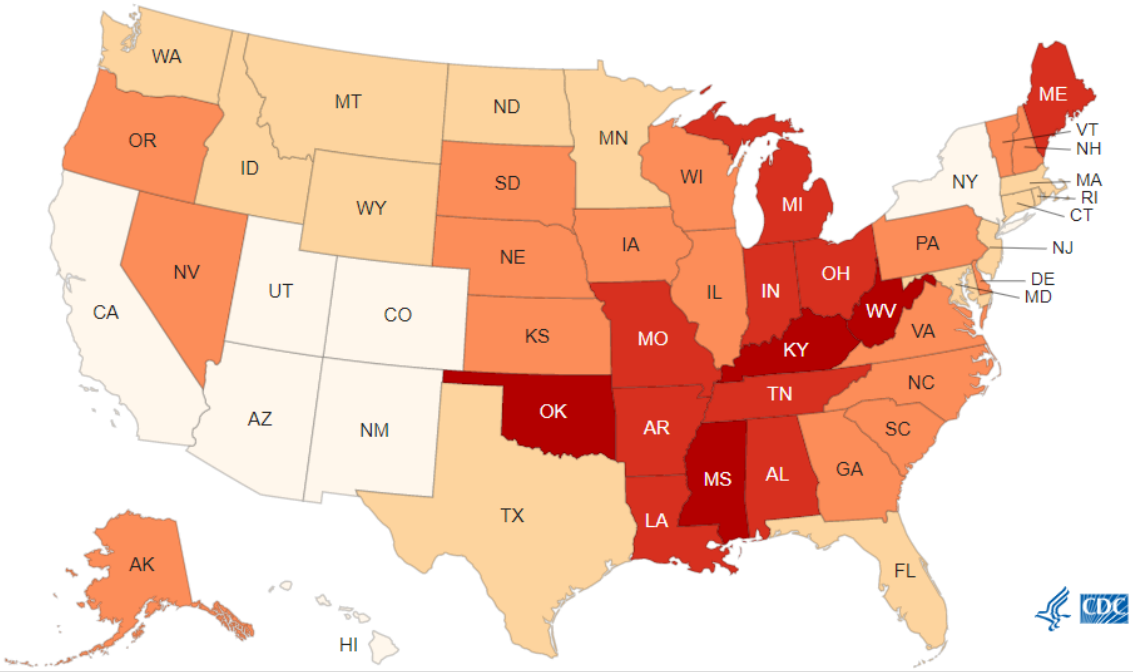
Red in a county represents the county is doing worse than Kentucky's average, green represents better

Source: *County Health Rankings*

	Kentucky	Jefferson	Bullitt	Hardin	Nelson	Oldham	Shelby	Top US Performers
Health Outcomes								
Length of Life								
Premature death	10,000	10,500	8,300	9,300	9,100	5,400	8,100	5,600
Quality of Life								
Poor or fair health	22%	20%	20%	21%	20%	15%	21%	15%
Poor physical health days	5	4.4	4.6	4.7	4.6	3.7	4.6	3.4
Poor mental health days	5.5	4.8	5.2	5.1	5.1	4.4	5	4
Low birthweight	9%	9%	8%	8%	8%	6%	8%	6%
Health Factors								
Health Behaviors								
Adult smoking	25%	22%	24%	23%	23%	17%	21%	15%
Adult obesity	36%	34%	36%	37%	36%	33%	36%	30%
Food environment index	6.6	7.9	7.8	7.5	8.5	9.1	8.8	8.8
Physical inactivity	32%	32%	32%	33%	32%	25%	32%	23%
Access to exercise opportunities	66%	87%	65%	60%	72%	90%	71%	86%
Excessive drinking	18%	20%	17%	16%	18%	19%	16%	15%
Alcohol-impaired driving deaths	25%	27%	24%	16%	25%	23%	24%	10%
Sexually transmitted infections	468.1	731.4	209.4	612.8	480.2	196.1	338.6	161.8
Teen births	29	24	22	28	25	7	19	11
Clinical Care								
Uninsured	8%	7%	6%	6%	6%	4%	9%	6%
Primary care physicians	1,540:1	1060:1	5450:1	1660:1	1850:1	1670:1	2580:1	1,010:1
Dentists	1520:1	950:1	2940:1	1100:1	1720:1	2580:1	2360:01:00	1,210:1
Mental health providers	390:1	290:1	1050:1	240:1	690:1	920:1	580:1	10.4173611
Preventable hospital stays	5,028	4,393	4,892	5278	3,801	3,494	3,778	2,233
Mammography screening	41%	47%	42%	41%	46%	54%	43%	52%
Flu vaccinations	46%	54%	54%	47%	54%	55%	52%	55%
Health Factors								
Social & Economic Factors								
High school completion	87%	91%	89%	92%	92%	94%	87%	94%
Some college	63%	70%	58%	70%	65%	77%	61%	74%
Unemployment	6.60%	6.80%	6.40%	7.10%	6.90%	4.80%	5.50%	4.00%
Children in poverty	19%	15%	11%	14%	14%	5%	12%	9%
Income inequality	5	4.5	3.7	4	3.8	3.9	4.3	3.7
Children in single-parent households	26%	33%	25%	26%	19%	15%	20%	14%
Social associations	10.6	10.2	6.5	9.3	9.1	6.4	9.8	18.1
Violent crime	222	612	122	158	108	82	118	63
Injury deaths	101	114	96	84	100	57	81	61
Physical Environment								
Air pollution - particulate matter	8.7	10.2	10	8.1	9.3	9.6	9.4	5.9
Drinking water violations		No	No	No	No	No	No	
Severe housing problems	14%	15%	11%	13%	11%	8%	14%	9%
Driving alone to work	81%	78%	85%	82%	85%	83%	79%	72%
Long commute - driving alone	31%	25%	51%	28%	37%	48%	46%	16%

Kentucky Cancer Mortality, 2020

Source: CDC.gov



Age-Adjusted Death Rates[1]

- 119.5 - < 131.06
- 131.06 - < 142.62
- 142.62 - < 154.18
- 154.18 - < 165.74
- 165.74 - 177.3

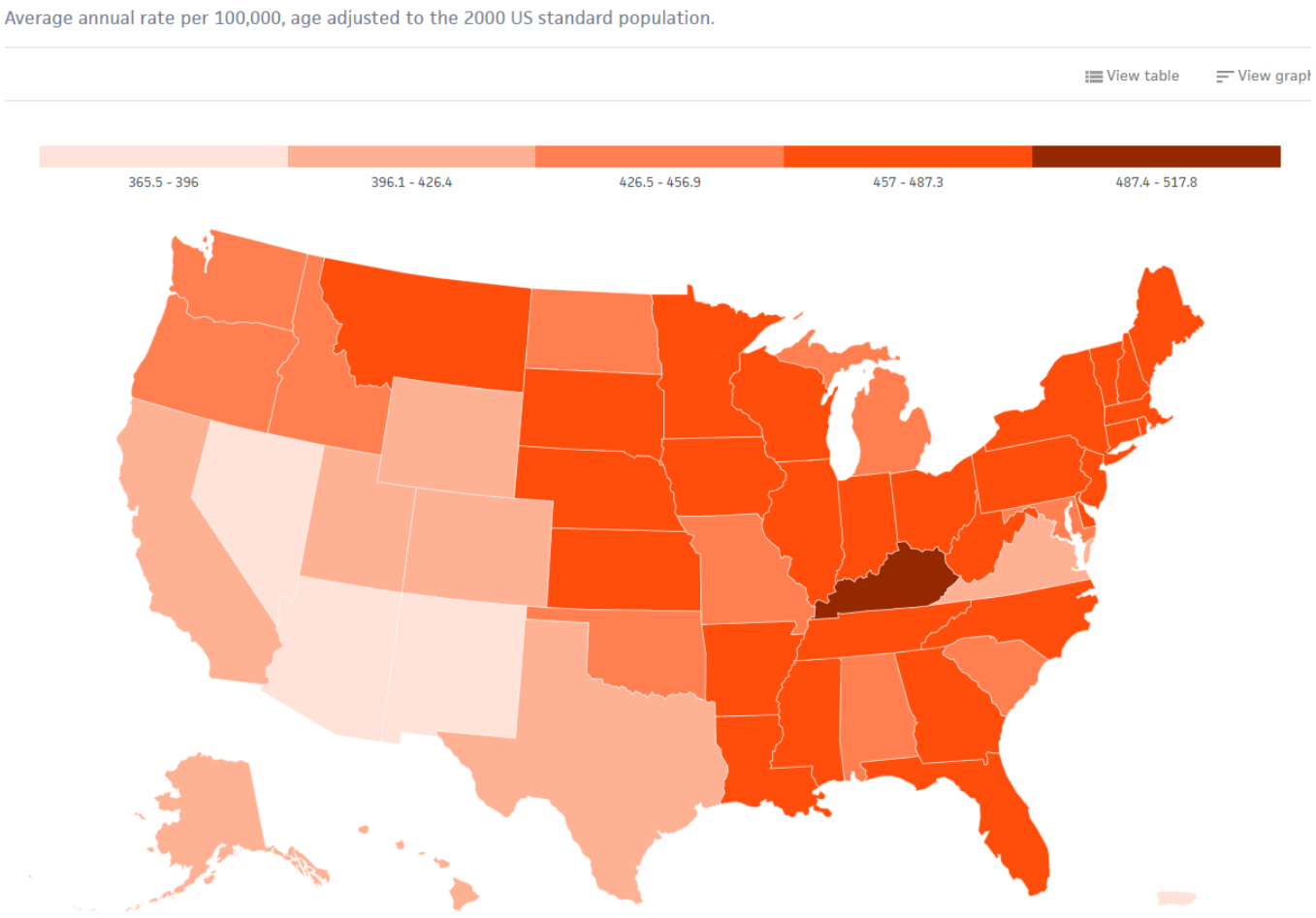
Filters

YEAR

2020

Location	Death Rate (Click for...	Deaths
Kentucky	177.3	10,181
West Virginia	177	4,725
Mississippi	176	6,582
Oklahoma	171.1	8,368
Tennessee	164.4	14,436
Arkansas	163.8	6,496
Indiana	162.7	13,664
Alabama	161.6	10,456
Maine	161.5	3,432

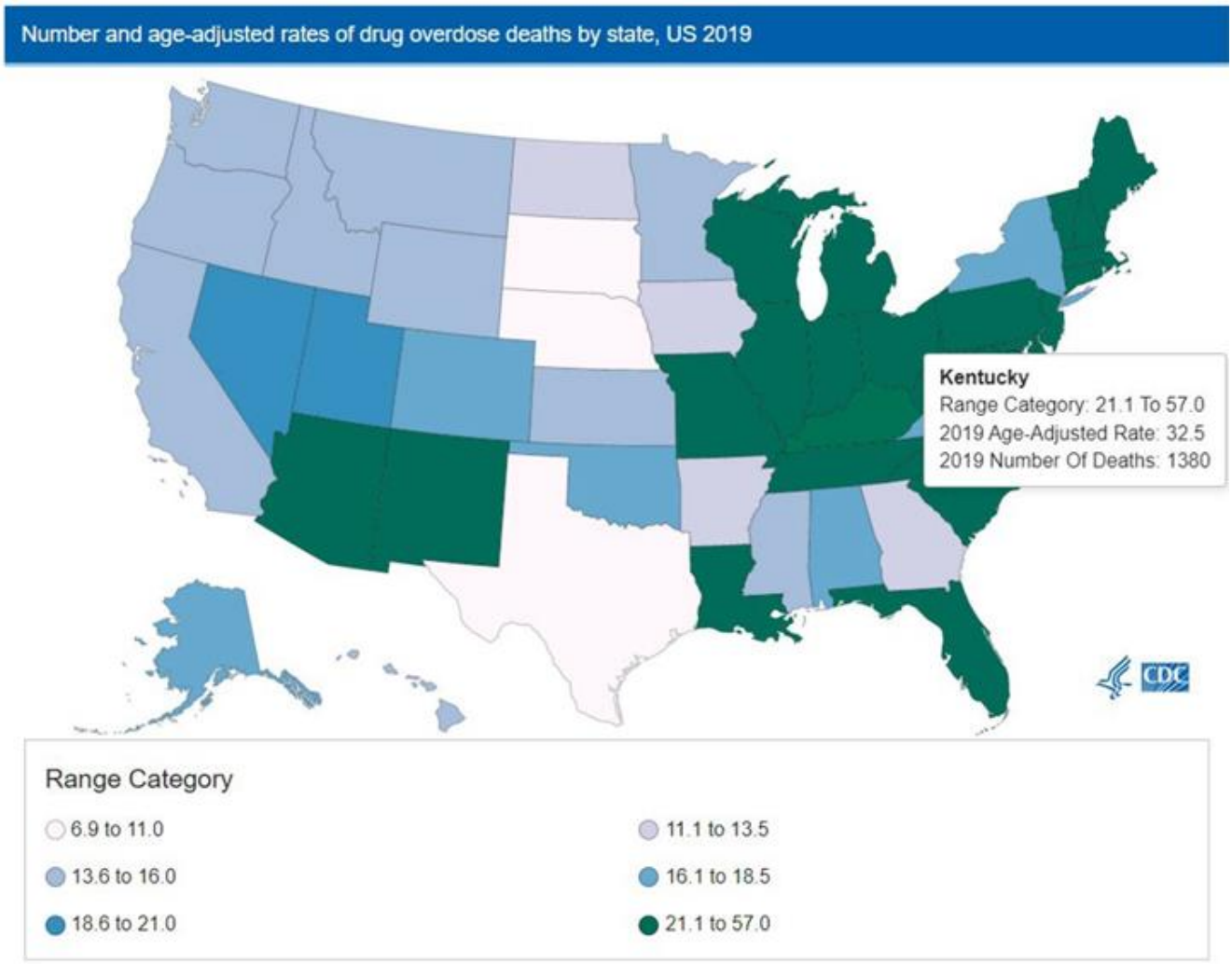
Kentucky Incidence rates, 2014-2018



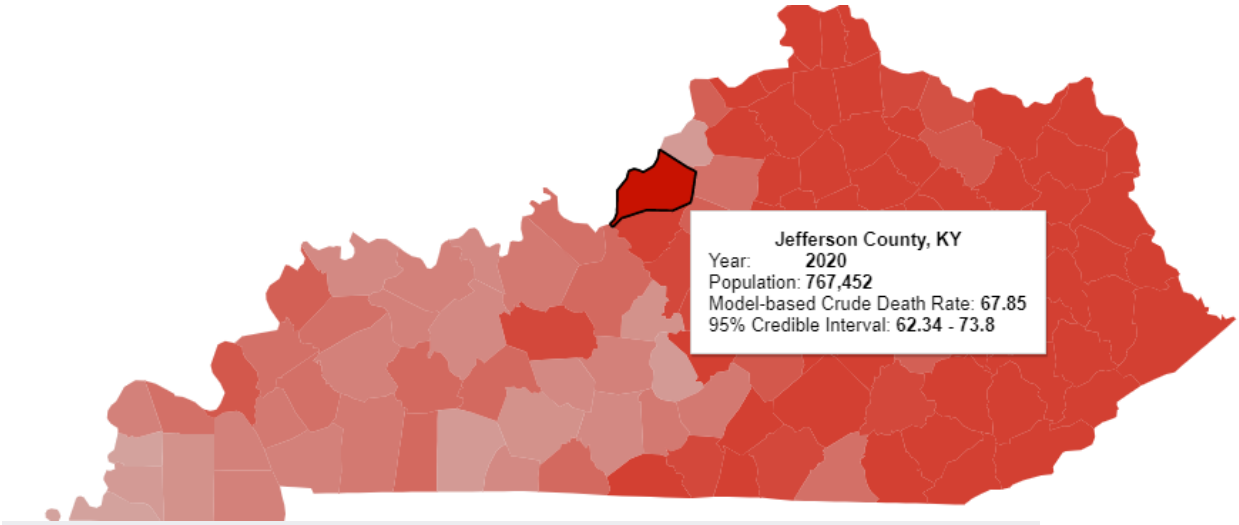
Source: American Cancer Society

Kentucky Opioid & Health Indicator Trends

Kentucky has some of the highest age-adjusted drug overdose rates and deaths by state. Below is a map from the CDC that represents data from 2019.



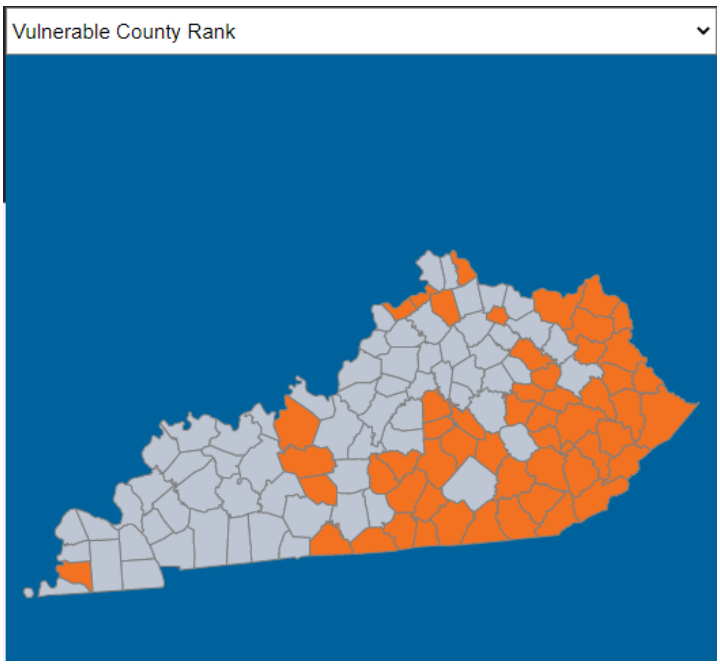
Source: *Opioid & Health*



Estimated Crude Death Rates for Drug Overdose by County, United States: 2020

Source: CDC.gov

Below, in orange, represents the counties in Kentucky that the CDC has designated the topmost vulnerable counties in the nation.



Source: *Opioid & Health*

Conclusion

Overall Observation & Priorities

UofL Health System Wide Priority: Health Equity and Disparities
Data from Jefferson County sheds light on many health disparities within our community. The 2017 Louisville Metro Health Equity Report reveals a variety of differences in health outcomes based on race for illness and issues affecting all ages. These disparities are led by root causes that create circumstances influencing poor health. Data within the Health Equity Report as well as an analysis by Vizient of UofL Health patient neighborhoods reveals large gaps in the social determinants of health creating vulnerable areas that affect health and wellbeing.

Analysis of primary data collected for this Community Health Needs Assessment, revealed many health inequities in our community. Surveys and interviews cited instances of disparities based on race, socio-economic status, and age, all of which affect both access and health outcomes. Racial inequities was also one of the top issues mentioned as affecting health in our community and one of the issues that UofL Health should focus on over the next 3-5 years, as reported by interviewees.

We recognize health disparities as a major need in our community. To have the most wide-spread impact within the realm of health equity, the UofL Health System will work toward addressing health disparities within each of the priority areas identified for the implementation plan accompanying this Community Health Needs Assessment. Since equity impacts all health needs, it is an undercurrent to any health priority. Therefore, health equity and disparities, both in access and outcomes, will be a system-wide priority and infused throughout the upcoming plan. The UofL Health system is committed to breaking down the barriers for achieving a healthy community and to fostering equity within our work. This will be a foundation of our engagement within the community to improve health and wellbeing. We are dedicated to analyzing our own role in how we affect health and wellbeing and redesigning processes, policies, and practices to fully meet the needs of our community and eliminate biases in care. UofL Health envisions an engaged health care system that partners with the community to create opportunities addressing root causes of poor health, preventing illness and injury, and providing readily accessible acute and primary care.

Summary of primary and secondary correlated metrics:

- Premature death[+] for Jefferson County is 10,500, the state is 10,000, top counties in the U.S. average is 5,600 (lower is better) – Breakdown of Jefferson County by race, Black is 14,800, White is 9,700, Hispanic is 5,700 and Asian is 3,800
- Premature age adjusted mortality[+] is 480 (state is 490) however when broken down by race, black is 660, white is 450, Hispanics is 240 and Asians is 170 (lower is better)
- Life expectancy in Jefferson County is 75.2 and the state is 75.1, when broken out by race for Jefferson County, black is 71.4 compared to white at 75.9, Hispanics 88.3 and Asians 82.6
- Child mortality[+] in Jefferson County is 60 compared to the state at 50 and top counties in the U.S. at 40, when broken out by race for Jefferson County, black is 100, significantly higher than the average, whereas white is 40, Hispanics is 50 and Asians is 40 (lower is better)

- Preventable hospital stays for Jefferson County is 4,393, the state is 5,028 and the best counites is 2,233, broken out by race in Jefferson County, black is 6,926, white is 4,015, Hispanic is 2,845 and Asian is 1,431
- Trends in Interview data, when asked what groups were more vulnerable, the #2 answer was for black and brown communities
- Racial inequities ranked #4 as a top reason for decline in health and #4 as an important issue to address from interviews done with community leaders
- Low birthrate in Jefferson County is at 9%, which is the same as the state average, however, when analyzing the data by race, black and American Indian are 14%, while white and Hispanic are at 7% (lower is better)
- Children eligible for free or reduced lunch, remains high in Jefferson County with 54% of the population compared to 32% of the average of the top counties
- Cost of care burden in Jefferson County remains high at 27% compared to the national average of the top counties at 18%
- Severe Housing Problems remain worse in Jefferson County at 15% vs 14% for the state
- Notable disparities in the prevalence of chronic diseases by race and ethnicity in 2017-2019, the percent with multiple chronic conditions continued to be higher on average for American Indian, Black and multiracial adults for the state of Kentucky
- When ranking the senior citizen health factors for each state, Kentucky is one of the worst states for adults over the age of 65, ranking at 48 out of 50
- For adults over the age of 65, Kentucky is 44th (lower is better) for multiple chronic conditions, 50th for teeth extractions, 49th for frequent physical distress, 32nd for avoided care due to cost, 46th for food insecurity, poverty and risk of social isolation compared to the other 50 states.
- The state has continued to see higher disparities in physical inactivity amongst those who have less than a high school education and those that are college graduates
- Food insecurity for the state continues to get worse, increasing 32% since previous studies

[+]To view details about secondary data sources, refer to Attachment I.

Quotes related to Racial Disparities from interviews and surveys:

"Black people have gotten worse, as they are more effected by the economy and the health of minorities have been disproportionally negatively affected. "

"Black and brown communities and has to do with the economic factors, when you don't have the money, everything matters, not just your health. It is more important to put food on the table"

"Brown and black, the west side (population that health has been most negatively impacted in the community), the health department shows lower life expectancy for people living in these zip codes."

"Our citizens of color struggle with health equity. Even in the field of behavioral health, the evidence has shown that the black man gets a worse diagnose then the white man. We need access and comfortable and safety to go in and receive care. We need the right doctors, and we also need psychologist of color, but it is hard to find a psychologist of color. If you look at medicine as a whole, does it represent the community? No."

"We still have disparities and there are plenty of doctors' offices on the east end but not so much the south and west. They are not equally geographically distributed."

"Not trusting health care providers, especially in the black community because of our history. A lot of people know how health care has used and abused people of color and they don't know the gains that have been made so it carries on for generations. There are people that have tried to gain trust by working with people in the community that people of color already trust."

"Pandemic (cause for decline of health in the community), and that has highlighted some of the disparities in the black and brown communities it has been worse, violence has also increased"

I. Priority: Obesity / Inactivity / Unhealthy Food*

Obesity and its contributing factors (including physical inactivity and nutrition) and associated chronic diseases such as diabetes are significant concerns in our community. Jefferson and surrounding counties have the following findings as it relates to obesity and inactivity and correlating measures.

Summary of primary and secondary correlated metrics:

a. Adult obesity – Although Jefferson County is slightly lower (lower is better), than the state, 34% vs. 36%, it is identified as area to focus on by CountyHealthRankings.org when compared to their peers[+]
b. Food Index – The food index scores for counties in the primary and secondary service areas are higher than the state average and Oldham County is higher than the top performers and Shelby is the same as the top performers in the U.S. [+]
c. Physical inactivity – Most of the counties are higher than the state (higher is better) with the exception Hardin which is worse than the state and Jefferson is the same and is 40% higher than the benchmark of 23%
d. High School Graduation - is lower (when higher is better) in Jefferson, Hardin, and Shelby County at 82%, 91%, 91% vs the state at 92% and 96% for the U.S. (please see attachment I, #3 for reason for ranking) [+]
e. Limited Access to Health Foods - is higher (lower is better) in all counties except for Jefferson, at 6% which is the same as the state and Shelby at 0%, 2% for the U.S.
f. 48% of online survey respondents said that overweight/obesity was in the top 3 most important health issues in the community
g. 45% of survey respondents stated that poor eating habits and 49% stated lack of exercise was in their top 3 unhealthy behaviors in the community
h. When assessing survey respondents' demographics, those with some college without a degree are more likely to eat no vegetables a day and those that are ages 51-60 are less likely to do deliberate exercise
i. Qualitative data showed that obesity / Exercise was #2 listed as the most important issue to address in the next 3 to 5 years and it was chosen as the #1 most critical health need

[+]To view details about secondary data sources and how rankings impact obesity, refer to Attachment I.

The concern for obesity, exercise and food insecurity was a theme throughout all forms of quantitative and qualitative data sources. In the survey overall, it was the largest theme, with 47% of the survey

respondents voicing a concern on this topic. Eight percent of Interviewees also saw this as a concern throughout the interviews. Fast food was cited as a source of the decline of health in the community as well as food insecurity in the west and south side.

In the qualitative data, a lot of the concern as it related to obesity, inactivity or themes related to healthy eating are seen in the following quote.

"We need quality food supplies throughout the community. There are certain parts that have access to fresh vegetables and fish, etc. within few minutes but there is a whole part of our population that do not have access to a grocery store. There must be creative ways to partner with local places to provide better food choices. There is much more access to alcohol then there are quality food resources"

"Fast food has a lot of commercials and contributes to more health issues."

"Obesity, depression, diabetes all contributes to the decline in health"

"People think the public health department is clinics for the poor and it is not. There is very large amount of people overweight, and we need a community that focuses on health care and weight."

"If you don't have housing or a job, it doesn't matter about their health and eating healthy."

II. Priority: Violence

Although violence overall across primary data was not a significant theme, it did come up as number 2 as a concern from survey participants naming their top 3 unhealthy behaviors and factors related to well-being in the community.

When analyzing secondary outcome metrics, the measure of homicides in Jefferson County is significantly higher than the state by 133%. Homicide rates are valuable to report because they provide specificity to violent crime. High levels of violent crime compromise public safety and psychological well-being. Secondary Source Data: County Health Rankings

Summary of primary and secondary correlated metrics:

- Violent crimes is higher (612) in Jefferson county vs the state (222) and national average of the best counties (63) (lower is better)
- Firearm fatalities are higher in Jefferson County at 12% vs the state at 11% and national average of the best practice at 7% (lower is better)
- Homicides are over double at 14 in Jefferson County compared to the state average of 6 and national average of the best counties of 2 (lower is better)

In the qualitative data, a lot of the concern as it related to violence was in relation to being able to be active outside and feeling safe as seen in the following quotes:

*"We are trying to be a community where we can utilize bike trails etc. in our community. They are trying to develop **safe** pathways but that is not the issue on the East side, they feel **safe** to walk a trail. The same cannot be said for the west and south side. We need **safe** areas for them to walk too. Not only access, but **safe** access."*

"[There is a lot of] Violence and the number of homicides that exist in our counties and that concerns me a great deal "

*"In my area, housing is a big issue for the communities we serve. I am not talking about people that are homeless, but the **safety** of those that rent. We need to make a commitment to give our community **safe** affordable housing."*

III. Priority: Access to Care:

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

Jefferson county has a better ratio of primary care physicians, but the surrounding counties are higher (lower is better) than the state average. Although the relationship between primary care physicians and improved health outcomes is supported in the literature, this measure has limitations. Primary Care Physicians are classified by county, but physicians living on the edge of counties or who practice in multiple locations may see patient populations that reside in surrounding counties. The qualitative primary data also highlights this limitation as seen in the quotes below by interviewees stating there is not an access problem in certain locations in Jefferson County, but there is in other areas of the county.

Other secondary data related to access is preventable hospital stays, which is 97% higher in Jefferson County compared to top performers in the nation and the state average is even higher at 125%. This is an important metric to follow, as it is an outcome metric to monitor because it is an indicator that quality care in the ambulatory setting is not accessible.

Secondary themes related to access included the following: lack of transportation (32% of interviewees), wait time too long, unable to afford care, not open during non-working hours, and multiple comments and themes around the west and south side not having enough access points.

Summary of Primary and secondary correlated metrics:

- 29% of the surveys stated that there was a time in the last year when they need medical care and were unable to get it and the top reasons were too long for an appointment, could not afford the copay/deductible, not able to take time off work, and doctor not taking new patients
- 46% say that Covid had an impact on how they received care and the main impacts were Access, virtual appointments, trust, mask, etc.
- From the survey results, a third of the participants left comment when asked, "What other concerns do you have that we have not asked? "The top themes were Access, affordability, and dental health, with sub-categories listed below:
    i. Access: Difficulty getting an appointment, Location, Mental Health Access, Transportation
    ii. Affordability: Cost of care, affordable, no insurance and high deductible
    iii. Dental Health: Location, cost, and insurance coverage
- 31-to-40-year-old people are the highest population that does not have a family physician

- When asked if participants had a family physician, those with a graduate degree were more likely to say "No" (42% of the total "No" responses) compared to those at other education levels
- The top reason for the decline in health for the county, interviewees top reason was access (26%) – related to location (west/south side) or transportation
- When interviewees were asked "what are the top barriers to getting quality care" 32% stated access related barriers with a secondary theme related to lack of transportation
- 19% of survey respondents to open-ended questions was related to access and the ability to get an appointment

The following are quotes from interviewees related to access:

"We offer the services, but we only make a tiny dent. We need more accessible services, affordable, easy access. It is very difficult to get an appointment with a mental health provider. We misfired on the pandemic and got polarized"

"People keep saying there is an access problem. What we need to do is look at how we can provide access in the places where the lower- and middle-class work."

"Mental health services and outreach to the community, mental health that provides access to everyone and a range of other services."

"We have a problem in the south and southwest part of the county with health care access, quality etc., geographically, if we want to solve problems we need to start there. The south end is horrible for health care and access. We have failed at this."

IV. Priority: Mental Health*

Interviews of community members identified mental health and access to mental health services as a significant need, ranking it #2 as their most critical need in the community and #3 from survey respondents. Interviewees stated that mental health status (including depression and anxiety) is worsening and state the pandemic has made it worse. 28% of survey respondents stated they needed mental health care and was unable to get it. The top reasons for not getting it are too long to get an appointment, could not afford to go, embarrassment, and did not take their insurance. The supply of mental health providers and services varies by county, the need for more providers in surrounding counties (secondary service areas) is seen in mental health provider ratios. The ratio of providers to the population has the most significant need in Bullitt County with a ratio of 1,050:1 compared to the states 390:1 and the top performers 250:1. [+]

Summary of Primary and secondary correlated metrics:

- When asked about mental health access, 28% said they need to go but were unable to
- Over 50% rate their mental and physical health average or poor in surveys
- Those with college degrees were less likely to get mental health counseling when they needed
- Those age 51 to 60 were less likely to get mental health counseling they needed
- Top concerns for decline of health, survey respondents said mental health (7%) as #6 on the list
- Mental health was rate #2 from survey respondents as the most critical need and #1 in what needs to be addressed in the next 3 to 5 years

[+]To view details about secondary data sources and how rankings impact Mental Health, refer to Attachment I.

Interviewees stated that mental health is their number one priority that UofL Health should focus on. Below are quotes from interviewees related to mental health.

"Mental health the overall anxiety that has come with the pandemic, people have experienced a lot of loss"

"Mental health services and outreach to the community, mental health that provides access to everyone and a range of other services."

"Create community partnerships that address health and mental health inequities in the community."

"There is a pervasive behavioral health need in the community. Help find solutions for behavioral change. Prevention vs. incarceration."

V. Priority: Substance Abuse*

In the past two decades, the death rates for drug overdose in Jefferson County has increased at an exponential rate, increasing 436% since 2003 and nearly 200% since 2012 based on data from the CDC. When compared to the increase nationwide of 137% increase since 2000, the rate in Jefferson County is more than doubled. When analyzing the data, drugs and alcohol abuse is a prevalent theme across both primary and secondary data sources.

Outcome related data to drug and alcohol abuse state that alcohol impaired driving deaths and drug overdose deaths have been increasing in Jefferson County. It is also the highest county in Kentucky for drug related deaths per 100,000 population. The drug related death rate is based on a rate that measures the number of events in a given time period and divided by the average number of people at risk during that period and is calculated as such in order to compare counties with different population sizes. The following represent data related to drug and alcohol abuse:

Summary of Primary and secondary correlated metrics:

- Alcohol Impaired Driving Deaths - Are higher in Jefferson at 27% vs 25% in the state and 10% for the U.S. which is a 170% increase (lower in better) over the top performers
- Excessive drinking – high in Jefferson (20%) and Oldham County (19%) compared to the state (18%) and top performing counties (15%) [+]
- Drug Overdose Deaths - is 50 in Jefferson, 41 in Bullitt and 26 in the state, 9 for the top performers in the U.S. (lower is better) [+]
- The top 3 unhealthy behaviors identified by the survey participants, #1 was drug & alcohol abuse (31%)
- Top reason for the decline in health from interviewees, #2 was drug and alcohol abuse and the opioid epidemic
- Interviewees selected drug and alcohol abuse as #4 as the most critical need

[+]To view details about secondary data sources and how rankings impact Substance Abuse, refer to Attachment I.

In the qualitative data, concerns around drugs and alcohol addiction in general was a large theme. Some key quotes from participants interviewed are below:

"There is a 460 million dollars settlement coming to Kentucky via the opioid settlement. We need to make sure we are addressing the Intervention and prevention with kids, because they are going home to addicted parents, I would like to see our health systems develop a program for kids that is beyond what the schools do."

"We need to instill hope and develop a purpose for the addicts, we can develop an opportunity for purpose – Hope comes in the form of building relationships. We need support because there are enough beds. We need better support for families and the addict long-term."

"In our young people, the rate of mortality is higher than MVAs and during the pandemic, we lost more to overdose then we did Covid. It takes a large percentage of our young people."

"The pandemic and opioid pandemic dovetailed with the pandemic."

"They need behavioral health medications, not just suboxone treatment. We jammed everyone down one silo, and we are seeing everyone getting worse because we only treat one aspect of health with addicts"

When interviewees were asked what groups of people do not have as good of a quality of life in the community: "Addicts. They need more support than just medication assisted withdrawal"

"There is much more access to alcohol then there are quality food resources"

VI. Priority: Social Isolation of Seniors/Senior Health*

Social Isolation, especially related to those 65 and older, was a prevalent theme from the interviewees. The biggest contributing factor was said to be because of the pandemic, worsening a problem that already existed. America's health ranking has an index that ranks social isolation and breaks it down by county. The Index of social isolation risk factors: poverty; living alone; divorced, separated, or widowed; never married; disability; and independent living difficulty among adults ages 65 and older, relative to all U.S. counties; normalized values are 1 to 100, with a higher value indicating greater risk.

Jefferson County is in the highest category with a risk factor of >= 57. When the state is compared nationally, Kentucky is in the top 5 states that are most at risk for social isolation of seniors ranking 46 out of 50 nationally (lower is better).

Summary of Primary and secondary correlated metrics:

- Social associations are lower (higher is better) in all counties in the service area then the state average
- Interviewees were asked for their top reason for why the health has declined and Social Isolation of Senior Citizens was #3 on the list as a top reason for decline in the counties
- Top groups of people identified in interviewees as a concern, the elderly as a result of social isolation ranked #3

- Interviewees, when asked what an important issue is to work on in the next 3 to 5 years, social isolation of the elderly ranked #3

In the interviews, some qualitative comments are below:

"The biggest contributing to medical cost is social isolation in seniors."

"We have misdealt with social isolation as a result of the pandemic and I think it will have repercussions, especially on the elderly, that we haven't even thought of yet."

"I don't think we have given enough thought into how the elderly are impacted every day by social isolation"

"Keeping families away from nursing homes during the pandemic has made our seniors more isolated"

VII. Priority: Cancer[++]

The top two leading causes of death in the United States are heart disease and cancer according to the CDC 2020 study. Kentucky has the highest cancer mortality rate out of all the states with a rate of 177.3 in 2020, and neighboring Indiana is the is the seventh highest state with a rate of 162.7 according to the CDC. Jefferson County has the largest population at risk and the most cases of cancer (20,840) in the state of Kentucky. Neighboring Oldham County is one of the worst counties in Kentucky for cancer rates per 100,000 of population and is trending at an upward rate whereas Jefferson County is trending down (down is better) (source: NIH Cancer Statistics Center).

Cancer risk factors according to American Cancer Society include cigarette excise tax per pack, smoking, overweight, obesity, and excess body weight prevalence and HPV vaccination coverage for 13-17 years. Cancer Screenings include up-to-date mammography (over 45), endoscopy (over 50), and HPV/Pap (for females ages 21 to 65).

Each year approximately 480,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various **cancers**, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Jefferson County is lower than the state at 22% of the population compared to 25% for the state, however it is 47% higher than the top performers. The secondary service area counties are also lower than the state, and all but Oldham and Shelby County have rates higher than Jefferson County. Secondary Source Data: County Health Rankings

Summary of Primary and secondary correlated metrics:

- Jefferson County is number 67 out of 120 counties in Kentucky for age adjusted incidence rate cases, per 100,000 (lower is better)
- Lung, colorectum and prostate have the highest death rates for men in Kentucky
- Lung, breast and colorectum have the highest death rates for women in Kentucky
- Lung and female breast cancer has the highest estimated cancer types for Kentucky
- Kentucky obesity prevalence, 18 years and older, in 2018 ranked #5 (higher is better), and is measured as a known risk factor
- Jefferson county has high adult obesity rates of 34% compared to the top performers at 22%

- State of Kentucky is #2 for the highest rate for smoking over the age of 18 out of all the states (higher ranking is better)
- Kentucky had the highest average rate per 100,000 total population, ranking it the worst state in the United States according to America Cancer Society incidence rates for 2014-18
- Kentucky had the highest cancer mortality rate by state per 100,000 total population in 2020
- For the state of Kentucky, the rate of adult smoking is at 25% which is 67% higher than the top performers in the U.S. (United States) at 15% (Lower is better)
- Jefferson County's adult smoking rate is at 22% which is 47% higher (lower is better) than the top performers in the U.S.
- All secondary service area counties are higher than the U.S. top performers with Bullitt 24%, Hardin 23%, Nelson 23%, Oldham 17%, and Shelby 21%
- Survey results asking if the community member was a smoker was 13% of the 312 survey participants
- Survey participants ranked Cancer as #3 as the most important health issue in the community

"[UofL needs to] Continue and promote screening services in the low-income communities"

"Just because a resource is available, it is not necessarily truly "accessible" for all in the community. Barriers can still exist"

"We need to provide reliable information and education about health"

"We also had a Skin Cancer Prevention Program where we provided free sunblock in our parks"

"Tobacco and drug abuse have increased substantially with students. The number of expelled students has doubled since pre-COVID"

Secondary Data Source for county health rankings: County Health Rankings & Roadmaps – For further information and metrics, please follow the link here

**Although identified as a priority based on primary and secondary data, the hospital reviewed the CHNA findings and applied criteria to determine the most appropriate needs for UofL Hospital's region. Based on the criteria, this priority, this priority does not plan to be address in the 2022 CHNA priorities for UofL Hospital and Brown Cancer Center. Criteria for prioritization based on the impact the hospital could have on the need, the resources available and the extent of the community support for the hospital to address the issue and potential for partnership to address the issue.*

++Cancer priority was not a top theme throughout the qualitative and quantitative data, however, was added as a priority based on the following criteria – Available resources, the large patient population that live in the community and are seen at the Brown Cancer Center and state secondary data that shows Kentucky having the highest mortality rates related to cancer out of all 50 states.

Attachment A: Community Resources Identified

Jefferson County Community Resources:

Financial:

Struggling families, including low-income or senior citizens, can get financial help from the charities, churches, and government agency programs listed below. Organizations in Jefferson County Kentucky will offer grants to help with rent or free boxes of food along with medical care, money for utility bills, and even case management. Find how to apply for financial assistance in the Louisville area below.

There are also charities that give out free prescription drugs, school supplies, gasoline vouchers, cars, and even give kids free Christmas toys. The resources in the Louisville region are extensive.

The **Louisville Community Action** organization provides Louisville and Jefferson County residents with a wide variety of assistance. They have several offices around the area. Just a sampling of the programs offered to low- and mid-income income residents include:

- **Energy bill assistance:** Over the years they have provided tens of millions of dollars in federal government funds to help people with paying their utility cools, including summer cooling bills and winter heating bills. They provide fuel for the wintertime, including heating oil, kerosene, propane, and more.

- **Weatherization:** The federal government weatherization program is managed by the Jefferson County - Louisville Community Action group. This program will install energy-saving improvements into a family's home. The Federal Department of Energy has studies that indicate that homes that receive weatherization improvements will experience a reduction of their energy bills by an average of 20%. Some of the upgrades that could be performed include repairing or replacing inefficient heating systems, installing additional insulation, and more.

- **Help with debt and counseling**: The local Community Action organization will also help individuals and families with stabilizing their finances through asset-building programs such as budgeting, financial counseling, debt assistance programs, and more. Read more on help with debts.

- **Job training and employment services**: They work closely with families to help them find employment and also to acquire skills needed to be successful at their job. Especially in today's difficult economy job skills are key to long-term success.

- **Groceries and food:** Some free food can be provided from this office every now and then. However, they do have details on dozens of local Jefferson County food banks that operate year-round and offer help to anyone who needs it.

- **Homeless prevention services**: This ranges from referrals to emergency rental programs, landlord and tenant mediation as well as other eviction prevention resources in Jefferson County. There may also be the

availability of regional low-interest loan programs. The currently homeless in Louisville can get access to transitional shelters from LMCAP partners or funds for paying security deposits on a new apartment.

Help for bills and expenses, food vouchers, and other financial aid

- **Operation Care, Inc.** is a non-profit charity organization that offers women and children emergency assistance for bills and expenses, including shelter, free food, clothing and health and medical attention.

- Call the **Salvation Army Louisville Area Command** This agency provides shelter, rent and housing help, food, clothing, funds for utility bills and other essential services to families in need of help. The organization also offers assistance programs to help youth, who need us most, to realize their potential and long-term goals. Another specialty is on offering holiday assistance, including free Christmas meals, toys, and gifts. Continue with Louisville and Jefferson County Salvation Army.

- **South Louisville Community Ministries Inc.** - This non-profit provides information and support. When it comes to financial aid for bills, rent, and other expenses they can refer people to state of Kentucky and federal government programs. They also partner with a wide variety of local non-profits and charities in the Jefferson County Kentucky area. They also partner with Section 8 housing programs. (Read more on Section 8 housing).

- **Gifts Of Mercy Inc.** - Provides individuals with help in obtaining the so-called basic necessities of life, such as free food, shelter, rent help, transportation to those in need.

- **Bethlehem Baptist Special Ministries** may have medication in a life-threatening condition. Other aid includes financial support for paying utilities, rent, or a mortgage payment. 5708 Preston Hwy, Louisville, Kentucky 40219.

- **Eastern Area Community Ministries** provides coverage to eastern Jefferson County. Emergency financial aid includes clothing, food, rental help, medications, and funds for paying electric or cooling bills. A crisis program may have free motel vouchers or emergency funds to pay a security deposit.
  Seasonal support in Louisville can include free school supplies or holiday help from the Dare to Care Distribution pantry. Budget and debt counseling may also be offered, but all services depend on money raised from the community to keep the EACM charity operating. emergency aid from Eastern Area Community Ministries.

- **Fern Creek / Highview United Ministries** administers emergency assistance programs. This can be for paying utility bills, rent, prescriptions, and maybe a portion of a home loan. Free food, clothing and personal items may be passed out as well in Jefferson County. The main office is at 9300 Beulah Church Road, Louisville, KY 40291,

- **House Of Ruth** is for HIV patients and their families. Assistance includes emergency food vouchers, money for paying rent or utilities, public transportation tickets, and more. Telephone number

Assistance from churches and/or community centers

The following may have limited financial assistance for bills and/or rent. Food, clothing, and other support can be arranged as well. Referrals for government programs and charities can be provided too. They do serve a limited area.

- Sister Visitor Center –2235 W Market St, Louisville, KY 40212
- Southeast Associated Ministries, 6500 Six Mile Ln Ste A, Louisville
- Walnut Street Church Christian Social Ministries, 1111 S 3rd St Ste A, Louisville, Kentucky
- United Crescent Hill Ministries, 150 S State St, Louisville

Senior assistance and elderly programs

Contact **GuardiaCare Services, Inc. P**rovides seniors with financial management, help for bills, guardianship, information on government programs, and adult day health services to seniors and others at risk.

Community clinics in Jefferson County

- **Family Health Centers** - Many locations are located around Louisville as well as the greater Jefferson County Kentucky area. Various medical and health care services are offered, and the clinics accept insurance including Medicaid/Medicare, Passport, and Private Commercial Insurance. In addition, families, individuals, and patients without health insurance will be charged for their medical bills based on a sliding fee scale based on their household income and family size. Or learn about sources of free government health insurance policies.
- **Park Duvalle Community Health Center** - Offers eye care, health care, checkups, blood work, medications, nutrition, and other medical care.

- **Presbyterian Community Center** -Offers medical care on a sliding fee scale, and also accepts passport, Medicare, Medicaid as government insurance.

- **UL Health Care** is another local community clinic. Physicals, free medications to the low income, and other health services are available.

Bullitt County Community Resources

Hardin County Community Resources

Nelson County Community Resources

Oldham County Community Resources

Shelby County Community Resources

Attachment B: 2022 County Health Rankings: Ranked Measure Sources & Years of Data

For full list, please visit County Health Rankings and Roadmaps here

	Measure	Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death*	National Center for Health Statistics - Mortality Files	2018-2020
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2019
	Poor physical health days	Behavioral Risk Factor Surveillance System	2019
	Poor mental health days	Behavioral Risk Factor Surveillance System	2019
	Low birthweight*	National Center for Health Statistics - Natality files	2014-2020
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2019
Diet and Exercise	Adult obesity	United States Diabetes Surveillance System	2019
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019
	Physical inactivity	United States Diabetes Surveillance System	2019
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Timeline Files	2010 & 2021
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2019
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2016-2020
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
	Teen births*	National Center for Health Statistics - Natality files	2014-2020
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2019
	Primary care physicians	Area Health Resource File/American Medical Association	2019
	Dentists	Area Health Resource File/National Provider Identification file	2020
	Mental health providers	CMS, National Provider Identification	2021
Quality of Care	Preventable hospital stays*	Mapping Medicare Disparities Tool	2019
	Mammography screening*	Mapping Medicare Disparities Tool	2019
	Flu vaccinations*	Mapping Medicare Disparities Tool	2019

*Indicates subgroup data by race and ethnicity is available

Explanations & Definitions

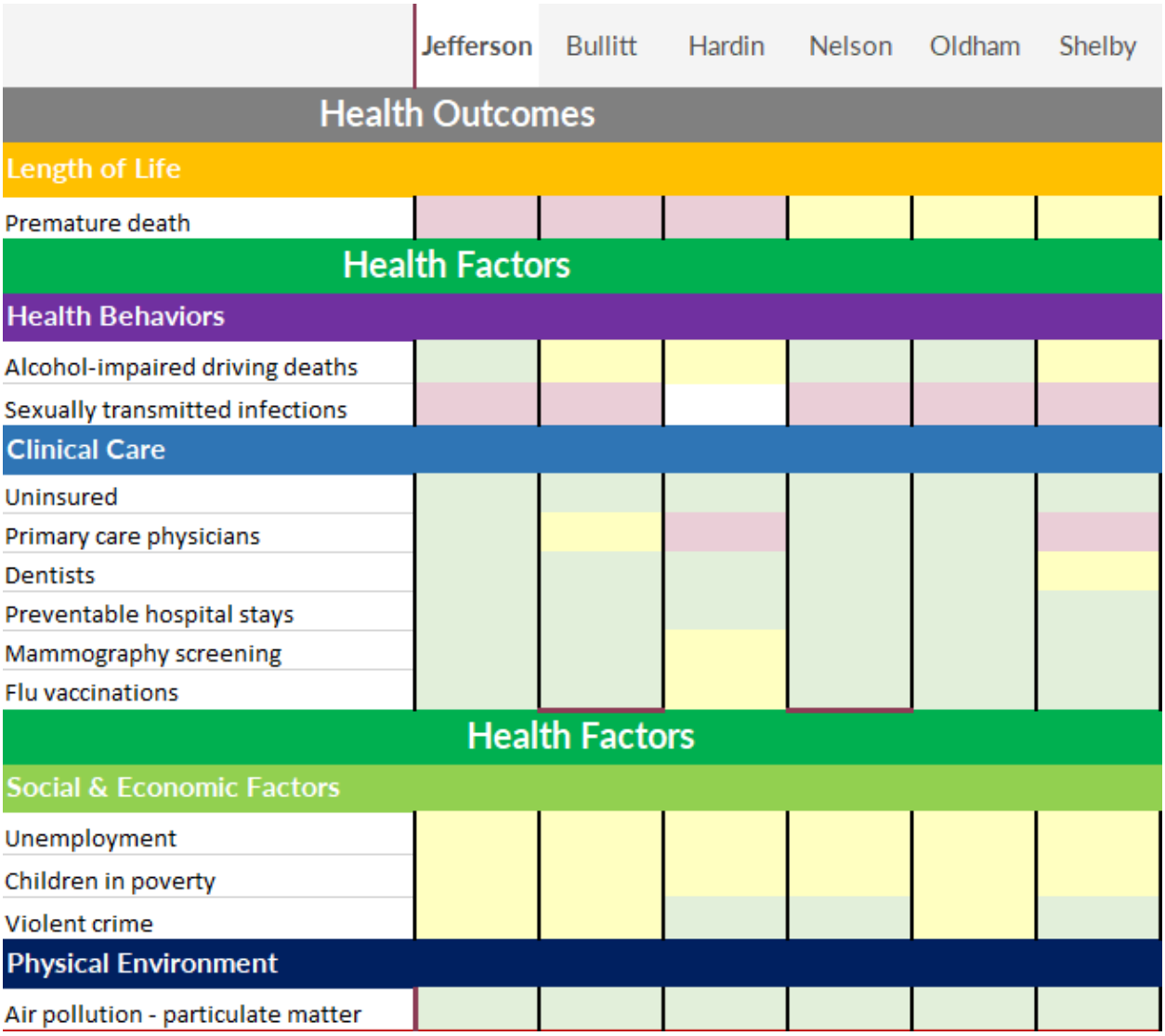
For full list of terms and definitions, please visit County Health Rankings and Roadmaps here

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

Attachment C: Demographic Data & Health Outcomes

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

Please note that this graph represents the trend of health metrics compared to previous years. If the box is red, the trend for that county is going down, green it is going up and yellow means it has stayed the same.



Source: *County Health Rankings*

Jefferson County Demographics	County	State
Population	767,452	4,477,251
% below 18 years of age	21.9%	22.4%
% 65 and older	17.0%	17.2%
% Non-Hispanic Black	22.1%	8.3%
% American Indian & Alaska Native	0.2%	0.3%
% Asian	3.2%	1.7%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	6.2%	4.0%
% Non-Hispanic White	65.8%	83.9%
% not proficient in English	2%	1%
% Females	51.6%	50.7%
% Rural	1.4%	41.6%

Bullitt County Demographics	County	State
Population	82,182	4,477,251
% below 18 years of age	21.3%	22.4%
% 65 and older	16.8%	17.2%
% Non-Hispanic Black	1.4%	8.3%
% American Indian & Alaska Native	0.4%	0.3%
% Asian	0.6%	1.7%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	2.5%	4.0%
% Non-Hispanic White	93.6%	83.9%
% not proficient in English	0%	1%
% Females	50.3%	50.7%
% Rural	30.4%	41.6%

Hardin County Demographics	County	State
Population	111,309	4,477,251
% below 18 years of age	24.2%	22.4%
% 65 and older	14.9%	17.2%
% Non-Hispanic Black	11.9%	8.3%
% American Indian & Alaska Native	0.5%	0.3%
% Asian	2.3%	1.7%
% Native Hawaiian/Other Pacific Islander	0.4%	0.1%
% Hispanic	5.9%	4.0%
% Non-Hispanic White	75.8%	83.9%
% not proficient in English	1%	1%
% Females	50.2%	50.7%
% Rural	34.2%	41.6%

Nelson County Demographics	County	State
Population	46,450	4,477,251
% below 18 years of age	23.2%	22.4%
% 65 and older	16.7%	17.2%
% Non-Hispanic Black	4.9%	8.3%
% American Indian & Alaska Native	0.2%	0.3%
% Asian	0.5%	1.7%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	2.3%	4.0%
% Non-Hispanic White	90.3%	83.9%
% not proficient in English	0%	1%
% Females	50.6%	50.7%
% Rural	56.9%	41.6%

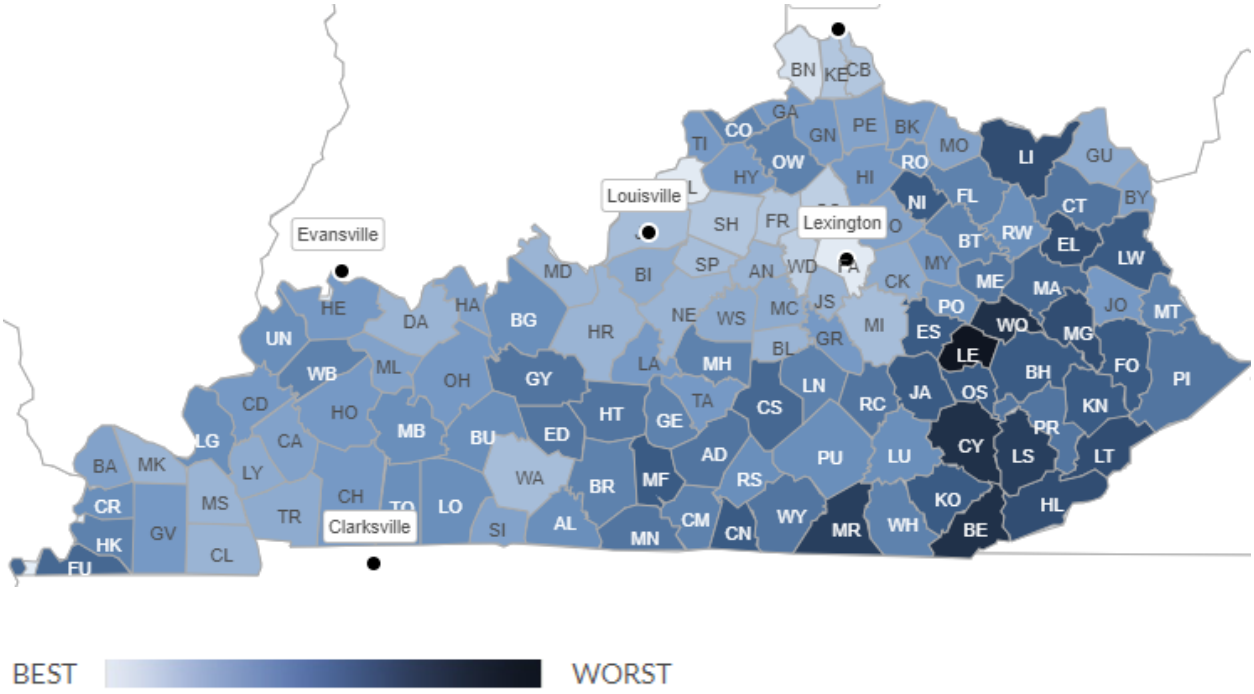
Oldham County Demographics	County	State
Population	66,999	4,477,251
% below 18 years of age	25.1%	22.4%
% 65 and older	14.2%	17.2%
% Non-Hispanic Black	4.2%	8.3%
% American Indian & Alaska Native	0.4%	0.3%
% Asian	1.7%	1.7%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	4.1%	4.0%
% Non-Hispanic White	88.1%	83.9%
% not proficient in English	0%	1%
% Females	47.8%	50.7%
% Rural	20.3%	41.6%

Shelby County Demographics	County	State
Population	49,611	4,477,251
% below 18 years of age	22.1%	22.4%
% 65 and older	16.4%	17.2%
% Non-Hispanic Black	6.8%	8.3%
% American Indian & Alaska Native	0.6%	0.3%
% Asian	1.1%	1.7%
% Native Hawaiian/Other Pacific Islander	0.2%	0.1%
% Hispanic	9.6%	4.0%
% Non-Hispanic White	80.1%	83.9%
% not proficient in English	2%	1%
% Females	51.3%	50.7%
% Rural	47.0%	41.6%

Source: *County Health Rankings*

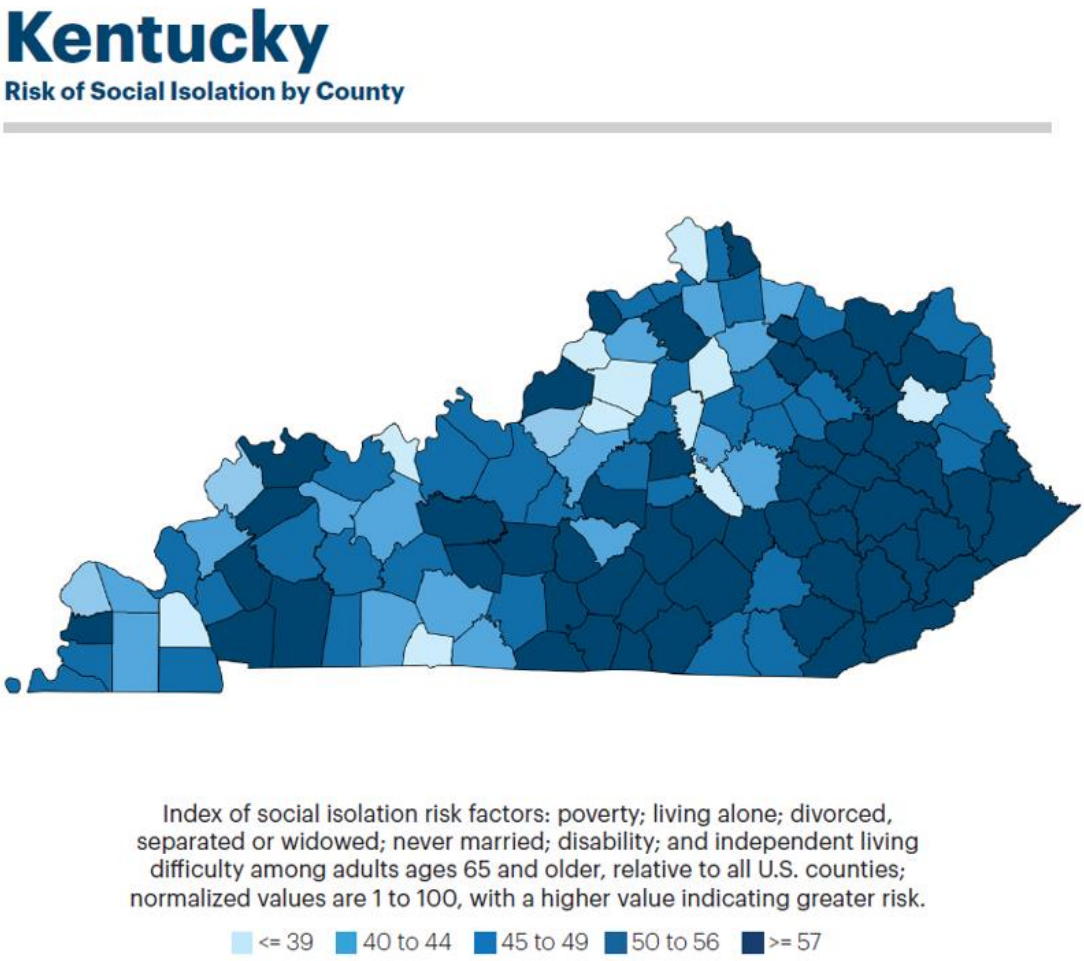
Attachment D: KY Outcomes

The following chart represent Adult Smoking, which is the percentage of adults who are current smokers (age-adjusted).



Source: *County Health Rankings*

The following chart represents senior citizens ages 65 or older.



To view the full report on senior citizens, please visit: America's Health Ranking [2022 Senior Report]

For full details and maps, please visit [America's Health Ranking]

State Health Rankings for Senior Citizens Ages 65 and Older

To view the full report on senior citizens, please visit: America's Health Ranking [2022 Senior Report]

KENTUCKY

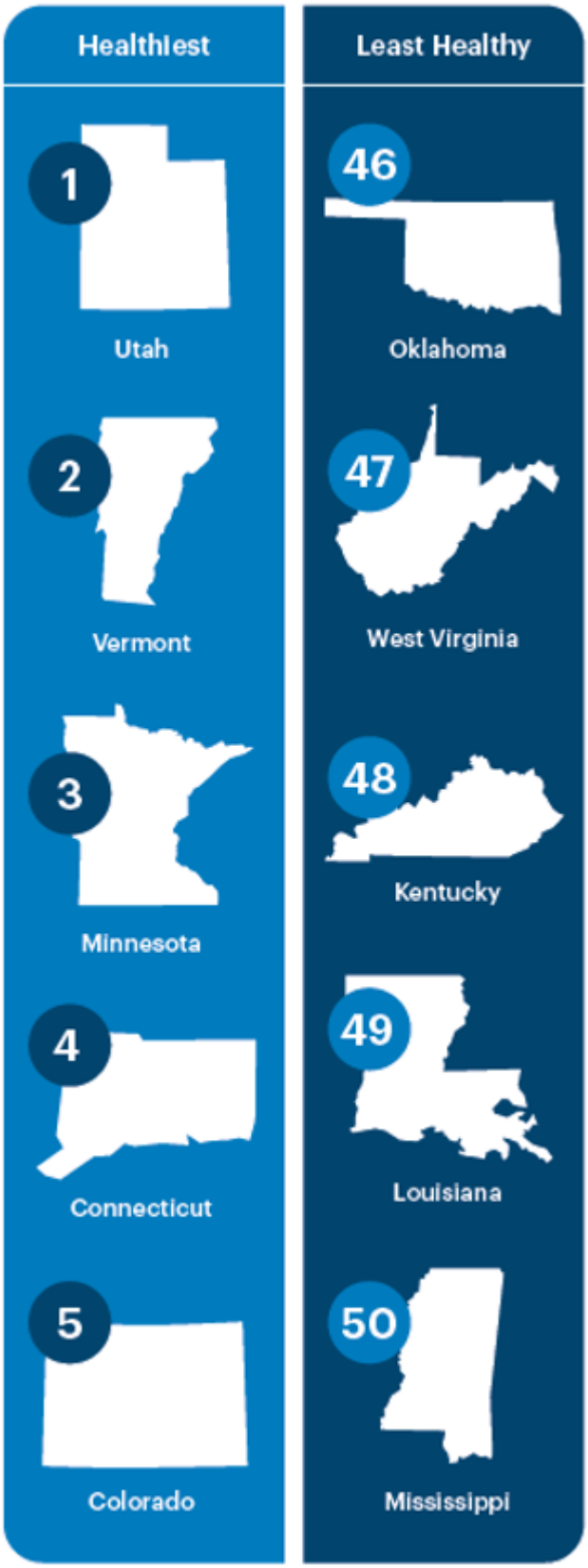
Summary

Strengths:

- Low prevalence of excessive drinking
- High percentage of older adults with a dedicated health care provider
- Low prevalence of severe housing problems

Challenges:

- High prevalence of frequent physical distress
- High prevalence of full-mouth teeth extractions
- High prevalence of smoking



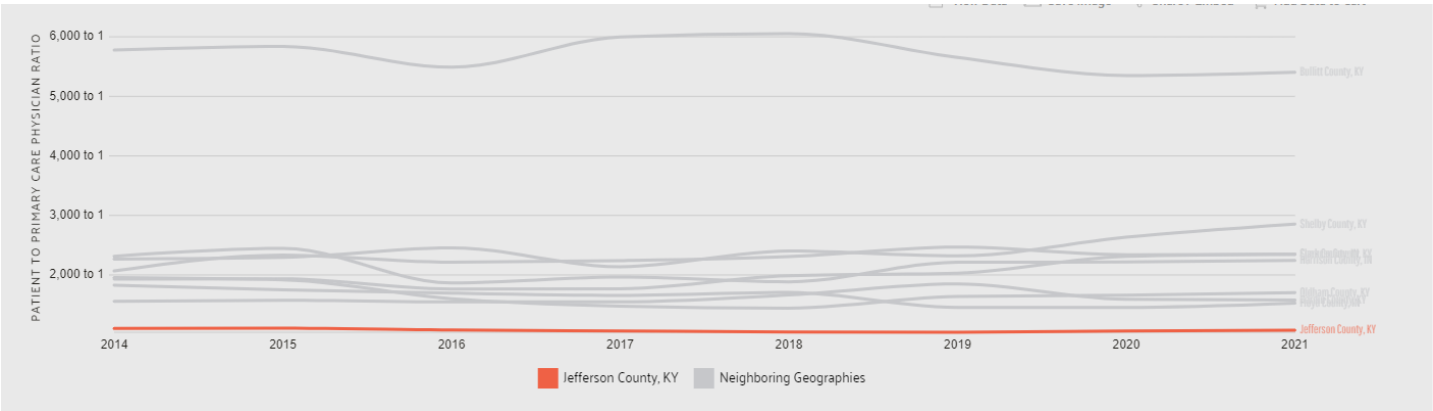
Jefferson County Health Statistics:

Patient to Primary Care Physician Ratio:

1,060 to 1

Primary care physicians in Jefferson County, KY see an average of 1,060 patients per year.

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



Patient to Primary Care Physician Ratio

	2014	2015	2016	2017	2018	2019	2020	2021	2022
County									
Jefferson County	1,100 to 1	1,104 to 1	1,075 to 1	1,059 to 1	1,043 to 1	1,037 to 1	1,058 to 1	1,072 to 1	1,060 to 1

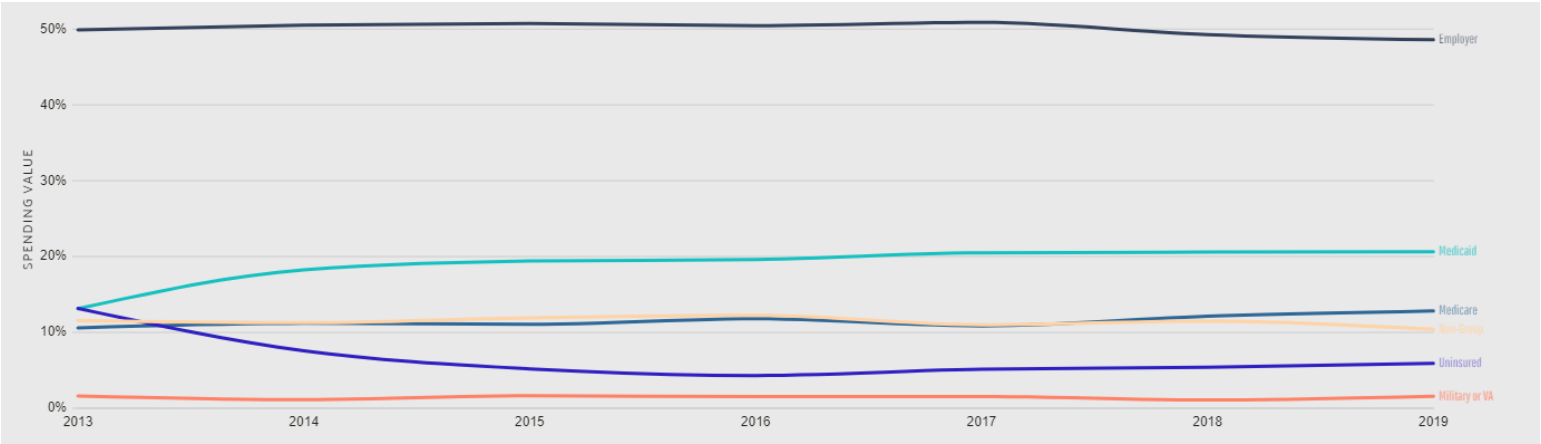
Patient to Dentist Ratio:

Patient to Dentist Ratio

	2014	2015	2016	2017	2018	2019	2020	2021	2022
County									
Jefferson County	1,105 to 1	1,067 to 1	1,020 to 1	1,021 to 1	980 to 1	957 to 1	958 to 1	913 to 1	950 to 1

2019 Health Care Coverage for Jefferson County:

The following chart shows how the percent of uninsured individuals in Jefferson County, KY changed over time compared with the percent of individuals enrolled in various types of health insurance.



Patient to Mental Health Provider Ratio:
290 to 1

Patient to Mental Health Provider Ratio

	2014	2015	2016	2017	2018	2019	2020	2021	2022
County									
Jefferson County	541 to 1	390 to 1	359 to 1	375 to 1	361 to 1	350 to 1	329 to 1	310 to 1	290 to 1

Source: https://datausa.io/

Attachment E: Physician Needs Assessment Analysis

Physician Needs Assessment Analysis: Primary Service Area of Jefferson County.

Physician Specialties: GMENAC Goodman Hicks & Glenn Solucient								
			Population of 100,000					
SPECIALTIES	CURRENT NUMBER OF PHYSICANS WITHIN PRIMARY SERVICE AREA	SURPLUS (SHORTAGE) IN PRIMARY SERVICE AREA	GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT	AVERAGE	POPULATION BASED UPON HOSPITAL PRIMARY SERVICE AREA: POPULATION OF 1,107,000
Primary Care								
Family Practice	330.00	94.10	25.20	N/A	16.20	22.53	21.31	235.90
Internal Medicine	430.00	211.88	28.80	N/A	11.30	19.01	19.70	218.12
Pediatrics	260.00	133.43	12.80	N/A	7.60	13.90	11.43	126.57
Total Primary Care	1020.00	439.42	66.80	N/A	35.10	55.44	52.45	580.58
Medical Specialties								
Allergy/Immunology	31.00	16.90	0.80	1.30	N/A	1.72	1.27	14.10
Cardiology	99.00	63.55	3.20	3.60	2.60	3.41	3.20	35.45
Dermatology	70.00	45.70	2.90	1.40	2.10	2.38	2.20	24.30
Endocrinology	22.00	13.14	0.80	N/A	N/A	0.80	0.80	8.86
Gastroenterology	64.00	40.02	2.70	1.30	N/A	2.50	2.17	23.99
Hematology/Oncology	60.00	34.58	3.70	1.20	N/A	1.99	2.30	25.42
Infectious Disease	40.00	30.04	0.90	N/A	N/A	0.90	0.90	9.96
Nephrology	63.00	51.82	1.10	N/A	N/A	0.92	1.01	11.18
Neurology	64.00	42.69	2.30	2.10	1.40	1.90	1.93	21.31
Psychiatry	166.00	68.64	15.90	7.20	3.90	8.18	8.80	97.36
Pulmonology	77.00	61.13	1.50	1.40	N/A	1.40	1.43	15.87
Rheumatology	16.00	8.95	0.70	0.40	N/A	0.81	0.64	7.05
Physical Medicine & Rehab	49.00	34.06	1.30	N/A	N/A	1.40	1.35	14.94
Other Medical Specialties	0.00	(22.25)	N/A	N/A	N/A	2.01	2.01	22.25
Surgical Specialties								
General Surgery	87.00	5.33	9.70	9.70	4.10	6.01	7.38	81.67
Cardio/Thoracic Surgery	36.00	28.25	N/A	0.70	N/A	N/A	0.70	7.75
Neurosurgery	38.00	28.04	1.10	0.70	N/A	N/A	0.90	9.96
OB/GYN	141.00	40.07	9.90	8.40	8.00	10.17	9.12	100.93
Ophthalmology	43.00	(1.86)	4.80	3.50	3.20	4.71	4.05	44.86
Orthopedic Surgery	44.00	(18.05)	6.20	5.90	4.20	6.12	5.61	62.05
Otolaryngology	45.00	13.64	3.30	2.40	N/A	2.8	2.83	31.37
Plastic Surgery	31.00	12.40	1.10	1.10	2.30	2.22	1.68	18.60
Urology	18.00	(11.22)	3.20	2.60	1.90	2.86	2.64	29.22
Other Surgical Specialties	0.00	(24.35)	N/A	N/A	N/A	2.20	2.20	24.35
Hospital-based								
Emergency	185.00	97.92	8.50	2.70	N/A	12.40	7.87	87.08
Anesthesiology	217.00	132.31	8.30	7.00	N/A	N/A	7.65	84.69
Radiology	189.00	95.46	8.90	8.00	N/A	N/A	8.45	93.54
Pathology	92.00	38.31	5.60	4.10	N/A	N/A	4.85	53.69
Pediatric Cardiology	20.00	17.79	N/A	N/A	N/A	0.20	0.20	2.21
Pediatric Neurology	0.00	(1.33)	N/A	N/A	N/A	0.12	0.12	1.33
Pediatric Psychiatry	0.00	(4.98)	N/A	N/A	N/A	0.45	0.45	4.98
Other Pediatric Subspecialties	23.00	13.15	0.89	N/A	N/A	N/A	0.89	9.85
TOTALS	**3050.00**	1389.24						1660.76

Physician Needs Assessment Analysis:

A quantitative physician needs assessment analysis was completed for UofL Health's primary service with a total population of 1,107,000. 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:

- Orthopedic Surgery: (18.05)
- Urology: (11.22)
- Pediatric Psychiatry: (4.98)
- Ophthalmology: (1.86)

Attachment F: Community Input Survey Tool

Interview Questions

KEY INFORMANT INTERVIEW

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

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

Questions:

1. In general, how would you rate health and quality of life in Jefferson County?
   - 1 = Poor
   - 2 = Fair
   - 3 = Good
   - 4 = Very Good
   - 5 = Excellent
2. In your opinion, has health and quality of life in Jefferson County improved, stayed the same, or declined over the past few years?
   a. Why do you think it has (based on the answer from the previous question: improved, declined, or stayed the same)?
   b. What other factors have contributed to the (based on the answer to question 2: improvement, decline **or** to health and quality of life staying the same)?
3. Are there people or groups of people in Jefferson County whose health or quality of life may not be as good as others?
   a. Who are these persons or groups (whose health or quality of life is not as good as others)?
   b. Why do you think their health/quality of life is not as good as others?
4. What barriers, if any, exist to improving health and quality of life in Jefferson County?
5. In your opinion, what are the most critical health and quality of life issues in Jefferson County?

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

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

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

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

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

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

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

Thanks once more for your time. It has been a pleasure speaking with you.

Attachment G: Citations

American Cancer Society. Retrieved 2022, from American Cancer Society Cancer Statistics Center website at: https://cancerstatisticscenter.cancer.org/

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

American Hospital Association. 2021 Environmental Scan. Retrieved from:
American Hospital Association Website: www.aha.org

AmfAR Opioid & Health Indicators Database. Retrieved 2022 from:
https://opioid.amfar.org/KY#data-explorer

County Health Rankings. 2022 Kentucky County Compare. Retrieved 2022, from County Health Rankings: www.countyhealthrankings.org

Centers for Disease Control & Prevention. Retrieved 2022 from:
https://www.cdc.gov/drugoverdose/deaths/2019.html ***and***
https://www.cdc.gov/nchs/pressroom/sosmap/cancer_mortality/cancer.htm

Centers for Medicare & Medicaid Services. Retrieved 2022, from Historical:
https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected

Data USA. Jefferson County & Kentucky State Health Information Data. Retrieved 2022, from Data USA Website: https://datausa.io/profile/geo/Jefferson-county-ky#health

Deloitte. 2020 Survey of Health Care Consumers in the United States: The performance of the health care system and health care reform.

NIH National Cancer Institute. Retrieved 2022 from website: https://www.cancer.gov/

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

U.S. Census Bureau. State & County Quickfacts. Retrieved 2022, from Quickfacts Census Web Site: http://quickfacts.census.gov

Attachment H: National Health Trends

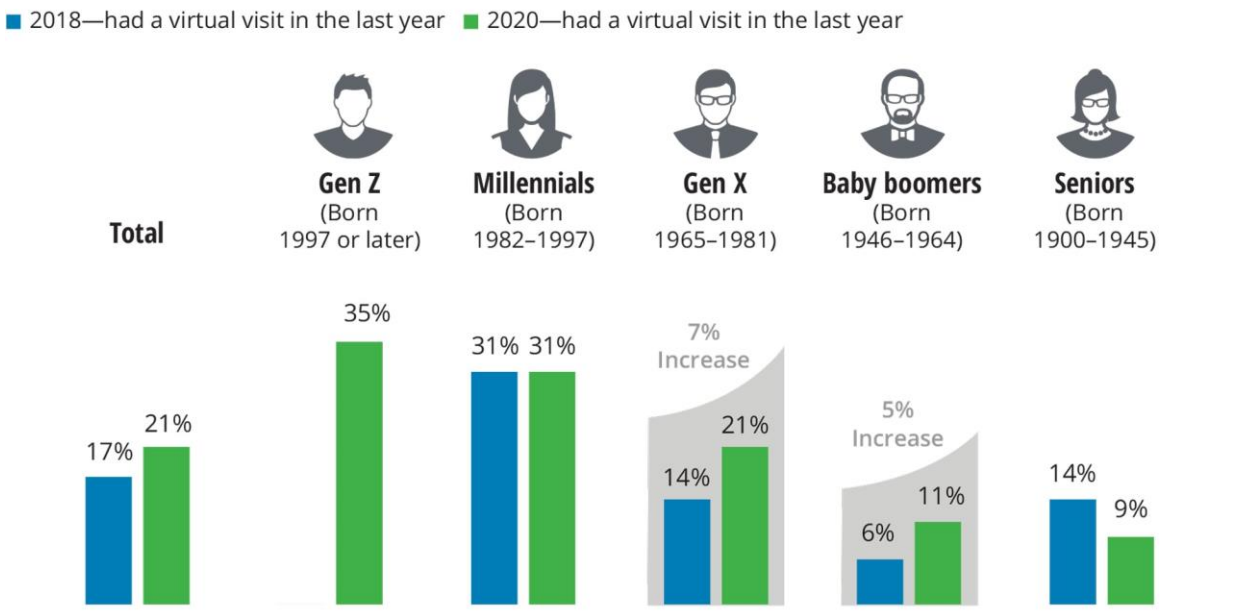
The following data describes the recent trends in national health care and was obtained from the United States Census Bureau, and the Deloitte Survey of Health Care Consumers in the United States and the American Hospital Association Environmental Scan.

The Deloitte Center for Health Solutions' report titled 2020 Survey of Health Care Consumers in the United States: The performance of the health care system and health care reform provided the following national health related data:

Deloitte Consumers & Health Care System 2020 Survey – Virtual Care

FIGURE 4

From 2018 to March 2020, the largest increases in the use of virtual health care were among Gen X and baby boomers



Note: Data relating to Gen Z was not analyzed in the 2018 survey because the sample size was too small.

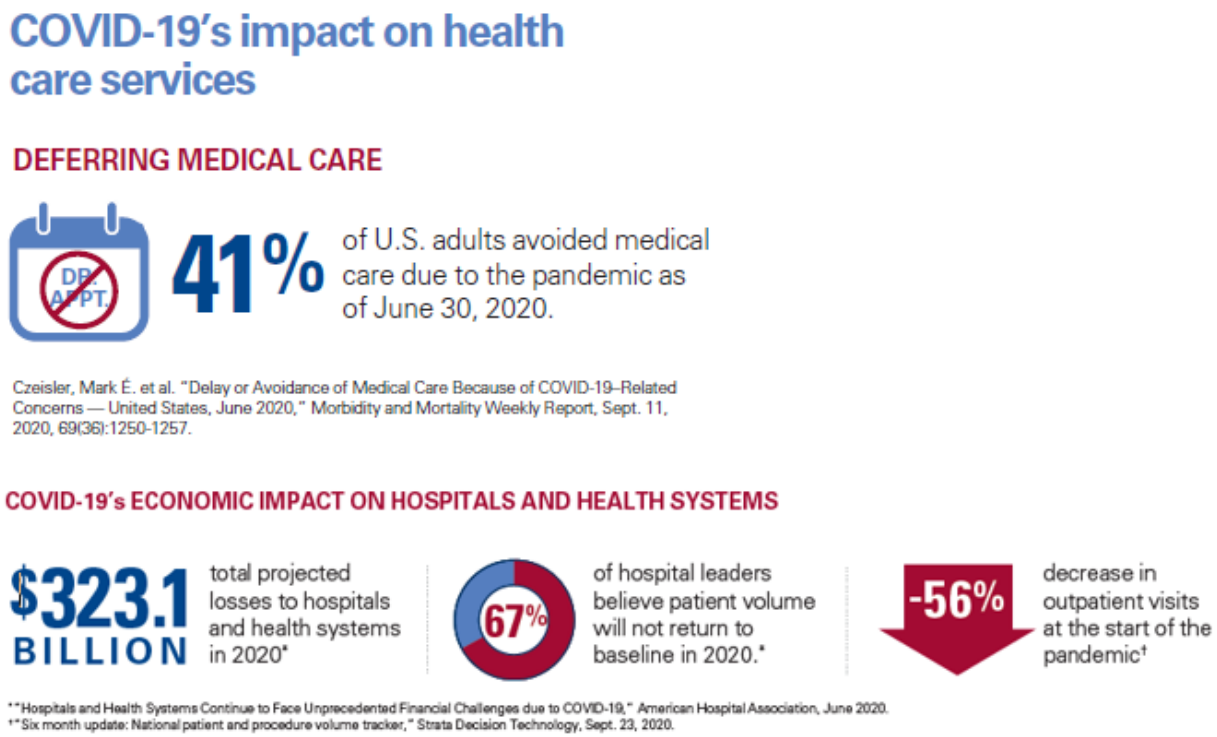
Source: Deloitte Center for Health Solutions 2020 and 2018 Surveys of Health Care Consumers.

Deloitte Insights | deloitte.com/insights

American Hospital Association (AHA) Environmental Scan (2020)

The 2020 American Hospital Association Environmental Scan provides insight and information about market forces that have a high probability of affecting the health care field. It was designed to help hospitals and health system leaders better understand the health care landscape and the critical issues and emerging trends their organizations will likely face in the future. The Scan provided the following information:

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



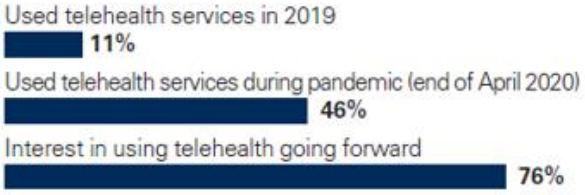
Consumer Telehealth Shift

EFFECTS OF TRANSITIONING CARE TO TELEHEALTH

- 20% of all emergency department visits could be avoided.
- 24% of health care office visits and outpatient volume could be delivered virtually.
- 35% of regular home health services could be virtualized.
- 2% of all outpatient volume could be shifted to the home setting with tech-enabled medical administration.

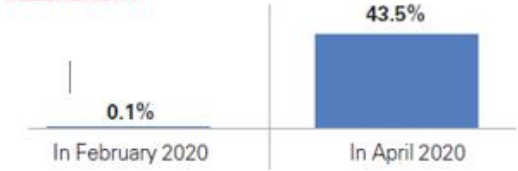
Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

CONSUMERS TURN TO TELEHEALTH IN 2020



Bestsennyy O., Gilbert G., Harris A., Rost J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

% OF MEDICARE PRIMARY CARE VISITS USING TELEHEALTH

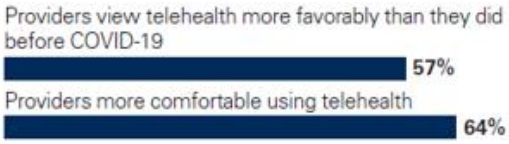


Bosworth A. et al. "ASPE Issue Brief: Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of the COVID-19 Pandemic," Office of the Assistant Secretary for Planning and Evaluation, Department of Health & Human Services, July 28, 2020.

Provider telehealth shift

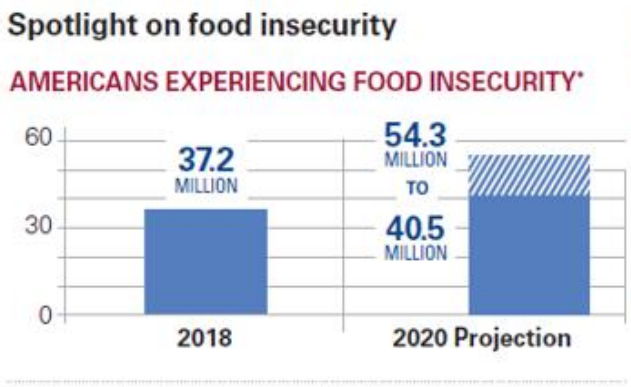
- Providers are seeing **50-175 times** the number of patients via telehealth than they did before the pandemic.

PROVIDERS' COMFORT WITH TELEHEALTH

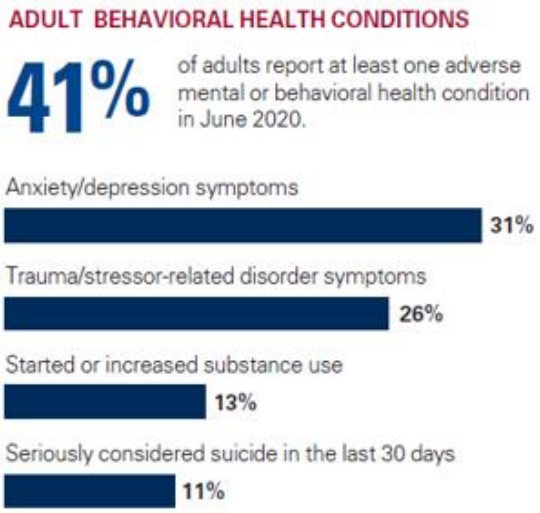


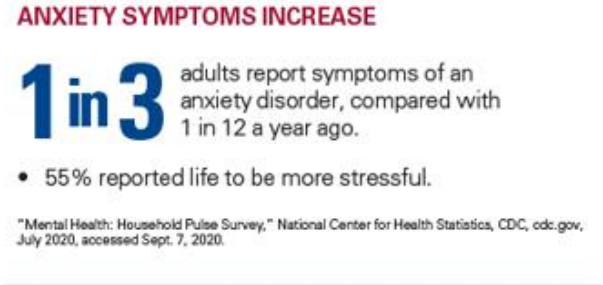
*Bestsennyy O., Gilbert G., Harris A., Rost, J. "Telehealth: A quarter-trillion-dollar post-COVID-19 reality?" McKinsey & Company, May 29, 2020.

Societal Factors that Influence Health



Mental Health





Substance Use Disorders (SUDs)

DRUG OVERDOSES

- Drug overdose deaths in the U.S. in 2019: Increased to 72,000.*
- Opioids are responsible for 71% of these deaths.*
- As of July 2020, drug overdose deaths increased an average of 13% over last year.†

+5% Increase from 2018*

*"Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts," National Center for Health Statistics, CDC, cdc.gov, accessed Oct. 25, 2020.
†Katz, Josh et al. "In Shadow of Pandemic, U.S. Drug Overdose Deaths Resurge to Record," The New York Times, July 15, 2020.

Opioids

ECONOMIC IMPACT

$819 BILLION
Estimated cost of the opioid epidemic from 2015 to 2019.

$1 TRILLION
The cost to society over the next five years if trends continue.

Top 3 costs

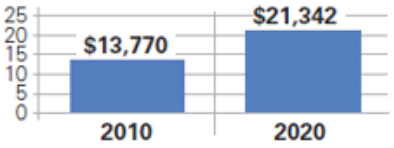
- Mortality: **$327 billion**
- Health care: **$270 billion**
- Lost productivity: **$124 billion**

"A Movement to End Addiction Stigma — Addressing opioid use disorder stigma: The missing element of our nation's strategy to confront the opioid epidemic," Shatterproof white paper, July 16, 2020.

Access & Affordability

Health care expenses

EMPLOYER-SPONSORED INSURANCE: AVERAGE ANNUAL PREMIUM (FAMILY COVERAGE)



55%

"2020 Employer Health Benefits Survey," Kaiser Family Foundation, Oct. 8, 2020.

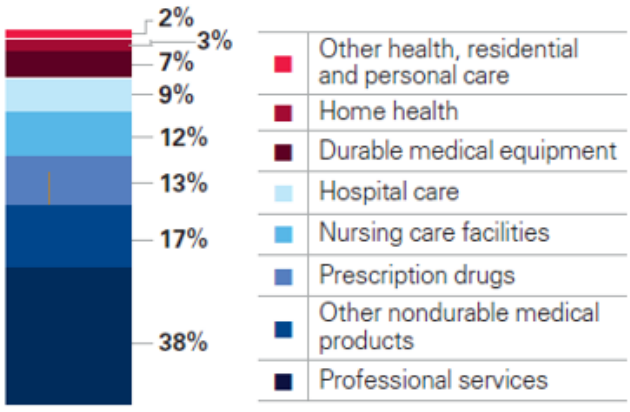
UNINSURED INCREASE

5.4 MILLION Number of U.S. workers who became uninsured February to May, 2020.*

Increase is **39%** higher than any annual recorded increase.

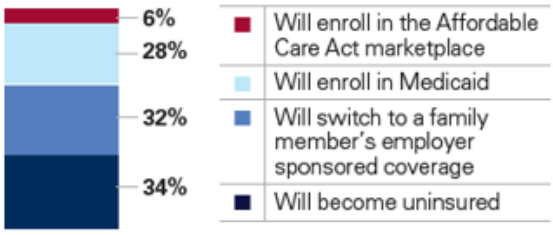
*Dorn, Stan. "The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History," The National Center for Coverage Innovation, Families USA, July 17, 2020.

DISTRIBUTION OF CONSUMER OUT-OF-POCKET HEALTH EXPENSES



"National Health Expenditure Data, Historical," NHE Tables, cms.gov, released Dec. 17, 2019.

PEOPLE WHO LOSE THEIR EMPLOYER-SPONSORED HEALTH INSURANCE IN 2020 (PROJECTED)



Banthin, J. et al. "Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation," Urban Institute, Robert Wood Johnson Foundation, July 13, 2020.

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 I: Health Ranking Measures in Relation to Priorities

The following measures and definitions represent secondary data sources and the measurements and reason for ranking based on the relationship to health outcome measures used to evaluate priorities.

1. Adult Obesity Measure
Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).

Reason for Ranking:
The measure of obesity serves as a proxy metric for poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems (such as asthma), osteoarthritis, and poor health status.

2. Food Index:
Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).

Reason for Ranking:
The County Health Rankings measure of the food environment accounts for both proximity to healthy foods and income. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket, locations for health food purchases in most communities, and the inability to access healthy food because of cost barriers.

There is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death as supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. Additionally, those with low income may face barriers to accessing a consistent source of healthy food. Lacking consistent access to food is related to negative health outcomes such as weight gain, premature mortality, asthma, and activity limitations, as well as increased health care costs.

3. High School Graduation:
Percentage of ninth-grade cohort that graduates in four years.

Reason for Ranking:
Education is an important predictor of health. Completing more education is associated with being less likely to smoke and more likely to exercise, as well as better physical health and self-reported health.

4. Primary care physicians:
Ratio of population to primary care physician.

Reason for Ranking
Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

5. Drug overdose deaths
Number of drug poisoning deaths per 100,000 population.

Reason for Ranking
Drug overdose deaths are a leading contributor to premature death and are largely preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137% nationwide. Opioids contribute largely to drug overdose deaths; since 2000, there has been a 200% increase in deaths involving opioids (opioid pain relievers and heroin).

6. Excessive Drinking
Percentage of adults reporting binge or heavy drinking (age-adjusted).

Reason for Ranking
Excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. Nearly 1 in 6 U.S. adults are considered binge drinkers. U.S. adults consumed more than 17 billion drinks in a binge setting in 2015.

7. Child Mortality
Number of deaths among residents under age 18 per 100,000 population

Reason for Ranking
The child mortality rate can have a large impact on years of potential life lost (YPLL), so it is an important measure to reference when interpreting a county's YPLL rate.

Child Mortality measures the number of deaths occurring before age 18 per 100,000 population. Rates measure the number of events (e.g., deaths, births) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates facilitate data comparisons across counties with different population sizes.

8. Premature Age-Adjusted Mortality
Number of deaths among residents under age 75 per 100,000 population (age-adjusted).

Reason for Ranking
Premature Age-Adjusted Mortality is a common and important population health outcome measure. Premature Age-Adjusted Mortality measures the number of deaths among residents under the age of 75 per 100,000 population. Rates measure the number of events (e.g., deaths, births) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates facilitate data comparisons across counties with different population sizes. Age is a non-modifiable risk factor, and as age increases, poor health outcomes are more likely. We report an age-adjusted rate in order to fairly compare counties with differing age structures.

9. Premature Death
Years of potential life lost before age 75 per 100,000 population (age-adjusted).

Reason for Ranking
Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly. For example, using YPLL-75, a death at age 55 counts twice as much as a death at age 65, and a death at age 35 counts eight times as much as a death at age 70.

10. Mental Health Providers
Ratio of population to mental health providers.

Reason for Ranking
Access to care requires not only financial coverage, but also access to providers. Nearly thirty percent of the population lives in a county designated as a Mental Health Professional Shortage Area. As the mental health parity aspects of the Affordable Care Act create increased coverage for mental health services, many anticipate increased workforce shortages.

Source: County Health Rankings & Roadmaps – For further information and metrics, please follow the link here